Battered Women's Syndrome and Premenstrual Syndrome: A Comparison of Their Possible Use as Defenses to Criminal Liability

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BATTERED WOMAN'S SYNDROME AND PREMENSTRUAL SYNDROME: A COMPARISON OF THEIR POSSIBLE USE AS DEFENSES TO CRIMINAL LIABILITY

The imposition of criminal liability is premised upon the prosecution establishing that a defendant acted voluntarily,¹ and possessed the requisite criminal intent.² Thus, individuals whose criminal acts are not manifestations of free will because of mental incompetence, or whose actions are justified because of extraordi-

¹ See Morissette v. United States, 342 U.S. 246, 250 & n.4 (1952) (citing Pound, Introduction, in F. Sayre, A Selection of Cases on Criminal Law (1927)); Ex parte Trombley, 31 Cal. 2d 801, 807-08, 193 P.2d 734, 739 (1948); People v. Grant, 71 Ill. 2d 551, 558-59, 377 N.E.2d 4, 8 (1978). Because of the requirement of voluntariness, courts have held that there can be no criminal responsibility for acts committed while unconscious, see, e.g., Corder v. Commonwealth, 278 S.W.2d 77, 79 (Ky. 1955), or while involuntarily intoxicated, see, e.g., People v. Carlo, 46 App. Div. 2d 764, 764, 361 N.Y.S.2d 168, 170 (1st Dep't 1974). The defense of "automatism" was developed at common law to address criminal conduct resulting from "involuntary act[s] performed in a state of unconsciousness not amounting to insanity." N. Morris & C. Howard, Studies in Criminal Law 62 (1964). Acts resulting from a concussion, epilepsy, hypnotism, and sleepwalking have been included within the scope of the defense of automatism. Brady, Strict Liability Offenses: A Justification, 8 Crim. L. Bull. 217, 218 n.7 (1972). Such conditions are expressly excluded from being voluntary under the Model Penal Code. See Model Penal Code § 2.01 (2), reprinted in 10 U.L.A. 464 (1968).


Thus, many states have imposed strict criminal liability for certain acts. Sayre, Public Welfare Offenses, 33 Colum. L. Rev. 55, 63-67 (1933). Strict liability occurs when conduct is made punishable without requiring the defendant to have acted with any particular mental state. W. LaFave & A. Scott, Handbook on Criminal Law § 31, at 218 (1972); Note, Liability Without Fault: Logic and Potential of a Developing Concept, 1970 Wis. L. Rev. 1201, 1201-02.
nary circumstances, are shielded from criminal liability. The gradation of offenses incorporated into criminal codes ensures that criminal punishment is properly correlated to the relative intent of the accused, and the operative circumstances of the crime. The concepts of criminal liability, firmly rooted in English common law, were developed by male judges and legislators largely for

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3 See, e.g., United States v. Brawner, 471 F.2d 969, 973 (D.C. Cir. 1972) (en banc) (no responsibility if actor lacks substantial capacity to appreciate wrongfulness of conduct); Fare v. Ramon M., 22 Cal. 3d 419, 424, 584 P.2d 524, 527, 149 Cal. Rptr. 387, 390 (1978) (en banc) (defendant must be of sound mind to be criminally responsible); People v. Rockamann, 79 Ill. App. 3d 575, 582, 399 N.E.2d 162, 167 (1979) (insane person not responsible for criminal acts); see W. LaFave & A. Scott, supra note 2, §§ 47-57, at 356-413. Defendants may plead insanity as a total bar to prosecution, see Bumgarner v. Lockhart, 361 F. Supp. 829, 833 (E.D. Ark. 1973), or as a basis for mitigating sentencing or punishment, see Saddler v. United States, 531 F.2d 83, 86-87 (2d Cir. 1976).

Punishment is generally aimed at either retribution, deterrence, reform, or some combination thereof. See C. Mercher, Criminal Responsibility 34 (1981). Since mentally incompetent individuals are unable to control the actions that inflicted harm upon their victims, punishment designed to provide retribution is inappropriate. See A. Kenny, Freewill and Responsibility 72 (1978). Nor would punishment aimed at deterrence be appropriate when imposed against a person incapable of controlling her behavior. See A. Goldstein, The Insanity Defense 13 (1967).

Among the traditional defenses that may excuse criminal liability because of extraordinary circumstances are duress, see, e.g., Nall v. Commonwealth, 208 Ky. 700, 702, 271 S.W. 1059, 1059 (1925), self-defense, see, e.g., People v. Toledo, 85 Cal. App. 2d 577, 580, 193 P.2d 953, 955 (1946), and defense of property, see, e.g., State v. Couch, 52 N.M. 127, 137-38, 193 P.2d 405, 411 (1948).

4 See, e.g., ALASKA STAT. §§ 11.41.100 — 11.41.130 (1983); N.J. STAT. ANN. §§ 2C:11-3 to -5 (West 1982); Model Penal Code §§ 210.1—210.4, reprinted in 10 U.L.A. 532-34 (1968); see Keedy, History of the Pennsylvania Statute Creating Degrees of Murder, 97 U. Pa. L. Rev. 759, 766-73 (1949). In the United States, the gradation of crimes was first instituted in response to a general movement for reform of the penal law and moderation of punishment. See, e.g., Pennsylvania Act of 1794, 1794 Pa. Laws, ch. 257, §§ 1-2; see Keedy, supra, at 764-73. The purpose of the reform was to mitigate the harshness of the death penalty and reserve it only for the most serious crimes. See Danforth, The Model Penal Code and Degrees of Criminal Homicide, 11 Am. U.L. Rev. 147, 149 (1962). Under the Model Penal Code, for example, criminal homicide can be labelled murder, manslaughter, or negligent homicide, based upon the degree of culpability involved. Model Penal Code §§ 210.1—210.4, reprinted in 10 U.L.A. 532-34 (1968); Danforth, supra, at 147.


6 See 2 W. Alexander, The History of Women 318-20 (1976); A. Jones, Women Who Kill 311 (1980). In 18th century England, women were "excused" from serving in all public offices because of their "weakness" and man's effort "to preserve the modesty of their sex." See 2 W. Alexander, supra, at 320.
male defendants. Even today, only a small fraction of criminal defendants are women, and relatively few violent crimes are committed by women. Thus, female criminal defendants charged with violent crimes are an aberration to the criminal justice system, and must depend upon the same legal defenses that traditionally have been applied to men.

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7 See A. Jones, supra note 6, at 4. In every country during all periods of history, men have committed far more crimes than women. Id.; see S. Datesman & F. Scarfitti, Women, Crime & Justice 4-8 (1980).

8 See United States Dep’t of Justice, FBI Uniform Crime Reports 176, 186 (1983) [hereinafter cited as 1983 Reports]. According to the FBI’s 1983 Reports, women accounted for approximately 13% of those arrested for murder and manslaughter, and 29.5% of those arrested for larceny and theft in 1983. Id. at 186. Of the 29 categories of crimes listed in the FBI report, women comprised the majority of those arrested in only two categories — runaways (58%), and prostitution and commercialized vice (70%). Id. Overall, 83.4% of those arrested for the indexed crimes in 1983 were male. Id.

9 See id. at 186. Although the percentage of females arrested has risen steadily from 11.4% in 1963, to 12.9% in 1968, to 15.3% in 1973, to 15.8% in 1978, and to 16.6% in 1983, see United States Dep’t of Justice, FBI Uniform Crime Reports 109 (1963) [hereinafter cited as 1963 Reports]; United States Dep’t of Justice, FBI Uniform Crime Reports 118 (1968) [hereinafter cited as 1968 Reports]; United States Dep’t of Justice, FBI Uniform Crime Reports 131 (1973) [hereinafter cited as 1973 Reports]; United States Dep’t of Justice, FBI Uniform Crime Reports 197 (1978) [hereinafter cited as 1978 Reports]; 1983 Reports, supra note 8, at 186, the percentage of females arrested for violent crimes has remained at about 10% for the last 10 years. Compare 1983 Reports, supra note 8, at 186 (10.8%), with 1973 Reports, supra, at 131 (10.2%).

10 See A. Jones, supra note 6, at 311; supra notes 8 & 9 and accompanying text; see also Rasche, The Female Offender as an Object of Criminological Research, in A. Brodsky, The Female Offender 10-11 (1975) (far smaller numbers of women than men are arrested or incarcerated, and, thus, are often overlooked by system). The small percentage of female criminals frequently is omitted from statistical surveys because of the insignificant size of the figure. See Rasche, supra, at 11. This omission often results in women being denied access to rehabilitative or experimental programs. Id. Moreover, new programs often are designed exclusively for males and only extended to women when possible. Id.

11 Cf. supra notes 6 & 7 and accompanying text (criminal justice system developed to deal with male defendants).

12 Battered woman’s syndrome is a psychological theory that identifies the common characteristics of women in abusive relationships and explains why women subjected to recurrent beatings are psychologically unable to terminate these relationships. Note, The Admissibility of Expert Testimony on the Battered Woman Syndrome in Support of a Claim of Self-Defense, 15 Conn. L. Rev. 121, 121 n.1 (1982). The constant battering results in feelings of guilt, helplessness, and low self-esteem, making the victim passive and unable to help herself. See L. Walker, The Battered Woman 31 (1979); Hilberman & Munson, Sixty Battered Women, 2 Victimology 460, 464-65 (1977-1978). These psychological effects, compounded by external social and economic factors, cause the battered woman to remain with her abusive mate despite the obvious danger. See L. Walker, supra, at 128. Commentators have suggested using evidence of the syndrome to prove the reasonableness of the battered woman’s actions when she strikes back at her abuser. See, e.g., Eber, The Battered Wife’s Dilemma: To Kill or To Be Killed, 32 Hastings L.J. 855, 927-29 (1981); Schneider, Equal...
two psycho-medical theories peculiar to women, occasionally have been asserted as defenses to criminal liability, but have met with varying degrees of success. While battered woman's syndrome has been asserted successfully on occasion, the use of PMS as a defense, although yet untried in the American courts, has drawn substantial criticism.

