

Reflections on filicide

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"A four-year-old girl had disappeared for two months and was found dead in a suitcase at the bottom of a river. The girl's father admitted to having killed her and, the girl's mother is suspected of having asked him to do so."

"A three-year-old boy was drowned by his mother, a single parent. Until then, this boy filled the mother's world. She had planned to commit suicide, but did not do so."

"A one-year-old infant girl was killed and hidden in a forest by her father. Her parents were divorced. "I knew this would be the solution for all my problems," the father said.

Introduction

The interdiction to kill one's own child is not a universally shared value.

The first published "near-filicide" of our ancestor, Abraham, was ready to sacrifice his son, Isaac, as the ultimate proof of his unconditional commitment to God. But God did not allow it to happen...

To most Western minds, the thought of a parent killing his/her child evokes a deep sense of horror and outrage, as it is viewed as a betrayal of the assumption that parental love is one of the tenets of civilization. Therefore, parental, and especially maternal, filicide is regarded as a crime committed by "crazy" people. While reviewing the literature, it turns out that many societies have practiced infanticide, including Greeks, Chinese, Japanese, India, Brazil, England, Italy, and France, among others. Infanticide has been the most widely used method of population control during much of human history (Harris, 1997) and fully reviewed by Brockington (1996). "Legitimate" motives for infanticide include the desire to control the size and composition of the family, maximize reproductive success, and

ensure social stability (Mull & Mull, 1987). Indeed, cultural-bound priorities, still in the early 21st century, give legitimization for filicide (Oberman, 2003). For instance, in parts of Northern India, adults prioritize the well-being of family rather than the survival of individual members (Miller, 1981). In some societies, infants with visible deformities and twinships are legitimately killed (Mull & Mull, 1987; Larme, 1997). Female gender is also a culture-bound risk factor for infanticide (Fuse & Crenshaw, 2006). Some societies, such as in rural parts of India, seem to prefer sons, but the reason behind this preference is economic: "Too many girls, too much dowry" (Diamond-Smith et al, 2008). Culture-bound beliefs, such as evil spirits that can grab the souls of newborns, may make infanticide a legitimate act, as it has been described in Bolivia (DeHilari et al, 2009). Other common reasons for killing infants were social, such as family size and poverty. These authors found that both communities of their sample gave legitimization to infanticides that were the result of biological and social reasons. Killing infants because of social reasons only, was rarely justified.

While the rationale for engaging in infanticide varies widely by culture, commonalities emerge, especially among less-industrialized places. Contrary to current Western thinking and studies (that will be reviewed below), filicide is not always an unpredictable crime committed by mentally ill parents: Oberman (2003) showed that parents who commit filicide often cannot raise children under the circumstances dictated by their specific position in place and time.

Besides the cultural and socio-economic motives, little is known about the circumstances and factors that lead to filicide. This lack of knowledge makes prevention difficult. While it is obvious that filicide is one of the rare conditions where prevention is the only treatment, this lack of knowledge is especially disturbing.

Prevalence of filicide among western societies

A recent survey in the United States (Hatters-Friedman et al, 2005) reported that homicide was the fourth leading cause of death among children from ages 1-4 years, and the third one among children from ages 5-14 years. The first year of life

is the most prone: among children and adolescents, homicides are most likely to occur in the first year of life; the second peak is during later adolescence (Overpeck et al, 1998). Abuse and filicide are on the same spectrum: more than 80% of homicides in very young children were actually fatal child abuse.

Among those under the age of 5 years, 61% were killed by their own parents, half by their mothers (30%), and half by their fathers (31%). The majority of homicides of children older than three years are committed by a person unrelated to the child. Based on these statistics the conclusions reached are that filicide is a real problem and that the first three years are critical for early detection of infants who are at high risk for death at the hands of their parents.

Risk factors for filicide

Early detection necessitates knowing the risk factors.

- Age of child

In the late 1960's, the author, Resnick (1969), suggested differentiating between "neonaticide" (within the first 24 hours of life), "infanticide" (within the first 12 months of life), and filicide (older children). Neonaticide being typically committed by young, poor, and unmarried mothers with little or no prenatal care. A more recent review (Hatters-Friedman et al, 2005) reported a high frequency of denied or concealed pregnancies (in spite of the fact that these mothers tend to live with their own parents) among maternal perpetrators of neonaticide. Mothers who committed infanticide were described as young, unemployed and having a high frequency of psychiatric disorders (Haapasalo & Petaja, 1999).

