CHAPTER 5

MATERNAL FILICIDE-SUICIDE FROM THE PERSPECTIVE OF FILICIDE

Introductory Remarks

Filicide accompanied by a fatal or nonfatal suicide attempt by the filicidal parent accounts for 30 to 70% of all filicide. (Adelson, 1961; Adelson, 1991; Alder & Polk, 2001; Alder & Baker, 1997; Bourget & Gagne, 2002; D’Orban, 1979; Haapasalo & Petaejæ, 1999; Somander & Rammer, 1991). The percentage is higher for intentional filicides, i.e. filicides other than fatal child abuse. The percentage is also higher when the children are older than 12 months.

In most cases, the suicide attempt is the primary drive for the filicide-suicide attempt. Many of such attempts are referred to as extended suicide. Understanding suicidal behavior can be considered key to understanding filicidal-suicidal behavior, and by extension, a good portion of all filicidal behavior.

The reviewed studies have been reexamined for their relevance to aspects of filicide-suicide. Special attention has been paid to the role of depressed and potentially suicidal mothers of young children (dpsmyc) who are in ongoing psychotherapy on an outpatient basis.
Overview of Chapter 5

The variety of the studies that are included in this chapter of the literature review is reflected in the sections in which the chapter is divided and their headings.

Studies published prior to 1980

These studies present a historical overview. Included are two hospital studies (McDermaid & Winkler, 1955; Tuteur & Glotzer, 1959), three population studies (Adelson, 1961; Myers, 1970; Rodenburg, 1971), and one psychiatric evaluation study of all cases of maternal filicide in a part of England and Wales (D’Orban, 1979). Also included are two studies that combine aspects of a hospital study with a theoretical contribution and a proposal for a classification system (Harder, 1967; Resnick, 1969), as well as two studies about parents with obsessions of infanticide (Chapman, 1958, Button & Reivich, 1972).

Population studies on child homicide and filicide in the USA

The review of population studies on child homicide and filicide in the USA includes several studies about underreporting as well as studies that label most forms of filicide, including filicide-suicide, as fatal child abuse.

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32 This review will be limited to studies published after 1950. To the extent that the studies from the second half of the last century refer to studies from the first half, attention will be paid to these early publications.
Population studies conducted outside of the USA

All studies reviewed here include all known cases where the parent made a fatal suicide attempt as well as all known cases where there was no suicide attempt or a nonfatal one. The findings and conclusions reached in such studies tend to differ from studies that only include parents who did not make a suicide attempt or a nonfatal one as well as from studies that only include parents who made both a fatal filicide and a fatal suicide attempt. There are indications that the predisposing and precipitating factors in filicide cases involving fatal suicide attempts by a parent may be different from cases where there is no or only a nonfatal attempt, although, of course, there is overlap.

Population studies limited to living persons

All studies in this section only include parents who made no suicide attempt or a nonfatal one. Some of these studies, especially the one by D’Orban (1979) that was mentioned earlier have extensive information on the offending parents. In several countries outside the USA, especially the Scandinavian countries the amount of information that is available on individuals, such as their medical records, including mental health data, is extensive compared with the USA and allows for a more comprehensive investigation than is possible in most parts of the USA.

Selected Samples: Hospital and Prison Studies

Authors of hospital and prison studies usually examine in some detail a small group of selected patients. Usually a psychiatric evaluation forms an important part of the study. Some of these hospital/prison studies contain samples that are designated unselected because they include
all the patients/inmates who share a similar background, such as suffering from or being charged with/having been convicted of filicide or attempted filicide.

Selected Samples: Psychiatric Evaluation Studies

This section includes two studies. The first one (Lewis, Baranoski, Buchanan, & Benedek, 1998) deals with the relationship between psychosis and weapon use by filicidal mothers. The second study (Holden, Stephenson Burland, & Lemmen, 1996) consists of a comparison of filicidal mothers who had been found NGRI with filicidal mothers who had been found Criminally Responsible (CR). In my review, the data of the NGRI group are re-analyzed.

Selected Samples: A study based on Newspaper Accounts

Included here is a study by Meyer & Oberman (2001) about maternal filicide in the USA that was based exclusively on information found in newspapers.

Review and Background Studies

Included are studies that are not primarily organized around the examination of patients, such as review studies (Stroud, 1997; Stanton & Simpson, 2002), and special studies about a specific aspect of filicide, such as the possibility of a relationship between the gender of the parent and the gender of the victim. (Marleau & Laporte, 1999; Marleau et al., 1995a)
McDermid & Winkler (1955) studied 12 mothers who had been hospitalized after killing or trying to kill one or more of their children. In their discussion of the results, they singled out six mothers. To explain the behavior of these six mothers they introduced the concept of child-centered obsessional depression (CCOD), of which the symptoms are depression, suicidal ideation, a perceived inability to care for the child, feelings of worthlessness, and obsessive fears about the child’s health and well-being, including thoughts that something could happen to the child, such as death.

This combination of symptoms can lead to compulsive efforts to protect the child against the perceived dangers. In addition, the desperate mother’s feelings of helplessness and hopelessness can lead her to do for her child what she believes needs to be done, including filicide or filicide-suicide. These mothers are described as psychoneurotics whose psychopathology generally does not include schizophrenia or psychosis, whose depression often is masked, and whose suicide attempts and suicidal preoccupation sometimes are not taken seriously by their environment, including clinicians.

A key feature of the CCOD is catathymic thinking, defined as a “transformation of the stream of thought as a result of certain conflicts of ideas that are charged with either a strong affect, usually a wish, a fear, or an ambivalent striving. . . . [The catathymic thinking can] give rise
to delusions of persecution or of reference” (p. 35), as a result of which violent acts may be carried out against others or self. McDermaid & Winkler also referred to Kretschmer (1934), who had pointed to the role that anxiety could play in the formation of catathymic thinking and the explosive behavior to which it can lead. In this context, McDermaid & Winkler quoted Kretschmer (1934) who had elaborated on the concept of *raptus melancholicus*, as a phenomenon where “anxiety and desperation surge up critically. This can lead to suicide and terrible acts of violence, especially in the murder of the patient’s own family members” (McDermaid & Winkler, 1955, p.36).

The etiology of catathymic thinking and the CCOD is associated with the (unconscious) mechanism of introjection where the original aggression against a parent or a parent surrogate is internalized and the “aggravation of this mechanism leads to depression and subsequent self-destructive tendencies”. (p. 36). In other words, “the depressive state weakens the ego functions, as a result of which suicidal tendencies become manifest, and the child that is considered as part of the person’s own body may become the victim of self-destruction” (p. 37). McDermaid & Winkler do not explicitly link CCOD to cases of filicide followed by suicide, although several of the cases described in the McDermaid & Winkler study involve nonfatal suicide attempts.

McDermaid & Winkler emphasize that the obsessional thoughts are symptomatic of a depressive state with suicidal ideas, and, therefore, different from the way obsessions usually are regarded from a clinical point of view. This point of view holds that persons with so-called harm obsessions will not act upon them, which is not necessarily the case with the type of obsessive thoughts that mothers with CCOD are experiencing.
McDermaid & Winkler link CCOD to studies in the 1930’s by Zilboorg (1932a, 1932b) and Bender (1934) that deal with the relationship among depression, suicidality, displacement of aggression from a parental figure onto one’s child, and the possibility of filicide-suicide

Comment on McDermaid and Winkler

CCOD is referred to extensively in many later studies in order to explain filicidal and/or filicidal/suicidal behavior.

The fact that depression of the CCOD mother often is masked and that her suicidal behaviors may not be taken seriously by the environment suggest a person who may come across as exercising sufficient control over herself. This might lead the environment to minimize the seriousness of depressive symptoms or suicidal gestures.

The definition of catathymic thinking, which includes ambivalence and conflicting thoughts, in combination with McDermaid’s description of the symptoms of CCOD\(^{33}\) suggest elements of social anxiety, rejection sensitivity, and other aspects of anxiety such as PTSD. The suggested interaction of symptoms of depression and anxiety, and the spiking nature of some of the symptoms, reminds one of recent suggestions about the presence of a bipolar spectrum. This spectrum is believed to include various configurations of atypical depression, panic attacks, mania, social anxiety (Perugi & Akiskal, 2002), as well as many of the symptoms associated with

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\(^{33}\) McDermaid and Winkler speak of depression, suicidal ideation, a perceived inability to care for the child, feelings of worthlessness, and obsessive fears about the child’s health and well-being, including thoughts that “something could happen to the child”, such as death.
Borderline Personality Disorder. The possibility of an association between filicidal-suicidal behavior and a bipolar spectrum will be further addressed in Chapters 6, 7 and 8.

The remarks by McDermaid & Winkler about mothers as psychoneurotics whose psychopathology does not include schizophrenia or psychosis combined with their remarks about delusions of persecution or of reference as a potential result of catathymic thinking seem to suggest that someone who is not psychotic or schizophrenic can nevertheless suffer from delusions of persecution or reference. This conceptualization could aid in understanding what drives people who are not known to be suffering from a thought disorder to make attempts at filicide-suicide.

The recent conceptualization of a number of previously loosely connected symptoms being part of something like a bipolar spectrum seems to fit in the pattern of McDermaid & Winkler’s thinking. More specifically, feelings of panic or anxiety attacks that can occur without a diagnosis of schizophrenia sometimes escalate to the point where they give rise to thoughts that, in my opinion, may be hard to distinguish from delusions of persecution or reference. The reference to delusions, on the one hand, and the lack of a clear diagnosis of psychosis prior to an mfs attempt, on the other hand, is a theme that is present in many studies. Possibly, the definition of delusions plays a role here. Many of the case studies contain examples of thoughts that mothers had expressed prior to a subsequent mfs attempt. After the mfs attempt the thoughts were designated

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34 When speaking of feelings of panic and anxiety as sometimes hard to distinguish from delusions, one is reminded of Kretschmer's (1934) raptus melancholicus where “anxiety and desperation surge up critically and can lead to suicide and acts of violence against family members” (McDermaid & Winkler, 1955, p. 36)
delusions, especially altruistic delusions and delusions of rescue, while such thoughts prior to the act probably would have been regarded as mere cognitive distortions or maybe superstitions. The issue of delusions or delusion-like thoughts as symptoms of other psychiatric disorders, such as Borderline Personality Disorder or the aforementioned bipolar spectrum, will be further addressed in Chapters 6, 7, and 8.

*Tuteur & Glotzer (1959)*

Tuteur & Glotzer (1959) examined five mothers hospitalized after fatal attempts at filicide. Four of them had made a nonfatal suicide attempt, and two of these four had killed multiple children. Tuteur pointed to the following aspects that most of the cases, especially the four mfs cases had in common:

- “Suicide-murder may be interpreted as an attempt to remove the total-all, the actual and the extended self, so that nothing of the self remains” (p.450)
- Feelings of extreme inadequacy and inability to raise children
- Evidence of much anxiety, apprehension and a great deal of underlying conflict that had not been resolved
- “Coolness from one or both parents during childhood, when the concept of motherliness begins to develop in the female” (p.450)
- “A deep feeling of rejection by at least one important figure, creating a feeling of insecurity and non-acceptance of self to such a degree that life became unbearable and the total-all had to be removed.” (p.451)
- Difficulties with spouses
- Physical deficiency of one of their children, which may have contributed to own feelings of worthlessness and suicidal intent
- The likelihood of a diagnosis of schizophrenia, probably acute state at the time of the act
Comment on Tuteur & Glotzer.

Tuteur & Glotzer reported serious and long-term difficulties, including suicidal ideation, in the lives of the four mothers who had made a nonfatal suicide attempt in conjunction with their fatal filicide. Tuteur’s summary of the individual case histories indicates that some mothers had been thinking for some time about filicide-suicide. Tuteur reports that something happened that made it impossible for these mothers to maintain their repression of this ideation and of the urge to act on it. In this regards, he speaks of a faulty balance between affectivity and logic, which led to the schizophrenic thinking that was present at the time of the act. Tuteur also reports that the history of most of the five mothers included events that suggested a pattern that is typical for schizophrenia and may have culminated in the schizophrenic thinking that was present at the time of the act, and may have triggered the act.

Adelson (1961)

Adelson\textsuperscript{35} conducted the first population study in the USA when he examined child homicide during the 17-year period from 1944 to 1961 in Cayuga County, Ohio, which comprises Cleveland and surrounding areas. He found that of the 46 victims of child\textsuperscript{36} homicide, 36 had been

\textsuperscript{35} A follow-up study about the period 1970-1986 (Adelson, 1991) will be discussed later.

\textsuperscript{36} The age limit was not specified other than that the study involved preadolescent children, while neonaticides were not included.
killed by one of their parents. Five fathers and three mothers made a fatal suicide attempt and five parents/mothers a nonfatal one.\textsuperscript{37} The 13 parents known to have made fatal or nonfatal suicide attempts must have killed approximately 18 children.\textsuperscript{38} This would mean that 0.5 children per year per million of the general population (presumably 2 million) were killed by a parent in conjunction with a fatal or nonfatal suicide attempt by the parent.

The 13 parents known to have made a fatal or nonfatal suicide attempt were all white. Adelson reported that most of the suicidal parents had psychotic symptoms at the time of the act. The eight parents who were committed to a psychiatric institution included five mothers, three, four or all of whom may have made a nonfatal suicide attempt and two fathers, one or both of whom may have made a nonfatal suicide attempt. These seven parents were all white. The eighth person committed to psychiatric care was a black woman. There was no additional information on diagnoses other than that “frank psychosis in the assailant was the single most common factor in precipitating the fatal incident” (p. 1346). Adelson also remarked, “Seventeen persons were patently mentally ill when they unleashed the show of violence. Included in this were seven fathers who attempted to or succeeded in wiping out their entire families” (p. 1346)

\textsuperscript{37} Adelson’s remark that five “assailants” made a nonfatal suicide attempt is not specific about the assailants’ gender. There is a possibility that two fathers were among these five assailants, based on Adelson’s report that “seven fathers had attempted to or succeeded in ‘wiping out’ their entire family”, which had been nonfatal in two cases.

\textsuperscript{38} Adelson reported that 17 fathers and 11 mothers had killed 34 children. Nine of the fathers were reported to have killed one child in incidents of fatal child abuse and not to have made a suicide attempt, which leaves 25 children for 8 fathers and 11 mothers. Considering that multiple killings usually are associated with suicide attempts by the parents it is highly likely that the 13 parents known to have made a fatal or nonfatal suicide attempt were responsible for the homicides of 17 to 19 children, in other words “approximately” 18 children.
Harder (1967) studied the records of 24 hospitalized filicidal parents, 14 of whom were mothers, in order to better understand and conceptualize filicide, especially the notion of altruistic filicide. The 14 maternal cases included three neonaticides, three cases with a clear presence of postpartum psychosis, one clear delusional case, and seven cases where the mother had contemplated a suicide attempt in conjunction with the filicide. Five of these seven mothers carried out their plan and made a nonfatal suicide attempt, while the two others did not carry out their plan for suicide.

Harder refers to Gormsen (1962) when he suggests that mfs was more prevalent in Denmark than in most other countries. He also reported that close to 90% of maternal filicides were followed by a suicide attempt, and that 9 out of 10 of these attempts were fatal. The subjects for the study were selected based on availability. First, they were among the few mfs mothers, whose suicide attempt had been nonfatal. Secondly, it appears that the presence of a hospital record with enough information was a criterion. Some of the records used dated back to 1924.

Close reading of the seven cases where suicide had been contemplated shows that the mothers had acted in an impulsive rather than in the deliberate manner that is known to characterize mfs attempts where both the attempt at filicide and suicide is fatal.

Based on his examination of these records as well as on his understanding of the literature, Harder rejects the notion of altruistic filicide. He believes that hostility towards the child played a larger role than the women had suggested. He also argues that the motives of mothers...
who claim to be altruistic, in fact, are syntonic. The argument that they should be saving their children from a bad future is countered by Harder with a reference to the concentration camps in World War II. Harder relates that maternal filicide in the concentration camps was rare, although the mothers had sufficient reason to believe that their own future as well as the future of their children was bleak.

Comment on Harder. Harder apparently assumes that clinically the cases studied by him are similar to cases where the suicide attempt was fatal. Harder’s “subjects” reportedly were hostile, while this is not an obvious characteristic of mfs (Berman, 1996) except for retaliating mothers, who kill a child to spite its father (Resnick, 1969; D’Orban, 1979), and then make a suicide attempt that often is nonfatal. It also has to be kept in mind that Harder’s information came from hospital charts, some of which dated back to the early 1920's.

In his review of the literature, Harder (1967) does not refer to West (1965), whose landmark study included 78 cases of fatal suicide attempts after fatal homicide attempts, more than half of which were filicides. In fact, the English situation described by West was very similar to the one in Denmark. Prevalence of mfs in Denmark and England was among the highest in Europe at the time, and most mothers used coal gas that had not yet been detoxified, which probably accounted for the high rate of lethal outcomes. Harder's comment on concentration did not take into account prior psychopathology.
Myers (1970)

Myers (1970) reported that 30 mothers and 10 fathers had killed respectively 35 and 14 preadolescent children in Detroit between 1940 and 1965. Three mothers and seven fathers had made a fatal suicide attempt and an additional seven mothers a nonfatal one. Two of the suicidal mothers had killed two children and one three. Several of the suicidal fathers also must have killed multiple children considering that there were 14 victims for all 10 fathers, but specific information is not provided. With a population of 2 million, a 25-year time span, 16 victims of mfs and between 7 and 11 of paternal filicide-suicide, we have a rate of approximately 0.5 child per million of the general population per year killed in conjunction with parental suicide.

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39 Seventy-one perpetrators had killed 83 victims in what Myer called felonious homicides. Of these 71, 40 parents had killed 49 children.

40 Psychotic depression reportedly played a major role in the cases of the women who made an mfs attempt. Seventeen of the 31 mothers involved in filicide were Caucasian and 14 black. A racial breakdown for mfs is not provided.

41 This rate might be somewhat higher in light of the fact that perpetrators responsible for the death of an additional 51 children had not been prosecuted for a variety of reasons. Reasons included a lack of evidence or the death having been ruled an accident. Some of these 51 cases may have included parents who made a nonfatal suicide attempt in conjunction with a filicide.
Resnick (1969)

Resnick (1969) was able to draw attention\textsuperscript{42} to the fact that a parent might have had filicidal-suicidal ideation prior to an attempt at filicide-suicide, and that it might have been possible to prevent filicide and suicide by including filicidal ideation in the assessment. Up to then, as pointed out earlier, filicide-suicide had generally been described as requiring the presence of psychotic symptoms at the time of the act (Sadoff, 1995; Tuteur & Glotzer, 1959). As a result, so I assume, filicide-suicide had been considered largely unresponsive to the traditional assessment methods used for simple suicide. Resnick’s study has already been reviewed in Chapter 1. A summary of the most important aspects will be presented at this point.

Resnick proposed six categories: altruism, battering, retaliation, neonaticide, unwanted children, and acute psychotic episode. Cases were assigned to a category based on the filicide motive. Cases where no motive could be found were assigned to the acute psychotic episode. In an updated form, this system is still being used.

Mothers making fatal or nonfatal suicide attempts after their filicide were usually assigned to the altruism category because they believed that their children would be better off dead in the event of their suicide.

\textsuperscript{42} In the USA, Resnick’s work had been preceded by Bender (1934), who described a process of filicidal and suicidal urges alternating and/or merging with each other, as well as by McDermaid & Winkler (1955), who referred to the possibility of filicidal-suicidal ideation in an indirect manner.
The great majority of Resnick’s subjects were derived from hospital studies of the previous 200 years. Because hospital studies only deal with living persons, there were only four cases where the filicidal mother’s suicide attempt had been fatal. Three of the four fatal suicide attempts by a mother came from one population study conducted by Adelson (1961). Since Resnick included studies in 13 languages from all over the world in his review, it is not clear why he did not make use of West’s study (1965) that contained 31 mfs cases with a fatal suicide attempt in England between 1954 and 1961.

Resnick concluded that the psychodynamics of filicide-suicide were different from other forms of filicide, and that suicide rather than homicide was the dominant force in most cases and that preventing suicide would have prevented filicide. Resnick also appears to have concluded that a significant number of the filicide-suicides committed by the mothers were preceded by filicidal-suicidal ideation, and that eliciting such ideation is crucial for the clinician who is treating or evaluating these mothers.

Resnick regards as potentially dangerous in terms of possible acts of filicide or filicide-suicide those depressed mothers of young children who “have fears about harming their children and overconcern about their children’s health” (p.333) or who openly express filicidal or filicidal-suicidal ideation or plans. Resnick draws here on the study by McDermaid & Winkler (1955) that was discussed earlier.

Resnick may have made clinicians aware that they should concern themselves with filicide-suicide because it may occur among parents who do not have overt symptoms of severe
psychopathology. It is important to note that Resnick paid as much attention to risk factors associated with the assessment process and the role of the clinicians, as to risk factors associated with the filicidal-suicidal mothers themselves.

Although Resnick's study was not a population study, its findings sometimes have been quoted as if they came from a population study.

*Rodenburg (1971)*

Rodenburg (1971) studied filicide in Canada during the five-year period from 1964 through 1968. He found that 31 mothers each killed one child, and 10 mothers killed two or more, so that 41 mothers killed 54 children. Twelve mothers made a fatal suicide attempt and five a nonfatal one.

Rodenburg also studied paternal cases, and found that the relationship between the gender of the assailant and that of the victim, “fathers tending to kill boys and mothers girls” (p.43) was significant. Rodenburg also commented on the possibility of a relationship between the age and the sex of the victims,

A possible association between the age and the sex of the victim was also examined. The tendency for older children to be male, with a more equal sex division for younger victims, just failed to reach the 5 per cent level of significance. (p. 43)

The 41 mothers killed 30 girls and 24 boys, all under the age of 16. Closer examination (by me) of the data shows that in the age range of one through 5 years the mothers killed 16 girls and 8 boys, while there is no difference between boys and girls under the age of 1 and over 6. There
are no data to determine whether suicidal and nonsuicidal mothers differ with respect to the gender of the victim.

In terms of etiology, Rodenburg presented a review of the literature, and concluded, therefore, child murders performed by parents in a depressed state would thus suggest several etiological factors:

- A certain type of personality structure
- An inadequacy in handling aggression, which is considered to have originated from a disturbed relationship to the parental figures (i.e., internalization of the original aggression)
- A possible relationship between a. and b
- A disturbed relationship with the child, characterized by the inability to provide for a mature, giving relationship (p. 47)

Comments on the possibility of a relationship between the gender of the mother and her victims

It is interesting that Rodenburg did not comment on the fact that for the mothers the ratio of killing girls to boys to girls in the 1-5 age range was 2 to 1, while it was 1 to 1 for the other ages.

Marleau & Laporte (1999) and Marleau et al. (1995) suggest the possibility that altruistic mothers might be more inclined to believe that their daughters rather than their sons might have as miserable a life as they have had. This thought would put girls at greater risk in some situations than boys. Marleau did not differentiate between simple filicide and filicide-suicide. However, filicides motivated by the thought that her children will have as miserable a life as she remembers to have had may carry a higher risk of being followed by a fatal or nonfatal suicide attempt. Retaliating mothers, on the other hand, according to Marleau et al., might be more likely to
kill boys in order to spite the father, and make a nonfatal suicide attempt (possibly after an interval) or no attempt.

It is known (Nock & Marzuk, 1999) that mothers of children between the ages of one and six are more prone to make fatal or nonfatal suicide attempts in conjunction with filicide than mothers of children who are younger than one year. It is also known that, regardless of suicidal behavior, mothers are less likely to kill children over the age of six than under the age of six. Against this background, an elevated risk of mfs associated with gender would put mothers of daughters between the ages of one and six and the daughters at increased risk for mfs. In addition, there might be an elevated likelihood of mfs ideation in these situations. This question will need more research, and will be discussed further in Chapters 6, 7, and 8.

**Comments on Rodenburg's remarks on etiology**

The suggestions about etiology have a heavy emphasis on psychopathology. They also are based on assumptions about the presence of aggression and a disturbed relationship between the mother and the child. It is not clear to what extent there is support for these assumptions in the literature.
D’Orban (1979)

D’Orban (1979) studied 89 of the 104 women\textsuperscript{43} from the South East of England, including London, who during the six-year period from 1/1/1970 through 12/31/1975, had been charged with killing or trying to kill one or more of their children under the age of 16. All the women from this region who during this period had been charged with this crime were remanded in a special prison, Holloway, where D’Orban examined them. All information about the women’s medical and mental health history was available for the study.

D’Orban’s study is one of the first population studies where all subjects were psychiatrically examined. Previous studies involving psychiatric evaluations mostly consisted of case studies of selected patients in a hospital setting.