This Note will examine the use of battered woman's syndrome

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Premenstrual syndrome (PMS), sometimes referred to as "premenstrual tension" or "premenstrual tension syndrome," Perr, Medical, Psychiatric & Legal Aspects of Premenstrual Tension, 115 AM. J. PSYCHIATRY 211, 211 (1958), is a condition marked by a wide variety of physical and psychological ailments that recur regularly at the same phase of the menstrual cycle. Wallach & Rubin, The Premenstrual Syndrome & Criminal Responsibility, 19 UCLA L. Rev. 209, 212-13 (1971). The symptoms include tension, anxiety depression, and various physical maladies such as headaches and breast tenderness. Sanders, Warner, Backstrom & Bancroft, Mood Sexuality, Hormones and the Menstrual Cycle, 45 PSYCHOSOMATIC MED. 487, 487 (1983); Wallach & Rubin, supra, at 212-13. PMS symptoms usually disappear with the onset of menstrual flow and do not begin again until the second half of the menstrual cycle. See Muse, Cetel, Putterman, & Yen, The Premenstrual Syndrome, 311 NEW ENG. J. MED. 1345, 1345 (1984); Reid & Yen, Premenstrual Syndrome, 139 AM. J. OBSTETRICS & GYNECOLOGY 85, 86 (1981). It has been argued that the severe effects of the syndrome should negate or mitigate the criminal responsibility of those who suffer from it. See Wallach & Rubin, supra, at 233.


See, e.g., State v. Kelly, 97 N.J. 178, 202, 212, 478 A.2d 364, 376, 381 (1984) (exclusion of battered woman's syndrome testimony required reversal and remand for new trial); State v. Allery, 101 Wash. 2d 591, 597, 682 P.2d 312, 316 (1984) (en banc) (expert's testimony on battered woman's syndrome held admissible). Nine of the 14 jurisdictions that have been presented with evidence on the battered woman's syndrome in criminal cases have allowed the testimony. See infra note 68.

See Note, Premenstrual Syndrome, 6 HARV. WOMEN'S L.J. 219, 223 (1983). Defenses based on PMS have been asserted successfully in Britain, see id. at 219, and Canada, see infra notes 57-59 and accompanying text.

See, e.g., Bird, supra note 14, at B4, col. 4; Brozan, Premenstrual Syndrome: A Complex Issue, N.Y. Times, July 12, 1982, at C16, col. 2. Brooklyn District Attorney Elizabeth Holtzman, commenting on a case in which the PMS issue was raised, argued that while certain symptoms may accompany the menstrual cycle, they were not enough to support a legal defense. See Bird, supra note 14, at B4, col. 4. Other critics have voiced fears that any use of PMS as a defense could deter women's advancement in society. See Brozan, supra, at C16, col. 5; infra notes 164-166 and accompanying text.
and PMS as bases for defenses to criminal behavior. Previous applications or attempted applications of battered woman's syndrome and PMS as defenses will be considered and the reluctance of the judiciary to accept these theories will be investigated. The legal effect, scientific acceptance, and social and policy considerations behind the theories — all factors relevant to their admissibility as evidence — will be discussed. The Note will suggest permitting the use of both theories to the extent required by traditional justice and substantial fairness.

I. A DESCRIPTION OF THE THEORIES OF BATTERED WOMAN'S SYNDROME AND PREMENSTRUAL SYNDROME

Because sociologists find it difficult to determine the number of women that are physically abused by their husbands or male companions, varying estimates have been set forth.\(^\text{18}\) Although abusive spouses have been subject to criminal liability for many years,\(^\text{19}\) only recently have sociologists and attorneys begun to study the scope and ramifications of the abuse itself.\(^\text{20}\) "Battered

\(^{18}\) See, e.g., R. Gelles, The Violent Home 47 (1972); D. Martin, Battered Wives 10-13 (1976). Either isolated or repeated instances of physical violence between spouses were found in more than one-half of the eighty families studied by Gelles. See R. Gelles, supra, at 48. Moreover, in 26% of the violent homes studied, incidents of recurrent assaults were noted. See id. Commentators have predicted that one-third to one-half of all women living with male companions will experience some form of abuse, whether in the form of threats or physical beatings. See Russell, Introduction in, L. Walker, supra note 12, at ix; Schneider, supra note 12, at 624-25.

\(^{19}\) See D. Martin, supra note 18, at 31. Blackstone wrote that since a husband must answer for his wife at law, it was reasonable to entrust him with the power of restraining her by domestic chastisement. See 1 W. Blackstone, Commentaries 432 (R. Welsh & Co. ed. 1897). During the reign of Charles the Second, wives were given the right of "security of the peace" against their husbands, but husbands were still permitted to restrain their wives liberty in instances of "gross misbehavior." Id. at 433. American courts initially adopted the common law rule allowing husbands to impose physical discipline on their wives. See, e.g., Bradley v. State, 2 Miss. (1 Walker) 73, 73 (1824) (husband may give wife "moderate correction" because he is answerable for her misbehavior), overruled, Harris v. State, 71 Miss. 462, 14 So. 266 (1894). By the late 19th century, however, most United States jurisdictions had made wife-beating illegal. See D. Martin, supra note 18, at 31. Although stressing that husbands did not have an absolute right to beat their wives, later decisions required a showing of malice or permanent injury before imposing sanctions on the husband. See, e.g., State v. Oliver, 70 N.C. 60, 61-62 (1874) (usually it is better "to draw the curtain, shut out the public gaze, and leave the parties to forget and forgive").

\(^{20}\) See, e.g., M. Roy, The Abusive Partner (1982) (considered various factors precipitating violence in 4,000 cases of spousal abuse in New York City area); S. Steinmetz, The Cycle of Violence (1977) (57 families studied to determine reaction to and solution of conflicts); Gayford, Wife Battering: A Preliminary Survey of 100 Cases, 1975 1 Br. Med. J. 194 (100 women who received severe and repeated injuries from their husbands were studied to
woman's syndrome” is the name given to the characteristics that abused women display and to the effects that regular beatings have on them. The typical battering relationship consists of a three-stage cycle: first, a tension-building stage; second, a violent stage; and third, a contrite, loving stage. The cyclical nature of the relationship allows the battered woman to anticipate oncoming violence, and entices her to remain with her abuser after the violent stage is over. 

Determine similarity of background and effects of violence; Rounsaville, *Theories in Marital Violence: Evidence from a Study of Battered Women*, 3 VICTIMOLOGY 11 (1978) (considered various theories of marital violence as applied to 31 victims of battering); Yllo, *Sexual Equality and Violence Against Wives in American States*, 14 J. COMP. FAM. STUD. 67 (1983) (studied relation between legal sexual equality and incidence of wife-beating in United States). The focus of this research has only recently begun to shift from “family” violence to the battered woman. See, e.g., D. MARTIN, supra note 18, at 1-8, 72-85.

21 See supra note 12.

22 L. WALKER, supra note 12, at 55; Eber, supra note 12, at 927; Note, supra note 12, at 130. During the tension-building stage of the battering relationship, minor abuse often occurs and the woman may try to make peace with her husband; she may even blame herself for her husband’s conduct. Eber, supra note 12, at 927. Acute battering occurs in the violent stage during which the woman feels powerless to stop her husband’s actions. Id. When the violent stage is over, the husband generally is contrite and loving, thus causing the woman to feel a sense of relief and to forgive her assailant. Id.

23 See L. WALKER, supra note 12, at 57; Note, supra note 12, at 130 n.47. During the tension-building stage of the battering relationship, the abusive husband maintains some control over his violent tendencies and the woman may try to placate or avoid her husband. L. WALKER, supra note 12, at 56-57. Women who have been beaten regularly in the past learn to estimate when the violence eventually will escalate, and will try to postpone the escalation through exceptionally passive behavior. Id. at 57. The tension-building stage may continue for a long period of time, and only be escalated into severe battering because of external circumstances, such as the husband experiencing a work-related problem. Id. at 58.

Most women treat the initial battering incident as an isolated occurrence and do not expect further abuse. J. GILES-SIMS, *Wife Battering: A Systems Theory Approach* 59 (1983). After a second or more significant battering incident, however, most women realize that the violence is part of a pattern which will continue. Id.

24 See L. WALKER, supra note 12, at 65-70. The psychological impact of the abuse results in the battered woman feeling incapable of leaving her husband and functioning on her own. Hilberman, *Overview: The “Wife Beater’s Wife” Reconsidered*, 137 AM. J. PSYCHIATRY 1336, 1341-42 (1980); Note, supra note 12, at 131. Additionally, once the husband returns to the loving, contrite stage of the cycle, the battered woman tries to convince herself that the violence will end and be replaced by a normal relationship. L. WALKER, supra note 12, at 67. Therefore, even though they have the strength and courage to leave their husbands, many women are enticed to stay because of their spouse’s behavior during the loving, contrite phase. See id. at 68. Finally, flight is not always an adequate solution because the abusive husband may follow his wife, and continue to threaten and abuse her. Eber, supra note 12, at 929.

