Classifications and Descriptions of Parents Who Commit Filicide

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Filicide, or the murder of one's children, while an unthinkable crime by most people, is seen in many countries around the world and in every social class (Palermo, 2002; Pitt & Bale, 1995). Stories of mothers and fathers who kill their children continue to shock and bring about a level of disbelief each time they are reported to occur. Child murder is not necessarily common, but it is a leading cause of child death in developed countries, and when child murder occurs, the perpetrators are most likely the children's parents (Marleau, Poulin, Webanck, Roy, & Laporte, 1999; Stanton & Simpson, 2002). Although is often said to be uncommon, a poll of 25 countries indicated that the homicide rate for children under 1 year was as high or higher than the rate for adults (Pitt & Bale, 1995). In the United States during 1992, parents committed 290 murders of their children (McKee & Shea, 1998). Large-scale studies of filicide have revealed that younger children are at most risk, especially those children under six months of age. After that point, the risk lowers steadily, only to rise again in adulthood (Stanton & Simpson, 2002). Although killing one's own children is an "unthinkable" crime, it nevertheless still occurs and for that reason it must be addressed and investigated. Based on large-scale studies of populations of filicidal offenders, the existence of several groups and classifications of filicide has been revealed, and each classification has distinct offenders with their own common characteristics and factors motivating the offense.

Classification Systems

Classification Based on Motive

Large-scale reviews have been the most significant publications in terms of classifying filicide, and from these reviews, several organizational systems have been proposed for the different types of filicide. The first, and one of the most prominent, was created by Resnick (1969,1970), which was established from 131 case reports from world literature on child murder by both mothers and fathers

from 1751-1967, and is based on the apparent motive for the act. The five categories in this system are "altruistc" filicide (64 cases, 48.9%), "acutely psychotic" filicide (28 cases, 21.4%), "unwanted child" filicide (18 cases, 13.7%), "accidental" filicide (16 cases, 12.2%), and "spouse revenge" filicide (5 cases, 3.8%). Resnick described cases of altruistic filicide as murders committed out of love (Resnick, 1969). Unwanted child filicide occurs when mothers, for reasons such as illegitimacy or uncertain paternity, kill their children through acts of aggression or through neglect; spouse revenge filicide occurs when the parent seeks to "get back" at his or her spouse for some particular reason – usually revenge for infidelity; in acutely psychotic filicide, the parent kills the child under the influence of a severe mental illness or psychotic episode. Resnick considered neonaticide (24 out of 131 cases), in which a child is killed less than 24 hours after birth, to be a separate categorization.

Classification Based on Impulse to Kill

Though useful, classification based on motive, as described by Resnick, can be potentially problematic, however, because a motive is almost always procured by police and forensic psychologists, at a point in time when the offender is likely to be very vulnerable and defensive and individuals are concerned with potential criminal charges (Stanton & Simpson, 2002). Scott (1973) suggested a classification system based on origin of the impulse to kill, which is more objective than motive, which he saw as being subjective, over-determined, or defensive. Scott also observed that filicidal mothers tended to commit the offense when they were acting at such a primitive level that sophisticated motives such as revenge or altruism may be inappropriate (Stanton & Simpson, 2002). His classification system has not been widely used, but the focus on impulse has been influential (Stanton & Simpson, 2002).

D'Orban's Modification of Impulse to Kill Classification

Data suggests that most murders of children under 12 years old are committed by mothers, and because of this finding more modern classification systems focus on the characteristics of the female parent (McKee & Shea, 1998). D'Orban (1979) used a modification of Scott's system in a six-year study of all the women remanded to a particular prison under charges of murder or attempted murder of their children. This study of 89 women is important in that it comprises a population sample (Stanton & Simpson, 2002). D'Orban's six categories are (1) battering mothers, (2) mentally ill mothers, (3) neonaticides, (4) retaliating women, (5) unwanted children, and (6) mercy killing. These categories are similar to Resnick's, with the exception of the exclusion of the "acutely psychotic"

classification, and the addition of the "mercy killing" category, which is basically a form of euthanasia for a sick and suffering child.