Using a combination of earlier systems of classification (Resnick, 1969; Scott, 1973) D’Orban established six categories: battering, neonaticide (killing of infant during first 24 hours of life), mentally ill, retaliating, unwanted child (older than 24 hours) and mercy killing. He compared the mothers in the various categories with each other on a number of independent variables (for instance, the presence of a psychiatric history or the age at which the first child was born) and dependent variables, such as filicide methods used.

The retaliating group is described as “aggression directed against the spouse displaced onto the child” (p. 561), while the mentally ill category is described by D’Orban as

\textsuperscript{43} Of the 15 that were not included, four had children over 16, while there was not enough information on 11 of the mothers.
Cases suffering from psychotic illness, cases of acute reactive depression associated with a suicidal attempt and cases of personality disorder with depressive symptoms of sufficient severity to require admission to psychiatric hospital and who did not meet the criteria of the other categories. (p.561)

Of the 89 women included in the study, 24 were placed in the mentally ill category and 9 in the retaliating category. These two categories contained 17 of the 18 mothers, who had made a nonfatal suicide attempt in conjunction with the filicide, 14 of them simultaneous with or immediately after the filicide. In the cases of the other four mothers, there was an interval between the filicide and the suicide attempts, which "was motivated by remorse rather than forming part of a previously conceived murder-suicide plan" (p.566). Three of these four cases were in the retaliating group and one in the battering category. None of the 89 mothers in D'Orban's study killed or tried to kill their spouse in conjunction with their filicide.

D'Orban reports that the mentally ill and retaliating groups probably were underrepresented in his study when he quoted Gibson and Klein, who reported that during a previous six-year period, 1955-1960, there were 113 maternal killers, of whom 70 had committed suicide prior to trial.44 A similar ratio applied to D'Orban's 104 remanded mothers would have meant that there had been 169 fatal suicide attempts by mothers during the period covered by D'Orban's study. Yet, no information was provided on the number of mothers who had made a fatal

44 D'Orban quoted this information without adding that the number of cases, where a mother made a fatal attempt at both filicide and suicide had come down from 12 per year during the 1950's and early 1960's in England and Wales to 5 per year during the second part of the 1960's. He also did not mention that there were fewer recorded cases of battering in England and Wales from 1950 to 1960 than in the 1970's. By reporting specific numbers (70 vs. 43) without providing any qualifying comments, D'Orban could be seen to imply that a similar ratio applied to his study, which could have resulted in as many as (104 x 70/43=) 169 mothers with a fatal suicide attempt.
suicide attempt during D'Orban's study or on any other details concerning their suicide. Comparisons between the suicidal women who survived and those who did not survive, are, therefore, not possible.

The mentally ill mothers who made nonfatal suicide attempts were primarily bent on killing themselves and decided that it would not be fair to leave the children behind, according to D'Orban. In almost all cases, suicide was the primary motive.

In one, possibly two cases, the mother might have decided that the child's future suffering could only be relieved by death, and then decided to commit suicide in the wake of that, i.e. as a reaction to her killing her own child the mother tried to kill herself. D'Orban suggests that these mothers' ideas about the future suffering of their child were delusional.

In other words, D'Orban appears to differentiate between two types of mfs mothers. Mothers of the first type, who represent the overwhelming majority, attempt mfs because they want to commit suicide and take the children along in order to protect them from a life without a mother. Mothers of the second type kill their children in order to protect them against future suffering, which is based on delusional ideas, and then kill themselves because they had to kill their child. To illustrate the delusional nature of such ideas, D'Orban remarks, “For example, a puerperal psychotic mother killed her two children ‘to save them from a violent world’ and another killed her child ‘to prevent him from becoming schizophrenic.’” (p. 565). It is worth noting that D'Orban did not speak of delusional ideas in the context of the suicidal behavior of the first group, i.e. the women who primarily wanted to kill themselves and decided to take their children along to save them from
a life without their mother. This suggests the possibility that the 10 mentally ill mothers diagnosed with reactive depression or a personality disorder might have been heavily represented among the 13 mothers making a nonfatal suicide attempt. In comparison, nonfatal suicide attempts among the 14 mothers diagnosed with psychosis would have occurred less frequently, relatively speaking.

D'Orban's study also includes nonfatal filicide attempts by the charged mothers. For instance, the 24 “mentally ill” mothers had 41 victims, of whom 19 survived. In fact, eight of the 24 mentally ill mothers caused no fatalities at all. “Survival of the victim in these cases was quite fortuitous and usually occurred as a result of the mother attempting to poison or to gas herself and her children and being rescued in time.” (p.564)

The eight mothers without a fatal filicide attempt plus five other mothers, mainly from the retaliating group, whose children survived the filicide attempt, reportedly were not different from the ones whose filicide attempt was fatal. D'Orban does not define what he means when he writes that those with fatal filicide attempts were not different from those whose attempts were not fatal. Possibly, he is suggesting that the nonfatal outcome of the attempt was due to a coincidence and not due to lack of motivation or planning. However, this point needs further clarification.

Of the 24 mentally ill mothers, six were reported to have killed their only child, while 14 had killed or tried to kill multiple children. Of these 14, 11 mothers had two victims, two had three,

45 In all other cases, D'Orban spoke of killing or trying to kill. This suggests that these six mothers killed rather than killed or tried to kill their only child, which suggests the possibility of nonfatal filicide attempts.
and one had five. This adds up to 33 victims of mothers killing multiple children. By definition, the remaining four mothers only killed one child, while they had more than one child. They also must have been the “other” four mothers who were unlike the 20 mentally ill mothers who killed or tried to kill all their children.

In this regard, it is interesting that D’Orban mentioned that the average number of children of the 24 mentally ill mothers was 2.29. This would mean that the 24 mothers had 55 children, and that the four mothers who only killed or tried to kill one child while they had more than one child had 18 children among the four of them: the 14 children, who were not among the reported 41 victims, plus one victim for each of the four mothers. A problem with this line of reasoning is presented by the fact that the number of victims of the 24 mentally ill mothers appears to be 43 rather than the 41 reported by D’Orban. Six ‘only’ children, 33 victims of mothers killing or trying to kill multiple children, and 1 victim for each of the 4 mothers with more than 1 child, but only 1 victim adds up to 43 victims.

D’Orban reported that the birth order of the victims did not differ significantly among the various categories. Forty-one % of the victims in the mentally ill group were first-born.

46  They did not kill multiple children, as 14 of the other mothers did, and they did not kill an only child as six of the mothers reportedly did.

47  This refers to D’Orban’s report that 20 of the 24 mentally ill mothers killed or tried to kill all their children.

48  Studies on maternal filicide suggesting that the birth order of victims is not random, and might help in understanding the phenomenon of maternal filicide generally refer to the 1979 study by D’Orban, who is quoted as having found that the first-born is at an especially high risk. A close examination of this study shows that D’Orban only reported that the birth order of the victims did
Diagnosis and prior psychiatric treatment

Of the 24 mentally ill mothers, the following was the psychiatric diagnosis at the time of the offense: Personality disorder\textsuperscript{50} 4, reactive depression 6, and psychotic illness 14, of which seven reportedly were associated with postpartum, while 4 were diagnosed with schizophrenia, 2 with paranoid psychosis, and 1 with depressive psychosis. Of these 24 mothers, thirteen made a nonfatal suicide attempt simultaneous with or immediately after the filicide, while another three mothers did not carry out their suicide plan.

As to the mentally ill group, at least 60\% had received psychiatric treatment in the past, and close to 40\% were receiving treatment at the time of the crime. As stated before, 16 out of the 24 had attempted or planned to attempt suicide simultaneously with the filicide attempt, while no such attempts were made in the other groups with the exception of one ‘simultaneous’ case in the retaliating group.

\textsuperscript{49} D’Orban did not address the issue of multiple victims in this regard: there were 14 mothers with multiple victims in the mentally ill group, and only 5 mothers with multiple victims in all other groups combined. Therefore, the percentage of mothers in each group killing or trying to kill their firstborn is much higher in the mentally ill group than in the other groups. After all, 20 of the 24 mentally ill mothers were reported to have killed or tried to kill all their children. By definition, this includes the first-born. However, the birth order of the victim appears to be irrelevant when a mother is intent on killing all her children.

\textsuperscript{50} The author only specifies personality disorder for the entire sample (ICD, WHO, 1974: asthenic 13, antisocial 10, hysterical 10, explosive 6 and paranoid 1, for a total of 43 mothers whose main diagnosis was that of a personality disorder)
D’Orban reports that eight of the nine retaliating mothers had a personality disorder and one had a reactive depression. Almost all the retaliating women had made several suicide attempts in the past. It is interesting that only one out of the nine retaliating mothers attempted suicide simultaneously with the filicide attempt, and three made attempts after “an interval”, out of remorse. They also had the highest rate of psychiatric disorders of any of the six groups. Of these nine mothers, 89% reportedly had received psychiatric treatment. No information on previous suicidal behavior in the other groups, including the ‘mentally ill’ group is provided.

Correlates

D’Orban compared the mothers in the various categories with respect to the presence of approximately 20 independent variables. D’Orban did not provide information on the extent to which these variables are present in the general population. D’Orban found that the retaliating women had experienced the highest level of stress, followed by the battering women, and thirdly the mentally ill women. The sources of stress varied among the various categories. Mentally ill women reportedly had more psychiatric stress than the other groups, i.e. they were experiencing stress due to being depressed and/or psychotic. Financial stressors, which were relevant for the batterers, played less of a role for the mentally ill mothers, according to D’Orban.
Table 5.1: Potential correlates of Maternal Filicide: Mothers’ family of origin

<table>
<thead>
<tr>
<th>Variable</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of family of origin</td>
<td>3 children on average</td>
</tr>
<tr>
<td>Birth order of mother</td>
<td>No specific pattern</td>
</tr>
<tr>
<td>Criminal Hx family of origin</td>
<td>9% of all 89 mothers; little difference between the 6 groups here</td>
</tr>
<tr>
<td>Psychiatric Hx parents</td>
<td>25% of all 89 mothers; little difference between groups</td>
</tr>
<tr>
<td>Parental discord</td>
<td>9 out of 38 non-battering mothers, so about 24%</td>
</tr>
<tr>
<td>Severe Parental maltreatment</td>
<td>12% for non-battering mothers, 6 out of 53</td>
</tr>
<tr>
<td>Separation from parents, one or both, before age 15</td>
<td>20% of all mothers</td>
</tr>
</tbody>
</table>

Table 5.2: Potential correlates of Maternal Filicide: Mother’s own situation

<table>
<thead>
<tr>
<th>Criminal History</th>
<th>4 out of the 24 mentally ill All offenses were non-violent, shoplifting, stealing, and solicitation. Most of the other groups had higher percentages.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having an Illegitimate child</td>
<td>7 out of 53 non-battering mothers</td>
</tr>
<tr>
<td>Overseas born</td>
<td>7 out of 53 non-battering mothers</td>
</tr>
<tr>
<td>Marital discord</td>
<td>48% for the mentally ill: lower than other groups.</td>
</tr>
<tr>
<td>Housing problems-stress</td>
<td>Housing problems-stress: 8 out of 53. non-battering mothers</td>
</tr>
<tr>
<td>Physical assault</td>
<td>5 out of 53 non-battering mothers, reported to have been physically assaulted by their husbands or boyfriends</td>
</tr>
<tr>
<td>Age of mother when she had first child and at time of act</td>
<td>21.9 vs. 23.3 for the general population Age at time of act: 26.8 Other maternal killers were younger than this on both.</td>
</tr>
<tr>
<td>Marital status</td>
<td>71% married.</td>
</tr>
<tr>
<td>Victim ill or disabled</td>
<td>Only one child in mentally ill group had a chronic illness, while many mothers in other groups had sick children to deal with.</td>
</tr>
<tr>
<td>Social and Educational Status</td>
<td>Somewhat higher for the mentally ill than other categories</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>These were mentioned as occurring in only 5 non-battering mothers. No specifics were mentioned for the mentally ill group.</td>
</tr>
<tr>
<td>Psychiatric Treatment</td>
<td>10 out of 24 mentally ill mothers had psychiatric treatment at the time of the offense, while 54% were required to have out- or inpatient therapy at some point in their life.</td>
</tr>
<tr>
<td>Recent visit to (mental) health provider</td>
<td>50% of all maternal killers had been to see any type of helping/medical person (general practitioner, social worker, psychiatrist etc.) during the four weeks prior to the act. This figure was more or less similar for all categories, including the mentally ill.</td>
</tr>
</tbody>
</table>
Many of the results are hard to interpret for the mentally ill group. For instance, D’Orban often would give information about the battering group that consists of 36 mothers and about the rest of the sample, the 53 non-battering mothers, without breaking it down for ‘retaliation’, ‘unwanted’, neonaticide and ‘mentally ill’. It is possible that a response such as “7 out of 53 mothers that were not in the battering group” primarily concerned women in the retaliating group which was reported to have the highest overall stress score of all groups. This may explain D’Orban’s comment that the mentally ill mothers’ current stressors were mainly psychiatric. However, it would have been very helpful to know more about how many mothers in the mentally ill group had certain family of origin issues. For instance, 18 of the 89 mothers reportedly had been separated from one or both of their parents before the age of 15: how many of these 18 mothers were in the mentally ill category?

The information about the 20 correlates presented in the two tables and in D’Orban’s other comments may not be detailed enough to make more specific comments about the mentally ill group, yet the information that is provided suggests a picture of women who are not overwhelmed by external stressors. They still appear to be in control of most aspects of their lives, but they are experiencing emotional and psychological problems for which many of them are getting help.

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51 The information in these two tables is based on information that was present in D’Orban’s study. This information was scattered throughout the study, and not presented in tables.

52 In order to have a more complete picture of what risk factors or combinations of risk factors might explain the filicidal-(suicidal) behavior of the women in the mentally ill group, the current information simply is not sufficient.
Other Comments on D’Orban (1979)

D’Orban’s study is one of the most frequently quoted in the field of filicide. The findings with respect to mental illness and suicidal behavior also have been quoted widely. Yet, a closer analysis of the data on suicidal behavior and mental illness in D’Orban’s study and the way in which its findings have been interpreted by other authors demonstrates how much confusion there is in the literature with respect to mfs behavior:

Several studies, including Alder & Polk (2001) that quote D’Orban do not mention the limitation that mothers with a fatal suicide attempt were not included, and not one study commented on the implied ratio of 169 mothers with a fatal suicide attempt vs. the 104, who had been remanded to the psychiatric prison.

Some studies (Alder & Polk) report that the mentally ill in their own study only represent a minority of child killers, and they refer to the 24 mentally ill mothers in D’Orban’s sample of 89 in support of this position. However, these studies often do not take into account that ‘mentally ill’ is only a label for those mothers who reportedly did not have a specific motive or whose motive could not be ascertained. In fact, D’Orban reported that the nine retaliating mothers had the most serious psychopathology of all mothers considering the number of hospitalizations and prior suicide attempts. In addition, many of the 36 battering mothers also had diagnoses of depression and personality disorders.53

53 It also is known by now (Hawton, Roberts, & Goodwin, 1985; Hawton & Roberts, 1981; Roberts & Hawton, 1980) that many battering mothers have made suicide attempts and that 1/3 of suicide attempters are associated with child abuse.
There appears to be a tendency (Felthous & Hempel, 1995) to associate suicide attempts, which occur in conjunction with filicide attempts, with elevated levels of mental illness and especially psychosis. As a result, many studies that associate D’Orban’s category of mentally ill with insanity and psychosis because of the 13 mothers making nonfatal suicide attempts generally did not take into account the following:

- Ten of the 24 “mentally ill” mothers had a diagnosis of personality disorder or depression
- It probably was the 10 mothers with a depression or personality disorder, and not the 14 mentally ill mothers with psychosis, who made up the bulk of the 13 mentally ill mothers who made non fatal suicide attempts

Not one study quoting D’Orban discussed the possibility that there may have been more nonfatal suicide attempts during the period covered by D’Orban’s study than during previous periods mirroring a similar trend in regular suicidal behavior among females in England and Wales.

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Brown (1979) reported that the number of regular nonfatal suicide attempts among women had increased, while the rate of fatal suicide had decreased. Brown attributed this to the detoxification of coal gas, the reduced availability of prescription drugs that had been used for fatal suicide attempts, and the extent, to which other methods had been substituted for coal gas and prescription drugs. Specifically, Brown reported that many women continued to use coal gas because they were not aware of the degree of detoxification at the time of their attempt. The fact that the detoxification occurred gradually over a period of 10 years may have played a role here. In addition, some women survived their suicide attempt when substituting other methods with which they were not sufficiently familiar. Considering that West reported that over 90% of maternal filicide-suicides, all of which were fatal, had been carried out with coal gas, it is to be expected that the process that occurred in regular suicide would occur in mfs as well. In fact, this expectation is further strengthened by D’Orban’s comment that the survival of many of the mothers and their children was quite ‘fortuitous’, e.g. because their attempt was interrupted before the gas or the poison had had the intended effect. It is not clear why D’Orban did not associate the detoxification of coal gas and its aftermath with the “fortuitous” survival of mothers and their children.

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D'Orban does not connect the 24 mentally ill mothers' filicidal and/or suicidal behavior to specific diagnoses (Personality disorder 4, reactive depression 6, and psychotic illness 14, of which 7 reportedly were associated with postpartum). A closer look at the data suggests a pattern where the six mentally ill mothers killing their only child probably overlap with the seven mentally ill mothers with postpartum psychosis, one of whom was reported to have killed two children. It also is likely that only few, maybe none, of these six mothers made a suicide attempt. This pattern can be deduced from the following information in the study:

- Six of the 24 mentally ill mothers killed their only child rather than killed or attempted to kill, which was the expression commonly used by D'Orban.
- Mentally ill mothers who killed a child younger than 6 months did not kill additional children, something that only battering mothers did. Children younger than six months are easier to kill, and attempts to do so are usually fatal.
- Nine of the 24 mentally ill mothers had killed a child younger than 6 months (neonaticides were not included).
- Seven of the 14 psychotic mothers reportedly had a postpartum psychosis.
- Therefore, it is virtually certain that the six mothers killing their only child were mothers of children younger than six months, who were suffering from postpartum psychosis.
- There are several indications that postpartum mothers who kill their child often kill their first child. This would mean that the six postpartum mothers killing their only child probably were younger than the other 18 mothers.
- There are some indications that postpartum mothers might make suicide attempts or might try to kill their children, but it is rare for them to do both, i.e. mfs. This could be related to the fact that most mothers making serious suicide attempts in conjunction with filicide are older than 27, while most postpartum mothers in D'Orban's mentally ill group probably were considerably younger than that.

The author only specifies personality disorder for the entire sample (ICD, WHO, 1974: asthenic 13, antisocial 10, hysterical 10, explosive 6 and paranoid 1, for a total of 43 mothers whose main diagnosis was that of a personality disorder).

Further research will be done to what extent there is support in the literature for these indications.
If, indeed, none of these six mothers attempted suicide, then the 13 mentally ill mothers with nonfatal suicide attempts are concentrated among the 18 mothers who did not kill their only child. Of these 18 mothers, eight have a diagnosis of psychosis, six of a reactive depression and 4 of a personality disorder. This information is important because references to D’Orban’s study often equate the mentally ill label with psychosis and suicide attempts. This may not be correct and could easily be misinterpreted by clinicians consulting the literature. They might believe that a diagnosis, which does not include psychotic symptoms, could suggest less danger of filicide or filicide-suicide than is warranted.

Large family size as seen in the four mothers who had 18 children among the four of them might be a protection against attempts at mfs where a mother usually intends to kill all her children. When such a mother cannot kill all her children, she may kill none, and she will not kill herself either, because she would not leave her children behind without a mother. Therefore, cases where a mother killed or intended to kill only one child, while she had more than one child are often associated with psychosis. Suicide attempts can occur in conjunction with such filicide attempts, and there are indications that they often are nonfatal when they do occur due to the impulsivity associated with many cases of psychosis. There is a possibility, therefore, that these four mothers were among the seven mothers who had been diagnosed with psychosis that was not related to postpartum conditions.

Eight mothers, as already pointed out, ended up not killing a child. It is likely that most of these mothers made a nonfatal suicide attempt in addition to a nonfatal filicide attempt. D’Orban’s comment on the fortuitous nature of the survival of the children and the mother suggests this
possibility. Therefore, it seems possible that most of the 19 victims who survived the filicide attempt were part of families where everyone survived rather than being part of a family, where, for instance, the mother killed two children and made a nonfatal attempt at killing a third. This possibility is also supported by the earlier mentioned possible increase of nonfatal suicide attempts among mfs mothers mirroring an increase in nonfatal attempts at simple/regular suicide among women (Brown, 1979).

If D'Orban's data are treated the same way that data are treated in a Swedish study by Somander & Rammer (1991)57 about child homicide that covered a similar period (1971-1980), we see a great deal of similarity in the findings, while a comparison of the two studies' findings as they were presented shows considerable differences, as the following data illustrate:

- D'Orban's 13 mothers not killing a child, 8 of who were in the mentally ill group, would not have been included in Somander's study. Many of these mothers probably were among the 18 mothers that made a nonfatal suicide attempt as they may have belonged to the families that reportedly were rescued in their entirety.

- The postpartum mothers who had killed a child without making a suicide attempt, of whom there might be as many as six, would have been placed in Somander's category of postnatal depression.

- The four mothers attempting suicide "after an interval /out of remorse" may not have been included in Somander's study because of the interval, if they had not already been "disqualified" because of the nonfatal outcome of their filicide attempt.

- It is, therefore, possible that of the 18 mothers in D'Orban's study, who had made a nonfatal suicide attempt, as few as 6 would have been included in Somander's study as

57 Somander & Rammer (1991) only included cases where a child had been killed, while 13 mothers in D'Orban's study only made nonfatal filicide attempts. In contrast to D'Orban, Somander included both offenders who had made a fatal and those who had made a nonfatal suicide attempt. All cases where a child's homicide was accompanied by the offender's suicide attempt referred to parents, including two stepfathers.
having made a nonfatal suicide attempt after having killed one or more of their children. Six mothers in a population that is between one-third and one-fourth of the general population of England and Wales during a six-year period is very similar to the seven Swedish mothers who survived their suicide attempt after a fatal infanticide attempt out of a population of 8-9 million during a 10-year period. It is also interesting that the number of 25 fatal/fatal mfs attempts mentioned by Gibson (1975) for the five-year period of 1967-1971 for all of England and Wales is similar to the six fatal/fatal mfs attempts in Sweden during the10-year period of 1971-1980. This last remark has to be interpreted in the context that the population of England and Wales was about 7 to 8 times as large as that of Sweden at the time.

Two studies about Filicidal Ideation/Obsessions of Infanticide
(Chapman,1959; Button & Reivich, 1972)

I will first review two studies58 in which filicidal ideation is discussed, after which I will make comments on both of these two studies.

Chapman (1959)

Chapman studied 20 women with obsessions of infanticide and of impending insanity as a result of the obsessions about infanticide, and reported the following:

- Demographics
  - Most women were 25-35.
  - The 20 women were of all religions, and social and educational levels.

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58 There are several other studies, (Anthony, 1959; Feinstein, 1964), almost all of them conducted before 1970, which are largely similar to these two studies in terms of definitions and assumptions about the nature of filicide.
All women had two or three children. Chapman reports to have never seen or heard of mothers with obessions of infanticide that had only one or more than three children, and therefore believes that this phenomenon is limited to mothers with two or three children.

- Symptoms
  - The mothers were fantasizing about stabbing their children in the chest or decapitating them as the most frequently to be used method.
  - Of the 20, 12 were passive and non-assertive, had much repressed anger, and had problems disciplining their children.
  - Symptoms had started relatively recently for most of the mothers, from a few days to a few weeks or months, which indicated a better prognosis. Some had had symptoms for a long time before consulting someone, one even 14 years.
  - Quite a few had expressed a fear of long-term hospitalization because they believed that obsessions of infanticide had to indicate the presence of insanity.

- Other relevant information
  - None of the 20 showed other or previous symptoms of obsessional behavior.
  - None of them had suicidal thoughts.
  - The results of the Rorschach test indicated anxiety, phobias and obsessions, but no depression or schizophrenia.
  - Other observations were that some of the women came from cold, distant, hostile parents.
  - None of them was hospitalized, and the great majority responded well to outpatient treatment.

A small group had experienced childhood sexual trauma and were much harder to treat, although Chapman's remark that most of the women responded favorably to psychotherapy appears to include the mothers in this small group.
*Button & Reivich (1972)*

Button & Reivich studied infanticidal obsessions in 42 patients (36 women, 6 men), who had reported to have filicidal obsessions as their main complaint or as an important part of their psychopathology. The 42 patients had been selected from 1317 consecutive admissions to the emergency room of a mental hospital. Suicidal thoughts had been experienced by 43% of the 42 patients. The authors did not elaborate on this.