Many wives will rationalize their husband’s behavior by trying to convince themselves that they deserved to be struck or that it was for their own good. See R. GELLES, supra note 18, at 59. One battered woman studied by Gelles considered her nagging to be the cause of
Battered women typically live in a constant state of fear, and have a very diminished sense of self-worth. Frequent and recurrent beatings create a state of "learned helplessness," characterized by extreme passivity and submissiveness. Generally, the battered woman is reluctant to report the battering, because she and her children are economically dependent upon her abusive husband, and because she fears that the police and the courts will fail to provide her with adequate protection. As a result, a feeling of isolation develops, which further reinforces the sense of helplessness. Eventually, frustration and lack of recourse may leave the battered women with only two alternatives—to submit to further her husband's attacks. Id. at 158. Studies have shown, however, that a variety of factors unrelated to the wife's behavior may lead to marital violence. See, e.g., id. at 30, 145-47 (high degree of violence during wife's pregnancy); Corenblum, Reactions to Alcohol-Related Marital Violence, 44 J. Stud. on Alcohol 655, 672 (1983) (linking alcohol use to violence); Gayford, supra note 20, at 196 (finding correlation between family violence during childhood and later marital violence). Thus, the battered woman's syndrome demonstrates that the abused spouse neither deserves nor enjoys the violence. See L. Walker, supra note 12, at 20, 29.


Note, supra note 12, at 121 n.1. After living with her abuser for some time, the battered woman realizes that the abuse may occur at any time, and feels powerless to prevent the violence. See Eisenberg & Seymour, supra note 25, at 36, 41. Thus, the battered woman loses all motivation to avoid the beatings, and perceives herself as incapable of performing even the simplest of tasks. Note, supra note 12, at 121 n.1; see Hilberman, supra note 24, at 1341-42.

See L. Walker, supra note 12, at 129-30; Steinmetz, Wife Beating: A Critique and Reformulation of Existing Theory, 6 Bull. Am. Acad. Psychiatry & L. 322, 328-29 (1978). Women who have been receiving government subsidies may be willing to leave a battering relationship because they know they will continue to receive support from the state. L. Walker, supra note 12, at 127-28. The middle class or wealthy woman, however, may feel trapped in the relationship due to a fear of becoming poor. Id. at 128-29.

See, e.g., Woods, Litigation on Behalf of Battered Women, 5 Women's Rts. L. Rep. 7, 9-11 (1978); Hilberman, supra note 24, at 1338. The criminal justice system has been accused of ignoring the plight of the battered woman by failing to protect her. See Eber, supra note 12, at 929; Hilberman, supra note 24, at 1338. Typically, the battered wife will have called the police on several occasions, but these calls rarely result in an arrest. Eber, supra note 12, at 929. Even if the battered wife can convince the police to arrest her husband, she may often be pressured to drop the charges. Id. If the case goes to trial, the husband will usually receive a light sentence, and a temporary restraining order directing him not to see the wife will be issued. Id. Such orders generally fail to provide the battered wife with adequate protection. Id.

See Comment, supra note 25, at 111. The combination of fear, isolation, helpfulness, and guilt leaves the battered woman in a state of total emotional dependency on her husband. See id. at 111-12.
beating and pain with the possibility of resultant death,\(^{30}\) or to strike back and thus risk criminal liability themselves.\(^ {31}\)

PMS is a disorder affecting some women during the period immediately prior to menstruation.\(^ {32}\) The disorder is characterized by a striking variety of behavioral and emotional symptoms, including headaches, nausea, lethargy, depression, mood swings, and clumsiness.\(^ {33}\) The symptoms of PMS are so varied, some scientists have

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\(^ {30}\) L. WALYCER, supra note 12, at 75; Eber, supra note 12, at 928. One study indicates that 41% of all female murder victims are killed by their husbands. Schneider, supra note 12, at 628.

\(^ {31}\) See Note, The Battered Wife Syndrome: A Potential Defense to a Homicide Charge, 6 PEPPERDINE L. REV. 213, 219 (1978). Data indicates that the victims of female murderers are generally men with whom they have had relationships, and that these killings are often either in self-defense or precipitated by the victim. Schneider, supra note 12, at 624 n.3; see D. MARTIN, supra note 18, at 14.

\(^ {32}\) See Perr, supra note 13, at 211. Researchers disagree over the length of time that should be identified as the premenstrual phase. See, e.g., A. BECK, CHRONOLOGICAL FLUCTUATIONS OF SIX PREMENSTRUAL TENSION VARIABLES AND THEIR RELATION TO TRADITIONAL-MODERN SEX ROLE STEREOTYPES 17 (1970) (three to four days); J. DELANEY, M. LUPTON & E. TOTH, THE CURSE: A CULTURAL HISTORY OF MENSTRUATION 73 (1976) (two or three days); Perr, supra note 13, at 211 (one to two weeks). Two researchers have asserted that PMS is a "cyclical syndrome" with regular symptoms that can occur at any time. See Sutherland & Stewart, A Critical Analysis of the Premenstrual Syndrome, 1965 LANCET 1180, 1183.

\(^ {33}\) In studying and defining PMS, a distinction must be made between the symptoms that occur shortly before menstruation and the physical and emotional disturbances that occur throughout the entire menstrual cycle. See A. BECK, supra, at 22-23. If a woman suffers from the same symptoms throughout her monthly cycle, it is unlikely that they are linked to the particular physiological changes occurring during the premenstruum, see id. at 22, and her problems, therefore, may be linked to some other disorder, see id.
estimated that between 70% and 90% of all women experience some symptoms of the syndrome. Despite the diversity of PMS symptoms and the large number of women who suffer from them, scientists have distinguished ordinary premenstrual discomfort, experienced by most menstruating women, from PMS. Although PMS and premenstrual discomfort are characterized by many of the same symptoms, only PMS sufferers experience the physical, psychological, and behavioral symptoms to such a severe degree that their ability to function normally is disrupted. While researchers have linked PMS to hormonal changes occurring throughout the menstrual cycle, great uncertainty remains re-


Despite the apparent plethora of symptoms and scientific observations, most researchers define PMS to include both physical and psychological symptoms. See, e.g., Stewart, Psychotic Aspects of Premenstrual Tension, 6 Clev.-Mar. L. Rev. 410, 410 (1957) (physical and emotional disturbances are connected with menstrual cycle); Premenstrual Enigma, supra, at 1 (some symptoms are physical, others emotional); Note, Premenstrual Stress Syndrome as a Defense in Criminal Matters, 1983 Duke L.J. 176, 176 (physical and psychological symptoms of PMS can range in severity).

35 See Perr, supra note 13, at 211; see also Premenstrual Enigma, supra note 33, at 1 (Harvard Medical School experts estimate that PMS affects 40% of women to some degree); Note, supra note 16, at 220-21 (25% to 100% of women of childbearing age suffer PMS symptoms).

36 Id. at 213 n.12. Recent surveys indicate that between five and six million women experience premenstrual symptoms to a degree severe enough to disrupt their everyday rou-
tines. See Premenstrual Enigma, supra note 33, at 1. Based on questionnaire data, 20%-40% of women report some degree of temporary mental or physical incapacitation during the premenstrual stage. Reid & Yen, supra note 13, at 86.

37 See Muse, Cetel, Futterman & Yen, supra note 13, at 1348; Premenstrual Enigma, supra note 33, at 2. The menstrual cycle is regulated by several different hormones, released in varying amounts throughout the cycle. See A. Beck, supra note 32, at 2; Premenstrual Enigma, supra note 33, at 2. The most widely accepted hypothesis for the cause of PMS appears to be an improper balance of these hormones during the premenstrual phase. See A. Beck, supra note 32, at 3-9; Premenstrual Enigma, supra note 33, at 2. A recent study has demonstrated that PMS symptoms are greatly diminished by eliminating the cyclical varia-
tions in hormonal levels. See Muse, Cetel, Futterman & Yen, supra note 13, at 1348.

Some researchers have theorized that PMS is caused by premenstrual water retention, see A. Beck, supra note 32, at 11-12, sodium retention, see Wallach & Rubin, supra note 13, at 221, vitamin deficiency, see Reid & Yen, supra note 13, at 87-88, or psychogenic disor-
garding the cause of the syndrome and why the symptoms vary so greatly.\textsuperscript{38} Thus, there has been little success in treating and preventing PMS.\textsuperscript{39}

Among the behavioral disorders related to PMS is an increased propensity to commit crimes during the premenstrual phase.\textsuperscript{40} PMS may not actually cause increased criminal behavior, however, the adverse physical effects of PMS, such as slower reac-

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\textsuperscript{38} See Reid & Yen, supra note 13, at 97; Rubinow & Roy-Byrne, Pren
drenstrual Syndromes: Overview from a Methodological Perspective, 141 Med. J. Psychiatry 163, 163 (1984); Pren
enstrual Enigma, supra note 33, at 1. It is very difficult to determine the causes of PMS and to decide on a course of treatment because of the disparate collection of symptoms that affect sufferers. Pren
enstrual Enigma, supra note 33, at 1. Proper research requires many subjects to compensate for the individual traits of specific sufferers, and each woman studied must be examined from cycle to cycle. Id.