Cheung (1986) applied D'Orban's categories to 35 women in Hong Kong, who constituted all the women charged with killing, or attempting to kill, their biological children. These studies identified the three most common groups that had similar characteristics in all three studies: neonaticides, battering mothers, and mentally ill mothers (Cheung, 1986; D'Orban, 1979; Resnick, 1970; Simpson & Stanton, 2000).

Classification Subgroups

Neonaticide

The neonaticide group is the most clearly defined group and the group that differs most markedly from the other groups. In crimes of neonaticide, which is virtually exclusively committed by women, mothers are younger, rarely married, poorly educated, have a low level of psychiatric disorders and psychosocial stressors, no history of criminal behavior, and do not attempt suicide after the murders (Pitt & Bale, 1995; Stanton & Simpson, 2002; Stanton, Simpson, and Wouldes, 2000). These women generally do not seek out abortions, and conceal or do not acknowledge their pregnancies (Pitt & Bale, 1995; Stanton, Simpson, and Wouldes, 2000). These women are apparently motivated most prominently by a feeling of terror concerning the shame and guilt that commonly accompanies pregnancy and child rearing out of marriage (Pitt & Bale, 1995). One would question why these women would just not seek out abortions, but there are clear differences between the women who get abortions and those who commit neonaticide, with passivity being the most important separating factor. Women who get abortions are aware of the pregnancy and its consequences and their decisions are grounded in the reality of the issue. In contrast, women who commit neonaticide have made no plans for the birth and care of their child and their decisions are mostly based in denial and dissociation (Pitt & Bale, 1995; Stanton, Simpson, and Wouldes, 2000).

Accidental Filicide/Battering Mothers

The second largest group of filicidal mothers is the accidental filicide/battering mothers. Though less clearly defined than the neonaticide group, several similarities can be seen in mothers who commit this type of crime. Deaths from accidental filicide occur in the context of psychosocial stress and limited support, and are the unintentional deaths that result from child abuse (McKee & Shea, 1998; Stanton, Simpson, Wouldes, 2000). There is no clear impulse to kill, but instead a sudden impulsive act characterized by a loss of temper (Stanton, Simpson, Wouldes, 2000). In several studies of large groups of filicidal mothers,

these battering mothers suffered the highest rates of social and family stress, such as marital stress and housing and financial problems (Stanton & Simpson, 2002).

Mentally Ill Filicide

Mentally ill filicide is the third most common, but it is by far the most complex. In understanding mentally ill filicide, the mediating factor of impaired reality is vital but not sufficient, and the intensity of the suffering perceived in the mothers' delusional state is of such an extreme magnitude that the filicide seems rational to them (Stanton, Simpson, & Wouldes, 2000). Studies of mentally ill mothers who commit filicide have revealed that the women are older (late 20s, early 30s) and often married, have less marital and psychosocial stress than mothers who kill in the context of fatal child abuse, and their children were older (Stanton & Simpson, 2002; Stanton, Simpson, & Wouldes, 2000). The individuals within this group differ from the mothers who commit neonaticide because of the age of the victims, but aside from the age difference killing a child older than one year indicates a much more profound disruption in emotional or mental status than does the killing of a newborn (Gold, 2001).

Research suggests that psychiatric conditions are not new to these mothers, who- as reported in D'Orban's (1979) study- are frequently in contact with social workers (60% of sample) and psychiatric services (17% of sample, 10 of 24 mentally ill mothers). The range of possible psychiatric disorders seen in these kind of offenses is great. In Resnick's original study in 1969, the mentally ill mothers were diagnosed with schizophrenia, melancholia, manic depressive disorders, and character disorders. In the more recent literature, due to the somewhat recent acknowledgement by the psychological and psychiatric fields, postpartum illnesses and psychoses are also noted as being prominent diagnoses.