Button & Reivich briefly mentioned that a number of patients who had been seen in the ER might have been missed because they might have been afraid or too embarrassed to report and admit to the filicidal obsession and/or because workers in the emergency room were unable to detect/elicit the obsessions. This aspect of the study was not further addressed or incorporated in the conclusions.

After observation and a psychological test battery, Button & Reivich concluded that the sample consisted of two groups. First, the depressive group, including patients with an obsessive-compulsive personality, who tended to become depressed when under pressure, and secondly, a more or less schizophrenic-psychotic group,

Presumably, then, breakdown of personality functioning in the obsessive group was manifested by depression and increased ruminativeness progressing to frank obsessionalism with failure to repress egodystonic infanticidal thoughts. Breakdown in the borderline personalities group [the second group] resulted in a more or less typical acute schizophrenic picture. Clinical diagnoses, psychological testing-MMPI profiles of 8-6 for the borderline schizophrenics and 2-8/2-8-7 for the obsessive compulsive depressives- and treatment results, in their consonance, support this view. (p. 239)
Comments on Chapman and Button & Reivich

Mfs and killing of multiple children are not mentioned as objects of ideation.

The methods that were most frequently mentioned as coming up in the mothers' fantasies were violent, e.g. stabbing in the chest, and decapitating. In this context, it is worth remembering that mothers who use weapons in actual filicide attempts usually have high rates of psychotic symptoms according to Lewis, Baranoski, Buchanan, & Benedek (1998), especially when the children are young enough for the mothers to kill them easily without weapons, as virtually all of the children in these three studies were.

All the patients apparently had volunteered this information. Whether the visits to the emergency room were on a voluntary basis is not reported by Button & Reivich.

All mothers in Chapman's study had immediately informed their husbands of their obsessions, but no one else.

It appears, therefore, that most of the patients/mothers who are being described in these two studies may have had typical harm obsessions, which usually are not acted on. This would mean that they differ from mothers with mfs ideation, who primarily want to commit suicide and take all their children along.
A caveat is necessary with respect to the mothers who reported to have experienced childhood sexual abuse. Chapman reported that they were more difficult to treat, although eventually they seemed to respond to treatment. They only represented a very small group, according to Chapman. There is a possibility that filicidal thoughts by the mothers in this small group may not have been associated with typical harm obsessions that usually are not acted on, and that when the filicidal thoughts subsided Chapman (possibly mistakenly) believed that they were cured. The group apparently was too small to justify studying them in depth.

A second caveat may be necessary with respect to the belief that harm obsessions are not acted on. The violent fantasies that many of the mothers had might make it worth to investigate to what extent such fantasies might be precursors of future psychopathology that might include psychotic symptoms and active filicidal behavior. It might be helpful to research to what extent psychotic women who have killed or tried to kill their children, especially those using weapons, may have had the kind of symptoms that Button & Reivich describe as a prodromal phenomenon.

A third and last caveat concerns the finding by Button & Reivich about two groups, an obsessive-compulsive-depressed one, and a borderline schizophrenic one. The authors report that most of the 42 patients were hospitalized and responded favorably to treatment. They do not differentiate clearly between the responses to treatment of these two groups. Particularly, it does not become clear whether and how these two groups might differ in potential dangerousness after the treatment. In this context, it is relevant to point out that Button & Reivich do not report for how long the patients had been followed after the completion of their treatment, if at all, and whether they would have been informed about any relapse or deterioration of symptoms.
Comments on studies prior to 1980

The role of psychotic symptoms

Most of these eight studies indicate that psychotic symptoms, including delusions, may have played a role in making an attempt at mfs, but they differ in the importance that they attribute to psychosis and they also differ in their view of the mechanisms through which psychosis may have played a role. This diversity of viewpoints is associated with various factors, such as the population that was studied, or the era during which the study was published. However, the review of more recent studies in this chapter will show that there continues to be a diversity of viewpoints with respect to the role of psychosis in acts of mfs.

Despite the diversity of viewpoints, one trend is unmistakable and concerns the increased recognition of convergence of factors, of comorbidity of mental disorders, and of the importance of external stressors, all of which could contribute to the presence, the strength, and the contents of psychotic symptoms and delusions. D'Orban's study included an analysis of 20 factors that may have played a role in this regard, and was in many ways a forerunner of this trend. The topic of psychosis will be addressed in more depth in Chapter 6, 7, and 8.
The role of fatal child abuse

In the studies published prior to D'Orban (1979) fatal child abuse, also referred to as filicide associated with battering, or accidental death appeared to claim fewer victims than other forms of filicide, and did not receive an unusual amount of attention.

D'Orban (1979), who wrote about maternal filicide in England and Wales, argued that fatal child abuse was extensive, yet different from other forms of filicide, most notably those that he labeled ‘mentally ill’, where maternal suicide attempts and killing of multiple children occurred, which were virtually absent in the battering/fatal child abuse category. In addition, the psychopathology associated with fatal child abuse was shown to be different from the ‘mentally ill’ as well as stressors and certain demographic features.

Nevertheless, in the USA, attention given to (fatal) child abuse started to increase in the late 1970's, which may or may not be associated with an increase in the prevalence of child abuse, and came to dominate filicide studies to the extent that all filicides, including those related to suicide, were referred to as fatal child abuse. As a corollary, the distinction between fatal and nonfatal suicide attempts was no longer mentioned because it may no longer have been

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It could be noteworthy that interest in filicide and child abuse increased at the same time that interest in domestic violence increased. The increase in interest for domestic violence may be partially attributed to the feminist movement, which not only raised awareness of spousal abuse, but also of the long-term consequences of various types of child abuse which made the child victim vulnerable as an adult. From an interest in the long-term consequences for adults abused as children to active efforts to learn more about current child abuse seems like only a small step.
considered relevant. Therefore, it was not clear what type of suicidal behavior was denoted by a particular number of suicide related filicides.

In the same vein, reporting of multiple killings, usually primarily if not exclusively associated with filicide-suicide, was discontinued in several studies (Silverman & Kennedy, 1988) along with discontinuation of reporting of the number of offenders in cases with multiple offenders.\(^{60}\) It is possible, even likely that several studies where the number of victims was identical to that of offenders, adopted this policy without mentioning its use.

It would not be until the early 1990’s that the trend of *everything is fatal child abuse*, started to reverse itself. This happened first in countries where fatal child abuse had decreased so much that filicide in conjunction with suicide, which had remained remarkably stable compared to the prevalence of fatal child abuse, again became the form of filicide that would claim most victims among preadolescent children.(Somander & Rammer, 1991).

*The role of filicidal-suicidal ideation*

The description of certain behaviors of mothers in several of the reviewed studies clearly indicates the presence of mfs ideation prior to the act. In addition, reference was made to the fact that clinicians should be especially alert for the danger of mfs when dealing with mothers of young children, who were overconcerned about their children's well- being, depressed and suicidal.

\(^{60}\) Approximately 2/3 of victims of filicide-suicide were part of multiple killings or attempts to kill, while the corresponding figure for multiple offenders rarely was higher than 1/10
The focus in these warnings appeared to be on preventing possible incidents of mfs, and seemed to be based on the premise that mfs behavior is rare. The idea that there might be degrees of mfs ideation, most of which remain outside of the area of the clinicians' concern, but which might be precursors of more serious ideation, as well as a source of suffering in their own right, did not seem to have caught on. Nor will it do so in studies published after 1980.

In the context of filicidal-suicidal ideation, attention was also given to obsessions of infanticide, which appeared to be so-called harm obsessions. Usually these obsessions are not acted on and they tend to respond well to treatment, as they did in the studies that were reviewed.

However, a small group of mothers appeared to be somewhat different from the majority. Many of them had experienced sexual abuse in their childhood, and they responded more slowly to treatment. I believe that there is a possibility that the obsessions of some of these mothers in this small group might not have been the relatively harmless harm obsessions seen in most mothers.

There is also the possibility that for some mothers these obsessions of infanticide, even when they are only harm obsessions at the time she sees a doctor, may be prodromal symptoms of future filicidal or filicidal-suicidal ideation and behaviors. To what extent this is, in fact, the case is something that deserves further study.
Population studies about child homicide and filicide in the USA

All studies reviewed in this section are based on police or coroner records only. Studies in the USA involving psychiatric evaluation will be reviewed later in this chapter in the section “Selected Samples: Psychiatric Evaluation Studies”.

Two Studies in Cleveland, Ohio (Adelson 1961, 1991)

Adelson (1961)

The review of this study can be found in this chapter in the section, Studies prior to 1980.

Adelson (1991)

In a repeat study covering the years 1970-1986, Adelson (1991) reported the following:

- There were 21 incidents of filicide-suicide involving 21 children, 8 mothers, and 13 fathers. This represents a rate of 0.6 children per million of the general population.

- With respect to the offenders’ suicide in conjunction with pedicide, Adelson reported 23 cases during the second period, and specifically mentioned that there was one case, where an adult, the father of a friend of a victim, “killed two children in one incident”. This language implies that the other 21 cases did not involve multiple children.

- Of 194 children who died as a result of homicide, 75 were Caucasian and 119 African American (population was 50% African American). In addition, out of these 194, 90 were the result of filicide.

- With respect to filicide-suicide, there was no information on nonfatal suicide attempts, the race of the parents or on fathers attempting familicide.

- In comparing the findings of the second period with the first period, Adelson referred to eight pedicides in the first one, which he contrasted with the 21 pedicides in the second one. However, Adelson (1961) reported in his first study that eight filicidal parents had made a fatal suicide attempt, while another five filicidal parents had made a nonfatal suicide attempt. In addition, Adelson (1961) reported on several parents, who had killed multiple children.
Based on the information provided in this first study, it appeared that between 17 and 19 children had died as a result of filicide-suicide. The apparent contradiction between the 1961 study of the first period and the 1991 version with respect to filicidal-suicidal behavior is not explained by Adelson (1991).

**Two studies in the Miami area**

Copeland (1985)

Copeland (1985) found that half of the 130 child homicides in Dade Country, Florida (including Miami) between 1956 and 1982 that were examined by him were not associated with ongoing child abuse. This was particularly true for children that where three or older. The issue of parental suicide was not addressed by Copeland.

Crittenden & Craig (1990)

Crittenden & Craig (1990) who used essentially the same information confirmed Copeland’s findings. However, Crittenden & Craig also reported that 69 offenders had not been criminally prosecuted for various reasons, and that for 17 of these 69 offenders the reason happened to be suicide, which was not further addressed by Crittenden & Craig. This would amount to a rate of 0.5 to 0.8 children per million of the general population per year killed in

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61 Possibly Adelson has adopted the practice (Silverman & Kennedy, 1988) of reporting only one victim and one offender in cases of multiple offenders and/or victims. In addition, he may have adopted a practice of only reporting attempts as filicide-suicide where both the filicide and suicide are fatal, as Silverman & Kennedy did. However, Adelson does not address this issue.

62 The fact that half of the child homicide cases were perpetrated by African Americans, who are known to have a low suicide rate, makes it more likely that the filicide-suicide cases may have taken place mainly among Caucasians.
conjunction with a fatal or nonfatal suicide attempt of one of their parents assuming that most of the 17 suicidal offenders were parents.63

**Two Studies in California**

**Chew (1999)**

Chew (1999) reported that out of 1498 homicides64 of children under 15 in California between 1981 and 1990, 279 were associated with the offender's suicide.65 This amounts to a rate of 0.95 child per million of general population (estimated at 29 million during this period) per year being killed in conjunction with the suicide of the offender, who usually is a parent.66

63 As fatal and nonfatal suicide attempts by offenders of child homicide usually involve parents and often consist of multiple killings, it is likely that the number of children killed in conjunction with fatal or nonfatal suicide attempts by one of their parents is higher than 17. If the findings of other studies are a guide in this respect, the figure is likely to be close to 30. With a time span of 28 years, during which population of Dade County grew from 500,000 to 1,750,000, the rate of children killed in conjunction with parental suicide per year per million of the general population is somewhere between 0.6 and 0.8 depending on the speed of the population growth.

64 Approximately 40% of the 1498 children were killed by a relative. There was no information on what kind of relative.

65 Of these 279 children, 95 were younger than one year. In this age bracket, they represented 25% of the victims, which is three times more than in most studies. No explanation is suggested for this unusually high percentage.

66 The figure of 279 included many victims of multiple killings, which usually are associated with filicide-suicide.
Sorenson & Peterson (1994)

Sorenson & Peterson (1994) examined race and ethnicity patterns of child homicide in Los Angeles City between 1980 through 1989. They found 246 cases of child homicide. Yet, they never referred to suicide of the perpetrator as a potentially contributing factor.

Two Studies in the Detroit area

The study by Myers (1970) has been reviewed in the section, Studies prior to 1980, in this chapter.

Goetting\(^{67}\) (1988, 1990) reported that during a five-year period from 1982 through 1986 in Detroit 36 parents had killed 33 children under the age of six. There were no cases of filicide-suicide, and only one incident involving multiple killings. Of the offenders, 94% were African American, as was 63% of population in the area studied. Much of the killing consisted of fatal child abuse, although there were also quite a number of cases where the parents knew that their treatment of the child could or would result in death.

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\(^{67}\) I consider the examination of the data as one study, which led to several publications by Goetting.
Other Population Studies on Child Homicide in the USA

Other population studies on Child Homicide in a particular part of the country (Abel, 1986; Kaplun & Reich, 1976) either do not mention the possibility of parental suicidal behavior as a possible factor or mention that there were no incidents, as Goetting (1988, 1990) did for Detroit. Issues that have affected population studies on child homicide are mislabeling and underreporting.

Mislabling

Most studies addressing child homicide on a national level only speak of fatal child abuse and peer related child homicides (Christoffel, 1990; Christoffel et al., 1983; Christoffel & Liu, 1983; Jason, 1983; Unnithan, 1996). In fact, there has been a debate, especially in the USA during much of the 1980’s and early 1990’s whether all child homicide was related to child abuse (Christoffel, 1984, 1990; Christoffel, Anzinger, & Amari, 1983; Christoffel & Liu, 1983; Jason, 1983). Jason (1983), in a study “The Child Homicide Spectrum” that refers to all cases of child homicide in the USA in one year expresses this opinion very clearly:

There are two broad categories of child homicide: The first predominates until the victim age of 3 years, is intrafamilial, and is associated with bodily force and poorly defined precipitating events. It might be described as fatal child abuse. The second type predominates after the victim age of 12, is extrafamilial...Homicides that occur in children between 3 and 12 years of age are a mixture of these two types. (p.578)

In this view, even child homicide by a parent who makes a fatal or nonfatal suicide attempt is regarded as fatal child abuse, where there is no attention for the suicidal behavior of the parent as a possibly contributing factor. For instance, Margolin (1990) writes, “Four other deaths from
physical abuse were associated with a parent's own suicide" (p.313). Subsequently, one of these deaths, a clear case of mfs, was described by Margolin, "A mother drowned her son and herself" (p.314). In referring to this drowning incident, Margolin inadvertently made it clear that most likely this parental suicide happened in conjunction with the filicide, or as one act consisting of two parts, and did not happen out of remorse as a reaction to the filicide.

Studies (Copeland, 1985; Unnithan, 1994) conducted to examine the extent to which all child homicide indeed was due to fatal child abuse showed that there were no signs of previous injuries in about half of the victims of child homicide. It was concluded that in most of these cases child abuse might not have played a major role. It is also worth noting that these same studies did not refer to the possibility of parental suicidal behavior in conjunction with filicides, even though there were indications that suicidal behavior might have played a role in 30 to 50% of the cases in the USA.

**Underreporting**

There is widespread agreement that the official data on child homicide and filicide understate the reality. (Alder & Polk, 2001; Alder & Baker, 1997; Brenner, Overpeck, Trumble, DerSimonian, & Berendes, 1999; Ewigman, Kivlahan, & Land, 1993; McClain, Sacks, Froehlke, & Ewigman, 1993; Meyer & Oberman, 2001; Nock & Marzuk, 1999; Overpeck et al., 2002; Overpeck et al., 1999) This can happen in a variety of ways. Several studies (Emery, 1986, 1993; Newlands & Emery, 1991) refer to the possibility that a certain percentage of “crib deaths”/SIDS/cot death are the result of infanticide due to a postpartum depression or other reasons. Studies differ in the percentage that they consider suspect in this regard. It varies from 3 to 20%. Other studies
(Ewigman et al., 1993) refer to the possibility that children, whose death was reported to be an accident, in fact might have been cases of child homicide.

*Ewigman et al. (1993).* These authors reported that half of the 297 deaths of children under the age of five in Missouri between 1983 and 1986, which had not been ruled a homicide at the time of death, upon re-examination were shown to have been due to fatal maltreatment. This would amount to an average of 38 cases per year during this four-year period. Ewigman et al. also reported that agencies did not exchange information that could have helped determine the cause of death, or maybe even prevent it.

Some of the study’s information relating to the parents that is not elaborated on by the authors suggests that considerable numbers of parents did not have a profile containing risk factors typical of fatal child abuse: married 51.8%; Caucasian 73.7%; not enrolled in American Families with Dependent Children, AFDC 54.2%; adequate prenatal care 48.2%.

*Comments on underreporting.* The data about the profile in Ewigman's study that make it atypical for fatal child abuse (married, Caucasian, prenatal care, not on AFDC) may be interpreted as support for Ewigman’s finding that half of the 297 cases upon re-examination were still considered an accident and not due to fatal child abuse. However, these same data also contain some elements that are typical of parents, and especially mothers who are involved in mfs behavior.
Ewigman et al. do not address the possibility that some of the cases of underreporting that were investigated by them may have been associated with parental suicidal behavior, although some of the incidents suggest that possibility, especially when methods were used that also are common among mothers making mfs attempts. For instance, they report a case where drowning would be listed as an accident (“the mother had lost sight of the child for 5-10 minutes”), but where the mother was not questioned, even though there had been previous reports of child abuse for this mother. In a case like this, but without a report of prior child abuse, a mother might have intended to make an attempt at mfs, but decided not to go ahead with the suicide after the child had been killed. If this mother reported the child’s death as an accident, she most likely would not be questioned considering that even a mother with a previous report of child abuse was not questioned after her child died as a result of an alleged accident. In this context, it should be pointed out that mfs mothers reportedly are rarely involved in child abuse. Examples of suicide attempts that were planned after the filicide, but not carried out are reported in various studies. (D’Orban, 1979; Haapasalo & Petaejae, 1999)

A related, yet somewhat different scenario refers to the possibility of an aborted attempt at mfs. In such a scenario, a mother might have planned to make an mfs attempt, but decided to abort the attempt before her child had died only to find that the child already had died or no longer
could be saved. In both instances, a mother might be able to present the child’s death as an accident.

Scenarios where the child’s death was reported to be natural, while it was not, and may have been part of a planned mfs attempt, may have unfolded somewhat like the drowning scenario just described. In this regard, it is important to be aware of the fact that some studies report how easy it is for someone to kill an infant without any trace of violence showing up, and thereby making it hard to prove intent. It should be pointed out that suspicious child homicides that were registered as natural deaths were not part of Ewigman's research effort.

The findings of Ewigman et al. and the various other scenarios could increase an estimate of the actual occurrence of filicide and possibly of filicide-suicide, including mfs attempts and mfs ideation.

68 After finding that their child has died, some mothers might rethink the abortion of the mfs attempt and make a fatal or nonfatal suicide attempt. Others might not do this for various reasons:

- The mother might have other children that she is unwilling and/or unable to kill at this point, and which she does not want to leave behind without a mother.

- The mother was not very serious about the mfs attempt in the first place, and had not made sufficient preparations for a suicide attempt.

- The death of her child overwhelms the mother and paralyzes her ability to make decisions and to implement them.

69 With a population of approximately 5 million at the time, each child death in Missouri involving parental suicidal behavior, would increase the rate for such behavior with 0.2 per million of general population per year.

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Population studies outside the USA with both fatal and nonfatal parental suicidal behavior

*Silverman and Kennedy (1988)*


Among the maternal child killers, a distinction was made between infanticide mothers and noninfanticide mothers. Infanticide is a legal concept in Canada, and refers to mothers who killed their child due to mental weakness following delivery. Non-infanticide refers to all other cases of maternal filicide.

In cases, where there were multiple offenders or multiple victims, the authors only included one offender or one victim, for which they used the most intimate connection.

The following of their findings are the most relevant for this dissertation:

- With respect to the 45 infanticide mothers:
  - No mother made a fatal suicide attempt. There was no information about nonfatal suicide attempts.
  - Methods most often used by the infanticide mothers were suffocation (27%), beating and strangulation (each 12.5%), drowning (10.8%) and stabbing (5%).
• With respect to the ‘non-infanticide’ mothers:

  o Age distribution of victims\(^{70}\)
    - 31.7% of the reported victims were under 1 year of age.
    - 42.2% had an age of 1,2,3,4 or 5.
    - 15.2% were 6,7,8,9, or 10 years old.
    - 8.9% were 11 through 15 years old.
    - 4% were 16 or older.

  o Age distribution of the mothers
    - 32% were between 18 and 25 years old.
    - 59.2% were between 26 and 45.

  o Methods used:
    - Beating 22.4%
    - stabbing, 9.4%
    - strangulation 12.9%
    - drowning 14.7%
    - suffocation 16.1%
    - Shooting 9.4%
    - arson 2.2%
    - Other 12.5%

  o Suicidal behavior:
    - 18.7% of the noninfanticide mothers made a fatal suicide attempt.
    - There is no information on:
      - Nonfatal suicide attempts by the mothers
      - The number of mothers involved in multiple killing, which is common among filicidal-suicidal mothers

\(^{70}\) Presumably, these figures reflect the policy of reporting only one victim, even when there are multiple victims. The authors do not report what child is considered for the age distribution of victims in case there are multiple victims or what the age distribution would have been if multiple victims had been taken into account.
• The number of children known to have died in multiple killing incidents due to the policy of only reporting one victim in cases of multiple victims

  o Marital Status

    ▶ 67% were married.
    ▶ 3.9% had a common law marriage.
    ▶ 8.8% were divorced or separated.
    ▶ 2.2% were widow
    ▶ 10.6% were single

• With respect to all filicidal mothers, the authors report or remark the following:

  o Maternal filicide as a percentage of female perpetrated homicide has remained stable over the 23-year period, between 10 and 12%.

  o Females perpetrated 79 manslaughter cases other than infanticide or non-infanticide between 1961 and 1983. Reportedly, children were among the victims. No further information is provided. In addition, much infanticide and filicide is not reported, according to the authors. The extent, to which the official, national statistics may be underreporting, is not known.

  o Of the non-infanticide mothers, 67% reportedly was mentally ill and of the infanticide mothers 36%, while only 6% of women killing their spouse had been declared 'mentally ill'. The authors express their doubt about the degree of mental illness, and cite other studies that express similar doubts, including studies by Strauss (1980 a, b) who believes that psychological reasons play a role in only 10% of child abuse.
The authors suggest, “Non-infanticide is child abuse gone awry” (p. 124) referring to the means that were often used, such as beating. They come to this conclusion after comparing infanticide and non-infanticide. Infanticide mothers are reported to ‘suffocate’ and reportedly are not child abusers, while the non-infanticide mothers “beat their victims to death” (p.124). In this context, the authors do not distinguish between childhood homicide where there were signs of previous abuse, and childhood homicide where such signs were not present. In addition, they ignore the fact that drowning, suffocation and strangulation, the methods that are most often used in mfs, had been used by 43% of the non-infanticide mothers.

The authors did not provide an explanation for the apparent sharp drop of non-infanticide after about 1979/1980.

Comments on Silverman and Kennedy

The authors assume that the great majority of non-infanticide mothers are child abusers. They did not take into account the possibility that the designation of ‘likely child abuser’ may not have applied to the following mothers:

- Mothers who made a fatal or nonfatal suicide attempt in conjunction with the filicide.
- Mothers who killed more than one child, which is not accounted for in their data, and which tends to be associated with a suicide attempt by the mother.
- Mothers who used means other than beating or stabbing, especially drowning or suffocating that often are used by suicidal mothers.
If the rate of 18.7% for fatal suicide attempts were accompanied by a comparable prevalence of non-fatal suicide attempts, as is the case in many studies, we would have close to 40% of the mothers making a suicide attempt, fatal or non-fatal. Even when the prevalence of nonfatal suicide attempts by mothers is only half that of the fatal ones, we are still left with 30% of filicidal mothers making a suicide attempt. Considering that many suicidal mothers kill or try to kill more than one child, it is likely that 40 to 60% of all children killed by their mother were killed in an event that involved a fatal or nonfatal suicide attempt by the mother.

The 18.7% of non-infanticide mothers making a fatal suicide attempt is likely to be concentrated among the 68.3% of the mothers, whose children are older than 12 months. Many studies (Barraclough & Harris, 2002; Nock & Marzuk, 1999) have found that the killing of children younger than one year old is followed by a fatal suicide attempt in less than 5% of the cases.

