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Filicide in the United States

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Abstract

In the United States the Accreditation Council of Graduate Medical Education determines the curriculum required for fellows in forensic psychiatry to become board certified as a subspecialist. Areas that must be covered during the one year fellowship include criminal issues, such as insanity; civil issues, such as tort law and Workers«SQ» Compensation; legal regulation of psychiatry, such as confidentiality and involuntary hospitalization; and correctional psychiatry issues, such as dual agency and prisoner«SQ»s rights. Fellows are also expected to have knowledge about juvenile courts, the structure of the legal system, and child custody issues. In addition, fellows are required to analyze complex cases and write forensic reports which are well reasoned. Teaching methods include lectures, storytelling, use of video vignettes, and mock trials. Additional teaching methodologies include group supervision of fellows in their report writing and direct observation of giving testimony. During the year we see fellows evolve and shift their orientation from being an advocate for patients to perceiving their role as serving justice.

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Full Text

On June 20, 2001, Andrea Yates drowned each of her five children, aged 6 months to 7 years, in her bathtub. She was charged with multiple counts of first-degree murder with death penalty specifications. Her earlier life provides no clues that she would later commit an infamous crime. She graduated valedictorian of her high school class of 608 students. Upon completion of her Bachelor's degree in nursing, she became a highly regarded nurse at the University of Texas MD Anderson Cancer Center in Houston. After her marriage, she was determined to be a "super mom." Every witness at her trial agreed that she was a wonderful mother.

After her 4 th son was born, Mrs. Yates felt overwhelmed and depressed. She knew through a "feeling" that Satan wanted her to kill her children. She took an overdose of medication to take her own life rather than risk harming her children. In spite of contrary advice from her treating psychiatrist, she and her husband chose to have a fifth child.

The last of Mrs. Yates's four psychiatric hospitalizations was 5 weeks before her homicides. Mrs. Yates did not reveal her psychotic symptoms to her husband or her doctor. She thought that television commercials were referring directly to her. She had a delusion that television cameras were placed throughout her home to monitor the quality of her mothering. Finally, she had the belief that the "one and only Satan" was literally within her.

Mrs. Yates believed that her children were not developing right, "intellectually," and "were not righteous." She believed that her children would "never be right" because she had "ruined them" due to her defective mothering. For example, she thought that her son Luke would become a "mute homosexual prostitute" and her son John would become a "serial murderer." She was convinced that all of her children would be punished and "burn in hell." She thought that after she drowned her children, she would be arrested and executed. She believed that Satan would be executed along with her. She drowned her children because she wanted to "save their souls." She faced a psychotic dilemma. She thought that she was doing what was right for her children by arranging for them to be in heaven while they were still "innocent."

Mrs. Yates's attorneys entered a plea of not guilty by reason of insanity (NGRI) in her first trial in 2002. The jury rejected the insanity defense and she was sentenced to life in prison. Her first trial verdict was overturned by an appellate court. In her second trial in 2006, the jury found her NGRI (Resnick, 2007).

BACKGROUND

Child murder by parents (filicide) is one of the most upsetting types of crime. It is even more distressing when a mother kills her child than when a father does, because we expect mothers to be selfless and to love and protect their children at all costs (Pagelow, 1984). Mothers are supposed to be "guided by natural feminine instincts that can infer an angelic temperament, make them clairvoyant about their children's needs, and willing to place their own desires second to those of their family" (Barnett, 2006). When Andrea Yates killed her five children, Newsweek asked, "How can a mother commit such a crime against nature and all morality and end the lives she has so recently borne and nurtured?" (Thomas et al., 2001, paragraph 1). This chapter will seek to answer that question among others.

Historically, women who have killed their children have been considered monsters. The Puritans believed, "All women who killed their babies, violated what was taken to be the law of nature decreed by God. The women who killed their children, then, they were by definition 'unnatural' and 'monstrous' - more 'hardened' than the 'sea monsters,' who draw out their breasts, and give such to their young ones" (Reece, 1991).