Postpartum depression

Postpartum depression reportedly affects 10-22% of adult women within the first year after the baby's birth (Gold, 2001). These disorders are included in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-IV-TR, 2000) but, even though the DSM-IV-TR recognizes the link between postpartum mental disorders and infanticide in the context of delusions, they are not treated as an individual classification, but categorized under the criteria used to diagnose psychosis. The "postpartum onset specifier" includes fluctuations in mood and a pre-occupation with infant well-being that can range from over-concern to outright delusions, and the presence of delusional thoughts about the infant is associated with significantly increased risk of harm to the infant. The DSM-IV-TR also states that infanticide is most often associated with postpartum psychotic episodes that are characterized by command hallucinations to kill the infant or delusions that the infant is possessed.

Postpartum psychoses this severe seem to occur in from 1 in 500 to 1 in 1,000 deliveries, and the risk of psychotic episodes is increased for women who have experienced prior postpartum mood episodes. Once a woman has had a postpartum episode with psychotic features, the risk of occurrence with each subsequent delivery is between 30-50% (DSM-IV-TR).

Previous psychiatric symptoms

More recent studies have shown that 75% of filicidal parents had displayed psychiatric symptoms prior to the child's death, 40% had seen a psychiatrist shortly before the crime, and almost half of the filicidal mothers had received inpatient psychiatric treatment (McKee & Shea, 1998). In a study encompassing a 50-year cohort of women admitted into mental institutions for killing their child(ren), suicide attempts after the act were seen in half of the cases (Stanton & Simpson, 2002). While mentally ill filicidal mothers generally have psychiatric histories, they do not usually have any history of child abuse, and they generally describe having experienced a clear intention to kill (Stanton, Simpson, & Wouldes, 2000). In all studies impairment due to drugs and alcohol was rarely seen and was of little importance in the crimes.

Intrapsychic processes

A search for understanding filicide due to mental illness is centered on intrapsychic processes in women (Stanton & Simpson, 2002). In Resnick's "altruistic filicide" group and D'Orban's "mentally ill mothers" group, the murder is seen as a rational act in the context of the mother's delusional perception of the world (Stanton & Simpson, 2000). These mothers are invested in being good mothers, and feel that by killing their children they are saving them from some awful fate or suffering that is indicated from their delusional system, or from their child having to be motherless after their intended suicides (Gold, 2001; McKee & Shea, 1998; Palermo, 2002; Stanton, Simpson, & Wouldes, 2000). These mothers are generally very clear about acting in the interest of the children so that they would not have to suffer (Stanton, Simpson, & Wouldes, 2000). The fact that these mothers kill for altruistic reasons - out of love - is the most important feature that distinguishes this type of filicide from all other homicides (Resnick, 1970).

Environmental Stress

One widely accepted view states that mental illness is the result of environmental stress combining with individual vulnerabilities, and the interaction between mental illness, contextual factors, and developmental themes needs to be examined in order to understand the origins of filicidal behavior (Stanton & Simpson, 2002). Mentally ill mothers are noted to have fewer psychosocial

stressors than the battering mothers, for example, and they are older and have some support network available. The moderate stressors that they do have, however, may function differently when combined with a mental illness, and this can possibly increase the severity of the illness's manifestations (Stanton, Simpson, Wouldes, 2000).

Social Isolation

One commonality that was seen among mentally ill filicidal women was that they each had been socially isolated except for a relationship with the father of the children, and this relationship had become the only major social interaction that each mother had. In these cases, the mental illness functions to limit the motivation or competence in engaging in supportive relationships (Simpson & Stanton, 2000). While the mothers generally express how important it was to them and how much they loved their children, they tend to have a sense of personal inadequacy and lack of parental skills and coping mechanisms (Palermo, 2002). Other features of a mental illness contribute to this horrific crime, including impaired impulse control, affective disregulation, lack of cognitive flexibility, and unbalanced judgment (Stanton, Simpson, & Wouldes, 2000). Stanton, Simpson, and Wouldes (2000) also reported the findings that mentally ill mothers are less likely to acknowledge they had difficulties managing their children, even though difficulties were observed.

Gender Differences

Some age and gender differences in the victims have been seen to exist. Mothers most often kill young children, and fathers most often kill older children (Palermo, 2002). Equal numbers of male and female babies are killed during the first week of life, from the age of one week to 15 years the rates of murder for males are slightly higher, and from the ages of 16-18 males are killed at a much higher rate (McKee & Shea, 1998; Palermo, 2002; Stanton & Simpson, 2002;).