Child abuse often is the main cause of filicide among mothers who did not make a suicide attempt and has a low prevalence among mothers, who make a fatal or nonfatal suicide attempt (Alder & Baker, 1997) Therefore, it is likely that mothers committing filicide followed by a suicide attempt will present with a different clinical picture than mothers who have not made a suicide attempt and who have killed their child in the context of fatal child abuse. However, clinicians may discount the filicidal risk of mothers who are not abusing their children or considered at risk of doing so, when they do not take into account the possibility of suicide preceded by filicide.

Silverman and Kennedy’s study, which defines maternal filicide as child abuse gone awry while it
ignores the possibility of suicidal mothers having a different clinical picture could easily contribute to clinicians incorrectly assessing the danger of maternal filicide.

In countries, where there have been effective policies to reduce child abuse, such as in Sweden (Somander & Rammer, 1991), the prevalence of fatal child abuse appears to have decreased considerably, while maternal filicide followed by a fatal or non-fatal suicide attempt remained stable or decreased only marginally. If no differentiation is made between these types of maternal filicide, policies for reducing child abuse and fatal child abuse may not be credited with the full measure of their effectiveness.

The fact that the percentage of maternal filicide as a percentage of female-perpetrated homicide is reported to have remained relatively stable could be interpreted to imply that maternal filicide is primarily similar to female homicide, and that any ‘ups and downs’ of total female homicide data automatically imply similar ups and downs for maternal filicide. It must be noted that many studies view mfs as primarily suicide (Alder & Baker, 1997; Alder & Polk, 2001; Bourget & Gagne, 2002; D’Orban, 1979; Nock & Marzuk, 1999; Resnick, 1969)

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71 In several countries, where child homicide rates are stable, overall homicide rates have increased (Somander et al., 1991). Whether this also applies to overall female homicide, is not something on which I can find data at this point.
Somander & Rammer (1991), who examined child homicide in Sweden, where all such cases are centrally registered, report the following for the period of 1971-1980, for the entire sample:

- Of 96 children under the age of 15 who were killed, 2 were killed by unknown perpetrators. The other 94 were killed by 77 perpetrators. Of these 77 perpetrators, 65 were parents.

- Of the 79 victims of filicide, 58 were killed in 43 h-s incidents, 5 in fatal child abuse, 2 in neonaticide, two as a result of a postnatal depression, and 12 as a result of a variety of causes referred to as the category of other intrafamilial.

- Neonaticide and fatal child abuse were absent during the second five-year period (1976-1980). Somander & Rammer attribute this to liberal abortion laws and an extensive government campaign against child abuse. As a result, the proportion of h-s in intrafamilial homicide increased during the second five-year period, even though there were fewer h-s incidents.

- Of all 77 perpetrators, 18% were foreign citizens, compared to 5% of general population, although only six of the 77 known perpetrators were from outside Scandinavia/Finland. Of the 14 foreigners, three were males involved in fatal child abuse. No additional information on the other 11 foreigners was provided.

- Of the 77 perpetrators, 26 (35%) had a prior history of inpatient psychiatric care, and 9 (12%) of prior outpatient treatment.

- Of the 18 surviving female perpetrators, all of whom were psychiatrically examined, 17 were found to be mentally ill: 11 were diagnosed with psychosis and 6 as “mentally abnormal equivalent to insanity”. Of 29 surviving males, 12 were found to be psychotic, 8 were “suffering from other mental abnormality equivalent to insanity”, and 9 were not found to be mentally ill, although seven of these nine males were regarded as “mentally abnormal not equivalent to insanity” (p. 49).

- Of the 12 children killed by parents in the “other intrafamilial category”, 8 were killed out of altruistic motives. The authors do not report whether any of the perpetrators of these eight child homicides had planned to make a suicide attempt in conjunction with the filicide that was not carried out.
With respect to the homicide-suicide group, Somander & Rammer report the following:

- There were 43 incidents resulting in the death of 58 children
- Of the 30 fathers, incl. 2 stepfathers, 6, including one stepfather, survived their suicide attempt, while 7 of the 13 mothers involved survived theirs.
- Of the 43 incidents, 18 were reported to have involved two, three, or four children. This would mean that with the 25 incidents not involving multiple victims accounting for 25 of the 58 victims, there would be 33 children left for the 18 incidents involving two, three, or four victims. The authors do not provide an explanation for the fact that these data appear contradictory.
- A firearm was used by 11 parents, almost all of whom were male
- The mothers only killed children, while several of the fathers also killed their spouse.
- Somander & Rammer report,

  Both female and male perpetrators had altruistic motives, i.e. the well-being of the child was a primary concern. . . . For various reasons not related to children, the perpetrator considered suicide. . . . Explicit indications of problems for h-s parents were the following.72

  - Partner relation 14
  - Custody of children 4
  - Economics 4
  - Desire to save child from a cruel world 1
  - No clearly expressed motive
  - -due to mental illness 7
  - -other 4 (p.49)

- With respect to employment status Somander & Rammer report, “Out of the total male perpetrators with high professions (9/53), 8 were found in the homicide-suicide cases. The highest proportion of lower- and medium-salaried employees (5/13) were found among females in this group” (p.49). In other words, of the 13 mfs mothers, there were at least five with the kind of employment that suggests that they middle class as well as high functioning in regards to work.

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72 Apparent contradictions with respect to the role of the children in the filicidal-suicidal attempts of the parents will be discussed under Comments.
• Of the 43 parents, 3 had a criminal record, 7 were regularly abusing alcohol or drugs, while 12 were intoxicated during the act, which is described as a low number by the authors.

• Of surviving perpetrators, both of h-s and other forms of filicide, five of the six males were found guilty of murder and four of the six females of manslaughter. All females except one were committed to institutionalized psychiatric care.

Demographic information is not sufficiently detailed to determine whether there might be a relationship between for instance the age and gender of the offenders, and those of their victims.

The authors believe that the findings of their study confirm those of the study by Resnick (1969). In that study Resnick found that intrafamilial homicide is different from other child homicide because of the presence of an explicit, altruistic motive. Somander & Rammer report that the only solution for whatever problem the parent had was suicide,

. . . and to spare their children the effects of that problem [it was necessary] to take them with the. . . . Males took their spouses as well in some cases. Males' problems were mostly an inability to maintain the partner-relation associated with separation. The main female problem consisted of “experiencing helplessness and a feeling of being unable ‘to bear the burden any longer’, which usually referred to their inability to endure her partner’s harassments, abuse, or lack of enterprise. (p. 53)

Somander & Rammer conclude with this statement:

Our study implies that child homicide often is the final result of interpersonal conflicts, psychological stress, or unhappiness, in combination with mental disorder. The high rate of previous psychiatric care among perpetrators indicates that when a parent is discharged from this kind of care, special precaution should be taken. In the first place, the medical personnel must pay regard to the welfare of the children. Of importance is the need for children not to be considered a means to cure the adult. Further efforts must be made to provide treatment and service to families under psychological stress, especially when there are conflicts in the partner relation. (p. 54)
Comments on Somander & Rammer

The study by Somander & Rammer (1991) is regarded as one of the best epidemiological studies. (Stroud & Pritchard, 2001) The fact that Sweden has a central registration system for murders, suicides, and other relevant data, probably contributes to the quality of this study. Nevertheless, there are certain aspects that deserve some scrutiny.

Filicide-suicide motives not related to children

The authors’ remark that the motives for filicide-suicide were not related to the children suggests that the initial suicidal wish was not related to the children. It would be surprising if this finding applied to many of the mfs mothers in the study or even some of the fathers. Several studies (Alder & Polk, 2001; Graser, 1992; Okumura & Kraus, 1996) relate how mothers sometimes can be driven to mfs because they believe that their children will have as miserable a life as they think that they have had. In that context, they may be blaming themselves for their own inability to provide their children with what they need emotionally as well as the fact that the children may have “inherited” the mother’s inability to be happy. These thoughts apparently are more frequent among mothers than among fathers. It appears unlikely that Swedish mothers would be an exception in this regard.

The parents’ motives for filicide-suicide reported by the authors include partner relations, custody of children, and economics. A possible explanation for the absence of motives related to the children could be that 30 of the 43 parents were fathers whose motives are more likely to fall into a category, such as partner relation. Another reason could be that mothers were
overrepresented among the 11 parents, whose motive was listed as “not clearly expressed, but the circumstances mostly [7 of the 11 cases] indicated mental illness” (p.49).

The question of bias

Somander & Rammer remarked that during the five-year period from 1976-1980 there were no cases of fatal child abuse or neonaticide in Sweden thanks to the wide availability of abortion and a national program aimed at preventing child abuse. The possibility of underreporting was not addressed by them.

Somander & Rammer remarked that all 18 surviving female offenders of filicide had been psychiatrically examined and that 11 had been found to be psychotic and another 6 “mentally abnormal equivalent to insanity” (p. 49). This means that there is chance of 94% that a mother who kills a child without killing herself will be found to have been insane at the time of the act, and a chance of 61% of having been psychotic. Somander & Rammer do not discuss the possibility that those who diagnosed these mothers may have considered filicide such a heinous and unimaginable act that the offending mother simply had to have been insane, if not psychotic.

Somander & Rammer also commented that if other countries would also psychiatrically examine their filicide offenders, they too would find that their filicidal mothers are as mentally ill as the mothers are in the Swedish study. The authors appear convinced of the quality of the Swedish approach. However, this raises the possibility that they may not have been as critical in the interpretation of data as one would expect in a study like this.
Contrast between mental illness and high functioning

There seems to be a contradiction in the analysis of the findings. On the one hand, the authors point out how high functioning the h-s parents were, and how reasons other than mental illness played a major role. On the other hand, they conclude that mental illness or mental abnormality played such a major role that all surviving offenders had to be “committed to institutional psychiatric care” (p. 50). The fact that 17 of the 18 surviving female offenders were found to have been psychotic or “equivalent to insane” at the time of the act reinforces the impression of mental illness. This point will be discussed in more detail in Chapters 6, 7, and 8.

Wilczynski & Morris (1993)

Wilczynski & Morris (1993) examined police and coroner records about child homicide in England and Wales from 1982 through 1989. They report the following:

- A parent was suspected in the death of 494 children due to homicide. This figure probably represents an underestimate of the extent of filicide, according to the authors.
- In 20 cases, there was not sufficient information, so that only 474 cases were examined.
- These 474 homicides were believed to have been perpetrated by 395 parents. The difference between 395 and 474 is not explained, although it is probably due to multiple victims.
- Of the 395 parents, 44% were mothers
- Of the mothers, 23% made a fatal suicide attempt, while 24% of the fathers did so.
These data, therefore, indicate that 41 mothers, or, an average of five per year, made a fatal suicide attempt after having killed one or more of their children.

Comment on Wilczynski & Morris (1993)

Wilczynski & Morris do not comment on nonfatal suicide attempts in conjunction with filicide in this study. However, in a different publication Wilczynski (1997b) reported that the prevalence of nonfatal suicide attempts by mothers was comparable to that of fatal attempts.

D’Orban (1990)

D’Orban (1990) compared data on female homicide in England and Wales during 1980-1987 with two earlier periods, 1957-1962, and 1967-1971. The data on mfs were not as clearly presented as they were in the study by Wilczynski and Morris. The study shows that suicide after a homicide by either gender increased from 20 in 1980 to 58 in 1987. D’Orban does not specify what the percentages are for male and female perpetrators.

Comment on D’Orban (1990)

This study shows intriguing differences between the various periods, but does not provide sufficient data to draw conclusions. Nor does it provide explanations for the differences. The data in the study by Wilczynski & Morris (1993) showed an average of five fatal suicide attempts in conjunction with maternal filicide during the 1980’s. Therefore, the increase in suicides after homicides is probably not due to an increase in suicide after maternal filicide.
Fornes, Druilhe, & Lecomte (1995)

Fornes et al. (1995) reported that during a four-year period from 1990 through 1993 in Paris and suburbs the following happened:

- 28 fathers and 18 mothers had killed one or more of their children
- Four fathers and eight mothers had made a fatal suicide attempt in conjunction with the filicide. There is no information about nonfatal suicide attempts.
- Methods used for filicide and suicide were the same: drowning (3), poisoning (4) and guns (4)
- There were 13 incidents where the parents killed two children and one where they killed three.
- The average age of those killed in the multiple killings was 6.5, while the average age of all 81 victims of child homicide was 5.5.
- All children lived in “very low income areas” (p. 203).
- There was no difference between Paris and the suburbs.

No information is provided to what extent parents involved in multiple killings made a fatal or nonfatal suicide attempt, although information is provided that suggests a relationship. There were 14 incidents involving multiple killings, and 12 parents who made a fatal suicide attempt.

Comments on Fornes

- We may speculate, based on other studies, that most, if not all, incidents of multiple killing were associated with parental suicide.
• We also may speculate that there are parents in this sample, who made a nonfatal suicide attempt, especially because methods for filicide such as drowning and poisoning were frequently used.

• If the filicide of the 29 victims of the 14 incidents of multiple killings is associated with parental suicide during these four years, then Paris and suburbs with a population of 10.7 million have a rate of 0.6 child per million of the general population killed in conjunction with parental suicide. This is in the middle of a range of 0.4 to 0.9 for most studies.

• The report that all children lived in very low income areas is somewhat surprising. The prevalence of filicide-suicide appears to be within a normal range. The prevalence of filicide-suicide of mothers was also in a normal range, but on the high side. In many studies women involved in fatal suicide attempts after a fatal filicide attempt are, on average, not to be found in the lowest social classes. To what extent cases of filicide and filicide-suicide among people in higher income areas possibly were underreported remains an open question.

• The fact that children lived in “very low income areas” (p. 203) does not automatically mean that the parents were of a low social class. There is also the possibility that parents who identified with the middle class resented having to live in a low-income area, and may have blamed themselves for it. This may have been a contributing factor to suicidal behavior.73

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73 There is also a suicide theory that claims that under certain conditions minorities have a higher suicide rate. One of these conditions could be living in a low-income area due to failed efforts at upward social mobility or as a result of downward social mobility.
Alder & Polk (2001); Alder & Baker (1997)

Alder & Baker (1997) reported that between 1978 and 1991 in Victoria, Australia (population 4 million) 32 mothers had killed one or more of their children. Of these 32 mothers, 10 had committed neonaticide, 7 of them had fatally abused their child, 11 of them had made fatal or nonfatal attempts at suicide in conjunction with filicide, while 4 were distinct cases that could not be categorized.

Of the 11 mothers involved in filicide-suicide, 8 had made a fatal suicide attempt after the filicide and 3 a nonfatal one. Of these 11 mothers, 7 killed multiple children, and 10 of them killed all their children, which means that some of these 10 mothers killed their only child. Additional information on the mfs mothers that was provided by the authors consists of the following:

- The mfs mothers were altruistic, i.e. mfs was seen as in the best interest of the child.
- They had difficult lives, including, in some cases, physical violence by their male partner.
- They had to deal with their problems by themselves. They were described as withdrawn.
- They were described as good mothers, who had a close relationship with their children. In fact, they were caring mothers, who saw death as the “only option to ensure the children’s happiness” (p. 27).
- Eight were divorced or separated, while three were in bad marriages.
- Several had made previous attempts at regular/simple suicide, and seven of them had received psychiatric treatment.
- Generally, there were no major motives of a financial nature. However, threatened or real separation from a husband or intimate partner and/or events associated with a separation, such as custody issues reportedly played a major role.
Alder & Baker emphasize that their findings differ from those of most other studies on maternal filicide, such as prison or hospital studies because their study included cases where the mother had made a fatal suicide attempt.

Alder & Baker argue that many of the mothers making fatal or nonfatal mfs attempts do not fit the characterization of female homicidal behavior as "highly emotional outbursts entailing a loss of control" (p. 15). Alder & Baker add,

In contrast, the mfs mothers had things carefully planned, showed devotion to the children, i.e. causing their children little pain and 'ordering events after their death. . . . At some point, the mothers took control in the only way perceived available to them. (p. 28)

Alder & Baker summarized their findings with these words:

Overall, these were women most often over 30 years of age with two or more young children, who felt that they could no longer cope with the difficult circumstances in which they found themselves and killed themselves and their children whom they believed would be better off dead: 'I wanted them to be at peace.' Those women planned a desperate act, having decided that it was the only option left for them to bring peace and happiness to themselves and their children. (p. 28)

In a follow-up study, Alder & Polk (2001) described all cases of child homicide in Victoria between 1985 and 1995, including extrafamilial and paternal filicide. Their data on maternal filicide overlap to a certain extent with the previous study by Alder & Baker. Alder & Polk described each case in some detail, including motives, methods, previous attempts, psychiatric treatment, and prior communication. These were their findings:
• Of the 28 mothers who had killed one or more of their children, there were 10 cases of neonaticide, 7 of fatal child abuse, 6 of filicide-suicide, and 3 of extreme psychiatric disturbance. Two distinct cases could not be categorized.

• Of the six filicide-suicide cases, five mothers made a fatal suicide attempt and one a nonfatal one in conjunction with the filicide. Two of the three mothers in the category of extreme psychiatric disturbance also made a nonfatal suicide attempt.

• Motives that were present among the filicide-suicide mothers included fear that the father would assault or molest the child, cultural conflicts associated with immigration, isolation and domestic violence. Separation, threatened or real, from the spouse often was the trigger. There was one case of the six, where retaliation might have played a major role. In other cases, it became clear that the mother’s fears about the well-being of her child contributed to her own unhappiness. In several cases, one of the children had a disability or chronic illness.

• There was no evidence of previous systematic abuse of the children.

• Four of the six mothers had made prior suicide attempts and four of them had received prior psychiatric treatment.

• The mothers had written suicide notes and/or communicated their intentions to others prior to their act.

• The authors emphasize, as they did in the first study, that while these events were emotional, they also were rational. The mothers did not show evidence of loss of control, as is often suggested in studies on maternal filicide.

• As to the extreme psychiatric disturbance, two of the three mothers made a nonfatal suicide attempt. They only killed one of their children, while the mfs mothers generally killed or attempted to kill all their children. The three mothers in this category were reported to have delusions that involved “higher forces or other beings” (p.59). They also were older than the mothers in the filicide-suicide category were.

• The distinct cases included a mother with mental retardation.
Comments on both studies (Alder & Polk, 2001; Alder & Baker, 1997)

The authors of both studies emphasize that the fact that their study included cases of mothers with fatal suicide attempts caused their findings to be different from other studies about maternal filicide, which, according to the authors, often are based on samples of patients in hospitals or inmates in prison.

If only mothers who had made a nonfatal suicide attempt or no suicide attempt had been included, Alder & Baker almost certainly would not have remarked, “Representations of female homicide as predominantly emotional outbursts entailing a loss of control are not supported by the data” (p.15). The distinction that was made by Alder & Polk between filicide-suicide and extreme psychiatric disturbance very nicely illustrates this phenomenon.

If only filicidal mothers with nonfatal suicide attempts had been included in the study, there would have been two mothers from the extreme psychiatric disturbance category and one from the filicide-suicide category, referred to as Joan Gunsten, who killed one child, and made nonfatal attempts at the life of her other two children and her own life. The manner in which Joan made her attempts suggests that she had not planned or prepared for these actions, while the other five mothers in the filicide-suicide group clearly had planned and prepared. Joan had spoken with a social worker who was aware of Joan's suicidal and filicidal-suicidal plans only a few days earlier in a manner that had reassured the social worker. The other two filicidal mothers with a nonfatal suicide attempt were in the extreme psychiatric disturbance category. One of them had made a filicide attempt in the past, and both were known to have made prior suicide attempts, and to have been suffering from psychotic episodes and/or command hallucinations. The manner in which they
carried out their filicide and suicide attempts clearly shows the influence of a thought disorder, and strongly suggests that they may not have had a plan to make an MFS attempt. If they had a plan, then it was not accompanied by good preparations and/or it was implemented so impulsively that it was unlikely to be lethal, at least for the suicide part.

It is also worth noting how the mothers in the filicide-suicide group were described as good mothers, somewhat withdrawn and without some of the stressors commonly associated with child abuse, such as financial and housing problems. They also were divorced, separated, or in bad marriages. Events associated with their intimate and interpersonal relationships played a major, and sometimes a triggering role.

Finally, the fact that most of the filicide-suicide mothers, as well as the extreme psychiatric disturbance mothers, were immigrants or children of immigrants was mentioned by the authors as potentially significant. Two additional comments need to be made in this regard. First, the Australian province of Victoria had grown from 1.5 million to 4 million between 1965 and 1990, and much of the growth was accounted for by immigrants. In addition, the percentage of Australia's population that is immigrant or a child of immigrants could be anywhere between 30 and 60%. Therefore, the fact that immigrants or their children are prominently represented in these two studies is to be expected. Secondly, immigration and being a child of immigrants are known risk factors for regular suicide, and they figure prominently in many of the filicide studies (Alder & Polk, 2001; D'Orban, 1979; Meyer & Oberman, 2001) as well. The issue of immigration as a contributing factor will be addressed further in Chapters 6, 7, and 8.
Vanamo, Kauppi, Karkola, Merikanto, & Rasanen (2001)

Vanamo et al. (2001) studied intra-familial child homicide as part of a national study to learn more about child abuse in Finland. They reported the following details about the 292 cases of child homicide and undetermined death between 1970 and 1994 in Finland: 74

- There were 56 cases of neonaticide, 34 cases where the killer was a family member other than the parent or no family member, as well as 57 cases of undetermined death, 20 of which were children under the age of two who had no injuries. Therefore, 145 children who were not newborns were killed by a parent.

- Of the 145 children killed by a parent, 75 children died in conjunction with a fatal suicide attempt by a parent. Of these parents, 20 were mothers, 2 of whom killed two children, while the other 18 killed only one child. Information about children on whose life an attempt was made, but who survived is not provided by Vanamo et al.

- The 75 victims of filicide-suicide were unevenly distributed over the 25-year period of 1970 through 1994: 25 from '70 to '74, 11 from '75 to '79, 10 from '80 to '84, 8 from '85 to '89, and 20 from '90 to '94. The authors mention that the economic conditions during the first and last five-year periods were difficult in Finland, and imply that this may have contributed to the prevalence being higher in these two periods. The figures for filicide not followed by a nonfatal suicide attempt also show considerable fluctuation, but do not follow the same pattern as filicides followed by fatal suicide attempts.

- Parents were also responsible for the death of 70 children, whose filicide was not followed by a fatal suicide attempt. Of these children, 43 were killed by a mother. No information is provided about how many mothers were involved in these 43 deaths other than that 15 of the 70 filicides committed by either parent occurred in incidents where more than one person was killed. The additional victim(s) could be a spouse and/or one or more children.

74 The authors report that they only studied in detail the cases of 70 children whose death was not a neonaticide, and was not followed by the suicide of one of the parents. In fact, the information presented about these 70 children did not contain many details.
Comments on Vanamo et al.

A study by Haapasalo & Petaejae (1999) about maternal filicide between 1970 and 1996 by mothers who did not make a fatal suicide attempt\(^{75}\) contains information that may supplement the information provided by Vanamo et al. Haapasalo & Petaejae reported the following\(^{76}\):

- Of 48 filicidal mothers, 15 had committed neonaticide and 33 mothers had killed or tried to kill one or more of their children after they were more than one day old.
- These 33 mothers had 39 victims, of whom only six survived.
- Of the 33 mothers, 13 had made a nonfatal suicide attempt in conjunction with the filicide attempt and another eight had planned to make a suicide attempt that they did not carry out.

\(^{75}\) Haapasalo & Petaejae did not provide any information on cases of maternal filicide where the mother had made a fatal suicide attempt.

\(^{76}\) Both studies used national records. The main difference is that Vanamo et al. studied the period from 1970 to 1994, and Haapasalo & Petaejae the one from 1970 to 1996. Vanamo et al. did not provide information on nonfatal suicide attempts that may have happened in conjunction with the filicide, while Haapasalo & Petaejae only reported on mothers who did not make a suicide attempt or a nonfatal one. This means that when I add the 20 mfs mothers with a fatal suicide attempt between 1970 and 1994 reported on by Vanamo et al. to the 13 mfs mothers with a nonfatal suicide attempt between 1970 and 1996 reported on by Haapasalo & Petaejae, there is no overlap.

There may be some minor discrepancies in the methods used by Haapasalo & Petaejae and Vanamo et al. to include cases in their respective studies. In addition, there are no data on fatal suicide attempts in 1995 and 1996. Yet, I do consider it acceptable to add the numbers of these two studies in order to make a global estimate of the number of filicide victims, whose filicide occurred in conjunction with the parent’s, and especially the mother’s fatal or nonfatal suicide attempt.
As to rates, Vanamo’s account of 75 victims of filicide followed by a fatal suicide attempt by either parent amounts to 0.6 child per year per million of the general population (estimated at 5 million) between 1970 and 1994. When victims of an unknown number of fathers\textsuperscript{77} and 13 mothers\textsuperscript{78} making nonfatal suicide attempts in conjunction with the filicide, are added the rate will probably rise to approximately 0.8.\textsuperscript{79}

The combined data of both the Vanamo and the Haapasalo studies mean that in Finland, between 1970 and 1996, 53 mothers killed or tried to kill one or more of their children that were older than 24 hours. Of these 53 mothers, 20 made a fatal suicide attempt, 13 made a nonfatal suicide attempt and another 8 had planned a suicide attempt in conjunction with the filicide which they did not carry out\textsuperscript{80}.