The media sometimes characterizes mothers who kill their children as either "mad" or "bad" (Barnett, 2006): "Women portrayed as 'mad' have been characterized as morally 'pure' women who by all accounts have conformed to traditional gender roles and notions of femininity. These women are often viewed as 'good mothers,' and their crimes are considered irrational, uncontrollable acts, usually the direct result of mental illness. In contrast, women characterized as 'bad' are depicted as cold, calloused, evil mothers who have often been neglectful of their children…" (Thomas et al., 2001: 70). The most quintessentially "bad" infanticidal mother is Susan Smith. An Australian headline stated that Susan Smith committed "the mother of all crimes (Wilczynski, 1997). The media relentlessly portrayed her as bad even though the jury voted to spare her life. Fathers who kill their children evoke much less emotion because they are not expected to have the same unconditional love that mothers have for their children.

EPIDEMIOLOGY

The United States has the highest rate of child murder among developed nations. The most common perpetrator of child homicide is a parent. In infancy, the US rate of homicide is 8/100,000, several times higher than Canada at 2.9 per 100,000 (Hatters-Friedman et al., 2012). About 2.5% of all homicide arrests in the United States are for parents who have killed their children (Mariano et al., 2014). This amounts to an average of about 500 filicide arrests each year. The rates of child homicide decrease with the child's age. At a visceral level, the horror of filicide seems to grow as the victim's age increases (Oberman, 1996).

Ninety percent of filicide perpetrators are biological parents and 10% are stepparents. Stepparents are far more likely to kill children than biological parents. In the "child maltreatment" homicides, fatal child abuse in stepparents is up to 100 times higher (Daly and Wilson, 1994).

The strongest predictive factors of maternal child homicide are maternal age of 19 years or younger, education of 12 years or less, single marital status, and late or absent prenatal care (Overpeck et al., 1998). Men, as opposed to women, who kill their children are more likely to kill older children, are more likely to be unemployed, are more likely to be facing separation from their spouse, and are more likely to abuse alcohol or drugs (Marleau et al., 1999; West et al., 2009). Among 16-18-year-old victims, fathers committed 80% of the homicides (Kung and Barr, 1996). Fathers are more likely to kill when there is doubt about paternity and when the child is viewed as an impediment to their career (Resnick, 1969). Paramours rarely kill their own children; instead, they more often kill the sons of their predecessors (Kaplun and Reich, 1976).

METHODS OF FILICIDE

The most common methods of infanticide are battering, smothering, strangling, and drowning (Lewis and Resnick, 1999). The method of killing is related to the age of the victim (Adinkrah, 2001). Homicide of infants and young children is typically committed with personal weapons (e.g., hands, feet) and rarely involves firearms, knives, and other dangerous weapons. Conversely, older children are killed with knives, firearms, and other lethal weapons. Fathers tend to use more violent methods such as striking, squeezing, or stabbing whereas mothers more often drowned, suffocated, or gassed their victims (Resnick, 1969; Marleau et al., 1999).

MOTIVATION FOR CHILD MURDER BY PARENTS

To provide a framework for viewing filicide, the child homicides will be divided into five categories (Resnick, 1969). This classification is based on the explanation given by the parent.

"Altruistic" filicide

Altruistic filicides are committed "out of love," rather than anger or hate. Two subgroups are evident.

Filicide associated with suicide

These parents make a decision to take their own life first. Mothers may then feel that they cannot abandon their children and leave them "motherless" in what they perceive as a cruel world. Suicidal mothers sometimes see their children as an extension of themselves. They may believe that their children suffer the same misery as they do. One mother left a suicide note saying simply, "Bury us in one box. We belong together you know" (Tuteur and Glotzer, 1959). About a third of mothers who kill their children take their own lives. Fathers are almost twice as likely to complete suicide after filicide (Friedman et al., 2005). This difference may not be because mothers attempt suicide less often, but because men are much more likely to complete their suicide due to using more lethal methods. Men are also much more likely to commit familicide, that is, taking their wives as well as their children into death with them.

On October 25, 1994, Susan Smith reported that her 2 sons (aged 14 months and 3 years) had been kidnapped by a black carjacker (Meyer and Oberman, 2001; Carroll and O'Shea, 1995). After 9 days of searching by law enforcement, she revealed that she had rolled her car into a lake with her sons strapped

into their car seats. She said that she had planned to drown herself with them, but she changed her mind at the last moment. She had been rejected that day by a man she loved. If her account is taken at face value, her filicide would be an "extended suicide." According to the prosecution theory, her motive was that of "unwanted child" filicide; she wished to rid herself of her children to increase her chances of having a relationship with a man who did not want to marry a woman burdened with children. The jury spared her life but sentenced her to life in prison.