\textsuperscript{39} See Reid & Yen, supra note 13, at 1345; Pren
enstrual Enigma, supra note 33, at 2, 5. The most popular medical treatments of PMS are based on the premise that PMS is caused by hormonal fluctuations. Muse, Cetel, Futterman & Yen, supra note 13, at 1345; Pren
enstrual Enigma, supra note 33, at 2. The hormonal-suppres
tion treatment designed by Muse, Cetel, Futterman, and Yen, perhaps the most successful to date, is not, however, recommended for long-term use. See Muse, Cetel, Futterman, & Yen, supra note 13, at 1348. Suppression of prolactin, a hormone affecting the fluid balance of the body, also has proven to be partially effective. See Benedek-Jaszmann & Hearn-
Sturtevant, Pren
enstrual Tension and Functional Infertility, 1 Lancet 1095, 1097 (1976). Drugs which have been successful in alleviating dysmenorrhea, or painful menstruation, have not been equally effective against PMS. Pren
enstrual Enigma, supra note 33, at 2. Popular “home remedies” include exercise, stress management techniques, and various di-

\textsuperscript{40} See Dalton, Menstruation & Crime, 2 Brill. Med. J. 1752, 1752 (1961) [hereinafter cited as Menstruation and Crime]. Dr. Katharina Dalton, one of the leading researchers in the field of PMS, has been studying the disorder since 1953. Note, supra note 16, at 220 n.6. In connection with a study on menstruation and crime, Dalton, over a period of six months, interviewed 386 newly convicted female inmates at a British prison. Menstruation and Crime, supra, at 1752. Dr. Dalton found that 49% of the crimes committed by regularly menstruating women were committed in the four-day period prior to menstruation or during the four days following the onset of menstruation. Id. The probability of such a distribution occurring by chance was less than one in a thousand. Id.

Dr. Dalton found that PMS affected 27% of the prisoners who committed crimes during the eight-day period before and during menstruation. Id. at 1752-53. In addition, 63% of the PMS sufferers committed their crimes while suffering from various symptoms. Id. at 1753. Dalton concluded that these results showed a “highly significant relationship” be-
tween menstruation and crime. Id. In further studies, Dalton found a correlation between criminal activity and menstruation even among women who suffered none of the physical symptoms of PMS. See Dalton, Cyclical Criminal Acts in Pren
enstrual Syndrome, 2 Lanc
tet 1070, 1071 (1980). One woman studied was reported to have thrown a knife at one man, escaped from confinement, made a false emergency call and assaulted three police officers, all on the day before she began menstruating. Id. A similar study of inmates in a New York State prison conducted in 1953 found that 62% of all violent crimes were committed in the premenstrual week. Stewart, supra note 33, at 414.
tions and increased clumsiness, may increase the likelihood that female criminals may be caught. Alternatively, the mental and emotional disturbances associated with PMS, which may interfere with a woman's ability to behave rationally, may result in the increased propensity toward criminal behavior. Regardless of whether the mental disorders related to PMS are pre-existing conditions aggravated by hormonal changes occurring prior to menstruation, or are directly linked to the physiological aspects of PMS, many sufferers are so affected by PMS that they commit criminal acts that they otherwise would not commit during other points in their menstrual cycle.

II. PAST AND RECENT LEGAL APPLICATIONS OF BOTH THEORIES

Battered woman's syndrome and PMS are very different psycho-medical theories, however, each involves important legal ramifications—the treatment of battered women by the criminal justice system and, the mental competence of PMS sufferers in relation to criminal culpability. Even before research identified

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41 See Menstruation & Crime, supra note 40, at 1753.
42 See id. The irritability, lethargy, and depression accompanying PMS may be directly responsible for certain criminal acts. Id. Irritability and loss of temper may result in violent behavior and assault; lethargy may result in child neglect; and depression may cause suicide. See id.
43 See Perr, supra note 13, at 216. PMS is based on physiological stress which may upset the equilibrium and result in various unpleasant bodily feelings. Id. at 216. Any pre-existing psychological conditions, especially those of a "neurotic" variety, would be aggravated at this time. Id. Under this theory, sources of stress other than PMS, such as domestic difficulties and illness, should cause the same symptoms and behavioral responses that are exhibited during periods of PMS suffering. Id. Therefore, the type of emotional reactions and behavior resulting from PMS will be determined by the woman's personality rather than being triggered by endocrine changes. Id.
44 See Reid & Yen, supra note 13, at 89. Although personality factors and environmental settings probably are important to the development of PMS symptoms, id., the physiological changes resulting from hormonal fluctuations generally precede and may determine the resultant psychic reactions, id.; see Israel, Premenstrual Tension, 110 J. Am. Med. A. 1721, 1721-23 (1983).
45 See Menstruation & Crime, supra note 40, at 1753. The hormonal changes occurring during menstruation seem to make women less amenable to discipline during the premenstrual stage. See Dalton, Schoolgirls' Behavior and Menstruation, 2 Barr. Med. J. 1647, 1649-49 (1960). Consequently, the PMS sufferer may display an inability to conform to lawful standards of conduct, and, thus, engage in criminal behavior. See Menstruation and Crime, supra note 40, at 1753.
46 See Note, supra note 31, at 214-19. The very fact that women develop battered woman's syndrome suggests that police training and procedure, and prosecution policies related to domestic violence, are inadequate. Id. at 215-16.
47 See Stewart, supra note 33, at 415. In addition to bearing on criminal responsibility,
the battered woman’s syndrome and PMS, mental disorders associated with the menstrual cycle and the psychological scars left by spousal abuse occasionally were used to excuse a woman’s criminal behavior or to mitigate her punishment. 48 During the 19th century, menstrual irregularities often were considered a source of mental illness and a basis for applying the insanity defense. 49 Increased research about both syndromes, and the advent of the women’s movement, 50 have resulted in the suggestion that battered woman’s syndrome and PMS may provide novel bases for defenses to criminal liability. 51

the effects of PMS, such as impaired motor coordination and emotional disturbances, may limit the civil tort liability of sufferers. See Stewart, Premenstrual Tension in Automobile Accidents, 6 CLEV.-MAR. L. REV. 17, 18 (1957).

48 See Reid v. Florida Real Estate Comm’n, 188 So. 2d 846 (Fla. Dist. Ct. App. 1966), overruled, Van Eaton v. State, 205 So. 2d 299 (Fla. 1967); People v. Giacalone, 242 Mich. 16, 217 N.W. 758 (1928); Kress v. State, 176 Tenn. 478, 144 S.W.2d 735 (1940). In Reid, the Florida Real Estate Commission had suspended defendant’s real estate license because she was charged with shoplifting. 188 So. 2d at 848. Finding that the defendant was suffering from emotional problems related to menopause, the court reversed the commission’s decision. Id. at 855-56. Although Reid and its underlying acceptance of the irresistible impulse test of insanity was later overruled, it is submitted that the court’s determination that menopause is a legally recognizable mental defect is still valid.

49 See A. Jones, supra note 6, at 158-66. Physicians in the late 1800’s agreed that menstruation could trigger various nervous ailments, kleptomania, pyromania, homicide, and suicide. Id. at 161; see C. Lombroso, The Female Offender 295 (1895). The mental frailty associated with women by society made insanity the ideal plea for female criminal defendants. A. Jones, supra note 6, at 158. Indeed, insanity induced by menstruation became a popular defense, especially for upper-class women, in the 1860’s. See id. at 204.

50 See, e.g., A. Hemphill & C. Hemphill, Jr., Womanslaw 44-51 (1981) (discussion of prevalent social problem of wife-beating); R. Langley & R. Levy, Wife Beating: The Silent Crisis 6-10 (1977) (same); E. Pizzey, Scream Quietly or the Neighbors Will Hear 5 (1977) (same); Note, supra note 16, at 226 (same). While the first description of PMS as a cyclical disorder occurring prior to menstruation was made in 1931, see Frank, 26 Arch. Neuro. Psychiatry 1053, 1054 (1931), only recently has the work of modern researchers like Dr. Dalton brought the syndrome to the attention of the public, see Gray, Raging Female Hormones in the Courts, 94 Macleans 46, 46 (June 15, 1981). Similarly, only within the last decade has a significant amount of research on battered women been conducted. See D. Martin, supra note 18, at 8; E. Pizzey, supra, at 7; L. Walker, supra note 12, at ix.

Feminist legal theory has focused on these two issues in an attempt to achieve equal judicial treatment for women. See A. Hemphill & C. Hemphill, Jr., supra, at 44-51; Note, supra note 16, at 226.

51 See Oleck, Legal Aspects of Premenstrual Tension, 166 Int’l Rec. Med. 475 (1953); Stewart, supra note 33, at 415; Note, supra note 31, at 229. Evidence of the repeated verbal and physical abuse leading to the development of battered woman’s syndrome can be admitted in connection with an assertion of self-defense. See Note, supra note 12, at 122 n.2. Other possible legal strategies that battered women could use include proving provocation or extreme emotional disturbance as mitigating circumstances, or pleading temporary insanity. Id. Similarly, a severe case of PMS could be analogized to temporary insanity or incompetency. Stewart, supra note 33, at 415.
Commentators have predicted the use of PMS in conjunction with insanity and diminished capacity defenses, but PMS has yet to be asserted successfully in a single case in the United States. In a recent New York State decision, a woman accused of assaulting her four-year-old daughter asserted a defense of diminished capacity based on PMS. Ruling on a motion to dismiss in the Criminal Court, Judge Becker concluded that a defense based on PMS was admissible. However, since the defendant chose to plead guilty to harassment, a lesser charge, the PMS issue was never litigated.