The number of 33 mothers making fatal or nonfatal suicide attempts in conjunction with filicide during a 26-year period in a country with a general population of 5 million amounts to a rate of one mother per 4 million of general population per year.

\textsuperscript{77} As to the unknown number of fathers, it has to be kept in mind that fathers’ suicide attempts in conjunction with filicide generally are fatal, so their number might be small.

\textsuperscript{78} The 33 mothers, who made no suicide attempt or a nonfatal one and who killed or tried to kill one or more of their children older than 24 hours, had 39 victims, of whom 6 survived. Therefore, 33 children were killed. The exact number of victims of the 13 mothers making nonfatal suicide attempts is not known.

\textsuperscript{79} The estimated figure of 0.8 does not include an estimate of filicide among the 57 children dying in cases of undetermined death, 20 of which were under the age of two and did not show injuries.

\textsuperscript{80} Including the victims of these eight mothers in the rate of children per million of the general population per year whose filicide occurred in the context of parental suicidal behavior would make it necessary to increase my estimates of this rate.
Even though these data do not include information on any fatal suicide attempts following filicides in 1995 and 1996, the fact that 41 of the 53 known cases of maternal filicide were associated with suicide is significant. It is particularly significant in light of the fact that this study was conducted to learn more about child abuse in Finland. According to several studies, mfc usually is not accompanied by child battering (Alder & Baker, 1997; Alder & Polk, 2001).

The focus on child abuse in the study by Vanamo et al. was strong. In fact, all 19 studies listed in Vanamo's reference section showed an emphasis on (fatal) child abuse. This may also explain why Vanamo et al. (2001) did not refer at all to the study by Haapasalo & Petaejae (1999).

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81 There are some discrepancies in the data. Haapasalo & Petaejae speaks of 33 children older than 1 day killed between 1970 and 1996 by mothers who did not make a suicide attempt or who survived one, while Vanamo et al. speak of 43 children older than one day killed between 1970 and 1994 by mothers, of who we only know that they did not make a fatal suicide attempt.
Bourget & Gagne (2002) examined the data of all 27 mothers who had killed 34 children during the eight-year period from 1991 through 1998 in the province of Quebec. Of the 27 mothers, 11 had made a fatal suicide attempt and four a non-fatal attempt after their act of filicide. The authors applied a revised classification system for filicide to the current sample. The following information refers to all 27 mothers and is not broken down for the various categories (mentally ill, fatal abuse, retaliating, mercy, and other).

- A psychiatric motive was determined to have been present in 85% of the cases.

- Domestic violence was found in the lives of 6 of the 27 women, and it may have been present to a greater or lesser extent in the lives of 15 of the other 21 mothers. Indications of a possible presence of domestic violence were not found in the six cases of mothers who killed multiple children and made a fatal suicide attempt.

- The age range of the mothers was 19-49, while the average was 32.25.

- The age distribution of the children was 8 children under the age of one, 17 from one through five years, 7 from six through ten years, and 2 older than ten years.

About the 15 mothers making suicide attempts after their filicide (11 of them fatal and 4 nonfatal) the following information is provided:

- Six mothers killed multiple children and made a fatal suicide attempt.
  - One of these six mothers killed three children using carbon monoxide
  - Five mothers killed two children: Two of them used carbon monoxide, two used a firearm, and the fifth stabbed.
  - The suicide attempt was fatal in all six cases and took place immediately after the filicide.
• Five of the six mothers had left suicide notes. The stabbing mother had not left a suicide note.

• All six had received psychiatric treatment.

• Three of these six mothers had told a doctor or mental health clinician about “their problem”. The authors did not indicate whether ‘problem’ referred to a stressor that may have triggered the mfs act, to having ideation about making an mfs attempt, or to something else.

• Only one of the six mothers was reported to have been suffering from psychosis prior to committing her act of mfs. This mother had been sexually abused for a long time by her father and a brother, and had been having serious and chronic symptoms of mental illness, such as a long-time plan to hang herself. She also was three months postpartum.

• Five mothers made a fatal suicide attempt after killing one child.
  
  o Of these five, four had left suicide notes.

  o Psychiatric treatment for depression had been received by four of the five mothers.

  o Three of the five had contacted ‘others’ about their ‘problems’.

• Four mothers made a non-fatal suicide attempt after their filicide.
  
  o None of them had left a suicide note or told others about their “problems”.

  o Three of them had received psychiatric treatment.

  o The age of one of these four mothers was mentioned in a case description. It was 43 at the time of the offense.
Revised Classification system

The authors applied a revised classification system for filicide to the current sample. This system represents a revision of a system that Bourget & Bradford (1990) had proposed earlier, and includes

- Categories for mentally ill, fatal abuse, retaliating, mercy, and other
- Specifiers for association with suicide, association with substance abuse and predictability
- A requirement to make a note of the presence or absence of intent and mental illness

In other words, a mother involved in filicide could be placed in the category fatal abuse and be considered mentally ill at the same time. Only when the mental illness is so dominant that the category of mentally ill better accounts for the patient’s behavior than the category of fatal abuse, should the patient be assigned to mentally ill. The revised system includes a new specifier predictable, which is to be applied to cases, where it was known that the mother was severely mentally ill, and had communicated filicidal intentions. The authors also suggest future revisions to adjust to new knowledge, for instance about serotonergic and genetic factors.

Comments on Bourget & Gagne (2002)

The 15 mothers making suicide attempts in conjunction with a filicide attempt represent a rate of one mother per four million of the general population per year for Quebec (population estimated at 8 million). This is within the range of other geographic units, although on the high side. In
addition, 22 children were killed in conjunction with fatal or nonfatal suicide attempts by mothers, or 0.35 children per million of general population per year. This figure only refers to children killed as a result of maternal filicide-suicide.82

The authors do not mention what the psychiatric treatment received by 13 of the 15 mothers who had made fatal or nonfatal suicide attempts had consisted of. It makes quite a difference whether the treatment consists of once weekly psychotherapy on an outpatient basis or whether one has been hospitalized for some months.

The authors do not mention, whether any of the 12 mothers, who did not make a suicide attempt, may have planned to do so as part of an mfs plan, but were unable or unwilling to carry it out after the filicide attempt had been completed. Some of the methods for filicide used by these 12, such as drowning and strangulation, suggest that some of the nine mothers, who reportedly did not kill as a result of fatal child abuse, might have been contemplating a suicide attempt. Other studies found some cases of filicide in which the suicide plan was not carried out. (D' Orban, 1979; Haapasalo & Petaejae, 1999)

The fact that none of the four mothers making nonfatal suicide attempts had left a suicide note, while nine out of the 11 mothers making a fatal suicide attempt had done so, is potentially very significant. The absence of a suicide note and the nonlethal outcome of the suicide attempt suggest the possibility of impulsivity and lack of premeditation and preparation. At the same time, 

82 If the paternal component were similar, the rate would be 0.7, which is in the range of most countries.
the presence of a note and the lethal outcome of the suicide attempts suggest that these 11 women, at least nine of them, had carefully planned their act, and therefore probably engaged in previous ideation and preparatory behaviors. The only mother killing multiple children, who had not left a suicide note, stabbed her children, which according to Lewis et al. (1998) often is associated with acting under the influence of psychosis.

In the context of the relationship between mfs and psychosis, it should be pointed out that the authors considered 23 of the 27 mothers to have acted with psychotic intent. This included all those who attempted suicide. Considering that only a few mothers had been diagnosed with psychosis and only one mother was reported to have made the mfs attempt under the influence of psychosis, it is important to learn more what exactly is meant by psychotic intent. In this context, it is also important to point to the fact that many of the mfs attempts accompanied by a fatal suicide attempt showed a considerable degree of premeditation, and little of the impulsivity that often is associated with psychosis.

Many of these cases are designated predictable in the context of the revised classification system because clinicians knew how serious the mental illness of some of the mothers was. In Chapter 6, 7, and 8, the interrelated issues of intent, predictability, the relationship between psychosis and mfs, the role of “delusions of salvation”, and the relationship between a diagnosis of psychosis and ‘being in an acute psychotic episode' will be addressed. The remarks and observations made in this study by Bourget & Gagne will be further discussed in that context.
Population Studies with only Living Subjects

One of the most important studies (D’Orban, 1979) has already been reviewed earlier in this chapter.

Scott (1973)

Scott (1973) proposed a classification system that was not based on motives, since he considered that as too subjective. Instead, he introduces the notion of the origin of the impulse to kill one’s child. When a parent kills because of displaced anger, the stimulus is said to have originated outside of the victim. However, when the parent kills because the child made him or her loose his or her temper, the stimulus is said to have come from the child. In addition, there was a category of gross mental pathology, where the notion of the origin of the stimulus to kill was irrelevant.

In re-analyzing a sample of 39 mothers who had killed one or more children between 1957 and 1962, Scott assigned 32 of them to the category of gross mental pathology. Of these 32, 13 had made a nonfatal suicide attempt.

Comment on Scott

During the period of 1957-1962 in England and Wales, recorded cases of fatal battering, which usually are not associated with mental illness or gross mental pathology, were much less numerous than in the 1970’s (D’Orban, 1979), while on average 12 mothers per year made a fatal suicide attempt. In the 1970's this number had dropped from 12 to five. (Gibson, 1975; Wilczynski
& Morris, 1993) Therefore, the mothers who made a nonfatal suicide attempt in the 1957-1962 period are likely to have not planned it well, which suggests that they may have been psychotic. Scott’s assessment of gross mental pathology for 32 of these 39 mothers therefore may have been correct. However, it is unfortunate that Scott did not address the fact that many mothers had made fatal suicide attempts, and might have had a different type of psychopathology than the 39 mothers in his sample, especially the 13 who made a nonfatal suicide attempt.

Scott’s proposals for a new system of classification of child homicide have not widely been accepted.

Cheung (1986)

Cheung (1986) studied maternal filicide in Hong Kong between 1971 and 1985, and reported to have used D’Orban’s (1979) classification system. As in D’Orban’s study, all women charged with filicide or attempted filicide were psychiatrically evaluated.

Cheung reported that “marked similarities and little differences were noted when our findings are compared with those of Western researchers” (p.185). The author points to similarities in the age of the victims, the age of the mothers, methods used, and the distribution of the mothers across the various categories in the applied classification system.

Before comparing suicidal behavior in Cheung’s study with D’Orban’s findings, I want to address three aspects of the study as a whole (Table 5.3). First, there is the number of offending
mothers, 35 for Cheung, and 89 for D'Orban. This may be similar to or in the same range as D'Orban's findings if we allow for the difference in the number of years and the size of the general population. Yet, the numbers are definitely not comparable for the years 1971 through 1975, which are among the six years researched by D'Orban. During these five years, Cheung reported that four mothers were involved in maternal filicide, while d'Orban spoke of 89 for six years. This means that the numbers in D'Orban's study were four to five times higher than in Cheung's study, allowing for the difference in populations and the number of years. The results during Cheung's third five-year period, 1981-1985, were similar to D'Orban's results from 1970-1975. No explanation for the rise from four cases during the first 5-year period to 20 cases in the third five-year period was provided.

Secondly, the mothers in Cheung's sample "scored" much better than the ones in D'Orban's sample on most of D'Orban's 20 correlates of filicide, especially in regards to family of origin issues. The possibility that cultural differences might be responsible for how much information about one's family one is willing to divulge, is not discussed except that Cheung reported that all mothers but one were Chinese.

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83 D'Orban's 89 mothers during six years from a general population consisting of 15-20 million are compared with Cheung's 35 mothers during a 15-year period from a general population of 4 million.
### Table 5.3a: Overall information

<table>
<thead>
<tr>
<th>Item</th>
<th>Cheung</th>
<th>D’Orban</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>location</td>
<td>Hong Kong</td>
<td>South East of England, incl. London</td>
<td>Both predominantly urban</td>
</tr>
<tr>
<td>Size of population</td>
<td>4 million</td>
<td>15-20 million</td>
<td></td>
</tr>
<tr>
<td>Time period covered</td>
<td>1971-1985 (15 years)</td>
<td>1/1/1970-12/31/1975 (six years)</td>
<td></td>
</tr>
<tr>
<td>Nonfatal suicide attempts</td>
<td>10</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Fatal suicide attempts</td>
<td>Not included</td>
<td>Not included</td>
<td></td>
</tr>
<tr>
<td>Age limit of child</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5.3b # of cases per five-year period

<table>
<thead>
<tr>
<th>Item</th>
<th>Cheung</th>
<th>D’Orban</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td># of mothers-total</td>
<td>35</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td># of mothers during 1971-1975</td>
<td>4</td>
<td>5/6 x 89=75</td>
<td>England a factor five higher</td>
</tr>
<tr>
<td>1976-1980</td>
<td>11</td>
<td>No information</td>
<td></td>
</tr>
<tr>
<td>1981-1985</td>
<td>20</td>
<td>No information</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5.3c Types of maternal filicide

<table>
<thead>
<tr>
<th>Item</th>
<th>Cheung</th>
<th>D’Orban</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td># of mothers-total</td>
<td>35</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td># battering</td>
<td>11</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td># mentally ill</td>
<td>14</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td># neonaticide</td>
<td>6</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td># retaliatory</td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td># unwanted</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td># mercy killing</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
A third aspect concerns the number of offending mothers in the 15-19 age bracket which is reported to represent 11% of all filicidal mothers, while this age bracket represents only 0.39% of the general female population of Hong Kong according to Census data quoted by Cheung. (See Table 5.4) It seems impossible that an age bracket comprising the five years from age 15 through 19 would only represent 0.39% of all women in Hong Kong.\(^{84}\)

Table 5.4: Age distribution of offenders compared with census data.
Copied from Cheung (1986), p.186

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>Filicide %</th>
<th>Census %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>4</td>
<td>11.4</td>
<td>0.39</td>
</tr>
<tr>
<td>20-24</td>
<td>5</td>
<td>14.3</td>
<td>4.71</td>
</tr>
<tr>
<td>25-29</td>
<td>17</td>
<td>48.6</td>
<td>11.65</td>
</tr>
<tr>
<td>30-34</td>
<td>5</td>
<td>14.3</td>
<td>13.61</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>8.5</td>
<td>8.45</td>
</tr>
<tr>
<td>40-44</td>
<td>1</td>
<td>2.9</td>
<td>9.48</td>
</tr>
<tr>
<td>Over 44</td>
<td>0</td>
<td>0.0</td>
<td>51.71</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Comments on Cheung

As most suicidal behaviors occur among mothers in the mentally ill groups, Cheung’s and D’Orban’s findings for the respective mentally ill groups will be compared (Table 5.5).

\(^{84}\) The possibility that the 0.39% figure did not refer to the percentage of the general female population that is in the 15-19 year age bracket, but instead to another entity, such as the percentage of mothers in the general population that is 15 to 19 years old cannot be completely ruled out, but appears to be rather unlikely. In this context, Cheung speaks of, “The age of the subjects is shown in Table IIa. The commonest age group was 25-29 years. As compared with the general population (Hong Kong Census, 1981), there were more mothers in the younger age group.” (p. 186).
Table 5.5 Comparison of findings of Cheung (1986) and D’Orban (1979) with respect to category of the mentally ill

Table 5.5a General Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Cheung</th>
<th>D’Orban</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior psychiatric treatment</td>
<td>70% (10 out of 14)</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Prior suicide attempts</td>
<td>8</td>
<td>No information</td>
<td></td>
</tr>
<tr>
<td>Nonfatal suicide attempts</td>
<td>8</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Average size of family/average number of children X number of mothers in mentally ill category</td>
<td>2.8 x 14=39</td>
<td>2.29 x 24=55</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.5b Age of victims

<table>
<thead>
<tr>
<th>Item</th>
<th>Cheung</th>
<th>Cheung adjusted: 1.5 x number in column to the left: adjusted for 15 vs. 6 years, and 4 vs. 16 million population.</th>
<th>D’Orban</th>
</tr>
</thead>
<tbody>
<tr>
<td># Mentally ill mothers</td>
<td>14</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td># of children</td>
<td>2.8 x 14=39</td>
<td></td>
<td>2.29 x 24=55</td>
</tr>
<tr>
<td># victims 0-6 months</td>
<td>7</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td># victims 6-24 months</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td># victims 24-36 months</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>3-7 years</td>
<td>4</td>
<td>6</td>
<td>7 (age 3 and 4)</td>
</tr>
<tr>
<td>8-11 years</td>
<td>1</td>
<td>2</td>
<td>6 (age 5 and over)</td>
</tr>
<tr>
<td># victims of mentally ill mothers- total</td>
<td>16</td>
<td>26</td>
<td>41</td>
</tr>
</tbody>
</table>
The similarities between the mentally ill categories in Cheung’s and in D’Orban’s studies consisted of the fact that 10 of Cheung’s 14 mothers had received prior psychiatric treatment, and that the overall numbers seemed quite similar. However, there are also differences between the findings of the two studies.

Only one (two in the adjusted format) of Cheung's 16 child victims was in the age bracket of 6-24 months, while 10 of D’Orban’s 41 victims were.

Only two mothers were reported to have killed or attempted to kill (actually Cheung spoke of only “attempted to kill” rather than “killed or attempted to kill” for these two mothers) more than one child. Each of these two mothers had two victims. In D’Orban’s study, 14 of the 18 mothers who had more than one child killed or tried to kill more than one child, while six killed an only child.

The 24 mothers in d’Orban’s group had 41 victims, of whom 19 survived. In fact, eight mothers ended up not killing any children. Cheung does not report on victims who survived except in a general and indirect way by speaking of “killing or trying to kill”.

In light of the fact that the mothers in the mentally ill group, on average, had 2.8 children, it appears that most of the mothers killed or tried to kill only one of their children, while they had more than one child. In D’Orban’s study, only four of 18 mothers with more than one child did so.
Unlike D'Orban (1979), Cheung did not speak of extended suicide or motives of altruism that tend to be used in describing mothers who kill or try to kill all their children. Mothers who kill only one child while they have more, and in addition make a nonfatal suicide attempt, as many in Cheung's study appear to have done, often do not plan their act in advance and also may act in an impulsive and not very deliberate manner. Nevertheless, the intent at the moment of the attempt may have been high and the nature of the attempt may have been serious. Yet, the impulsivity may be responsible for the nonfatal outcomes. Mothers who are engaged in these types of mfs behaviors often have high rates of psychotic symptoms. (Graser, 1992; Lewis, 1998)

These data suggest the possibility that most of Cheung's 14 mentally ill mothers were suffering from high rates of psychotic symptoms. This may apply to the mothers of the seven children under the age of six months, who may have been suffering from post-partum symptoms. It may also apply to many of the other mothers because they only killed one child, while they had more children, and made a nonfatal suicide attempt. In most studies that include both mothers with fatal suicide attempts and mothers with nonfatal or no suicide attempts, the number of mothers making fatal suicide attempts in conjunction with filicide attempts (that usually are fatal and involve all children) is, at least as high as the number of mothers making nonfatal suicide attempts. Therefore, it is possible that the number of Hong Kong mothers making fatal suicide attempts, about whom Cheung is not reporting, is at least as high as the number (10) of mothers making nonfatal attempts. However, it is likely that in Hong Kong during the period covered by Cheung's

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85 We now know that the number of fatal suicides during the period and in the area covered by D'Orban's study may have been somewhere between 10 and 12 (it was approximately 30 for all of England and Wales), and thus similar to the 13 nonfatal suicide attempts in the mentally ill group.
study the number of fatal suicide attempts is higher than the number of nonfatal attempts, because so many of the nonfatal attempts may be associated with psychosis and impulsivity. This suggests the possibility that mothers who are more associated with altruism and extended suicide, and who may plan and prepare better, generally have been making fatal suicide attempts.

Cheung had mentioned that most of the mentally ill mothers were known to psychiatric institutions before they made the mfs attempt. This information has to be evaluated against the background of the hesitant attitude many Chinese may have towards psychiatric treatment, which may not have been widely available anyway. In other words, the mothers in Cheung's study may only be representative for that part of the population of Hong Kong that could be considered as within the potential reach of psychiatry. In this context we have to be aware of the fact that in cultures where receiving psychiatric treatment is stigmatized, which it may have been in Hong Kong at the time, those receiving psychiatric treatment anyway may have very obvious and serious symptoms.

An additional possibility is that the type of mother seen in D'Orban's study, who tends to be involved in extended suicide and to kill or to attempt to kill all her children in a manner that is perceived as painless by her, may be less prevalent in Hong Kong. Reasons for this could consist of lack of opportunity considering that mfs events usually occur in the home. Living in small quarters, often with extended family, may provide formidable obstacles to a mother who is not known to be psychotic, but so desperate that she wants to make an attempt at mfs. A second frequently used method in many studies consists of car exhaust, for which one needs a car, and a
garage or an isolated outdoor location. All of these may have been scarce in Hong Kong in those years.

There is no information about the prevalence of mfs with fatal suicide attempts. The only information with respect to mfs mothers who made a fatal suicide attempt consists of Cheung’s remark that the mentally ill might have been underrepresented in the study because mothers who made fatal suicide attempts probably had symptoms on the basis of which they would have been assigned to the mentally ill category.

In fact, there is no information about female suicide rates in Hong Kong in general. Suicide rates may have been high because there may have been many refugees from mainland China. Many of these refugees may have been traumatized during the Cultural Revolution there during which as many as 20 million people reportedly were killed. Fear because of the handover from Hong Kong to China in 1999, about which there was no agreement until 1984, may also have played a major role in the rise of the number of filicides between 1971 and 1985. These factors also may have had an impact on rates of regular/simple suicide. Such factors were not present in England during the period that was covered by D’Orban’s study.
Haapasalo & Petaejae (1999) studied the following aspects of maternal filicides in Finland between 1970 and 1996 that were not followed by a fatal suicide attempt: circumstances and stress factors in the mother’s life at the time of the act, psychological problems prior to the act, as well as the mothers’ childhood experiences. Based on the contents of mental state examinations,\textsuperscript{86} which are extraordinarily thorough in Finland,\textsuperscript{87} they provided the following information about the 33 mothers who had killed children older than 24 hours and younger than 12 years:\textsuperscript{88}

\textsuperscript{86} The MSE reports were individually analyzed using an assessment form specifically designed for this study. The form comprised the following sections: (a) Background (personal information, demographic data, current indictment, criminal history), (b) Homicidal act (circumstances, triggers, expressed motives, suicide attempts, alcohol and drugs), (c) Family situation (financial matters and living conditions, marital relationship, children), (d) Mother’s health (health problems, treatments, prior diagnoses, alcohol and drug abuse history), (e) Pregnancy, birth, infancy, and early development of the child victim(s), (f) Mother’s family-of-origin (financial and living conditions, relationships with parents, siblings), (g) Problems in the family-of-origin (parental substance abuse, criminality and mental health problems, physical, psychological and sexual abuse, neglect), and (h) Mental state examination conclusions

\textsuperscript{87} In addition to comprehensive psychological testing and observation of the mothers during their pre-trial hospitalization, school records, medical files and many other documents are used. In addition, extensive questionnaires are sent to relatives, friends, and others who know the mother well about all aspects of the mothers’ lives, including their childhood.

\textsuperscript{88} They also wanted to examine to what extent these aspects differed between mothers who had committed neonaticide and those who had killed or attempted to kill children older than 24 hours. This review will only address the findings concerning the mothers who had killed “older” children.
• Attempt-related: outcome, methods, target (multiple, age, gender)
  
  o Of 48 filicidal mothers, 15 had committed neonaticide and 33 had killed or attempted to kill 39 children older than one day, six of whom survived. Of these 33 mothers, 6 killed or tried to kill two children, and 1 killed or tried to kill three children.
  
  o Methods used for filicide attempts (n=39) were: drowning: 13, drugging and drowning: 4, strangulation: 6, suffocation: 5, physical abuse: 4, stabbing/slashing: 3, and miscellaneous: 4.
  
  o The gender and age distribution of the 39 children was: 18 girls, 20 boys, 1 missing; fourteen under 12 months, eleven from 12 through 36 months, nine from 4 through 6 years, three from 7 through 10 years, and 2 were missing

• Demographic Information (n=33):
  
  o The mothers’ age was on average 30 years, with a standard deviation of six years
  
  o Seventy-seven % had completed their basic formal education and an additional 17% had a high school education. Occupational status ranged from skilled or semiskilled workers (71%) to managers and professionals (13%).
  
  o employed: 9, unemployed: 1, homemaker/maternity leave: 17, other: 3, missing: 3.
  
  
  o lived with spouse and children: 26, with children: 5, other: 2.