Filicide to relieve or prevent suffering

These parents kill to relieve the child victim's suffering, which may be real or imagined. If the suffering is real, the killing could be characterized as euthanasia. Much more often, the filicide is based on a delusional perception that a child is suffering or at risk of going to hell. For example, some mothers have believed that their children were going to be taken into "white slavery" (Morton, 1934) or abducted by a child pornography ring. Others believe that their child is about to be tortured or is possessed by Satan (Holden et al., 1996). Andrea Yates's motive for her filicides was to ensure that her children would not go to hell. Thus, her filicides would fit this category by preventing an eternity of suffering.

"Acutely psychotic" filicide

This designation applies to psychotic parents who kill with no comprehensible motive. It includes patients who kill under the influence of command hallucinations, epilepsy, or delirium. Hopwood (1927) reported one case of an epileptic mother who placed her baby on the fire and the kettle in her cradle. In a recent case, an epileptic woman in Sacramento placed her infant in a microwave oven during a period of postictal confusion (Smith, 2015).

"Unwanted child" filicide

These murders are committed because the child is no longer wanted. This is the most common motive for killing newborns. A dull 25-year-old widow was offered marriage only if she parted with her two children. After being refused placement by social agencies, she decided to dispose of them by use of a hatchet and gasoline for burning.

"Child maltreatment" filicide

These homicides usually result from a fatal "battered child syndrome" (Kempe, et al., 1962). The violent outbursts often occur in the overzealous application of discipline. Persistent crying is a common precipitant (Kadushin and Martin, 1981). This is the only one of the five filicide categories, in which the death is not intended by the parent.

"Spouse revenge" filicide

This final category consists of parents who kill their offspring in a deliberate attempt to make their spouses suffer. The prototype is found in Euripides' play, Medea. After killing their two sons, Medea told her unfaithful husband, Jason, "Thy sons are dead and gone. That will stab thy heart" (Oates and O'Neill, 1938). The most common precipitants for spouse revenge filicide are spousal infidelity and child custody disputes.

Mr. Ronald Shanaberger's fiancee had made arrangements to go on a Caribbean cruise with her girlfriends before their engagement. When Mr. Shanaberger's father died, his fiancee declined to return early from the cruise to be with him in his time of grief. He resolved in his rage to make her suffer the way he had suffered. He waited until they married and their son, Tyler, was 7 months old. After his wife was fully bonded with Tyler, he killed their child (Associated Press, 1999). He was sentenced to 49 years in prison.

AFTERMATH FOR FILICIDE PERPETRATORS

Parents who kill their children suffer multiple losses, including their children, their freedom, and often their spouse (Thomas et al., 1994). These life events are likely to prolong the parent's depression. The anniversary of the children's deaths and exposure to things that remind the parent of it are likely to be upsetting. The act of child murder itself is highly traumatic and sometimes causes symptoms of posttraumatic stress disorder in the perpetrator (Rynearson, 1984; Harry and Resnick, 1986). Parents who kill their children find it harder to forgive themselves than society does. They sometimes blame themselves for failing to seek help earlier. They may seek punishment for the rest of their lives and remain a serious suicide risk.

Spouses' Reaction to Filicide

Although some partners do forgive their spouse for a psychotically motivated filicide, few continue to live with their spouse. They may feel that they could never trust their spouse alone with additional children. Susan Smith's separated husband testified in favor of her receiving the death penalty. Andrea Yates' husband, Rusty, was supportive of her through the end of her first trial, but he then divorced her and went on to marry another woman. Occasionally, a spouse will remain married and the couple may even have another child together.

THE ROLE OF POSTPARTUM DEPRESSION AND PSYCHOSIS IN FILICIDE

Women are more likely to experience psychiatric illness after childbirth than at any other time in their life (Kendell et al, 1987). In the month following childbirth, women are up to 25 times more likely to become psychotic (Marks, 1996). Postpartum depression affects between 10% and 22% of adult women before the infant's first birthday (Stowe et al., 2001). Psychosis occurs in postpartum women at a rate of about 1 case per 1000 births (Terp and Mortensen, 1998) and usually involves symptoms of hallucinations and delusions. Confusion and delirium are also common (Hickman and LeVine, 1992). The onset usually appears to be within days to 2 months of childbirth (Hay, 2009). Because untreated postpartum psychosis has an estimated 4% risk of infanticide (murder of the infant in the 1 st year of life (Altshuler et al., 1998), and a 5% risk of suicide (Knops, 1993), psychiatric hospitalization usually is required to

protect the mother and her baby.