Notwithstanding the reluctance of courts in the United States to accept PMS as a defense to criminal charges, a PMS defense has been asserted successfully in British and Canadian courts. Shoplifting charges against an Ottawa woman were dropped when medical evidence established that she had suffered from PMS since her teens. Subsequent Canadian decisions have considered PMS as a basis for mitigating sentences. In Great Britain, courts have mitigated the sentences of PMS sufferers charged with violent crimes. In R. v. Smith, defendant Sandie Smith, a recidivist with thirty prior convictions, was charged with threatening to

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62 See Gray, supra note 50, at 49; Stewart, supra note 33, at 427.
63 See Note, supra note 16, at 223.
64 Chambers, Menstrual Stress as a Legal Defense, N.Y. Times, May 29, 1982, at 46, col. 5. A defendant in a New York case, Shirley Santos, was charged with beating her daughter for refusing to be quiet. Id. Santos, described as "distraught and remorseful," stated that at the time of the beating she had just begun to menstruate, and felt tired and depressed. Id.; see Brozan, supra note 17, at C16, col. 2.
65 See Tell, PMS' United States Court Debut: Hint of Future Success, 4 Nat'l L.J., May 10, 1982, at 5, col. 2; Press Release by Stephanie Benson, attorney for defendant Shirley Santos (Nov. 1982). In a bench order, Judge Becker noted that temporary mental problems often lead to mitigation of criminal charges. Press Release by Stephanie Benson, supra.
66 Bird, supra note 14, at B4, col. 4. After pleading guilty to harassment, Santos was given a conditional discharge with the stipulation that she would undergo counseling. Id.
67 See Gray, supra note 50, at 46.
68 Id. Canadian courts have dismissed criminal charges for minor offenses based on evidence that the defendant suffered from hormonal changes resulting from menopause or postnatal psychosis. Id.
69 See id. Two cases heard in Toronto resulted in probation and conditional discharge based upon PMS evidence. Id.
Because she was suffering from PMS at the time of the criminal acts Smith was sentenced to only three years probation. Another British defendant used evidence of her PMS affliction to defend successfully against a murder charge. The defendant, after quarreling with her lover, ran him over with a car. Allegedly suffering from "an extremely aggravated form of premenstrual condition," the defendant pleaded guilty to the reduced charge of manslaughter by reason of diminished responsibility, and was conditionally discharged.

Unlike PMS defenses, criminal defenses based upon battered woman's syndrome have been asserted successfully in many American jurisdictions. The crucial issue in these cases is whether battered woman's syndrome is a proper subject for expert testimony.

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62 Id.
63 Tybor, supra note 60, at 1, col. 5. In Smith, the court refused to grant an acquittal because such a disposition would have required relinquishing all control over the defendant. R. v. Smith, No. 1/A/82 (Crim. App. April 27, 1982) (available June 10, 1985, on LEXIS, Enggen library, Cases file). The court concluded that an acquittal would create too great a danger to society, Id.
64 See British Legal Debate, supra note 60, at C3, col.5.
65 Id.
66 Id.
67 Id.

When admissible, the testimony is aimed at establishing that the defendant's reaction to an apparently non-threatening situation was in fact self-defense.70

In People v. Minnis,71 an Illinois woman was charged with murdering her husband.72 Defense counsel sought to offer evidence on the battered woman's syndrome to explain both the murder and the subsequent dismemberment of the victim's body.73 Reversing the lower court's ruling to exclude the evidence,74 the Illinois Circuit Court concluded that "[t]he defendant had a right to present evidence relevant to her explanation of her conduct, no matter how far-fetched it might appear to the average individual."75 In State v. Kelly,76 the defendant was indicted for murdering her husband by stabbing him with a scissors as he ran toward her.77 Asserting that she acted in self-defense, the defendant offered expert testimony on battered woman's syndrome to establish that at the time of her husband's approach she believed she was in imminent danger of death or serious bodily harm.78 The Supreme Court of New Jersey concluded that the expert testimony was "directly relevant" to the issue of the defendant's state of mind.79

Courts which have accepted expert testimony on battered woman's syndrome have held that the reasonableness of the battered woman's acts is beyond the average juror's ability to understand,80 and that the syndrome is sufficiently accepted in the scientific community to allow admission of the expert testimony.81 Since

72 Id. at 346, 455 N.E.2d at 211.
73 Id.
74 Id. at 357, 455 N.E.2d at 218.
75 Id.
77 Id. at 189-90, 478 A.2d at 369.
78 Id. at 201, 478 A.2d at 375.
79 Id. at 202, 478 A.2d at 375.
POSSIBLE CRIMINAL DEFENCES

many cases in which a battered woman’s syndrome defense is raised involve situations in which the woman did not strike out against her abuser until after his attack had ended or before it had begun, only through an explanation of the effects and nature of battered woman’s syndrome can the jury understand how the defendant honestly and reasonably believed that her life was in danger. Although evidence of battered woman’s syndrome may not necessarily result in acquittal, the majority of jurisdictions that have considered the testimony have determined that it is necessary for a fair trial.

Courts refusing to admit evidence of battered woman’s syndrome generally have found that the defendant’s state of mind and the reasonableness of her actions could be determined adequately by the jury without the aid of expert testimony. Evidence of battered woman’s syndrome also has been denied admission based on the courts’ conclusion that the syndrome has not gained sufficient acceptance among the scientific community.


See State v. Thomas, 66 Ohio St. 2d 518, 521-22, 423 N.E.2d 137, 139 (1981); Buhrle v. State, 627 P.2d 1374, 1377 (Wyo. 1981). The test for admission of scientific evidence was announced in Frye v. United States, 293 F. 1013 (D.C. Cir. 1923): Just when a scientific principle or discovery crosses the line between the experimental and demonstrable stages is...
III. BATTERED WOMAN’S SYNDROME AND PREMENSTRUAL SYNDROME: A THREE-LEVELLED COMPARISON

It is submitted that there are three bases of comparison for criminal defenses based on the battered woman’s syndrome and defenses based on PMS: first, the underlying theory of the defense involved; second, the stage of scientific acceptance and knowledge that each of the syndromes has reached; and third, the social and policy implications arising from the legal use of each syndrome. The remainder of this Note will examine the distinctions that have arisen from these bases and determine whether such distinctions are valid and warrant the disparate judicial treatment that has been given to PMS and battered woman’s syndrome.

A. The Traditional Legal Defenses Involved

Evidence of battered woman’s syndrome generally is offered in conjunction with self-defense pleas. The self-defense plea, unlike the plea of insanity, pursuant to which PMS evidence is offered, is more susceptible to the use of a novel psychological theory for two reasons. First, evidence of a victim’s reputation for violence and aggression can generally be introduced to support a plea of self-defense if the defendant knew of the victim’s reputation. In the past, women attempting to justify their violent conduct as self-defense have been permitted to testify to their husband’s history of difficult to define. Somewhere in this twilight zone the evidential force of the principle must be recognized, and while courts will go a long way in admitting expert testimony deduced from a well-recognized scientific principle or discovery, the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs. Id. at 1014. The Frye test is the most commonly relied on standard for determining the admissibility of scientific evidence. Giannelli, The Admissibility of Novel Scientific Evidence: Frye v. United States, a Half-Century Later, 80 COLUM. L. REV. 1197, 1200 (1980).


Compare infra notes 90-109 and accompanying text (battered woman’s syndrome and self-defense) with infra notes 110-127 and accompanying text (PMS and insanity).

brutal behavior. Thus, before evidence of battered woman's syndrome ever was offered in court, the concept that prior spousal abuse might be used to justify subsequent domestic violence already was entrenched firmly in the law.

Second, the regular pattern of abuse that battered women experience and anticipate is relevant to establishing the elements required to prove self-defense—the genuine and reasonable belief that the defendant was in imminent danger of death or serious injury, and that the degree of force used was reasonable.

The utility of evidence on battered woman's syndrome in determining the reasonableness of the woman's fear will depend on whether the jurisdiction uses a subjective or objective evidence test in determining reasonableness. Evidence of battered woman's syndrome is relevant to proving the elements required to prove self-defense.

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91 See, e.g., United States v. McIntire, 461 F.2d 1092, 1092 (5th Cir. 1972); People v. Adams, 71 Ill. App. 3d 70, 75, 388 N.E.2d 1326, 1329-30 (1979). In McIntire, the Fifth Circuit concluded that the trial court erred by not allowing corroborating evidence on defendant's testimony that her husband beat her when he was intoxicated. 461 F.2d at 1092. The defendant had claimed that while her husband was intoxicated she killed him in self-defense. Id. In Adams, an Illinois appellate court held that the defendant, who had lived with her victim for five and one-half years, should have been allowed to testify that she knew he had killed someone in the past. 71 Ill. App. 3d at 75, 388 N.E.2d at 1329-30.

92 See supra note 91.

93 See supra note 91.

94 See supra note 91.

95 See supra note 91.

96 See Note, Partially Determined Imperfect Self-Defense: The Battered Wife Kills and Tells Why, 34 Stan. L. Rev. 615, 618 (1982). The syndrome can be used to explain why the seemingly unreasonable degree of fear experienced by the battered woman was not truly unreasonable in light of her past experience with her attacker. See id.

97 See id. A battered woman's attempts to use unarmed self-defense often trigger increased violence on the part of her abuser. Schneider, supra note 12, at 632. However, a defendant may only use deadly force when she reasonably believes it necessary to avoid imminent threat of death or serious bodily injury. Note, supra note 95, at 622-23; see Schneider, supra note 12, at 632-33. Thus, under a strict interpretation of the deadly force rule, the battered woman's use of a deadly weapon is unreasonable unless she can introduce evidence of the syndrome to demonstrate that her actions were justified. See Schneider, supra note 12, at 633.