• Categories (n=33)
  
  o filicide-suicide: 13
  o impulsive aggression: 6
  o psychotic episode: 5
  o postnatal depression: 5
  o fatal child abuse: 4

• Suicidal Behavior (n=21)
  
  o 13 mothers made a nonfatal suicide attempt
  o 8 mothers contemplated making a suicide attempt, but did not carry it out after they had made their fatal or nonfatal filicide attempt
• Stressors: The five most pressing stressors were: 89 (n=33)
  o marital problems: 22 mothers
  o fatigue: 19
  o child-related stress: 18
  o pregnancy and childbirth: 16
  o financial difficulties: 14

• Psychological problems
  o 85% reportedly had some problem
  o 50% received some kind of professional help.

• Degree of legal responsibility
  o 63% were regarded as not legally responsible for their act due to insanity
  o 29% were not fully responsible and were thus given a reduced sentence

• Specific psychological problems prior to act
  o anxiety and fear (fear of death, fear of harming the child, overconcern for the child’s health, phobias, nervousness, and tension): 15 mothers
  o behavioral problems (substance abuse, aggressive behavior, restlessness, suicide threats, and passivity): 12 mothers
  o depression and mood disorders: 27 mothers
  o obsessional thoughts (mainly concerning harming the child): 3 mothers
  o psychotic symptoms (hallucinations, delusions, distorted thinking, and disorientation): 10 mothers
  o Somatization and eating disorders: 9 mothers

89 Other stressors, with less prevalence than the five listed in the text include: Conflicts with extended family, Infertility treatment prior to pregnancy, Lack of social relationships, Miscarriage, Miscellaneous, Mother’s physical illness, Partner’s alcohol abuse, Partner absent from home for long periods of time, Physical and/or psychological child abuse, Poor housing conditions, Separation from spouse/partner, Work-related stress
• Mother’s own experience of child abuse under age 16
  
  o Neglect: 15%
  o Physical abuse: 27%,
  o Psychological abuse: 49%,
  o Sexual abuse: 9%

• Problems in the family-of-origin:

  Although childhood maltreatment was found . . . the majority of the mothers did not appear
to have lived in multiproblem childhood family environments. For 56% of the mothers, no
financial difficulties, parental alcoholism, parental mental health problems, or parental
criminality were reported. (p. 230)

Qualitative portraits

Haapasalo & Petaejae also report that the contents of the reports90 of the Mental State
Examinations, and especially the description of some of the personality features, could only be
conveyed by the method of a qualitative portrait. Subsequently, Haapasalo & Petaejae paint a
qualitative portrait of the 33 mothers:

The 33 non-neonaticide mothers were slightly older, mostly married and had stayed at
home to take care of their children. Before the homicidal act quite unexpectedly occurred,
most of these mothers were reported to have been ‘perfect’ mothers who took good, even
meticulous, care of their children and were controlled and restrained in their relations with
other people. In their jobs, most had been good workers, well liked and conscientious.
Most of the children they killed/attempted to kill were under 4 years of age. One of the
most common methods of killing or trying to kill the child was drowning in the bathtub. The
mothers’ current life stress was related to their family life, including marital problems. They
also suffered from psychological problems prior to the incident, especially depression and
mood disorder symptoms. They had usually spoken about their problems to someone: a
spouse, friends, or family members. The non-neonaticide cases were classified into five
qualitatively different subgroups: Joint homicide-suicide (n=13), Impulsive aggressiveness

90 It appears that they are referring to an essay type of final report rather than information of
a quantitative and factual nature.
(n=6), Psychotic episodes (n=5), Postpartum depression (n=5), and Abusive acts (n=4). (p. 233)

Following up on their observation that there were “five qualitatively different subgroups”, Haapasalo & Petajae paint qualitative portraits for each of the subgroups except for the joint homicide-suicide subgroup. Comparison of these four portraits with the general portrait that has just been quoted suggests that the general portrait was more a description of the joint homicide-suicide subgroup than of the group of 33 mothers as a whole.

- **Impulsive-aggressive mothers (n=6):**
  
  “Marital and other problems were present in the cases of impulsive acts, and the accumulation of stress factors had led to a sudden displacement of pent-up aggressive feelings” (p. 233). Haapasalo & Petajae described one incident of mfs with the motive of retaliation.

- **Psychotic episode (n=5):**
  
  Three of the psychotic mothers thought that they would be saving the child from the influence of a bad mother, from suffering in a bad world or from an ill fate and gloomy future by killing him/her; one thought that her child was not hers but a changeling, and one could not give any reason for what she did. (p. 233)

- **Post-partum depression (n=5):**
  
  The mothers who suffered from postpartum depression had had no significant problems earlier. They seemed to be happy while expecting the child and then suddenly became depressed and killed or tried to kill the child. (p. 233)

- **Fatal abuse (n=4):**
  
  “The abusive mothers had personality disorders and had abused their child even before the fatal incident” (p. 233).
Potential explanations suggested by Haapasalo & Petaejae

Haapasalo & Petaejae describe some potential explanations for the maternal filicidal behavior without linking the explanations to the five subgroups among the non-neonaticide mothers: joint homicide-suicide/filicide-suicide, impulsive-aggressive, psychotic episode, postnatal depression, and fatal child abuse. The explanations will be quoted verbatim for the most part. Comments will follow in the section Comments on Haapasalo & Petaejae.

Mental illness. Haapasalo & Petaejae suggest that the high degree of suicidality (13 nonfatal attempts and 8 mothers having planned suicide without carrying it out) indicates a high degree of mental illness. They believe that this is confirmed by the finding that 73% of the 33 non-neonaticide mothers were found to have been mentally ill. Possible reasons for the high incidence of mental illness, according to Haapsalo et al. “could be that there may have been many cases of delusional psychosis and severe depression, or that the threshold for diagnosing mental illness in a mother who has killed a child older than 24 hours may be low” (p. 234).

Another reason for the high percentage of diagnoses of mental illness might consist of the fact that these mothers have been quite “forthcoming about their psychological problems” (p. 234) before they killed one or more of their children.

Perfectionism. Haapasalo & Petaejae suggest that the fact the mothers were known to be meticulous in the care of their children indicates that they may have . . . tried to excel in motherhood . . . and may have been suppressing their negative feelings and impulses in the process. When the stress in the lives of these mothers increased, they no longer were able to inhibit negative feelings. When these negative
feelings surfaced, they may have triggered psychotic breakdowns, as well as feelings of depression and aggressive behaviors . . . [which] may have led to the act. (p. 235)

Negative childhood experiences

Abuse and insecure parent-child attachments in childhood could have had repercussions on the mothers' self-esteem and, later, on their self-confidence as a spouse and mother. Consequently, psychotic delusions and depressive thoughts may center on distorted thinking of oneself as a bad mother who is not capable of taking care of her children. (p.235)

Attachment perspective

It appears that an attachment relationship between caregiver and child develops during the child's first few years. Any disturbance in the development of attachment may lead more easily to extreme behaviors at that point than later when the relationship has already been established and various strategies to cope with the relationship have emerged. (p.234)

Finally, Haapasalo & Petaejae recommend that asking direct questions regarding a mother's life conditions and stressors as well as addressing difficult topics, such as family violence and child abuse, may help to identify at-risk mothers.
Comment on Haapasalo & Petaejae

This study contains much relevant information, which probably is quite accurate considering the thoroughness of the Finnish Mental State Examinations. It is unfortunate that there was no information about

- mothers who had made a fatal suicide attempt after their filicide
- the nature of the nonfatal suicide attempts
- differences among the five subgroups of the 33 non-neonaticidal mothers with respect to the various variables

The number of mothers experiencing specific psychological problems prior to their act suggests certain interrelations between the five subgroups and specific psychological problems. For instance, 5 of the 10 mothers who experienced psychotic problems prior to their act probably are accounted for by the five mothers in the subgroup psychotic episode. Quite possibly, the subgroup postnatal depression was heavily represented here as well. If this indeed were so, then this would indicate that many of the 13 joint homicide-suicide mothers did not experience psychotic symptoms prior to their act. Since the presence of psychotic symptoms prior to the act of mfs is a central theme of this dissertation, this particular finding by Haapasalo & Petaejae is of special importance.

As to the other psychological problems, the 15 mothers experiencing anxiety and fears may well have been heavily represented in the subgroup joint homicide-suicide considering the contents of the fears, such as fear of death, fear of harming the child, overconcern for the child's health, phobias, nervousness, and tension. Behavioral problems may have been prevalent among mothers in the impulsive-aggressive subgroup and those in the fatal child abuse subgroup. Considering that
27 mothers were found to be depressed, one wonders whether depression might be seen as a necessary condition for mfs.

Several comments on the attachment perspective and the position of Haapasalo & Petaejae may be appropriate considering the importance that Haapasalo & Petaejae attribute to the filicidal mother’s childhood experiences. About the attachment perspective Haapasalo & Petaejae remarked, as pointed out earlier,

> It appears that an attachment relationship between caregiver and child develops during the child’s first few years. Any disturbance in the development of attachment may lead more easily to extreme behaviors at that point than later when the relationship has already been established and various strategies to cope with the relationship have emerged. (p. 234)

- The statement just quoted refers to an attachment relationship between mother and child and, specifically, how the relationship is experienced by the mother. It deserves notice that this differs from the way attachment is usually presented, i.e. the development of the child’s attachment to the mother (or patterns of attachment among adults).

- It is not completely clear from the statement whether Haapasalo & Petaejae is referring to the relationship between the filicidal mother and her own mother/parent or between the filicidal mother and her own child. Haapasalo & Petaejae refer to extreme behaviors in the early phase of the development of the attachment process. Considering that filicide is an extreme behavior, and that Haapasalo’s study deals with women who have killed or tried to kill a child, it appears that Haapasalo & Petaejae is referring to the mother’s relationship with her own young child/children.

- It is not clear whether there actually is a disturbance in the attachment relationship between mother and child. Nor is it clear how the various subgroups of non-neonaticide mothers would be affected by the presence of such a disturbance, if there were one. With respect to the filicide-suicide subgroup, for example, it appears that the fact that the mother considers herself a bad mother, may cause her to contemplate (extended) suicide based on a belief that she will always be a bad mother, and that, therefore, her child will be increasingly unhappy. When such a belief by the mother is congruent with Haapasalo’s definition of a disturbance in the attachment relationship, Haapasalo’s statement makes sense.
There is also the possibility of the mother re-experiencing the disturbed attachment relationship she may have had with her own mother in her childhood. The re-experience may have been triggered by her child reaching the age at which the mother was experiencing these problems. The memories from her own childhood may have been so overwhelming that they clouded her consciousness, as a result of which she may have started to believe that her child was experiencing the same attachment problems with her. This could easily lead to guilt, hopelessness, and depression exacerbated by state-dependent memories. Meanwhile, in reality such problems may not have existed or may have been relatively minor.

The remark made by Haapasalo & Petaejae, “psychotic delusions and depressive thoughts may center on distorted thinking of oneself as a bad mother”, illustrates the definitional issues surrounding psychotic activity. Are Haapasalo & Petaejae referring to 'mere' cognitive distortions or to delusions, and in what manner and to what extent do the concepts of cognitive distortion and delusions differ from each other?

Considering that Haapasalo & Petaejae reported that 85% of the mothers had experienced psychological problems and about half of the mothers had received some type of professional help, it is likely that a process (possibly including suicidal, filicidal or filicidal-suicidal ideation) preceded the filicide act, and especially the mfs acts.

To what extent filicidal-suicidal ideation was present, and, if present, to what extent it was known to clinicians is not discussed by Haapasalo & Petaejae. However, the authors had mentioned that some of the mothers were known to be suicidal. They also had remarked that the psychological problem of anxiety and fears, which reportedly was affecting 15 mothers prior to their filicide attempt, could include fear of harming the child. Both the suicidality and the fears of harming the child suggest the possibility of a filicidal-suicidal process prior to the act of filicide or mfs.
As to risk factors, this study contains much information that could be helpful in formulating risk factors for filicide and mfs, including information about potential stressors, psychological problems, and childhood abuse. Unfortunately, any links between this information and the five non-neonaticide subgroups can only be speculated about, as I have done in this review.

Finally, the authors’ exhortation to address difficult topics, especially family violence and child abuse, as a preventive measure, is somewhat surprising because only four of the 33 mothers who killed a child were in the subgroup of fatal child abuse, while family violence did not figure large in this study except maybe for the six mothers in the impulsive-aggressive subgroup. It would have made more sense if the exhortation about addressing difficult topics also had included mfs ideation, and maybe even some mfs behaviors, such as aborted attempts.

**General Comments on Population Studies**

It may be useful to list the most noteworthy findings in regards to population studies at this point

*Prevalence*

The narrow range, within which prevalence figures are located, might have been expected given the research findings of Coid (1983) about the similarity between countries and stability over time. Yet it is striking to see that the great majority of studies show a figure between 0.4 and 0.8 children per million of general population per year killed by a parent in conjunction with that
parent’s fatal or nonfatal suicide attempt. The stability and similarity of this rate is a phenomenon that does not appear to be related to the total number of filicides or homicides in a country.

The percentage of all filicides that is associated with a parent’s suicidal behavior is also remarkable. Of the 79 child deaths due to filicide in Sweden, 58 (approximately 70%) occurred in the context of filicide-suicide. In Quebec, 22 of the 34 child deaths due to maternal filicide occurred in the context of fatal or nonfatal suicide attempts by the mother. In addition to these 22 child deaths, there may have been additional cases where the mother had planned to make a suicide attempt after the filicide, which she did not carry out.

Data in the USA are less complete than in many other countries. Yet, it appears that 30 to 50% of child deaths are related to parental suicidal behavior. The major differences between the USA and other developed countries in regards to filicide are

- incomplete data in the USA
- higher filicide rate in USA
- filicide in USA claims fewer victims than other forms of child homicide
- fatal child abuse in USA claims more victims than filicide-suicide
- There are some indications that in the USA there may be more males killing children, spouse, and self. Access to guns appears to play a role.
- Studies conducted in the USA which include a large percentage of African Americans show relatively high filicide rates and relatively low filicide-suicide rates. Because many studies in the USA have been conducted in urban areas with a high percentage of blacks, the impression has taken hold that filicide-suicide rates are lower in the USA than elsewhere. The results of the study by Chew (1999) about an entire state, California, suggest the possibility that rates there might be similar to those in other developed countries, and maybe even higher.
Fatal vs. Nonfatal Suicide Attempts

The three studies (Alder & Baker, 1997; Alder & Polk, 2001; Bourget & Gagne, 2002) included in this review that contained information on mothers who had made a fatal suicide attempt in conjunction with the filicide of their child as well as on those who had made a nonfatal attempt show differences between these two groups that could be significant. They certainly run counter to the observation of many researchers that, clinically, cases with fatal suicide attempts are similar to those with a nonfatal attempt. (Okumura & Kraus, 1996; Nock & Marzuk, 1999) A re-analysis of the cases descriptions of maternal filicide in Alder & Polk (2001) clearly demonstrated the difference between mothers whose suicide attempt was fatal and those whose suicide attempt was not fatal.

The mothers, whose suicide attempt was fatal, generally had left suicide notes, used methods for both the suicide and the filicide that were lethal and, certainly for the filicide, perceived as painless. They also tended to kill multiple, if not all their children. Their attempt appeared to be premeditated, and well planned in case of the fatal suicide mothers. They had been high functioning. While they often had a history of long-term psychiatric problems, these problems generally did not include symptoms of a thought disorder. There are no indications that they reported command hallucinations, for example.

The nonfatal suicide mothers tended to make attempts at filicide and suicide that were serious. However, due to impulsivity and lack of adequate planning, their attempts were more often nonfatal for both the filicide and the suicide. Because the attempts were serious, they could cause severe injuries. Two of the three mothers in the study by Alder & Polk (2001) were known to have
been suffering for several years from delusions and hallucinations. They were functioning very poorly. Alder & Polk designated their condition extreme psychiatric disturbance, while they referred to the fatal suicide mothers as filicide-suicide. The only mother in the filicide-suicide category who made a nonfatal suicide attempt also made nonfatal attempt at the life of two of her children, while she did kill the youngest child. That attempt had not been well prepared.

The example in Alder & Polk (2001) illustrates that it is important to pay attention to whether fatal suicide mothers are included, when one is evaluating studies on maternal filicide. When fatal suicide mothers are not included in a study, it is important to have at least a global idea of the numbers involved, and how a study's findings might have been different if they had been included. For instance, both Cheung (1986) and D'Orban (1979) report that in their studies, which had an identical approach and only included living subjects, those filicide categories that are most associated with suicide, i.e. the mentally ill category, are probably underrepresented. D'Orban presented this information in a way that suggested that the number of fatal suicide mothers might have been 15 times higher than that of nonfatal suicide mothers. Cheung did not suggest any numbers for fatal suicide mothers. However, a detailed re-examination of the data in both the Cheung and the D'Orban study suggests that the extent to which fatal suicide mothers were underrepresented was more serious in Cheung's study than in D'Orban's. Harder (1967) based his conclusions of the motives of mothers who made an mfs attempt exclusively on the 10%, whose attempt was nonfatal. Yet, he suggested that his conclusions about certain aspects of mfs, such as the motive of altruism, which he rejected, were valid for all mfs mothers regardless of the outcome of their suicide attempt.
Psychopathology/Motivation

Studies differ with respect to the explanations they propose for maternal filicide, including mfs. They also differ with respect to the variety of motives that could play a role. It might be appropriate to make use of the concept of a continuum to describe this. On one end of the continuum, we see studies, especially older ones (McDermaid & Winkler, 1955; Tuteur & Glotzer, 1959), which discuss the etiology of maternal filicide, and especially mfs, only from the vantage point of mental illness. They usually referred to the presence of symptoms of psychosis or delusion as a major factor. Some of these studies differentiated between various types of maternal filicide, and suggested explanations that are still regarded as containing a good deal of validity, such as the concept of Child Centered Obsessional Depression (CCOD), which was coined by McDermaid & Winkler. Generally, these older studies did not address the impact of environmental factors.

It appears that the pendulum swung to the other end of the spectrum, where Silverman & Kennedy (1988) regarded all maternal filicide, incl. mfs that was not directly related to postpartum conditions as “child abuse gone awry” (p.124). They also referred to Straus (1980 a, b), who believes that only 10% of all child abuse is accounted for by psychological or psychosocial factors. Presumably, environmental factors played a major, if not a dominant role in the explanatory framework in these studies.

Many recent studies suggest that the great majority of mothers who made a fatal or nonfatal mfs attempt fall in one of three categories.
• Filicide-suicide, where the mother’s main motive was suicide, often referred to as extended suicide, or altruistic suicide, and associated with depression, anxiety and unfavorable environmental factors.

• Retaliation, where the mother’s main motive was to spite the father of her children, and associated with highly volatile behavior, hospitalizations, suicide attempts and personality disorder.

• Extreme psychiatric disturbance, associated with a history of schizophrenia, suicide and/or filicide attempts, and command hallucinations, referred to as acute psychotic episode by Resnick (1969).

The description of the psychopathology of mothers in the categories of retaliation and extreme psychiatric disturbance indicates that prior to the mfs attempt there were clear signs of a thought disorder and/or nonfatal attempts at simple/regular suicide.

With respect to the psychopathology of the filicide-suicide mothers, the literature suggests that suicidal motives generally are the driving force behind mfs rather than homicide. There also is a general recognition of the convergence of and interactions between mental illness, personality features and various stressors, especially interpersonal ones. A psychiatric disorder is regarded as a necessary, but not sufficient condition for mfs to occur. Lindqvist & Gustafsson (1995), whose study of 12 subjects included 10 cases of spousal h-s and only two of filicide-suicide of which one was mfs remarked that it is not possible to clearly pinpoint specific psychiatric disorders in h-s cases, while such a disorder appears to be a necessary condition,

The explanatory value of any particular psychiatric disturbance, including alcohol abuse, is therefore low, since the panorama of psychiatric disorder was so diffuse in both the present study and the literature as a whole. However, these fatal acts would not have occurred without the presence of severe mental disturbance. (p. 23)
From a point of view of psychopathology and motivation, it is also noteworthy that between 50 and 80% of mothers who made a fatal or nonfatal suicide attempt had been receiving psychiatric treatment at some point in their life, most of them recently or even around the time of the act. Okumura & Kraus (1996) as well as Meszaros & Fisher-Danzinger (2000) used the concept of *Typus Melancholicus* to refer to mothers that generally would be regarded as belonging in the category of filicide-suicide, of which the characteristics include performance-oriented, orderly, very responsible, anxious and hypernomic (overly inclined to follow rules) according to Okumura & Kraus (1996).

Other recent studies (Alder & Polk, 2001) while implicitly or explicitly recognizing the presence of a psychiatric disorder as a necessary condition, give much attention to the impact of environmental stressors. Some studies (Meyer & Oberman, 2001) refer to conflicting aspects of the role of a mother in modern society as a contributing factor.

Finally, many studies seem to reflect the problems their authors might have had with coming up with explanations for mfs behavior. Terms such as mental illness, delusional, psychotic, and insane often are used as if they are interchangeable. As a result, some studies that reported psychotic or delusional symptoms after a mother had made an attempt at mfs, in fact, described thoughts and beliefs held by the mother that most likely would not have been considered delusional or psychotic prior to the act.
Sadoff (1995) presented four cases of maternal filicide, illustrating neonaticide, infanticide, early filicide, and late filicide. Early filicide is the killing of one or more of one’s children when they are between the ages of 1 and approximately 12. In the case that is presented by Sadoff to illustrate early filicide, an overwhelmed mother kills her four children and was about to make a serious suicide attempt when outside intervention prevented that.

Sadoff reports that mothers involved in early filicide do not wish their children to have the same terrible experiences in life that they have had. Their desperate situation leads to depression and suicidal impulses, and eventually to a perception of mfs as the only solution left to them. Sadoff refers to Resnick (1969), who had called this type of filicide “altruistic”. In addition, Resnick reported to have learned from the mothers’ hospital charts some of which may have been 200 years old that many of the mothers had symptoms suggesting a diagnosis of psychosis. Sadoff illustrates these remarks about early filicide with a brief description of a case,

In one case, there was a boyfriend who was menacing and threatening and the mother of his five children attempted to kill them before she killed herself. Her delusional thinking was that if she had died and left the children, the father would rape the girls and torture the boys. She said she could not tolerate that in her thinking, so she attempted to kill them before dying herself. (p. 603)
Sadoff also provides a somewhat detailed description of another case of early filicide where the mother makes a nonfatal suicide attempt. Sadoff comments, among other things, on this mother’s lack of motivation to ask for help,

Theresa, as others, had been overwhelmed by the responsibilities and had little or no support system or availability of help. Furthermore, they [mothers such as Theresa who made an attempt at mfs] did not have the motivation or desire to ask for help and hoped to be able to handle the situation by themselves. (p. 603)

As to assessment and prevention, Sadoff describes “the paranoid condition” of the early and late filicide mothers as “a recognizable situation” (p.605). He suggests that this condition may be effectively treated and the mother removed from the stress of caring for her young children. “Signs and symptoms are present, but often ignored” (p. 605). Sadoff reserves an important role for the family doctor, who can observe the entire family, and, for instance, might notice that the mother is isolated.

Comment on Sadoff. The manner in which Sadoff discusses the role of psychosis in early filicide cases is typical for many studies about maternal filicide. Sadoff simply states that there was psychosis. He refers to Resnick who had also said so. Sadoff’s only justification consists of a remark about the presence of extreme fears (daughters being raped by their father) which did not seem realistic to Sadoff who subsequently labeled the fears delusions which he equated with psychosis

However, there are many cases of mfs in the literature where the fears of mfs mothers seem more realistic than the example Sadoff used. Even in Sadoff’s example, there might be a
realistic kernel considering what is known about mothers with a childhood history of sexual
abuse. This point will be further addressed in Chapters 6, 7, and 8.

Sadoff’s comments about Theresa, the mother in the description of the case of early
filicide, and her lack of motivation to ask for help give the impression that MFS mothers will not ask
for help. Many studies (Alder & Polk, 2001; D’Orban, 1979; Meszaros & Fisher-Danzinger, 2000)
published before and after Sadoff, have pointed out that many of these mothers, in fact, had looked
for psychiatric help and were receiving it.

As to assessment and prevention, Sadoff’s description of the “mother’s paranoid condition
as a recognizable situation” (p. 605) is based on the twin assumptions that paranoia is the main
problem and that paranoia is treatable, if the family physician takes the trouble to get the whole
picture. First, Sadoff makes quite a leap, when he moves from a description of fears that may be
excessive, but also may have some basis in reality, to a diagnosis of paranoia. Secondly, Sadoff
may not have taken into account the lack of time available to family physicians to get the whole
picture as well as other obstacles, such as an incomplete understanding of the phenomena
involved and feelings of countertransference.