Nearly three-fourths (>72%) of mothers with postpartum psychosis have a bipolar disorder or schizoaffective disorder whereas 12% have schizophrenia (Sit et al., 2006). Some authors consider postpartum psychosis to be bipolar disorder until proven otherwise. Mothers with a history of bipolar disorder or postpartum psychosis have a 100-fold increase in rates of psychiatric hospitalization in the postpartum period (Attia et al., 1999).

Fifty percent or more of women who had a previous episode of postpartum depression experienced relapse after a subsequent pregnancy (Gold, 2001). The relapse rate for postpartum psychosis is close to 80% (Stowe et al., 2001; Altshuler et al., 1998; Cohen and Altshuler, 1997; Nonacs and Cohen, 1998). Prophylactic treatment with antidepressants is often successful in reducing the recurrence of postpartum depression.

In a study of women with postpartum major depression (Wisner et al., 1999), 57% reported obsessional thoughts concerning harm to their babies, and the majority had checking compulsions (that they had not harmed their babies, that nothing terrible had happened). Obsessional thoughts are typically experienced, not so much as an impulse to harm the child but as an apprehension that such an impulse might occur (Button et al., 1972). Ego alien obsessional thoughts are unlikely to be acted upon (Booth et al., 2014). The types of obsessional concerns about infanticide which are most likely to be acted upon are preoccupation with feelings of maternal inadequacy and obsessional fears about the child's well-being (McDermaid and Winkler, 1955).

Mothers who have delusions that their baby is a devil or ill fated, or someone else's baby, are most likely to have significant abusive incidents toward the baby (Chandra et al., 2002). Stanton et al. (2000) found that psychotic mothers who attempted suicide often killed suddenly without much planning whereas depressed mothers had contemplated killing their children for days to weeks before their crimes.

Approximately one-quarter of the women referred for psychiatric services have a child under 5 years old (Mowbray et al., 2001.) Jennings et al. (1999) reported that 41% of depressed mothers of infants and toddlers had thoughts of harming their child. Mothers with postpartum depression are reluctant to share their emotional upset because they do not want others to think of them as a "bad mother." Mothers are especially uneasy sharing filicidal thoughts with social workers because they fear that they will take their children away. Some mothers actually exaggerate their suicidality to receive inpatient care, so they can be protected from killing their children (Barr and Beck, 2008).

LEGAL DISPOSITION OF FILICIDE OFFENDERS

There is great disparity in the sentences given to parents convicted of killing their children (Oberman, 1996). We are ambivalent about filicide in that society simultaneously expresses moral outrage at the offense yet often treats offenders, especially mothers, with lenience (Oberman, 1996). The average sentence for women convicted of filicide in the United States was 17 years (Shelton et al., 2010). Fathers are likely to receive much longer sentences than mothers who kill their children (Resnick, 1969; West, Friedman and Resnick, 2009). Fathers are also more likely to be sentenced to execution than mothers.

No crime is more likely to succeed with an insanity defense than a mother who has killed her children (Perlin, 1994). The filicide categories that are more likely to succeed with an insanity defense are the "altruistic" filicides and the "acutely psychotic" filicides. Immediately after "altruistic" and "acutely psychotic" filicides, the perpetrators usually run to seek help, confess, and make no attempt to conceal their crime (Resnick, 1969). By contrast, the "unwanted child" and "child maltreatment" filicide perpetrators often go to great lengths to hide incriminating evidence.

Many women who succeed with an insanity defense had planned a filicide-suicide but were unsuccessful in killing themselves after killing their child (42). Most (69%) women had auditory hallucinations and 74% were delusional (Friedman et al., 2005). Psychotic states that predispose to successful insanity defenses include beliefs that the killing must be done for the some noble purposes such as the salvation of the infant or the salvation of the world (Hickman and LeVine, 1992). Severe depression, even without psychotic features, may distort a killer's thinking so that they believe that their children will be better off in heaven with them. In these extended suicides, it is usually clear that the parent knew the nature and quality of the act and that the killing was legally wrong. However, the parent often believes he/she is doing what is morally right for her child. In some jurisdictions, this is sufficient to meet the insanity standard.