- Child's characteristics

A study which took place in Japan (Haapasalo & Petaja, 1999) found not only a high frequency of psychiatric disorders among mothers who murdered their infants, but also a high frequency of physical anomalies among the child victims. This is consistent with the well-known link between physical handicap and child abuse.

- Gender

Among the children who were murdered under five years of age in the United States in the last quarter of the 20th century, 61% were killed by their parents, equally by mothers and fathers (30% by mothers, 31% by fathers). Twice as many fathers as mothers committed filicide-suicide (Hatters-Friedman et al, 2005). In a Quebec sample (Bourget & Gagne, 2005), paternal filicide was found to be more common than maternal filicide after the age of one year (neonaticide is very rarely committed by fathers and most infanticides are committed by mothers).

Despite these findings, paternal filicide has attracted limited research and is even less well-understood than maternal filicide. Also, 60 cases of male parent filicides were investigated : 23% of the children were under the age of 1 year, 26% between 1 and 5 years, 22% between 6 and 10 years, and 29% were more than 10 years old. Siblings were murdered in 23% of the cases. 60% of the homicides committed by fathers were followed by suicide, especially in the instances involving multiple sibling victims. 18% of the sample also killed their spouses at the time of the filicide. The most common means of homicide was the use of a firearm (34%), followed by beating (22%). The use of knife, strangulation, blunt instrument, intoxication, and drowning were much less common, in decreasing order. Recent rupture of the marital relationship had occurred in 40% of the cases; family violence was indicated in 40% of the cases; drugs and/or alcohol use were uncommon. The presence of severe psychopathology was observed in 60% of the fathers: major depression (52%), schizophrenia and other psychoses (10%), and acute substance intoxication (5%). Fathers are often perpetrators of fatal-abuse filicide, with a childhood history of abuse, especially in paternal filicides involving infants under the age of 1 year. These fathers are rarely psychotic. Retaliating filicides are rare among mothers and typically reflect personality disorders with a high incidence of suicide attempts.

Parental motivations for committing filicide

The major motivational factors for filicide include (Gagne, 2002; Resnick, 1972; d'Orban, 1979; Pitt & Bale, 1995; Farooque & Ernst, 2003):

- a. Mental illness
- b. Retaliation
- c. Rejection of an unwanted child
- d. Mercy killing
- e. Chronic abuse that lead to accidental

death (i.e. the "Shaken Baby syndrome") Empirical studies have made clear the fact that in most cases of filicide, multiple factors act together to cause the parent to kill his/her own child (Saisto et al, 2001; Schwartz & Isser, 2000). These include financial difficulties, social isolation, single motherhood, work-related stress, housing problems, and a childhood of abuse and/or trauma, marital problems and jealousy, alcohol abuse, physical illness, depression, mood disorders, psychosis.

Filicidal parents who are not defined as mentally ill

Neonaticide is caused mostly by this group of mothers, usually very young mothers who cannot cope with social stress factors Haapasalo et al, 1999; Stanton et al, 2000; Bourget et al, 2007). The absence of mental illness, as defined by the law, meaning psychosis or affective disorder, does not imply the existence of a healthy personality. As has been shown (Putkonen et al, 1998), there is a high rate of personality disorders, with very low ego organization, among these mothers who commit neonaticide. Similarly, among 16 cases of neonaticide (Spinelli, 2001), nearly all of the women reported symptoms of belle indifference, depersonalization, dissociative hallucinations, and intermittent amnesia at delivery. Most of the cases reported were preceded by denial of pregnancy and 56% of of the sample had a history of sexual abuse. Accidental filicides, i.e.fatal abuse, is more frequent among parents with personality disorders and intense psychosocial stress at the time of the fatal abuse, than psychosis and depression (Stanton et al, 2000). Among the psychopathic, narcissistic, retaliatory individuals, the aim is sadistic (Glasser, 1986). The child was never really wanted and is killed either as an accidental result of severe abuse or in the parent's deliberate, vengeance towards his/her spouse. This group of parents, though psychologically disturbed, but not mentally ill (Pappietro et al, 2005), are typically found guilty of murder.