Sadoff’s general answer to the question of “How could a mother kill her children?” is
intriguing. I will first quote his answer after which I will comment.

91 For instance, this mother might have been sexually abused by her own father, who may
have physically abused her brothers, which might make it more likely that she would perceive
something similar with respect to the father of her children.
It is often difficult to understand how a mother could do such a thing unless one understands the extreme conditions under which such killings occur. Whether it is the panic of the adolescent in neonaticidal cases, the illness of the postpartum psychotic mother who kills her infant child, or the desperate situation, which leads to major depression and suicidal impulses in the mother who kills her young children. There is little in the literature or in the experience of this forensic psychiatrist to indicate that mothers kill their children in a cold-hearted, calculating manner. Mostly, the killings are done in a stage of fear, panic, depression psychosis, or in dissociative states. (p.605)

This answer speaks of a mother’s reaction to extreme conditions. These conditions may or may not have been extreme in nature, but were experienced as extreme by the filicidal mothers, including the depressed and suicidal mothers, who kill their young children and themselves.

Sadoff’s remarks about mothers not killing “in a cold-hearted, calculating manner”, and in what state of mind the mothers kill, “Mostly, the killings are done in a stage of fear, panic, depression psychosis, or in dissociative states” (p.605), are particularly intriguing.

The remarks about the mothers’ reaction to extreme conditions suggest that there might be an understandable and maybe even rational aspect to the acts of these filicidal women, including the mfs mothers. In addition, Sadoff’s remarks about fear and panic as possible components of the mothers’ state of mind are not directly suggestive of psychosis.

In addition, Sadoff’s remarks that these mothers generally do not act in a cold-hearted, calculating manner seem to suggest a lack of evil intentions and efforts to use filicide methods perceived as painless. However, there is not enough information to determine to what extent Sadoff’s views are similar to views suggested in several other recent studies (Graser, 1992; Alder
& Baker, 1997) that depict mfs mothers and their actions as deliberate, well prepared and not out of control.

Husain & Daniel (1984)

Husain & Daniel (1984) compared mothers who had killed one or more children with mothers referred for psychiatric evaluation after abusing their children. Two of the eight filicidal mothers had abused their children. All of the filicidal mothers had a major psychiatric disorder, which consisted of paranoid/hallucinatory symptoms for five of them. Two of the eight mothers killed two children, in both cases twins. The authors never discuss the possibility of mfs. It is possible that this did not play a role because five of the eight filicidal mothers were black, who are known for an extremely low suicide rate and who are, in comparison with Caucasian women, rarely involved in mfs. The methods used (4 children beaten to death, 2 stabbed, 2 drowned, 1 thrown from a height and 1 suffocated with a pillow) are not typically associated with mfs except for drowning and suffocating. It would be interesting to know whether the typical mfs methods were used by the Caucasian mothers, which could make mfs more likely.
Crimmins, Langley, Brownstein, & Spunt (1997)

Crimmins et al. (1997) psychiatrically examined 42 imprisoned women convicted of murdering children. None of them was reported to have attempted suicide at the time of the child murder. In about two-thirds of the cases, the victims were killed in the course of child abuse due to excessive force or in the course of an accident or illness, which often were associated with neglect. It appears that the great majority happened in a rage-like state with little preparation and premeditation.

Seventeen of the 42 women had made nonfatal suicide attempts prior to the filicide. Fourteen of these 17 had made more than one attempt. Seven had made the first attempt before the age of 13, and an additional 7 had made an attempt before the age of 19. Methods used consisted of overdose of drugs, wrist cutting, and other methods, such as poison and hanging. Crimmins et al. do not comment on the seriousness of the attempts or the intent to die.

Motherless mother. The central point here is the motherless mother. Due to a lack of love and nurturance coming from their own mothers, these women developed low self-esteem, which may have been made worse by the physical and sexual abuse that many endured in their childhood. Feeling bad about themselves, and without an example of good mothering, they had trouble “mothering” their children. They certainly thought of themselves as bad mothers, How you feel about yourself is largely influenced by how others conveyed how they felt about you during your youngest years. During early childhood, a mother is usually the person upon whom you can rely for security, warmth, and feelings of comfort. An absence of nurturance by a primary caretaker will interfere with the ability to develop positive feelings about yourself or the ability to build positive social experiences, unless alternative social and emotional supports are in place. Without having a “secure base” from which to
operate, one is unable to develop positive or healthy attachments with others (Bowlby, 1988). In situations where the mother may be emotionally unavailable to the child (e.g. mental illness, neglect) and other supports are absent, the child grows up with an impoverished emotional repertoire from which to gauge interpersonal relationships and an adequate sense of self-worth. When the child grows up and becomes a mother, she is then unable to give her own child a sense of warmth or security, for as a “motherless mother” she cannot give what she has not been given (Edelman, 1994; Zulueta, 1993). (p.54)

The phrase ‘unless alternative social and emotional supports are in place’ suggests that these supports were not in place for the women examined by Crimmins et al.

Crimmins et al. speaks of “the circumstance under which it happened”, which was child abuse in 68% of the cases, and neglect in 21%. It looks like at least 89% of the cases were not premeditated. The other 11% apparently happened outside of the circumstance of child abuse, i.e. was not associated with child maltreatment.

Comments on Crimmins et al. It may be worth noting that despite the many previous suicide attempts, no one attempted suicide simultaneously with or directly after the filicide.

The concept of the motherless mother, the absence of alternative supports, the childhood sexual and/or physical abuse, the abuse during adulthood, especially from male partners, the chaotic and difficult life circumstances and the previous suicide attempts are all risk factors for maternal fatal child abuse. Some of these factors, especially motherless mothering and childhood sexual and/or physical abuse, also may play a prominent role in mfs. This will be further discussed in Chapters 6, 7, and 8.
McKee & Shea (1998) studied 20 mothers charged with filicide, who were referred for psychiatric pretrial evaluation. They conclude,

The consistency of characteristics across countries suggests that women who kill their children are nonaddicted, married, low-income, mentally ill, new or recent mothers under 30, who acting alone and without weapons, kill only one of their children, likely of preschool age. (p.679)

A careful examination of the data provided by McKee & Shea shows the following:

• Of the 20 mothers, 11 were black, and nine were Caucasian.

• Three mothers attempted suicide in conjunction with the filicide.

• Three mothers killing multiple children killed nine children.

• Nine mothers, including the three mothers killing multiples killed all their children.

• Of 14 families with more than one child, 11 had at least one surviving sibling.

• Five of the mothers were reported to have attempted suicide. It appears that this only referred to suicide attempts prior to the filicide, and, therefore, was not related to the three attempts made in conjunction with the filicide attempt, although the information provided on this is not completely clear.92

• No breakdown of these data by race was provided.

Comments on McKee & Shea (1998). Based on what has been learned in other studies, it is possible that the three mothers killing multiple children are the three mothers who made nonfatal suicide attempts. This could mean that 35% of the victims (9 out of 26) were killed in conjunction with suicide attempts. In this context, it may be useful to point to the observations by Hawton et al (1981, 1985), who had found that mothers who had made nonfatal suicide attempts were at high risk for child abuse, and that mothers involved in child abuse were at high risk for suicide attempts.92

92
with suicidal behavior of the mother. This percentage is bound to rise, when victims of mothers making fatal suicide attempts are also taken into account.

Even though there is no racial breakdown of the data, the possibility should be taken into account, based on previous studies, that the three suicidal mothers were Caucasian, as black women rarely are involved in mfs, especially when there are multiple victims. If this situation also were to apply here, it would mean that 1 out of 3, or 33.3% of the Caucasian mothers in the study made a (nonfatal) suicide attempt. It also would mean that 9 out of the 15 victims of Caucasian mothers (60%) are killed in conjunction with maternal suicidal behavior. These percentages would rise with the inclusion of Caucasian mothers who made a fatal suicide attempt after filicide.

These hypothesized configurations of the racial breakdown of mothers involved in filicide and filicide-suicide fit a pattern, where Caucasian mothers have been found to be more prone than black mothers to make attempts at mfs, and to target multiple children in these attempts. From a point of view of risk assessment, a racial breakdown of these data seems advisable and important, therefore.

The findings for the 11 black mothers might have been similar to the findings of studies, such as conducted by Goetting (1988) in Detroit, where 90% of the mothers were black. None of the approximately 90 parents in Goetting’s study made a suicide attempt in conjunction with the filicide.

There are indications that suicidal motives play an even larger role in cases of mfs that involve multiple killings. Therefore, the very low suicide rate among black women makes it especially unlikely that they would be involved in mfs cases involving multiple killings.
The international comparisons, which McKee & Shea are referring to, are meaningless and potentially misleading because the studies are based on survivors only, and data about fatal suicide attempts by filicidal mothers are not provided. In addition, it is hard to understand how McKee & Shea can report that there were no attempts at filicide-suicide in D'Orban's study. They compared the 24 mothers whom D'Orban (1979) had assigned to the mentally ill group with those mothers in their own study who had been assigned to the "Pathological" category, as defined by the classification system proposed by Bourget & Bradford (1990). While McKee & Shea reported that 3 of the mothers in this "Pathological" category made a nonfatal suicide attempt, they reported a figure of zero for the "mentally ill" category in the study by D'Orban (1979), while D'Orban had reported that of the 24 mothers in the mentally ill category, 13 had made a nonfatal suicide attempt.

Other studies indicate that during the six-year period covered by the study of D'Orban, (1979), 30 mothers (five per year, on average) in all of England and Wales made a fatal suicide attempt after having killed one or more of their children. Since D'Orban's study covered an area with one-fourth to one-third of the population of England and Wales, this might mean that there may have been 10 to 12 fatal suicide attempts by mothers in the area and during the six-year period covered by D'Orban's study. This would amount to two-thirds of the number nonfatal attempts. There is no information about the number of fatal mfs attempts in the area and period covered by the study of McKee & Shea.
McKee, Shea, Mogy, & Holden (2001)

McKee et al. (2001) administered the MMPI-2 to all 73 women undergoing a psychiatric evaluation after having been charged with murder of a child (30 of the 73), their partner (19 of 73) or an unrelated adult (24 of 73). The 30 women charged with the murder of one or more children, who filled out the MMPI-2 questionnaire, had a 6-8 profile, which suggests “persons who may manifest psychotic behavior, delusions, hallucinations, and disordered thinking characteristic of severe mental illness”. (p. 372). The authors did not speak of suicidal behavior in this regard.

Studies in Canada

Bourget & Bradford (1990)

Bourget & Bradford (1990) examined nine mothers and four fathers who had killed one or more of their children. Five of the mothers had killed within five weeks of delivery. The authors provided information about how many of the 13 parents had a specific diagnosis, but did not relate this to the gender of the parent or any other variable. Of the 13 parents, two were designated as “extended suicide”. In one of these, the attempt was nonfatal, while it was not clear whether the other parent’s attempt was fatal, and whether it was made before or after the psychiatric evaluation.

Bourget & Bradford proposed a new classification system in this study, which will be further discussed in Chapter 6.
Lomis (1986)

Lomis (1986) studied eight women who had killed one or more of their children. Lomis wanted to investigate the role played by the gender of the victims and the cultural/immigration status of the mothers. She found that non-immigrant mothers killed more boys than girls. She speculates that these cases were motivated by revenge against the father. Two of the immigrant women killed girls. The author acknowledges that the number of subjects in her study is too small to generalize. However, she quotes national Canadian data that appear to support her findings.

Comments on Lomis (1986)

It is unfortunate that Lomis did not present national statistics of some other countries that are culturally close to Canada. Several studies (Alder & Polk, 2001; Bourget & Gagne, 2002) suggest that retaliation, as a motive for maternal filicide, might be rarer than has been assumed for a long time.

Marleau & Laporte (1999) and Marleau, Roy, Laporte, Webanck & et al. (1995a) suggested that the tentative finding that maternal killing of male children might be related to motives of revenge against the father deserved further research. These same authors also presented some tentative findings that girls might be more likely to become victims of mfs mothers when altruistic motives that tend to be associated with extended suicide, play a role.
Studies outside of North America

Lukianowicz (1971)

Lukianowicz (1971) discussed and compared three cases of filicide. One was a case of mfs with a serious and almost lethal, yet nonfatal suicide attempt. The second case was clearly associated with psychosis and had involved prior hospitalization. Although there had been suicidal ideation in the past, the homicide of the two sons was not accompanied by a suicide attempt. The third case was a psychopathic woman, who had not demonstrated any suicidal behavior in conjunction with the filicide. The mfs case will be discussed more fully in chapter 8.

Stanton, Simpson, & Wouldes (2000)

In New Zealand, Stanton et al. (2000) interviewed six women who had killed one of their children. They provide the mothers’ verbatim statements about what they felt prior to the filicide, and what they were thinking when they were killing their child. Stanton et al. divides the six women in three categories, each containing two mothers: psychotics, manic-depressives, and depressed mothers, and reports the following:

- The psychotics and the manic-depressives experienced a sudden irresistible urge to kill, while the depressed mothers had been thinking about it for days, sometimes weeks.

- All of them only killed one child, often the youngest, while most had more than one child.

- The act was not premeditated or planned for the psychotics or the manic-depressives. Apparently, the depressed mothers had engaged in some planning.

- Some of the mothers had experienced suicidal ideation, but none of them made a serious suicide attempt in conjunction with the filicide.
Most mothers reported that the experience of raising the child that they eventually killed was different from the experience of raising their other children.

These mothers appeared to be high functioning and well-adjusted prior to the onset of their mental illness. Therefore, the acts of these women can be better explained by mental illness than by stressors or psychodynamics.

Comment on Stanton et al. (2000)

Apparently, there was not a filicidal, let alone filicidal-suicidal process preceding these cases, except to some extent for the depressed mothers, who had been thinking about killing their child for days or weeks before they did it. The women do not appear to share characteristics that can be considered risk factors for maternal filicide, let alone mfs, except perhaps that the raising of the victim was experienced differently from raising the other children.

It is unfortunate that the authors did not discuss that some mentally ill mothers make serious and often fatal suicide attempts in conjunction with their filicide, and that these mothers may experience a process of filicidal-suicidal ideation that can be as long as suicidal processes in regular suicide. Readers of Stanton's study may get the impression that maternal filicide, including mfs is impossible to prevent because 'it comes out of nowhere', i.e. there is no history suggesting the possibility of maternal filicide. This definitely is not true for most mothers who make serious suicide attempts in conjunction with their filicide. (Alder & Polk, 2001; Graser, 1992)
Lewis et al. reported that psychotic women were 11.2 times more likely than non-psychotic women to use weapons when killing their children. Older children were more likely to be killed with weapons than younger children. The chance of being killed with a weapon increased with 25% for each year of the child. Psychotic women killed children of all ages with weapons, not only the older children where sheer force might have posed difficulties. In fact, the authors report that mothers who had used weapons to kill younger children invariably were psychotic.

The subjects of the study were 60 mothers who had been referred for psychiatric evaluation of their ability to stand trial as well as their sanity at the time of the act. Of the 60 referred mothers, 8 had killed two children and 4 had killed three children, and the remaining 48 had killed or tried to kill at least one child. Mothers who had made a fatal suicide attempt were not included in this study nor were mothers who had been committed to a mental hospital without psychiatric evaluation, if there were any. Lewis et al. did not provide information about suicide attempts by the sixty women in this sample.

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96 This study only included children who had died as a result of the mother’s filicide attempt and their mothers. It is, therefore, possible that some of the 48 mothers who had killed one child had made nonfatal attempts to kill additional children.
The following demographics were reported: Caucasian 60%, black 38%, Asians 2%, 29 years as the average age, 81% not employed, 44% no high school diploma, and 30% married.

The incidence of delusions, hallucinations, and psychosis among the various mothers is illustrated in Table 5.6. It can be seen that of the 60 mothers, 37 had been found to have delusions and 28 hallucinations. It may be important to note that Lewis et al. remarked, “For the purpose of further analysis, psychosis was identified as a primary variable encompassing the other characteristics of delusions and hallucinations” (p. 614). This quote plus the data in Table 5.6 suggests the following:

- Hallucinations and delusions were the only manifestations of psychosis that were studied.
- The presence of either hallucinations or delusions was sufficient to be assigned to the category of psychosis.
- Some of the 60 mothers had both hallucinations and delusions.
- Delusions were more prevalent than hallucinations.

Table 5.6: Relationship between use of weapons and the presence of hallucinations, delusions, and psychosis

<table>
<thead>
<tr>
<th></th>
<th>Weapon (gun, knife)</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions: N</td>
<td>15</td>
<td>44</td>
<td>59</td>
</tr>
<tr>
<td>Delusions: absent</td>
<td>02</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Delusions: present</td>
<td>13</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Hallucinations: N</td>
<td>14</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td>Hallucinations absent</td>
<td>05</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Hallucinations present</td>
<td>09</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Psychosis: N</td>
<td>15</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Psychosis absent</td>
<td>01</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Psychosis present</td>
<td>14</td>
<td>25</td>
<td>39</td>
</tr>
</tbody>
</table>
Lewis et al. introduce the notion of high rates of psychotic symptoms in describing the 14 mothers who used weapons. They also reported that 75% of these 14 mothers were in psychiatric treatment at the time of the act, and that many had communicated their fears about killing one or more of their children.

Our study found that filicidal women used weapons one quarter of the time. Although women who kill their children with weapons represent a minority of filicidal mothers, they may be a group particularly amenable to efforts at prevention. The women who killed with weapons have high rates of psychotic symptoms including hallucinations and delusions. These symptoms can be identified, monitored, treated, and assessed by astute clinicians. The majority of women who used weapons to kill their children had had past psychiatric treatment and about three quarters were in treatment at the time of the filicide. More than half had expressed fears about their children to family or clinicians and about an eighth had contacted the police. These findings are in accordance with previous observations that a significant number of filicidal mothers have expressed concern to mental health providers preceding their crime. (p. 617)

Lewis et al. do not speak much about the 25 mothers who were found to have been psychotic and did not use weapons (Column, “Other”, in Table 5.6). Yet, the distinction between psychotic mothers using weapons and those not using weapons may be important because Lewis et al. suggests that the psychotic symptoms of women using weapons “can be identified and treated” (p. 617), while they do not comment on whether the psychotic symptoms of non-weapon-using mothers can also be identified and treated.

The issue of a possible distinction between psychotic mothers using weapons and psychotic mothers not using weapons also arises with respect to child abuse, “Because many psychotic women who kill their children have not abused their children in the past, programs aimed at preventing child abuse may not target them effectively” (p. 617). It is not clear whether the absence
of child abuse among psychotic mothers applies equally to those using weapons and those not using weapons. In this context, they also state,

These suggestions [for assessment, diagnosis, and treatment] focus on prevention of weapon related filicide deaths. Further investigation is needed to address prevention for other subgroups of filicidal women. What is clear is that filicidal women use heterogeneous methods to kill their victims, and that effective prevention methods are likely to be heterogeneous as well. (p. 618)

Apparently, Lewis et al. believe that there are various subgroups of filicidal women and that these subgroups differ in the methods used for filicide as well as the rate and/or configurations of psychotic symptoms. The authors do not provide additional information, yet the data in their study allow for additional analysis. Such an additional analysis will be done with a view towards clarifying differences between various subgroups of filicidal women, especially subgroups of psychotic filicidal women.

Re-analysis of Data

A number of issues will be addressed in the process of re-analyzing the data.

Relationship between severity of psychosis and the use of weapons.

Even though Lewis et al. do not speak much about the 25 mothers who were found to have been psychotic and did not use weapons, they appear to be suggesting that the psychotic symptoms of these 25 mothers, on average, might be less serious. The reason that Lewis et al. can be seen to make this suggestion is that they stated, “The women who killed with weapons have high rates of psychotic symptoms including hallucinations and delusions” (p. 617). This statement suggests a contrast between weapon-using mothers and non-weapon-using mothers.
The implied contrast suggests that, if weapon-using mothers have been associated with high rates of psychotic symptoms, maybe the non-weapon-using mothers do not have high rates of psychotic symptoms. This implicit suggestion is further reinforced by the example Lewis et al. gave of a weapon-using psychotic mother: one who stabbed her infant 45 times, because she thought the devil was in the child.

On the other hand, while 9 of the 14 weapon-using mothers suffered from hallucinations, 19 of the 25 psychotic non-weapon-using mothers did as well. There is no information about the contents or the seriousness of the hallucinations. For instance, there is no information about command hallucinations, which generally are regarded as serious symptoms of psychosis (DSM-IV TR; 2000) Therefore, detailed comparisons between the psychotic weapon-using and psychotic non-weapon-using mothers in this study with respect to the contents of their psychotic symptoms would be difficult to make.

Non-weapon-using psychotic mothers: a heterogeneous group

Even when, on average, these 25 mothers have lower rates of psychotic symptoms than the weapon-using mothers, some of them may have high rates as well. After all, while weapon use is reportedly associated with high rates of psychotic symptoms, and might even be a sufficient condition for psychotic symptoms, it is not a necessary condition.

The methods used by these 25 mothers (see Table 5.7) suggest that they might be a heterogeneous group, and that it might be possible to distinguish subgroups among this group of 25 mothers. These subgroups might have different rates or configurations of psychotic symptoms.
For instance, the fact that 10 of these 25 mothers smothered and/or strangled suggests that there might be a subgroup of postpartum mothers, who are known to often use smothering or strangle when they kill their infant. There might be a subgroup of severe schizophrenics who may use "unusual" methods such as burning, which was used by 3 of the 25 mothers. In addition, there could be a subgroup of mfs mothers who are known to use methods such as drowning, which were used by 5 of the 25 mothers, as well as other methods perceived as painless, such as poisoning.

Table 5.7: Methods used for filicide
Table copied from Lewis et al. (1998), page 615

<table>
<thead>
<tr>
<th></th>
<th>Gun</th>
<th>Knife</th>
<th>Strangling/Smothering</th>
<th>Beating</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>8</td>
<td>7</td>
<td>18</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>(n = 60)</td>
<td>(13)%</td>
<td>(12)%</td>
<td>(30)%</td>
<td>(13)%</td>
<td>(32)%</td>
</tr>
<tr>
<td>Psychotic Mothers</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>(n = 39)</td>
<td>(18)%</td>
<td>(18)%</td>
<td>(26)%</td>
<td>(5)%</td>
<td>(33)%</td>
</tr>
<tr>
<td>Non-Psychotic Mothers</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(n = 21)</td>
<td>(5)%</td>
<td>0%</td>
<td>(38)%</td>
<td>(29)%</td>
<td>(28)%</td>
</tr>
</tbody>
</table>

Other Methods Include: Burns (5%).
Poisoning (2%).
Drowning (8%).
Falls (4%).
Motor/Vehicle (2%).
Neglect/Starvation (12%).

The possibility of maternal filicide-suicide

Lewis et al. did not provide information on suicide attempts among the 60 mothers. Nor did they clarify how a mother who might have made a nonfatal suicide attempt after having killed one
or more of her children for “altruistic” reasons would be classified. If the mothers had used a weapon, Lewis et al. most likely would have classified them as *psychotic*. However, mothers involved in mfs seem to be less prone to use weapons than mothers who kill a child without a concomitant suicide attempt. This is especially true for mothers who make a fatal suicide attempt (Graser, 1992), but it also may apply to a considerable degree to mothers whose suicide attempt is nonfatal.  

While Lewis et al. did not report on suicidal behavior among the 60 mothers in their sample, it is possible that some of the mothers had made suicide attempts and that these were known to the authors. There are also indications that Lewis et al. might have classified any mothers who made a nonfatal suicide attempt in conjunction with an act of filicide as *psychotic*, even when they did not use a weapon:

- Of the 25 non-weapon-using, psychotic mothers, 10 used strangling/smothering, 2 beating, and 13 “other methods” (see Table 5.7).

- Mfs mothers are known not to use beating with the exception of retaliating mothers who after beating their child to death sometimes make a suicide attempt after some time has passed and out of remorse rather than as part of a preconceived filicide-suicide plan. (D’Orban, 1979)

- With respect to the “other methods” in Table 5.7: Of the 19 mothers in the category “other methods”, 6 were non-psychotic and 13 psychotic. The data provided indicate (see Table

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97 The lack of weapon use by mfs mothers applies to both mothers making fatal suicide attempts and nonfatal suicide attempts, although it may apply less to the ones making nonfatal attempts, as impulsivity may play a larger role here. Comparison with other studies (Alder & Polk, 2001; Meszaros & fisher-Danzinger, 2000) provide some indications that mothers with multiple victims who do not kill all their victims and/or make a nonfatal suicide attempt have higher rates of psychotic symptoms than mothers making only fatal filicide attempts and a fatal suicide attempt. These studies also indicate that mothers making nonfatal attempts at filicide and/or suicide may have been more prone to use a gun or a knife.
5.8) that of these 19 mothers, 3 used burns, 1 poison, 5 drowning, 2 fall, 2 motor vehicle, and 7 neglect/starvation. Based on other studies (D’Orban, 1979) it appears likely that most of the seven cases of neglect/starvation can be accounted for by non-psychotic mothers. This would mean that the 13 psychotic mothers using “other methods” accounted for all of the cases of burn, poison, drowning, fall, and motor vehicle.