A typical prosecution argument against an insanity defense is that the defendant became angry at the infant because of the demanding requirements of infant care, such as persistent crying (Hickman and LeVine, 1992). The argument suggests that the parent lost his/her temper and attacked the infant. In effect, the argument is an effort of the prosecution to portray an infanticide as an example of extreme child abuse. Even though mothers are more likely to succeed with an insanity defense than fathers, the vast majority of women who kill their children are found guilty and sent to prison. This may be due to the fact that even a psychotically depressed parent who kills their child usually kills with premeditation and carries out the homicide in a logical, methodical manner (Brockington, 1995). In one study of 20 women who raised postpartum depression or psychosis as an insanity defense, one-half were found not guilty by reason of insanity, one-quarter received heavy sentences, and one-fourth received light sentences (Cox, 1988) .

PREVENTION OF FILICIDE

Parenting capacity should be routinely considered in evaluating psychiatric patients. Certainly, when children are present for a portion of a psychiatric visit, the clinician can observe the appropriateness of the parent-child interaction. Parents should also be assessed for their potential to harm their children (Hatters-Friedman and Resnick, 2009). Early screening and identification of mental illness during pregnancy and the postpartum is important. The Edinburgh Postnatal Depression Scale (Cox, et al., 1987; Ryan, et al. 2005) is a validated tool that can be easily administered both in pregnancy and postpartum.

The clinician should be alert to the filicidal potential of all depressed parents, particularly mothers considering suicide. Forty-one percent of depressed mothers with children under 3 years old compared to 7% of control mothers admitted to thoughts of harming their infant (Jennings et al., 1999). A pediatric study of mothers found that 70% of mothers with colicky infants experienced explicit aggressive thoughts toward their infants, and over a quarter (26%) of them had infanticidal thoughts during colic episodes (Levitzky and Cooper 2000).

When mothers of young children commit suicide, about 5% also kill at least one of their children (Appleby, 1996; Schalekamp, 2005). In evaluating

depressed, suicidal mothers who have children under 5 years old at home, clinicians should ask what plans the mother would have for her children if she were to take her own life. Some mothers will say that their husband is quite able to look after the children. Others will say that they would take their children to heaven with them.

Parents can also be asked about thoughts and fears of harming their children (Friedman et al., 2008; Friedman and Resnick, 2006). If a mother acknowledges thoughts of harming a child, the clinician should determine the frequency and intensity of such thoughts and whether the mother thinks that she might actually carry them out (Jennings et al., 1999). The clinician should also assess whether these thoughts and fears are due to obsessive compulsive disorder (OCD), obsessive compulsive spectrum disorder, depression, or psychosis. Although mothers with OCD may experience thoughts of harming their baby, these thoughts are egodystonic and more related to fears than plans.

A lower threshold for psychiatric hospitalization should be considered for mentally ill mothers of young children due to the possibility of multiple deaths from a filicide-suicide. Factors which potentially merit psychiatric hospitalization include maternal fears of harming their children, delusions of their child's suffering, and improbable concerns about their child's health (Guileyardo et al. 1999). Decisions concerning the hospitalization of a father should involve careful questioning about suicide, extended suicidal plans, and paranoid symptoms centered on the family (Marleau et al., 1999).

Spouse revenge filicide is difficult to prevent because there is usually little warning. However, in bitter child custody disputes, some warning signs may appear. Evaluators in child custody disputes should be alert to situations in which a mother is so convinced that her child will be sexually abused if custody is awarded to her ex-husband that she decides that the child is better off in heaven (Hatters-Friedman, et al., 2005). Other parents believe that if they cannot have their children, they will make sure that their ex-spouse does not have them either.

CONCLUSION

The death of a child is always tragic. When children are killed by one of their own parents, it can be viewed as the ultimate betrayal because the parent's role is to nurture and protect their children. On the other hand, one of the most traumatic events any parent can experience is to have a child predecease them for any reason. When a child's death is the result of a parent's psychosis, the feelings of loss and guilt usually last a lifetime. Some parents who have killed their children find it hard to forgive themselves and are indifferent to whether they are placed in prison or a hospital. The ongoing sorrow of these parents is captured in the words of Medea upon killing her two sons:

"To die by other hands more merciless than mine No; I who gave then life will give them death Oh, now no cowardice, no thought how young they are How dear they are, how when they first were born Not that - I will forget they are my sons One moment, one short moment - then forever sorrow

(Hamilton, 1942)."

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