Filicidal parents who are defined as mentally ill

In this second group of parents who suffer from schizophrenia, bipolar disorder, or psychotic depression, the violence is very different in nature. It is self-preservative, aimed at protecting oneself and/or the child from perceived threat (Fonagy & Target, 1995). There is a suggestion of a

distinction between two types of psychotic women (Kunst, 2005):

1. The disorganized type, characterized by extreme personality fragmentation that is the combined result of a biologically-based chronic mental illness and a destructive early environment (such as severe neglect and abuse). This parent's crime is the result of bizarre acting out where the infant is not perceived as human, but rather as a lifeless part-object into which the mother projects unwanted, threatening parts of her fragmented ego.
2. The organized type, distinguished by a pre-morbidly more integrated ego (reflected in quite good educational achievements, work and interpersonal functioning), that becomes temporarily but severely fractured. The crime is organized into "logic", though pathological and distorted. Their childhood history is less chaotic than the disorganized group's one, but, based on Kunst's sample of filicidal mothers, all the women had a history of intrafamilial sexual abuse and depressed, inconsistent maternal care. Unlike the first group, these filicidal mothers are very invested in their child, but in a pathological way. They look to their children to be for them objects of transformation, of repair of themselves (Bollas, 1987). Such women seek a mother in their own child. Again, the filicidal act comes when environmental stresses, such as marital stress or separation, severe financial problems, and poor support, combine with the mother's psychological vulnerability and lead her to feel increasingly alienated from the world around. The mother's unbearable anxiety turns into depression and fantasies of ultimate annihilation where the child is entrapped because of her enmeshed, undifferentiated relationship with him/her. It is in that state of mind that these mothers start to build "the" plan. A mother's statement, illustrates this catastrophic dynamic very well: "I didn't kill my son, I killed myself" (Kunst, 2005, p. 36).

This distinction of the two groups of women is important in terms of understanding the phenomenon of filicide and in planning for intervention. Indeed, in Kunst's experience, the women described as "organized" are often treatable patients who can use psychotherapy to understand the core complexities and fantasies that led them to commit the crime.

Clinical implications

Early detection

The knowledge of motivating factors causing a parent to kill a newborn, a

toddler, or an older child, is a prerequisite for any early intervention planning. The above reported data imply, for instance, that a psychotic mother is at heightened risk of killing her newborn, especially if other factors add to the burden of motherhood, such as being a single parent, having a low IQ and a history of drug abuse. For these women, there is a specific need for social and psychiatric support during pregnancy and the first year of life. The same stands for teen-agers, isolated, and poor first mothers. Psychiatrists also need to remember that a very depressed woman may be at risk of killing an older child, especially if she has other risk factors. Thoughts of infanticide should be directly probed by general practitioners and other health professionals, among non-psychotic, postpartum depressed mothers because they tend to spontaneously disclose their suicidal thoughts, but not their infanticidal ones (Barr & Beck, 2008). In spite of the high proportion of child homicides committed by fathers, the tendency to overlook filicidal risk among men, is still high. The possibility of homicidal tendencies in depressed fathers, especially when suicidal ideation is present, should be assessed systematically. Almost half of the filicidal women and men had had previous contact with health professionals before the time of offense (Bourget et al, 2005).

To-date, the most effective early detection is still a case-by-case approach which necessitates a high degree of vigilance and general awareness of homicidal risk. The findings of the above cited Finnish study (Putkonen et al, 2009) suggest that prevention of filicide is not the task of psychiatry alone; health care and society must work together.

Existing programs

In the USA and other Western countries, programs usually center on

1. Developing comprehensive reproductive health programs, including giving access to family planning and abortion
2. Improvement of social support networks
3. Targeting at-risk families, such as those with high levels of domestic violence
4. Clinical interventions
5. Legal sanctions

One of the evidence-based efficient interventions is home visitation by trained nurses during pregnancy and the first two years of life reduced rates of child abuse and neglect among first-born children of unmarried adolescents of low socioeconomic status (Olds et al, 1986).

Conclusion

Obviously, only a minority of parents who become psychiatrically ill and/or have environmental stressors kill their child. Similarly, most parents who experienced neglect and/or abuse in their own childhood do not kill their children, in spite of their deficient parenting skills. Therefore, one must try to comprehend the phenomenon of filicide as a complex one, where psychodynamic factors should be included in the constellation of risk factors identified in individuals at risk for filicide [28].

“The eye sees only that which the mind is prepared to comprehend”, has brilliantly announced Henri Bergson, French philosopher and recipient of the Nobel Prize for Literature in 1927. The central task for those who seek to eliminate filicide is first to understand the lives of those who commit this crime and the unspoken messages conveyed by their society and culture. It is important also to recognize the serious nature of perinatal mental disorder, its link to abnormal personality and to consequent relationship problems with the parent and infant and to plan risk reduction strategies in primary and secondary services where staff are trained in infant and perinatal psychiatry.

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