CHAPTER THREE

REVIEW OF THE LITERATURE:
TWO APPROACHES TO THE STUDY OF
MATERNAL FILICIDE-SUICIDE

Introductory Remarks

Objective of the Literature Review Chapters

The purpose of the four chapters on literature review (Chapters 3, 4, 5, and 6) is to identify, analyze and evaluate information in the literature about the prevalence and content of the various maternal filicide-suicide (mfs) behaviors from ideation to fatal attempts, as well as characteristics of mothers engaging in these behaviors, their environment and the children, who are their victims. The intention is to use this information to identify risk factors and warning signs of mfs behavior that are helpful to a clinician assessing for mfs ideation and behaviors.
Two vantage points for the study of maternal filicide-suicide: Homicide-suicide and filicide

Maternal filicide-suicide (mfs) is usually addressed in studies with a focus on broader topics than mfs. The two topics that most prominently address mfs are homicide-suicide (h-s) and filicide. In Chapter 3, studies will be reviewed that address mfs from the perspective of h-s, and in Chapter 4 the review will be done from the perspective of filicide.

Studies from the perspective of h-s only deal with persons who have made fatal or nonfatal attempts at homicide/filicide and suicide. Only two studies (Byard, Knight, James, & Gilbert, 1999; Shaughnessy, Bradley, & Brown, 2001) have been located that deal specifically with filicide-suicide, which includes maternal and paternal behaviors. While cases of mfs tend to be included in most studies about overall h-s, they are often overshadowed by cases of spousal h-s, which tend to be 10 to 15 times as numerous as mfs cases.

In Chapter 4, mfs from the vantage point of filicide, attention will be paid to studies on subjects that are broader than filicide, such as child homicide or on subjects that are related to filicide, such as fatal child abuse. Studies on child homicide are often so-called population studies, which generally do not include the details of individual cases, such as the motivation of the offenders and the stressors that affected them. Instead, they tend to provide demographic and epidemiological information, such as the age of the offenders and the victims, time of day, or methods used. Often, they compare various types of child homicide, such as neonaticide (killing newborns during the first 24 hours of life), infanticide (killing of children under the age of 1), fatal
child abuse, filicide-suicide, or peer related murders. Child homicide studies can allow for interesting comparisons between countries regarding the prevalence of various types of filicide.

Studies on filicide usually focus more on individual filicidal behaviors and their etiology. Several recent studies (Alder & Polk, 2001; Alder & Baker, 1997; Meyer & Oberman, 2001) describe and analyze individual cases of filicide-suicide, from which they derive valuable overviews of socio-demographic and clinical features. These features are the building blocks of the classification system for assessment of mfs ideation that I am developing.

Organization of the Review Chapters

In terms of the organization of the review chapters, Chapters 4 and 5 contain the traditional review of the literature, where information from various studies is compared and contrasted. In addition to the review function, these chapters are dedicated to identifying and compiling information about mfs from many different sources. Some of the information in the various studies may allow me to suggest some tentative conclusions that were not part of that study's original findings.\(^{13}\)

In Chapter 6, the information from Chapters 4 and 5 will be summarized. Comparison and contrasting of findings also takes places in chapter 6, as well as in chapters 7 and 8. As mentioned

\(^{13}\) For instance, the possibility that a large family size might be a form of protection against mfs was never mentioned in any of the studies. However, comparing information about the average family size of filicidal mothers with filicidal and filicidal-suicidal behavior suggested the possibility of an interrelation between the number of children a mother has and the danger of a mother making an attempt at mfs.
earlier, comparing and contrasting of findings in Chapters 7 and 8 is done from the vantage point of suicidology. The following aspects will be addressed in Chapters 6, 7, and 8.

a. Quality of the information reviewed

b. Definition and nature of h-s and mfs, which includes a discussion on extended suicide and altruism, intent and typologies of h-s. It also includes a discussion of the phenomenology of h-s, and especially mfs, i.e. the contents of mfs behaviors and ideation, as well as the concept of a process preceding mfs acts, during which interactions between the mfs mother and her environment may trigger certain mfs behaviors and ideation.

c. Prevalence and epidemiology of the various behaviors, including demographic and other characteristics of the mothers, their victims, and their environment. The question of whether there is a 'tip of the iceberg' effect here will be addressed: To what extent does the prevalence of known mfs attempts reflect the presence of mfs ideation among mothers?

d. Etiology, incl. psychiatric aspects, and their interaction with personality features and stressors.

e. Assessment and interventions, where special attention will be paid to the communication between a clinician and an mfs mother and the extent to which she is able to disclose her mfs ideation, as well as her mfs behaviors.

f. Risk factors associated with the aspects of h-s and mfs that are enumerated under a-e in this list will be summarized.

g. Discussion of relevant aspects that may not have been discussed in the various studies. For instance, studies about suicide in general hardly ever refer to h-s or filicide-suicide.