98 See Eber, supra note 12, at 927. An objective standard of reasonableness requires the factfinder to consider the acts of the accused and the surrounding circumstances that ex-
syndrome would be less acceptable in objective evidence jurisdictions in which the unique physical and psychological characteristics of the particular defendant generally are not considered. It is submitted that legislative change may be required in an objective jurisdiction to create classes of defendants, such as battered women, to whom a different standard of reasonableness would be applied. Under a subjective evidence test, expert testimony on the syndrome could be used to demonstrate the genuineness of the woman's belief in the immediacy of the danger, and to demonstrate whether the amount of force used by the woman was reason-

ated at the time of the killing from the perspective of a reasonable and prudent person. See State v. Leidholm, 334 N.W.2d 811, 817 (N.D. 1983). The law, of course, does not require a perfect calculation of what reasonableness under the circumstances involves. See Brown v. United States, 256 U.S. 335, 343 (1921) ("[d]etached reflection cannot be demanded in the presence of an uplifted knife"); Note, supra note 95, at 623.

Under the subjective standard, the jury must decide whether the circumstances faced by the accused were sufficient to induce an honest and reasonable belief in the individual defendant's mind that the degree of force used was necessary to defend herself against imminent harm. See Leidholm, 334 N.W.2d at 817.

See State v. Leidholm, 334 N.W.2d 811, 818 (N.D. 1983); Eber, supra note 12, at 927-28; Note, The Admissibility of Expert Testimony on the Subject of Battered Woman, 4 CRIM. JUST. J. 161, 176 (1980); Note, supra note 95, at 619. Under the objective test the defendant is judged on the basis of how a reasonable person would have behaved in the same circumstances. Note, supra note 95, at 618-19. Therefore, expert testimony on battered woman's syndrome aimed at demonstrating the individual defendant's state of mind is irrelevant. See id. at 619.

A legislative exception to the deadly force rule would be required to allow juries in objective evidence jurisdictions to apply a lower standard of reasonableness to a battered woman using force against an unarmed attacker. See State v. Leidholm, 334 N.W.2d 811, 817 (N.D. 1983). An objective rule could be phrased to allow a battered woman to use deadly force against an assailant who previously had abused her. Cf. CAL. CIV. PROC. CODE § 545 (West 1985) (upon proof of past acts of abuse by spouse, court may issue temporary restraining order). Thus, battered women would be allowed to introduce expert testimony to the extent necessary to establish that they are afflicted with the syndrome. Cf. James & Sigerson, Particularizing Standards of Conduct in Negligence Trials, 5 VAND. L. REV. 697, 701-02 (1952) (applying particular standard of care to professionals in negligence cases requires expert testimony). The jury would be required to determine if the defendant was in fact a "battered woman," and whether she acted reasonably within the limitations permitted by the special exception to the deadly force rule. Cf. McPherson v. Ellis, 305 N.C. 266, 270, 287 S.E.2d 892, 895 (1982) (physician judged by particular standard of care must show adherence to standards of medical community).

See Eber, supra note 12, at 928; cf. Crawford v. State, 383 So. 2d 107, 108 (Ala. Crim. App. 1978) (deceased's threatening words and gestures were admissible on issue of defendant's apprehension of immediate danger); Byrd v. State, 626 P.2d 1057, 1058-59 (Alaska 1980) (evidence of victim's violent nature admissible on issue of defendant's apprehension of imminent danger, if such nature is known to defendant); State v. Lui, 603 P.2d 151, 154 (Hawaii 1979) (evidence of victim's violent character admissible to show reasonableness of defendant's apprehension of immediate danger).
able under the circumstances.¹⁰¹

In *State v. Wanrow*,¹⁰² the Washington Supreme Court noted the unfairness of judging the acts of female defendants asserting a plea of self-defense under the traditional, objective standards of reasonableness.¹⁰³ The *Wanrow* court concluded that under a subjective self-defense standard, women would have their conduct judged in light of their individual physical abilities and perceptions,¹⁰⁴ which may have been colored by being the victims of years of sex discrimination.¹⁰⁵ Although there was no pre-existing relationship between the defendant and victim in *Wanrow*, the principles applied in the decision should be equally applicable when considering the admissibility of evidence of battered woman's syndrome.¹⁰⁶ Relying on the subjective test of *Wanrow*, the Wash-
ington Supreme Court later adopted a subjective test to justify the acceptance of evidence on battered woman's syndrome in *State v. Allery.* In *Allery,* the defendant shot her unarmed husband while he was lying on a couch. Testimony on battered woman's syndrome was deemed necessary to explain the defendant's mental state, and to "overcome stereotyped impressions" about battered women who stay with their mates.

The doctrines of insanity and diminished capacity that underlie defenses based on PMS lack some of the factors that have permitted battered woman's syndrome to gain legal acceptance. The belief that menstruation is a source of mental illness, common in the 19th century, has long since dissipated. Additionally, insanity defenses recently have been subjected to intense scrutiny and debate, and have been sharply criticized by both the legal and lay communities. Use of the PMS defense is handicapped further by the fact that the elements of the insanity defense are not well-settled. Most modern jurisdictions apply either the tradi-

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108 *Id.* at 593, 682 P.2d at 314. The defendant had been subjected to consistent physical abuse by her husband. *Id.* at 592, 682 P.2d at 313. On the night of the homicide, the defendant entered her house and unexpectedly confronted her husband, who previously had been served with a restraining order to keep away from her. *Id.* After the husband threatened to kill the defendant, she went into the bedroom and tried unsuccessfully to escape through a window. *Id.* The defendant heard a metallic noise and believed her husband was getting a knife from the kitchen. *Id.* at 593, 682 P.2d at 313-14. The defendant then shot her husband as he was reclining on a couch. *Id.* at 597, 682 P.2d at 316.

109 *Id.* at 597, 682 P.2d at 316.

110 See *supra* note 13, at 233; Stewart, *supra* note 33, at 415. Insanity and diminished capacity defenses have been predicated on extreme depression and anxiety, frequently occurring symptoms of PMS, when such symptoms are presented in connection with other mental defects and diseases. See Stewart, *supra* note 33, at 415.

111 See *infra* notes 112-115 and accompanying text.

112 See *infra* note 49 and accompanying text.

113 See *supra* note 13, at 233.


115 See Smith, *supra* note 114, at 607-09. The methods for determining legal insanity lack uniformity. See W. LaFave & A. Scott, *supra* note 2, § 36, at 269. There are four different definitions of insanity for the purposes of substantive criminal law. See Smith, *supra* note 114, at 607-09. The terms of the various standards are so vague as to invite "semantic jousting" and "metaphysical speculation." W. LaFave & A. Scott, *supra* note 2, § 36, at 272, (citing *National Comm'n on Reform of Federal Criminal Laws,* Working Papers 249 (1970)). Suggested insanity defense reforms have included the recognition of a
tional M'Naghten rule\textsuperscript{116} or the American Law Institute's Model Penal Code rule\textsuperscript{117} to determine whether the defendant's conduct can be excused by reason of mental incompetence.\textsuperscript{118}

Under the M'Naghten test, an insanity defense is established by clear proof that at the time of the criminal act, the defendant suffered from a defect of reason, or disease of the mind, to render her incapable of knowing the nature and quality of her acts, or that her acts were wrong.\textsuperscript{119} Thus, to satisfy the M'Naghten test, a PMS sufferer would have to establish that her infirmity gave rise to the existence of a legally acceptable "disease of the mind," and a resultant inability to know the nature and quality of her act or that it was wrong.\textsuperscript{120} The concept of "disease of the mind" as used in the M'Naghten test is narrower than the psychiatric concept of mental disease, and generally is limited to disorders such as psychosis, schizophrenia, and paranoia.\textsuperscript{121} Since these mental disorders frequently are associated with PMS, evidence of PMS would seem relevant to the mental disease requirement of the M'Naghten test.\textsuperscript{122} However, under a strict interpretation of the M'Naghten test, the use of bifurcated trials in which guilt and insanity are determined separately, and the adoption of diminished capacity as a mitigating factor. See Robitscher & Haynes, In Defense of the Insanity Defense, 31 EMORY L.J. 9, 13-29 (1982).

\textsuperscript{116} See M'Naghten's Case, 8 Eng. Rep. 718 (1843).
\textsuperscript{117} MODEL PENAL CODE § 4.01, reprinted in 10 U.LA 490-91 (1962).
\textsuperscript{118} W. LAFAYE & A. SCOTT, supra note 2, § 36, at 269. This analysis will not consider the irresistible impulse test or the Durham rule, each of which is followed in only a minority of jurisdictions. The irresistible impulse test, which holds that a defendant should not be found guilty by reason of insanity if he could not control his conduct, is used in conjunction with the M'Naghten rule. See A. GOLDSTEIN, THE INSANITY DEFENSE 67 (1967). The Durham approach, which holds that the defendant is not criminally liable if his unlawful act was the product of mental disease or defect, see Durham v. United States, 214 F.2d 862, 874-75 (D.C. Cir. 1954), has been abandoned in the jurisdiction that created it, see United States v. Brawner, 471 F.2d 969, 970 (D.C. Cir. 1972).
\textsuperscript{120} See Wallach & Rubin, supra note 13, at 246.
\textsuperscript{121} See State v. Nuetzel, 61 Hawaii 531, 543-44, 606 P.2d 920, 928 (1980); State v. Pagano, 294 N.C. 729, 735, 242 S.E.2d 825, 829 (1978); Commonwealth v. Bruno, 268 Pa. Super. 15, 19, 407 A.2d 413, 416 (1979). The M'Naghten test does not require the precise definition of the mental disease involved as long as some organic or functional factor is identified as responsible for the defendant's conduct. Wallach & Rubin, supra note 13, at 239; A. GOLDSTEIN, supra note 118, at 47. Any mental abnormality such as psychosis, neurosis, organic brain disorder, or congenital intellectual deficiency will suffice if it rendered the defendant incapable of knowing the nature and gravity of his acts, or that they were wrong. See State v. Edmon, 28 Wash. App. 98, 107-08, 621 P.2d 1310, 1315-16 (1981).
\textsuperscript{122} See Wallach & Rubin, supra note 13, at 241. PMS is sometimes manifested by seri-
rule, only the most severely psychotic individuals can meet the re-
quirement of an "inability to know the nature of the act or that it
was wrong," 123 thus making it difficult for PMS sufferers to satisfy
the M'Naghten test. 124 It is possible, however, that a severe case of
PMS would render the defendant entirely incapable of knowing
right from wrong, and thus satisfy the standards even in a strict
M'Naghten jurisdiction. 125 Many M'Naghten jurisdictions have
broadly construed this requirement, 126 however, and under such
flexible standards, evidence of PMS is more likely to satisfy the
M'Naghten criteria. 127