- Therefore, of the 25 psychotic mothers who did not use a weapon, i.e. a gun or a knife, 16 used filicide methods that are often used by suicidal mothers. Of these 16 mothers, 10 strangled or smothered, and it is likely that 5 of them drowned their child or children, and that one of them poisoned.

<table>
<thead>
<tr>
<th>Methods included in “Other”</th>
<th>% of 60 women involved in</th>
<th>Likely number of mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burning</td>
<td>05</td>
<td>03</td>
</tr>
<tr>
<td>Poison</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>Drowning</td>
<td>08</td>
<td>05</td>
</tr>
<tr>
<td>Fall</td>
<td>04</td>
<td>02</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>02</td>
<td>01</td>
</tr>
<tr>
<td>Neglect/Starvation</td>
<td>12</td>
<td>07</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>19</td>
</tr>
</tbody>
</table>

Comparison between psychotic and nonpsychotic mothers

The main conclusion of the study by Lewis et al., “Odds ratio showed that psychotic women were 11 times more likely to kill their child with a weapon than their non-psychotic counterparts” (p.618), is somewhat confusing. The conclusion is based on the finding that of the 15 mothers using a weapon, 14 were psychotic and one was not psychotic. Parallel to this observation, Lewis et al. also reported that out of the 60 filicidal mothers, 39 were psychotic and that 14 of these 39

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98 Mothers who kill their child while they are suffering from post-partum psychosis also often use strangling, smothering and drowning. However, there are indications in the literature that these mothers do not often make suicide attempts in conjunction with their filicide, especially fatal suicide attempts.
psychotic mothers used a weapon, while 25 did not. It would have been clearer when Lewis et al. had reported that when a mother who kills a child uses a weapon to do so, there is a chance of 14 out of 15 that she is psychotic, and one out of 15 that she is not psychotic. In addition, they could have reported that when a mother kills a child, there is a chance of 39/60 that she is psychotic (which really should be more than 39 to account for fatal suicide attempts), and that when she indeed is psychotic, there is a chance of 14/39 that she will use a weapon.

_Race, killing of multiple children and maternal filicide-suicide_

Black women who make up 38% of the sample (23 of the 60 mothers) rarely make suicide attempts in conjunction with filicide. In addition, killing of multiple children by a mother often is associated with a suicide attempt. (Meyer & Oberman, 2001) Therefore, it would be interesting to know to what extent the mothers in this sample who killed multiple children were Caucasian, attempted suicide, and had been assigned to the psychosis category. If they had made a suicide attempt and had been assigned to the psychosis category, it would be interesting to learn whether they had been assigned to the weapon-using psychosis category or the “Other” category. In fact, it would be interesting to learn to what extent these mothers would confirm the findings of other studies that indicate that mfs mothers do not often use weapons.

_The proportion of deaths due to maternal filicide accounted for by maternal filicide-suicide_

It may be important to note that the 12 mothers who had killed multiple children comprise 20% of the sample of 60 mothers, and are responsible for 28 of the 76 deaths, almost 40%. As stated earlier, there is a strong possibility that many of these 12 mothers made a nonfatal suicide attempt. In addition, there may be mothers in the sample who killed one child, and subsequently
made a nonfatal suicide attempt.\footnote{Some of the mothers who killed one child and subsequently made a nonfatal suicide attempt might also have made additional filicide attempts that were nonfatal.} Considering that mothers with fatal suicide attempts in conjunction with filicide are not included in this study, it is possible that the number of children killed in conjunction with a fatal or nonfatal suicide attempt by their mother may comprise half of the fatal victims of maternal filicide, and probably more than that for Caucasian mothers. This would be in line with the findings of several other studies. (Somander & Rammer, 1991; Bourget & Gagne, 2002)

*Final Note.* Considering that in many studies, half of the child deaths due to maternal filicide are associated with suicidal behavior, it would be important to learn more about suicidal behavior among these 60 mothers.

Based on the findings of other studies it is likely that any mfs mothers in this sample have been diagnosed as psychotic at the time of the mfs act, and have been assigned to the category of non-weapon-using psychotic mothers. The psychotic symptoms may have included delusions of altruism or delusions of salvation/rescue. In many studies, such delusions were not recognized as delusions prior to the act, and instead considered as cognitive distortions or superstitions. Therefore, it would be particularly important to learn whether Lewis et al. believe that these delusions of altruism/salvation/rescue can be identified, monitored, assessed, and treated to the same extent that they believe that this is possible for weapon-using psychotic mothers. About these weapon-using psychotic mothers, the authors remark, “Although women who kill their children with weapons represent a minority of filicidal mothers, they may be a group particularly amenable to efforts at prevention” (P.617).
Holden, Stephenson Burland, & Lemmen (1996)

Holden et al. (1996) examined the charts of 20 mothers who, in Michigan between 1976-1989, had killed one or more of their children and had been found not guilty by reason of insanity (NGRI) in order to compare these data with those of 8 filicidal mothers who had not been found NGRI, and instead Criminally Responsible (CR). They reported that,

All of the women in the NGRI group described psychotic motivations for their murders. Common themes included the delusional conviction that the child was defective or monstrous in some way (such as possessed by Satan, or half human and half dog), hallucinatory commands to kill the child, and the idea that the child could be saved from disaster (fates such as being raped, becoming a prostitute, or undergoing torture) only through death. (p. 32)

In addition, they reported the following data:

- The 20 NGRI mothers had 42 children. Of the 42 children, 26 were victims. Of these 26 victims, 23 died.
- There were 15 mothers with one victim, 4 with two victims, and one with three victims. Not all victims were killed: 17 mothers had killed one child and 3 had killed two children. There is no specific information how these data applied to the five mothers with multiple victims.
- Of the 20 mothers, 32% reportedly\(^\text{100}\) had other children that were not victims, while 68% did not. These data suggest that there were 14 mothers killing or trying to kill all their children, while there were six mothers that had children whom they did not kill or try to kill in addition to the ones whom they killed or tried to kill.

With respect to other relevant data, Holden et al. reported the following:

- Eighteen had no employment at the time of the offense
- Eleven had a psychiatric history

\(^{100}\) It is not clear why the authors changed to multiples of 4 (32 and 68%) when discussing the presence of children who were not victims while they had been using multiples of 5, e.g. 65%.
• Eleven had made a nonfatal suicide attempt in conjunction with the filicide

• Eleven of the 20 NGRI mothers were Caucasian, and nine were black

• Eight of the 26 victims were attacked with weapons (shot, stabbed, throat cut) which may suggest a “high rate of psychotic symptoms” according to Lewis et al. For the other 18 children the following methods had been used:
  o strangling 5
  o shot 3
  o stabbed 2
  o drowning 3
  o beating 3
  o drugged 2
  o suffocating 2
  o neglect 1
  o burned 2
  o throat cut 3

• None of the mothers would have been placed in Resnick’s categories of unwanted child, revenge, or accident. Therefore, there were no cases of fatal child abuse.

• The mothers were between 20 and 33 years.

• The children’s age was between 0 and 120 months, with an average of 37.4 months. There were no neonaticides.

• Seventeen of the 20 NGRI mothers suffered from hallucinations. Nine of these had command hallucinations, which generally are regarded as a serious symptom of psychosis.

• 45% had a history of drug abuse.

• The number of years of education shows an average of 12, and a range of 5-16. It is interesting that the CR and NGRI groups reportedly were similar to each other in terms of education. However, this similarity only applies to the average number of years of education, while there is a large difference in the range of years of education. For the NGRI, the range runs from 5 to 16 years, while for CR it runs from 11 to 12.

• Twelve mothers were diagnosed with schizophrenia at the time of the act, and 7 with psychotic depression.
Holden et al. do not explicitly mention that women who had made a fatal suicide attempt were not part of the study. There is no information on the methods used in the nonfatal suicide attempts.

Comments on Holden et al. (1996)

The study clearly states that all 20 NGRI mothers were psychotic, and that 18 of them were unemployed. Even though the authors report that 11 mothers made a suicide attempt in conjunction with the filicide, they do not elaborate on the suicidal aspect. The reader is left with the impression of low functioning women who may have acted under the influence of a psychotic attack, and that the nature of suicidal behavior and any motives for suicide are not relevant.

However, close reading of the data suggests that the picture might be more complex, and it might be worth speculating about the characteristics of the mothers who were reported to have made nonfatal suicide attempts.

There might be two or three subgroups among these 20 psychotic mothers. One might consist of mothers intending to commit mfs, whose altruistic motives (e.g. to protect child against the possibility of being raped) were labeled "delusions of salvation" which caused the mothers to be designated psychotic, while there may not have been psychotic symptoms before the act. The authors’ statement that all NGRI women described psychotic motivations is followed by examples, “child defective”, “child possessed by Satan”, and the idea of saving the child from disaster by killing it. With respect to the idea of saving the child from disaster by killing it, Holden et al provided some examples of such disasters. These included the child being raped, becoming a prostitute or undergoing torture. Therefore, the information about psychotic motivation and its
fact that 11 mothers made a nonfatal suicide attempt in conjunction with the filicide suggests that some of them probably would fall in this category of (delusional) altruistic motives. Considering that there were five mothers with multiple victims,\textsuperscript{102} it would not be a stretch to speculate that at least five of the 11 suicidal mothers were involved in extended suicide. Other indications for the presence of an mfs subgroup are the methods used for the 26 victims. Drowning, suffocation and drugs are often used in mfs cases, although their use is not limited to mfs. Strangling, shooting, and burning are also mentioned in regards to mfs cases, although less than drowning, suffocation, and drugs.

Close reading of the data also suggests that there is a fairly strong possibility that most of the mfs mothers would be white, as black mothers generally have low suicide rates and filicide-suicide is extremely rare for them. In terms of employment and education, there is a possibility, based on other studies (Somander & Rammer, 1991) that some of the mfs mothers in this study may have been functioning at or near professional levels and may have had several years of college, and had chosen not to be employed rather than being involuntarily unemployed.

What may be particularly important in this context is that the multiple victims usually are associated with suicidal behavior of the parents. Therefore, it is likely that the 11 mothers who had made a nonfatal suicide attempt account for more than 55% of the 26 victims.

\textsuperscript{102} Meyer & Oberman reported that 68% of mothers involved in filicide-suicide had multiple victims. This included fatal suicide attempts. Most studies suggest a similar picture.
In addition, it is important to recognize that this study was conducted for forensic and prosecutorial reasons, comparing NGRI with CR mothers. Therefore, there was no reason to include mothers who made a fatal suicide attempt. However, the absence of fatal/fatal filicide-suicide cases and its consequences for the conclusions somehow tends to recede in the background in most studies on filicide that only include parents who are still alive.

This exercise in speculation has been carried out to illustrate that from a point of view of prevention it would be important to pay attention to different types, “rates”, and configurations of psychotic symptoms. It would be equally important to pay attention to the possibility that suicidal motives may have been the dominant factor for a portion of the 11 mothers with nonfatal suicide attempts, and that psychotic aspects may not have been the dominant factor leading these mothers to make an attempt at mfs.

Selected Sample based on Newspaper accounts

Meyer & Oberman (2001)

Meyer & Oberman (2001) examined 239 cases of maternal filicide that occurred between 1990 and 1999. Their main source of information consisted of newspaper accounts. They wanted to understand the various types of maternal filicide, their commonalities, and differences. Instead of using the alleged motives as a typology, they explored the filicide in the context of the mothers'
lives, and they combined cultural, mental health, social, economic, and legal viewpoints. The resulting descriptive characterizations of the lives of the mothers led to five categories: neonaticide, coerced/assisted infanticide, neglect, abuse/battering, and purposeful infanticide. Purposeful infanticide, of which they included seven cases in their publication,\textsuperscript{103} describes those women who intentionally killed one or more of their children, who were older than 24 hours. In other words, they use infanticide for situations where most authors use filicide.

Meyer & Oberman devote much attention to the role of mental illness in filicide in general and in purposeful filicide in particular. They explain the different ways in which infanticide and filicide were treated in various periods and cultures, which included encouragement, tacit approval, and moral rejection. Only in the 20th century, the act of filicide was declared a mental health problem.\textsuperscript{104} Meyer & Oberman believe that too much of a focus on mental illness has limited attention for other contributing factors. They prefer to speak of psychological vulnerability, which under certain circumstances can lead to feelings of hopelessness, or even psychotic feelings, although they add that most psychotic people who kill still know that what they are doing is wrong. In fact, they believe that the way mothers deal with the expectations and constraints that society puts on them, no matter how different in time and place should be taken into account as a potentially contributing factor when explaining filicide/infanticide by mothers.

\textsuperscript{103} Meyer & Oberman examined all 79 cases of purposeful filicide that they found in newspapers. They included seven of them in their publication.

\textsuperscript{104} Meyer & Oberman illustrate the unfavorable consequences of predominance of mental illness as an explanatory factor by referring to what would happen if DSM-IV criteria for the various mental disorders were applied to all criminals in the USA. Practically all of them would receive one or more diagnoses.
Meyer & Oberman remarked that society as well as some people in the mental health field tends to see infanticidal mothers as mad or bad. In other words, according to Meyer & Oberman, society believes that women have to be mentally ill, like in insane or psychotic, to kill their children, and if they are not mentally ill, they have to be monsters. To a certain extent, this belief is reflected in the legal system, where one is either sane or insane. Instead, the authors believe that it would be much more appropriate to speak of a continuum of mental health problems with only a small number of women being clearly psychotic.

Patterns observed by Meyer & Oberman

As Meyer & Oberman preferred narratives to lists of risk factors, they described certain patterns that they had found in the group of 79 purposeful infanticides/filicides.

Multiple killings. Of the women in the category of purposeful infanticide, 39% killed more than one of their children. Of mfs mothers, a subset of purposeful infanticide, 68% killed more than one child. It is important to note that only fatal filicide attempts were included. Meyer & Oberman mention that it is not possible to give an accurate picture of why so many of these mothers killed more than one child. The authors speculate that the mothers might have wanted to save their children from a bad and hopeless future. They report that some of the motives mentioned in suicide notes include a mother's wish to spare her children the pain of growing up without her, financial pressures or the wish to "ensure there were no siblings left behind to mourn the deaths of their brothers and sisters" (p.87).
Meyer & Oberman did not report what proportion of purposeful infanticides was accounted for by mfs mothers.

**Failed relationship.** Meyer & Oberman remarked that most of the women involved in purposeful infanticide had recently been divorced or separated, and/or were still involved in difficult custody proceedings. If they had custody, they had to deal with being a single parent and, quite often, with financial issues. If they were still in the relationship, it also often was a failed one. In such cases, the women hesitated between on the one hand putting up with a bad, and often abusive relationship that could include paternal abuse of the children, and on the other hand living with the fear of what would happen to them and the children, if there were to be a separation.

**Devotion.** Neighbors generally saw the women as devoted mothers. There were no known reports of child abuse in these cases.

**Fire.** Close to 1/3 of the mothers started a fire in their house or in their car. Meyer & Oberman report that leaving one’s children in a car or in a house, where a fire has been set, may have made the killing easier for the mothers “as they could remove themselves from the scene” (p.88). The authors suggest that for some of these mothers a passive approach, such as setting a fire might be easier than active approaches as drowning or stabbing.

**Being reunited after death.** Of mfs mothers, 25% believed that they would be re-united with their children, a belief that most likely facilitated the acting out of the plan.
Cultural issues. Meyer & Oberman report that many of the women in the purposeful infanticide group were recent immigrants who may have been dealing with stress related to immigration or the negative stigma attached to mental illness in some cultures.

Threatening situations. Meyer & Oberman present seven cases in their chapter on purposeful infanticide of which two were clearly psychotic while five were not. The circumstances in these five cases pointed to a situation that had been bad for some time, and where the mothers had perceived a threat that the situation, particularly for their children, would soon get so much worse, that it would be beyond control or beyond what they would be willing and able to live with. Killing the children could easily have been seen by the mothers as a way to save the children from this imminent, unavoidable fate.

Preventive Actions suggested by Meyer & Oberman

Meyer & Oberman comment that those who come into contact with suicidal or potentially suicidal women should keep the possibility of concomitant filicide in mind and adjust the assessment and treatment accordingly. They point out that society has paid much attention to child abuse prevention in the last decade, but attention is also needed for prevention of murder-suicides, which so often involve multiple filicides. They call for a national effort to find risk factors that can be used to help therapists and other mental health and hotline workers in identifying mothers who might commit murder-suicide, as well as in making appropriate interventions.
Comments on Meyer & Oberman

Sorenson & Peterson (1994) found that child homicides involving multiple children were more often reported in newspapers than homicides not involving multiple children. Other studies reported that homicides that have something unusual about them receive more attention in newspapers. This may explain the finding that 1/3 of the maternal filicides in the study by Meyer & Oberman are associated with fire.

Multiple killings, devotion, failed relationships, cultural/migration issues, fire and situations perceived as highly threatening, are all mentioned in most studies describing extended suicide as important themes and/or relevant risk factors. The suggestion by Meyer & Oberman that psychosis did not play a dominant role in many cases is supported by several other studies (Alder & Polk, 2001; Alder & Baker, 1997; Bourget & Gagne, 2002). Therefore, the authors' description of the role of mental illness in filicide as operating on a continuum can easily be seen as an example of the stress-diathesis theories of suicidal behavior (Bonner & Rich, 1987).

As in most other studies on murder-suicide, filicide-suicide, and extended suicide, the suicidal behavior is described by Meyer & Oberman as a possible part of filicide, certainly purposeful filicide. However, it appears that as of yet very little effort has been made to study the suicidal behavior of these mothers in its own right or to explore links between the extensive literature on risk factors for regular/simple suicidal behavior and the suicidal behavior/ideation of filicidal women.
Review and Background Studies

Review Study by Stroud (1997)

Stroud (1997) reported that mental disorders were not given adequate attention in the prevention of child homicide. She based this on a review of studies that demonstrated the role of mental disorders. She pointed to the interaction between mental disorders, personality features, and psychosocial stressors. Understanding the role of mental disorders and its interactions with the other two factors has not been given the priority it should have. Instead, social work and child protection services have given too much weight to social and economic factors that commonly are associated with child abuse. Psychiatrists, when involved, based their opinions solely on a conversation with the mother, who was able to make a better impression than was justified by the facts that were known to others. In addition, psychiatrists as well as others involved in the child protection and social work side of things did not exchange information that could have supplemented their own impressions in ways that might have prevented the child homicide.

While Stroud made it clear that much child homicide is preceded by regular child battering, as had been the professional opinion, she does not pay attention to the fact that 40 to 60% of the deaths of children are associated with suicidal behavior of a parent. Three or four of the four studies used for the main portion of the review only contained cases of parents who had not made a suicide attempt or who had survived an attempt that had been made in conjunction with the filicide.
Review Study by Stanton & Simpson (2002)

Stanton & Simpson (2002) published a review of population studies on filicide that paid little attention to the important role of parents’ suicidal behavior in conjunction with their acts of filicide. The population study by West (1965) was described as one of the studies using outdated classification systems and ill-defined samples, while the sample studied by West included all cases of h-s in the Greater London area from 1954 to 1962. The description of the symptoms was so detailed that readers do not have to resort to the classification systems of West’s days, but could use their own.

Population studies about homicide-suicide are not included. Some of these include much information on filicide-suicide, especially paternal cases (Milroy, 1995a, 1995b; Milroy, Dratsas, & Ranson, 1997). One study exclusively deals with filicide-suicide (Byard, Knight, James, & Gilbert, 1999), where the parent’s suicide attempt was fatal. Australian studies (Alder & Polk, 2001; Alder & Baker, 1997) are not included in Stanton’s review, although these Australian authors emphasized that their findings differed from other studies on filicide precisely because they had included cases of parental suicide, both the fatal and the nonfatal attempts. Studies by Okumura & Kraus (1996) and Meszaros & Fischer-Danzinger (2000) about extended suicidal behavior by mothers who made nonfatal suicide attempts were not included in the review by Stanton & Simpson either.

In their section on maternal suicide, Stanton and Simpson reviewed D’Orban (1979), Cheung (1992), and Bourget & Bradford (1990) all of whom only deal with mothers who made a nonfatal suicide attempt or no attempt.
Stanton & Simpson reported that the findings of the studies by Cheung (1992) and D’Orban (1979) were quite similar to each other. Yet, they did not report that there are indications that the degree to which fatal suicide attempts by filicidal mothers are underrepresented may be considerably larger in the Cheung study than in D’Orban’s study, as has been suggested in this dissertation.

Stanton & Simpson quoted Resnick (1969), who reported that most of the mothers reported on in his study were suicidal, in support of their conclusions. However, the 88 mothers in Resnick’s study included only four cases of a fatal suicide attempt because most of the material for Resnick’s review study came from hospital studies that, by definition, only deal with people who have not made a suicide attempt or a nonfatal one.105

Stanton & Simpson reported that in general filicidal fathers are less involved in filicide-suicide and more in fatal child abuse. When they reviewed the Swedish study by Somander & Rammer (1991), Stanton & Simpson correctly reported that 77 children had been killed by 65 parents (41 father and 24 mothers) between 1971 and 1980 in Sweden. They also reported correctly that 58 of these 77 children had been killed in conjunction with a fatal or nonfatal suicide attempt by the perpetrating parent (30 fathers and 13 mothers). Yet, the relevance of the suicidal aspect is diminished by them. They report that many of the filicidal fathers, including the suicidal ones were criminal or abusing substances, while the data provided by Somander & Rammer (1991) clearly state otherwise (see Table 5.9). The fathers not making a suicide attempt are

105 The information that only 4 of the 88 mothers had made a fatal suicide attempt was not particularly prominently displayed in Resnick’s study, by the way.
described by Somander & Rammer as “alcohol-intoxicated, prior crimes, and alcohol-abusers”, whose motive consisted of disciplinary measures, while many of the suicidal fathers were high functioning, but could not deal with problems associated with partner-relations (separation, divorce), custody, or economical problems related to separation and custody.

Stanton & Simpson, therefore, do not pay sufficient attention to the prominence of suicide among cases of filicide, and to the fact that 30 to 70% of all childhood deaths due to filicide happen in conjunction with suicidal behavior by the parents. In fact, in most countries it is over 50%.

When Stanton & Simpson speak of maternal filicides, they give much weight to mental illness, which they implicitly define as insanity. The fact that mothers who make fatal suicide attempts tend to have prepared the act of mfs well, and that these mothers tend to be described as

<table>
<thead>
<tr>
<th>Victim</th>
<th>intrafam</th>
<th>non-suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>58</td>
<td>24</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
<td>50%</td>
</tr>
<tr>
<td>Age</td>
<td>45%</td>
<td>30%</td>
</tr>
<tr>
<td>Violence</td>
<td>6 years 5 months shooting</td>
<td>3 years 5 months strangulation</td>
</tr>
<tr>
<td>Perpetrator Male</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>70% high professions</td>
<td>50% workers</td>
</tr>
<tr>
<td></td>
<td>low/medium employees</td>
<td>alcohol-intoxicated</td>
</tr>
<tr>
<td>Perpetrator Female</td>
<td>30% low/medium employees</td>
<td>alcohol-abusers</td>
</tr>
<tr>
<td>Motive Male</td>
<td>Altruistic problems: partner-relation custody of children economical</td>
<td>disciplinary measure</td>
</tr>
<tr>
<td></td>
<td>Altruistic</td>
<td>confusion/hallucination</td>
</tr>
<tr>
<td>Motive Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
different from outright schizophrenics and psychotics (McDermaid, 1955; Okumura & Kraus, 1996),
and often are quite high functioning, is not reflected in this review study.

**Background Studies**

*Bourget & Labelle (1992)*

Bourget & Labelle (1992) described various patterns of homicide and how these were
related to cases of filicide and infanticide. They did not provide new insights, and did not report
findings of new research. They described the classification system, which they had proposed
earlier (Bourget & Bradford, 1990) again.

*Marleau & Laporte (1999); Marleau et al. (1995a)*

Marleau & Laporte (1999) and Marleau et al. (1995a) suggest the possibility that mothers
might be more inclined to believe that their daughters rather than their sons might have as
miserable a life as they have had. This motive would put girls at greater risk in some situations than
boys. Marleau did not differentiate between simple filicide and filicide-suicide.

*Marleau (2001)*

Marleau (2001) described the various classification systems used in filicide and evaluated
them on clarity and usefulness. They also made suggestions about criteria for classification
systems. The topic of classification systems will be more fully discussed in Chapter 6.