Little research has studied large samples of fathers who kill their children, and there is less information available about these fathers than there is for mothers who commit filicide (Marleau, et al., 1999). The results that are available even show some conflicting results in terms of the frequency of gender differences in child murders – some say that mothers are more likely to kill their children, and others say that fathers more frequently commit filicide (Marleau, et al.,1999). This discrepancy can most likely be explained, however, by the methods used to gather data. Inclusion of neonaticide in the general filicide data increases the number of mothers that kill their babies (neonaticide is primarily a mother's crime) and studies done in prison collect data on mostly fathers because they are more often sentenced to prison (Marleau, et al., 1999).

While the exact numbers of the gender differences are not firmly established, differences in the characteristics of the murders are clear. Data indicate that, compared to maternal filicide, a greater proportion of paternal filicide can be categorized as fatal child abuse with a correspondingly lower rate of mental illness (Stanton & Simpson, 2002). Altruism is much less frequently described as a motivation for killing, with most deaths usually occurring during emotional outbursts and/or as the result of severe disciplinary measures (Stanton & Simpson, 2002). Also, as previously stated in this report, fathers generally kill older children. Murderous fathers frequently have histories of drug and alcohol abuse, previous criminal records, and very high levels of environmental stress, and the murdered children often have had previous injuries (Palermo, 2002; Stanton & Simpson, 2002). These factors completely contrast with the characteristics of women offenders. Fathers in this category often show very little tolerance for the child's crying, and see the baby/child as a threat and as a willfully malevolent individual (Palermo, 2002; Stanton & Simspson, 2002). This misinterpretation of behavior- where the child's actions are seen as threatening or rejecting- seems to be the primary motive in paternal filicide (Pitt & Bale, 1995). One more stressor seems to be important; fathers who kill their children are very often going through a separation from their wife or other marriage/relationship problems, and this can be seen as an additional risk factor (Marleau, et al., 1999).

Methods

Methods used by parents to kill their children differ from the usual methods of homicide, and gender differences are also seen. In contrast to domestic homicide of adults, women do not use guns or knives as murder weapons, nor are they intoxicated at the time of the offense (McKee & Shea, 1998). Maternal filicide is usually committed using "hands on" methods that entail close and active physical contact between mother and child, such as shaking, manual battering, suffocation, or drowning, and some indirect methods such as arson or drowning while the children are asleep or sedated (McKee & Shea, 1998; Palermo, 2002). In cases of paternal filicide fathers are more likely to use methods such as striking, squeezing, or stabbing, and they are also more likely than women to use weapons (Palermo, 2002; Pitt & Bale, 1995). Suffocation, strangulation, and drowning are the most common methods used to kill neonates (Palermo, 2002; Pitt & Bale, 1995).

Filicide and the Legal Process

The legal processes have generally tended to deal leniently with female filicide offenders (Stanton & Simpson, 2002; Stanton, Simpson, & Wouldes, 2000). Juries are often unwilling to convict a woman for neonaticide, possibly

because of the failure for the accused woman to fit the societal stereotype of a murderer, or that they feel that she has enough guilt over the act to punish sufficiently (Pitt & Bale, 1995). Even when they commit the same offense, men are much more likely than women to be sent to prison (Stanton & Simpson 2002). Whatever the reason is, for no other crime is there such a lack of conviction (Pitt & Bale, 1995). This tendency to view women who kill their children as a group separate from traditional murderers also operates at an international level. In 30 countries around the world, including Canada, Britain, and Australia, murder charges are ruled out and women are allowed to plead to lesser charges ("infanticide") if the murders are committed during the first year after birth, when a woman's state of mind is presumably affected by childbirth or lactation (Stanton & Simpson, 2002; Gold, 2001).