The Model Penal Code test relieves the criminal responsibility
of a person who at the time of her criminal acts, due to mental
disease or defect, lacked substantial capacity either to appreciate
the criminality (wrongfulness) of her conduct, or to conform her
court to the requirements of law. 128 An insanity defense based

ous mental diseases capable of causing total cognitive disorientation. Id. Once it is accepted
that PMS can interfere with cognitive abilities, defense counsel must then prove that the
syndrome actually caused such an interference in his client. See id.

123 Id.; A. Goldstein, supra note 118, at 49; see also Bryant v. State, 207 Md. 565, 588-94, 115 A.2d 502, 512-15 (1955) (defendant found capable of distinguishing right from wrong, although bordering mental deficiency and afflicted with neurosis). Under a restrictive interpretation of the M'Naghten rule, defendants who are mentally ill, but whose illness
does not fall squarely within the parameters of traditionally diagnosable infirmities, may be
held criminally liable. See, e.g., Reece v. State, 212 Ga. 609, 609-10, 94 S.E.2d 723, 725
(1956).

124 See Wallach & Rubin, supra note 13, at 246.

125 Id. at 248. It is suggested that severe PMS should be treated like temporary insanity
resulting from insane delusions. Courts have allowed evidence relating to insane delusions as
the basis for a successful defense of insanity. H. Fingarette & A. Hasse, Mental Disabili-
ties and Criminal Responsibility 32 (1979); see Biddy v. United States, 365 A.2d 64, 80
satisfy the M'Naghten test, an insane delusion must be the result of a mental disease, and
the facts, as the defendant in her deluded state perceived them, must be sufficient to justify

126 See, e.g., State v. Schantz, 98 Ariz. 200, 207, 403 P.2d 521, 525-26 (1965), cert. de-
nied, 382 U.S. 1015 (1965); Thompson v. State, 159 Neb. 685, 691, 68 N.W.2d 267, 271
(1955); see Wallach & Rubin, supra note 13, at 247.

127 See Wallach & Rubin, supra note 13, at 248. A broader interpretation of the knowl-
edge requirement allows mental conditions other than extreme psychosis to be the bases for
an insanity defense. Id. at 249. Thus, to the extent that these additional conditions are
symptoms of PMS, the likelihood that PMS evidence will be admitted is increased. Id.

utilizes the same elements as the M'Naghten and irresistible impulse tests, but sets them
forth in broader terms. W. Lafave & A. Scott, supra note 2, § 38, at 293. Insanity, as
defined by the Code, excludes mental diseases or defects that are manifested only by "re-
peated criminal or otherwise anti-social behavior." MODEL PENAL CODE § 4.01(2), reprinted
on PMS would probably be more successful in jurisdictions using the Model Penal Code test because the Code test ameliorates many of the harsh M'Naghten requirements. While the M'Naghten prerequisite to establishing legal insanity is a total lack of cognitive or behavioral capacity, the Model Penal Code requires only a lack of substantial capacity to appreciate criminality or to conform behavior. Additionally, a requirement that the defendant merely "appreciates," rather than "knows," the nature of her criminal acts allows the admission of evidence of the defendant's intellectual, and emotional state at the time of the act. Therefore, to the extent that PMS causes an individual to lack the substantial capacity to appreciate the criminality or wrongfulness of her act, or to conform her conduct to the requirements of law, evidence of PMS will be relevant to establishing a defense of insanity under the Code test.

Although PMS may not satisfy the insanity test in certain jurisdictions, evidence of the syndrome generally will be relevant on the issue of diminished capacity. The doctrine of diminished capacity permits evidence of an abnormal mental condition, not amounting to legal insanity, to be admitted whenever it is relevant to prove that the defendant did not have the requisite mental state...
necessary to commit the crime charged. Establishing that the defendant acted with diminished capacity will mitigate, but not excuse, criminal liability. Thus, evidence establishing that the defendant could not form the requisite state of mind for the crime because of PMS certainly would be relevant to a diminished capacity defense.

B. Stage of Acceptance of the Theories

There is some disparity between the degree of acceptance that PMS and battered woman's syndrome have reached in the scientific community. PMS, having been studied for more than fifty years, appears to have reached a significant level of acceptance among doctors and psychiatrists. While the causes of the syndrome have not been determined, most researchers agree on the existence of the syndrome and certain of its identifiable symptoms. Battered woman's syndrome, however, has been studied

134 See State v. Collins, 305 N.W.2d 434, 436 (Iowa 1891); Commonwealth v. Walzack, 468 Pa. 210, 221, 360 A.2d 914, 919-20 (1976). Diminished capacity is not intended to serve as an alternative definition of legal insanity, see State v. Collins, 305 N.W.2d at 436-37; Long v. Brewer, 253 N.W.2d 549, 557 (Iowa 1977), rather, the doctrine of diminished capacity concerns the admissibility of psychiatric or psychological evidence for the purpose of determining whether a particular degree of a crime was committed, see Hensel v. State, 604 P.2d 222, 232 (Alaska 1979); State v. Sikora, 44 N.J. 453, 472, 210 A.2d 193, 203 (1965); State v. Pressler, 16 Wyo. 214, 222-23, 92 P. 806, 809 (1907).

135 See Note, supra note 33, at 191. British defendants have used PMS-based diminished capacity defenses successfully to mitigate the crime charged or the sentence imposed. See id.

136 See id. at 193; Note, supra note 16, at 224.

137 See infra notes 138-144 and accompanying text.

138 See Stewart, supra note 33, at 410-11. Study of PMS began in the 1930's and focused on a description and definition of the syndrome. See, e.g., Frank, The Hormonal Causes of Premenstrual Tension, 26 ARCH. NEUROL. PSYCHIATRY 1052, 1054 (1931); Israel, Premenstrual Tension, 110 J. AM. MED. ASS'N 1721, 1723 (1938). Studies performed in the late 1950s sought to link PMS to underlying psychiatric disorders. See, e.g., Dalton, Menstruation and Acute Psychiatric Illness, 1 BRIT. MED. J. 148, 149 (1959); Perr, supra note 13, at 216.

139 See supra notes 37 & 38 and accompanying text.

140 See, e.g., Brozan, supra note 17, at C16, col. 2; Stewart, supra note 33, at 413. Researchers generally agree that PMS may be defined as a variety of physical, psychological, and behavioral symptoms occurring in the second half of the menstrual cycle. See Muse, Cetel, Futterman & Yen, supra note 13, at 1345; Rubinow & Roy-Byrne, supra note 38, at 163; Sanders, Warner, Backstrom & Bancroft, supra note 13, at 487. Recent studies have concluded that PMS is related to hormonal cycles. See, e.g., Backstrom, Sanders, Leash, Davidson, Warner & Bancroft, Hormone Levels and their Relationship to the Premenstrual Syndrome, 45 PSYCHOSOMATIC MED. 503, 505 (1983). Scientists believe that regulation of hormonal fluctuations may hold the key to successful treatment of PMS. See Muse, Cetel,
only for the last ten years.\textsuperscript{141} Although the syndrome currently is gaining increased acceptance,\textsuperscript{142} courts have been hesitant to accept evidence about it because research on battered woman's syndrome is still in its infancy.\textsuperscript{143}

The current level of acceptance that a particular theory has achieved among the scientific community is crucial to determine the admissibility of evidence regarding that theory in jurisdictions using the \textit{Frye v. United States}\textsuperscript{144} standard for admissibility.\textsuperscript{145} Although the admissibility of PMS under \textit{Frye} has never been tested, there appears to be sufficient acceptance of PMS as a medical theory to support its admissibility under the \textit{Frye} test.\textsuperscript{146}


\textsuperscript{142} See Gayford, supra note 20, at 196; Hilberman, supra note 24, at 1336; Steinmetz, supra note 27, at 322.

\textsuperscript{143} See Hilberman, supra note 24, at 1336. Hilberman believes that while sociological and feminist literature on the syndrome is expansive, not enough traditional clinical and psychiatric research has been performed. Id. The primary thesis of Steinmetz' study is that more recent findings on wife abuse require a reformulation of the theories of the causes and effects of the abuse. See Steinmetz, supra note 27, at 322.

