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FILICIDE:

MOMS WHO KILL THEIR CHILDREN

AMERICAN COLLEGE OF FORENSIC PSYCHOLOGY

15TH ANNUAL SYMPOSIUM

THURSDAY, APRIL 29TH

SANTA FE NEW MEXICO

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I. THE FORENSIC CONTEXTS OF FILICIDE

A. CRIMINAL RESPONSIBILITY
B. COMPETENCE TO STAND TRIAL
C. PROFILING CONSIDERATIONS
D. CRITICAL INCIDENT DEBRIEFING/COMMUNITY INTERVENTION
E. PREVENTION
F. RELEASE/DISCHARGE

II. AGE TYPOLOGY

A. NEONATICIDE: THE TAKING OF THE LIFE OF AN INFANT 24 HOURS OLD OR YOUNGER
B. INFANTICIDE: THE TAKING OF THE LIFE OF A CHILD ONE YEAR OLD OR LESS
C. EARLY FILICIDE: THE TAKING OF THE LIFE OF A CHILD AGES 1 YEAR TO 5 YEARS
D. LATE FILICIDE: THE TAKING OF THE LIFE OF A CHILD 5 YEARS OLD OR OLDER AND THE TAKING OF THE LIFE OF AN ADULT CHILD
E. FAMILICIDE: THE TAKING OF THE LIFE OF A SPOUSE, EX-SPOUSE/MATE AND ONE OR MORE CHILDREN
F. EXTENDED SUICIDE: THE TAKING OF ONE'S OWN LIFE FOLLOWING THE KILLING OF ANOTHER (IN THIS INSTANCE A CHILD OR CHILDREN)

III. INCIDENCE AND CHARACTERISTICS

A. FILICIDAL BEHAVIOR IS EXHIBITED BY MOST FEMALES MAMMALS INCLUDING THE HIGHER PRIMATES.
B. INCIDENCE IN THE U.S. APPEARS TO BE INCREASING WITH 8.8 HOMICIDES OF CHILDREN UNDER ONE PER HUNDRED THOUSAND LIVE BIRTHS IN THE PERIOD OF 1988 - 1991 COMPARED TO 7.2 HOMICIDES PER ONE HUNDRED THOUSAND LIVE BIRTHS IN 1983 - 1987 (OVERPECK).

C. MOTHERS ARE LESS LIKELY TO TAKE THE LIFE OF CHILDREN OVER ONE YEAR THAN ARE FATHERS, STEPFATHERS, BOYFRIENDS AND OTHER MALES.

D. MOTHERS WHO KILL OLDER CHILDREN ARE MORE LIKELY TO BE PSYCHOTIC.

E. FACTORS SUCH AS OVERALL ECONOMIC STATUS, ACCESS TO ABORTION, AND HOMICIDE RATES DO NOT CLEARLY CORRELATE WITH RATES OF FILICIDE.

F. CDC ESTIMATES THAT THE RATE OF CHILD HOMICIDE, SUICIDE AND FIREARMS RELATED DEATH IN THE UNITED STATES IS FIVE TIMES HIGHER THAN THE RATE OF THE 25 OTHER INDUSTRIALIZED NATIONS COMBINED.

G. HEAD TRAUMA IS THE MOST COMMON FORM OF FATAL INJURY.

H. SUNDAY IS THE MOST LIKELY DAY ON WHICH A CHILD MEETS DEATH BY FILICIDE.

I. NEONATICIDES ARE ALMOST ALWAYS CARRIED OUT BY MOTHERS.

J. MOTHERS SELDOM COMMIT FAMILICIDE. MOTHERS DO, HOWEVER, ENGAGE IN EXTENDED SUICIDE BY TAKING THE LIFE OF A CHILD AND THEIR OWN LIFE.

IV. WHY DO MOTHERS KILL THEIR CHILDREN?

The circumstances, motivations and consequences of filicide have a documented history extending to the second millennium B.C. Common factors follow across time and culture. These factors include the killing of unwanted children, killing deformed children ("changelings") and economic scarcity. An awareness of what would now be termed psychiatric determinants of filicide have been recognized for hundreds of years. Social attitudes and sanctions regarding filicide vary across time and cultures. The following three part conceptualization of filicide is an effort to employ the Biopsychosocial model to understand why mothers kill their children.

A. DISORDER DRIVEN

1. Schizophrenic Spectrum Disorders

Delusions and hallucinations are often found in mothers who take the lives of their children. Mothers who employ weapons are more likely to suffer from a major psychiatric disorder with these symptoms. Mothers who take the lives of older children are more likely to suffer from psychiatric disorders, particularly paranoid schizophrenia.

2. Affective Disorders

Profound depressions hamper the mother's ability to parent and thereby increase feelings of inadequacy and helplessness. Mothers who commit filicide and extended suicides often suffer from depression accompanied by delusions.

2. Postpartum Depression

Susman's review of postpartum depression indicated that symptoms are likely to begin between the third and seventh day post delivery. Most postpartum depressions resolve within two to twelve weeks. Symptoms include insomnia, headache, anxiety, tearfulness, suicidal preoccupation and on occasion mania. Thoughts of infanticide are not uncommon. Susman estimated that serious postpartum psychosis (as opposed to depression) occurs in two per one thousand deliveries. These extreme manifestations of the disorder are typically seen within the first two weeks post delivery. They do place a mother at risk for harm or filicide to her infant. Postpartum depression, however, accounts for fewer filicides than is commonly supposed.

B. Dependency Driven

1. Most neonaticides are dependency driven. They are fueled by significant denial and isolation. Most filicides of newborns are committed by mothers who give birth outside the hospital. Although subject to significant degrees of disassociation, neonaticidal mothers are not psychotic in the classical sense. They usually hide their pregnancy from intimates.

2. Filicides are occasionally carried out by highly dependent females in battering relationships. They are often consciously or unconsciously motivated to commit filicide by their abandoning/battering mates.

3. Dependency driven filicides can occur among substance dependent mothers. They are not classically psychotic. These mothers may kill in the course of substance abuse withdrawal or acute intoxication.

C. NEGLECT

The majority of maternal filocides occur as a result of neglect and most infants die as a result of shaking and impact injuries. Mothers who cause the deaths of their infants through shaking, impact or over discipline are typically mothers with personality disorder, low socioeconomic status and some reduction in cognitive capacity (trustworthy statistical demographic profiles of these mothers are not available. The

available literature and my own experience are the bases of the foregoing description). Surprisingly, substance abuse is not typically a factor for these mothers, although their mates/spouses often have substance abuse difficulties.

V. RISK FACTORS

A. LIMITED PRENATAL CARE
B. YOUNG AGE AT MATERNITY
C. ISOLATION
D. HISTORY OF DEPRESSION AND SUICIDAL IDEATION
E. A SECOND OR THIRD CHILD BORN TO A YOUNG MOTHER
F. THE ABSENCE OF INTERGENERATIONAL SUPPORT
G. PSYCHIATRIC DISORDER
H. LOW BIRTH WEIGHT/APGAR SCORE OF THE CHILD

VI. COUNTER TRANSFERENCE ISSUES AND BIASES

A. DENIAL
B. ANGER
C. FEAR

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