The location of comments and evaluation

Comments associated with a reexamination or reanalysis of information in a particular study will be made immediately after the summary of the contents of that study. Comments about the relevance of the study to the research objectives sometimes also directly follow the summary of the study. In addition, they can sometimes be found at the end of a section, and, of course, in Chapters 6, 7, and 8.
Definitional and measurement issues

Calculation of rates
A number of rates are used in the literature to indicate the prevalence of filicide, suicide, homicide-suicide, and filicide-suicide. For filicide, the rate usually is the number of children killed per 100,000 children. For suicide, a similar method is used. However, some issues remain, especially for h-s and filicide-suicide.

Number of offenders and victims. There is a lack of clarity whether a case or incident of filicide or h-s refers to the number of offenders or to the number of victims. For instance, ‘five cases of filicide’ could mean any of the following:

- Five families, each with one or two parents and one or more children: In each of these families, one child is killed by a parent. (Five victims and five offenders)
- Five children being killed by one parent (five victims, one offender)
- Five different parents killing or trying to kill one or more of their children (five offenders and possibly more than five victims)

The term “victim”. There is a lack of clarity about the term victim: Victim sometimes refers to all children who are the object of a filicide attempt regardless of whether the attempt is fatal or nonfatal and sometimes only to children who are killed.

Ages of children included in studies. Age limits used in child homicide and h-s studies vary between 4 and 21. Unfortunately most studies quoting other studies do not report what age limit was used in the study that is being quoted.
The basis of comparison. There is a lack of clarity about the basis of comparison. For instance, mothers making attempts at filicide-suicide predominantly are in the 28-35 year age-bracket. An increase in the number of mothers in this particular age bracket, e.g. due to a baby boom 30 years earlier or to an increased percentage of women becoming mothers, probably will lead to an increase in the number of mfs mothers. However, most publications reporting such an increase will not take into account the increased number of mothers of young children in this particular age bracket.

Lack of disaggregation. There is a lack of disaggregation. For instance, filicide-suicide among African Americans, especially women, is much lower than among Caucasians in the USA, while ‘simple’ filicide is considerably higher among blacks (Goetting, 1988, 1990). Therefore, population studies about filicide and filicide-suicide in large metropolitan areas with a large black population will show rates for both filicide and filicide-suicide that are different from rates in studies that involve an entire state, such as California (Chew, 1999). Without specific information about some of these demographic factors, it is often difficult to understand differences in findings between studies.

Time lag between homicide and suicide. In the definition of what constitutes h-s, studies vary somewhat with respect to the time lag between homicide and suicide. However, as the great majority of suicides take place within hours of the homicide, this issue is unlikely to cause significant distortions in comparisons of the studies’ findings.

14 According to some authors, the higher filicide rate among blacks is primarily related to poverty and not to race.
An alternative method of calculating rates

I have found that the number of children killed in conjunction with a fatal or nonfatal suicide attempt by one or both of the parents per 1 million of the general population per year is remarkably similar between studies as well as over time. This number fluctuates between 0.4 and 1.1, while the majority of studies are in a narrow range that runs from 0.5 to 0.8. For instance, the rate in California during the decade of 1981-1990 was 0.95, and was based on the following data (Chew, 1999): 279 child victims where homicide-suicide was reported to have been a precipitating factor, 10 years, and a general population of, on average, 29 million. This method does not allow for variations in the size of the age cohorts that might be most associated with filicide-suicide, yet the similarity in results between locations and the stability over time are truly remarkable.

An aspect of this calculation method that has not been used before consists of the use of the number of child victims as a measure. Usually the emphasis is on the number of mothers or fathers who are involved in filicidal-suicidal behavior. Another relatively novel aspect is that both victims of fatal suicide and nonfatal suicide attempts are taken into account. Finally, this measure combines the victims of paternal and maternal filicide-suicide attempts, although I may have made a virtue out of necessity here because many studies do not publish separate data for paternal and maternal filicidal-suicidal behavior.

Chew (1999) does not report how many offenders were involved in the homicide-suicide of these 279 children, although he reports that there were many cases of multiple killings, which usually is associated with filicide-suicide. Neither does Chew report how many of the offenders were parents. However, it is commonly known that the offenders in cases of homicide-suicide usually are parents.