Because of the nature of the crime, a plea of insanity is often presented in the woman's defense. Within the major population studies, specifically those of McKee & Shea (1998) D'Orban (1979) and Bradford (1990, as cited in McKee & Shea, 1998), a finding of insanity was seen in 20%, 27%, and 15% respectively. These figures are significantly higher than the normal rate of .1% found in other criminal cases in which the insanity defense is raised (Turner & Ornstein, 1983, as cited in McKee & Shea, 1998). In general, however, the success of insanity defenses is not guaranteed in cases of filicide, for several reasons. In the case of altruistic filicide, even in a psychotic individual, the crime is voluntary, often premeditated, planned logically, and accomplished methodically – always in full consciousness and perfectly remembered (Gold, 2001). In cases where children die as a result of beating/child abuse, parents have little claim to major mental illness and, according to Resnick, an insanity defense based on post-partum depression is rarely successful in the United States (Gold, 2001; Hausman, 2001). In acutely psychotic cases, the parent may not know the nature or quality of the act if it occurs during a seizure or delirium, but an investigator must always consider issues of malingering (Hausman, 2002).

Ultimately, decisions regarding the applicability of the insanity defense to each individual case come down to the individual state's definition of insanity, which imposes a variety of principles, such as the ability to know the act violates a law, the ability to refrain from committing the act, the belief that the act was morally justified, etc. (Hausman, 2002). According to Resnick, in cases of altruistic filicide, for instance, the success of the insanity plea depends largely on whether the applicable insanity standard uses the word "appreciate" or "know" to characterize the wrongfulness of the killing (Hausman, 2002). Also according to Resnick, juries often view acts of altruistic filicide intended to relieve suffering as a form of euthanasia, which does not derive from a mental illness, and they find the individuals unqualified for an insanity defense (Hausman, 2002). Certain details of

the case can negate the applicability of the insanity defense, such as any efforts taken to avoid detection or to dispose of evidence, which indicates that the person recognizes the wrongfulness of the act (Resnick, as quoted in Hausman, 2002). In contrast, notifying police or other individuals that a crime was committed, which is frequently seen in cases of maternal filicide, has other implications to the jury and could help bolster the claim of an insanity defense.

Predicting Filicide

Murder of children, especially one's own children is hard to think about, even for clinicians and mental healthcare professionals. Because of the high rates of previous mental illness and contact with social services and psychological and psychiatric professionals before these acts, it is greatly important for people who are in contact with women at risk to remember the danger and be aware of the risks of assuming that a woman would not kill her children. Warning signs are often confusing and not clear cut, but large studies have shown some patterns for potential identification. Devotion to the children is not likely to be a protective factor, and high levels of emotional investment could put the children more at risk, and this risk could be further escalated by the stress created by the pressure the women put on themselves to be good mothers (Stanton, Simpson, & Wouldes, 2000). In all clinical situations where a mother (or father) is feared to possibly be at risk for doing harm to herself or her children, questions should be asked. Questions concerning the potential for harm of children are rarely asked to mothers (or fathers), whereas questions regarding suicide are common. It is in these cases – where mothers (of fathers) show suicidal ideation – that children seem to be at the highest levels of risk and clinicians should directly inquire about her (or his) plans for the children (McKee & Shea, 1998; Marleau, et al., 1999; Resnick, as cited in Pitt & Bale, 1995). The relationship between mother and child is so close, and the potential for danger when a mother is mentally ill is so high, that when caring for a patient with children, clinicians should not only consider the needs of the patient/mother but also those of the children for whom this mother is responsible (Stanton, Simpson, & Wouldes, 2000). In severe cases, the mother's stress can effectively be treated by removing her from the stress of caring for her young children (Palermo, 2002).

Conclusions

Despite the knowledge and organization that has been gained from large-scale and individual case studies, filicide still remains an unthinkable offense. Cases where mothers (or fathers) kill their children continue to shock communities and even nations when they occur, especially in the cases where there are multiple victims and seemingly no salient reason for the offense. Studies of filicidal men

and women have revealed several groups, patterns, and risk factors and, while prediction is still extremely difficult, a general awareness of the possibility of these offenses under certain circumstances by both mothers and fathers will help clinicians and families identify and hopefully prevent at least some of these murders in the future.

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