Most courts that have refused to accept evidence on battered woman's syndrome have noted the lack of acceptance of the syndrome in the scientific community. See Buhrle v. State, 627 P.2d 1374, 1378 (Wyo. 1981); State v. Thomas, 66 Ohio St. 2d 518, 520-21, 423 N.E.2d 137, 139 (1981); see also Hawthorne v. State, 408 So. 2d 801, 806 (Fla. Dist. Ct. App. 1982) (holding testimony on battered woman's syndrome relevant subject to finding that study is accepted); State v. Kelly, 97 N.J. 178, 211, 478 A.2d 364, 380-81 (1984) (case remanded to trial court to determine acceptance of expert's methodology in studying battered woman's syndrome); Ibn-Tamas v. United States, 407 A.2d 626, 640 (D.C. 1979) (case remanded to trial court for further consideration of scientific acceptability), rev'd on other grounds on remand and aff'd, 455 A.2d 893 (D.C. 1983).

\textsuperscript{144} 293 F. 1013 (D.C. Cir. 1923).

\textsuperscript{145} See supra note 87 and accompanying text. Under \textit{Frye}, a novel scientific technique must pass into a demonstrable stage, that is, it must be shown to be generally accepted by the relevant scientific community. See Giannelli, supra note 87, at 1205. Admittedly, some PMS research has been criticized as suffering from methodological problems, such as the omission of certain relevant groups from the study, or relying on potentially subjective self reports. See Notman, supra note 33, at 58; Rubinow & Roy-Byrne, supra note 38, at 163. While these problems hamper the development of scientific knowledge about PMS they do not prevent finding a correlation between mental illness and the menstrual cycle. Rubinow & Roy-Byrne, supra note 38, at 168.

\textsuperscript{146} See Wallach & Rubin, supra note 13, at 236; Note, supra note 33, at 185-89. In applying the \textit{Frye} standard to PMS, a court should not focus on whether there is agreement on the cause of PMS within the scientific community, for no such agreement exists. See
woman’s syndrome has been subjected to far less scientific scrutiny than PMS, yet has passed the Frye test in several jurisdictions.\textsuperscript{147} Since PMS has been the subject of more research and documentation by the medical community than battered woman’s syndrome, it is submitted that PMS should be deemed at least as admissible as battered woman’s syndrome under the Frye test.

The District of Columbia Court of Appeals, in Ibn-Tamas v. United States,\textsuperscript{148} created a modification of Frye that would increase the likelihood that both PMS and battered woman’s syndrome evidence would be admitted.\textsuperscript{149} In Ibn-Tamas, a battered wife, on trial for the murder of her husband, attempted to introduce expert testimony on battered woman’s syndrome to establish her perception of imminent danger at the time of the fatal shooting.\textsuperscript{150} The court stated that the acceptability of a scientific theory should be determined by whether the methodology used in studying and identifying the theory is generally accepted, not whether the concept derived from the study is accepted.\textsuperscript{151} Since battered woman’s syndrome and PMS theories have been developed through conventional psychological and medical studies, it is submitted that under the Ibn-Tamas interpretation of the Frye standard, both theories should be admissible.

In the minority of non-Frye jurisdictions, scientific evidence is admissible whenever it is relevant to the facts in issue, unless substantial reasons exist for its exclusion.\textsuperscript{152} Since it already has been

\textsuperscript{147} See supra note 85 and accompanying text.

\textsuperscript{148} 407 A.2d 626, 638 (D.C. 1979), rev’d on other grounds on remand and aff’d, 455 A.2d 989 (D.C. 1983).

\textsuperscript{149} See infra notes 151 & 152 and accompanying text.

\textsuperscript{150} 407 A.2d at 634.

\textsuperscript{151} Id. at 638. The court concluded that a rejection of a certain theory on the basis that the state of scientific knowledge in the area is incomplete actually indicates that the court has determined that no reliable methodology for making the inquiry has been discovered. Id.

\textsuperscript{152} See, e.g., United States v. Bailer, 519 F.2d 463, 466 (4th Cir.), cert. denied, 423 U.S. 1019 (1975); State v. Hall, 297 N.W.2d 80, 85 (Iowa 1980); State v. Williams, 388 A.2d 500, 504 (Me. 1978). Under the relevancy approach, a court would have discretion to exclude
suggested that both battered woman's syndrome and PMS are relevant to the elements of self-defense, insanity, and diminished capacity pleas respectively; no basis exists for treating the theories dissimilarly in jurisdictions using the general relevancy approach.

C. Policy and Social Implications

PMS and battered woman's syndrome can be validly distinguished based on the policy implications associated with each theory. Both theories have been criticized for granting preferential treatment to women, however, such criticism is unfounded in light of the relevancy of PMS and battered woman's syndrome as valid legal defenses. Any preferential treatment resulting from the use of these theories may be necessary to overcome past incidences of sexual discrimination and to provide substantial justice and fairness to afflicted female defendants.

Policy considerations actually have fostered the legal acceptability of battered woman's syndrome. The admissibility of evidence on battered woman's syndrome is partially attributable to a growing societal awareness of the plight of abused women. While physical retaliation by abused women has not been hailed as a cure to the problem of domestic violence, the admittance of testi-
mony on battered woman's syndrome indicates a concern that the abused woman as a criminal defendant should receive fairer treatment.\(^\text{162}\)

The acceptability of defenses based on PMS, however, has been hindered by various social and policy implications arising from such acceptance.\(^\text{163}\) Defenses based on PMS have been criticized by many women as a retreat from equitable treatment.\(^\text{164}\) Critics fear that the public will perceive all women as suffering from disorders related to menstruation, and will therefore attempt to keep women out of positions of authority and control.\(^\text{165}\) Some feminists, because of the possible deleterious effects that would result from the acceptance of PMS evidence, deny the very existence of the syndrome.\(^\text{166}\) However, by limiting the availability of defenses based on PMS to only those women most severely affected by the disorder, and by requiring a thorough and accurate diagnosis of the defendant as a chronic sufferer, the concerns raised by these feminists can be dispelled.\(^\text{167}\) In the interest of fairness and

\(^{162}\) See State v. Kelly, 97 N.J. at 225-26, 478 A.2d at 388 (Handler, J., concurring). Expert opinions and literature increasingly have recognized battered woman's syndrome as both a contributing cause and a devastating consequence of domestic and familial violence. Id.; see State v. Allery, 101 Wash. 2d at 597, 682 P.2d at 316.

\(^{163}\) See infra notes 165-167 and accompanying text.

\(^{164}\) See Brozan, supra note 17, at C16, col. 2; Press & Clausen, Not Guilty Because of PMS?, 100 Newsweek 111, 111 (November 8, 1982); Note, supra note 16, at 227. Concern has been raised that PMS and the theory that women can be biologically exculpated for their actions will be used to discriminate against women. Press & Clausen, supra, at 111. For years, the menstrual cycle has been a basis for sexual discrimination. Note, supra note 16, at 226. Some women's rights groups warn, therefore, that women must be wary of any theory fueling the public perception that women go crazy every month. Id.

\(^{165}\) See Brozan, supra note 17, at C16, col. 2. PMS may possibly be asserted as a basis for denying women child custody. See Angier & Witzelben, Dr. Jekyll & Ms. Hyde, 122 Reader's Digest 119, 123 (Feb. 1983). In In re H., a British woman was prevented from regaining custody of her child because she suffered from PMS. (Jan. 31, 1983) AA 77 of 1981 (Civ. App. 4) (available on LEXIS, Enggen library, Cases file). But see Tingen v. Tingen, 251 Or. 458, 460-61, 446 P.2d 185, 186-87 (1968) (mother diagnosed as having PMS awarded custody of child).

\(^{166}\) See Chambers, supra note 54, at 46, col. 5; Bird, supra note 14, at B4, col. 4; Transcript of MacNeil-Lehrer Report at 5 (Dec. 23, 1983) (interview with Barbara Newman, Brooklyn ADA on Santos case). Elizabeth Holtzman, the Brooklyn district attorney, was quoted as saying that there is no scientific evidence proving the existence of a syndrome that causes women to become insane or violent in connection with their menstrual periods. Bird, supra note 14, at B4, col. 4.

\(^{167}\) See Tybor, supra note 60, at 17, col. 5. Dr. Katharina Dalton, who has testified in several British trials involving PMS sufferers, requires detailed charting of a woman's menstrual cycle and a diary of symptoms and behavior experienced over time by the defendant before testifying for her. See id. It is suggested that a certification process similar to Dr. Dalton's could be used to limit the availability of the PMS defense to only those defendants
substantial justice, PMS sufferers should be entitled to enter as evidence information regarding the special physical, psychological, and behavioral characteristics that may relieve them of criminal responsibility, regardless of the serious policy concerns asserted by certain women's rights groups.\footnote{See Wallach & Rubin, supra note 13, at 238. The benefits available to the group of women who might be able to raise a defense based on PMS must be weighed against the potential setback to the women's movement caused by the possible perception that all women are violent and irrational during the premenstrual phase. Note, supra note 16, at 227.}

CONCLUSION

Scientific research on both PMS and battered woman's syndrome is of keen interest to the legal community because of the ramifications of these theories on the criminal liability of the sufferers of both syndromes. Novel scientific theories, however, are entitled to recognition in criminal law only if they are relevant to underlying legal principles and are grounded adequately in scientific fact. This Note has suggested, through a comparison of PMS and battered woman's syndrome, that each of these theories has satisfied the two prerequisites of legal recognition. Only conflicting social implications arising from these theories can be offered as a justification for their disparate legal treatment. Such social implications, however, place speculative and attenuated social concerns above the right of the individual defendant to a fair trial. Since it has been suggested that these theories can be used to minimize their societal impact, it would be unjust to deny a defendant a fair trial and substantial justice because of an unfounded fear that the basis of her relief from criminal liability could possibly harm broader social interests.

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