A Meta-Study of Filicide:

Reconceptualizing Child Deaths by Parents

by

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ABSTRACT

In the United States, the total number of child deaths at the hands of a parent is unknown. Five children a day under the age of five die from fatal abuse and neglect (U.S. Advisory Board on Child Abuse and Neglect, 1995). This number is a conservative estimate and does not include children over the age of five who are kill by methods other than abuse and neglect. Regardless of the number, this author views each filicide as a sentinel event for the United States and the world. A sentinel event is an unexpected occurrence involving death and signals the need for immediate investigation and response. Filicide, the killing of a child by a parent, is the focus of this meta-study. Social constructionism and role theory frame this study. The overarching goal was to understand what we know about filicide, and how do we know it? To answer this question, the author explored six questions of the extant filicide research: What is the research knowledge on filicide? How is filicide constructed in the research discourse, and what is the context of this research? Is filicide constructed as a social problem? Can the use of role theory advance our understanding of filicide? Are there common themes in the filicide research findings? Is there disagreement in the research? What is missing, assumed, or overlooked in the research? The sample consisted of 66 international studies of parents (i.e., genetic, step, foster, person in role of parent) who killed their child(ren) from 1969 to 2009. Major findings include "meta-categories" of filicide research, risk factors, salient themes, focus for future research, and a new conceptualization of filicide based on role theory. Individual, social, and structural variables that can be used to identify and prevent filicide are presented. An outline for educating practitioners and a tool for screening families for filicide risk are offered.

DEDICATION

I would like to dedicate this dissertation to my father Cecil George "Dan" Dansby who died on August 9, 2001 of esophageal cancer. Dad, you always told me that I could do whatever I set my mind to do. You wanted me to get my doctorate and by the grace of God, my family, and your help, I did it. You were my rock and a big part of my motivation to finish. I miss you all the time. In the tough times, I pray for your assistance and now I would like you to celebrate with me in my accomplishment. I am doing fine and taking care of others. Thank you for your never-ending love and support.

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I would like to thank my loving husband William "Danny" Jackson who stuck with me through better or worse, and in sickness, and Ph.D. This has been a long difficult process but I think as individuals and as a couple, we are stronger. I could not have accomplished this without you. I love you very much. Thank you for my two wonderful boys, Hunter and Brendan. They were both born during this process. Thank you for taking care of them when I became sick and while I spent long hours researching and writing. I am sorry that I missed so much time with the family while I was pursuing this degree. I pray that I made the right decision and I hope that my research can prevent the death of even one child. I would like to acknowledge United States Air Force for giving me the time and financial support to pursue this degree. I am grateful for this opportunity of a lifetime.

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INTRODUCTION

The family is an environment in which children are presumed to be safe from harm. Contrary to this belief, the family can be a dangerous place for a child. According to the Federal Bureau of Investigation (FBI), a parent or stepparent committed the majority of all homicide deaths of children younger than 12 years of age (Dawson & Langan, 1994; FBI Supplementary Homicide Report 1980-200; Finkelhor & Ormrod, 2001). According to Straus, Steinmetz, & Gelles (1980), if you exclude the military and the police, the family is society's most violent social institution.

The killing of a child by a parent is known as filicide. The research on filicide is still in its infancy. The definitions and terms used in the literature on filicide vary greatly. Many studies focus on the entire phenomenon of filicide and included any cases where a parent killed a child. Other studies narrowed the focus to specific types of filicide, for example, filicide based on the age of child, or filicide followed by suicide of the offending parent. Fatal child abuse and neglect (FCAN), was also the focus of several studies. Each of these is unique, but what they have in common is that a parent kills a child. Because the research on filicide is relatively new, filicide in this study is defined as the non-accidental death of a child at the hands of a parent stepparent, guardian or person acting in the role of parent. Using such a broad definition will allow the sample to be as inclusive as possible. A drawback to using such a broad definition is that the sample may include different phenomena.

When a parent kills a child, media initially describe the family and the circumstances surrounding the filicide but attention quickly turns to the pathology of the offending parent and reinforces the perception that parents who commit filicide are crazy or evil. Filicide is complex and multidimensional. Labeling the offender and maintaining a narrow focus on the offender's individual characteristics provides a partial

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picture of filicide and reduces opportunities for prevention. To gain a better understanding of filicide, research must move beyond the narrow focus used by media and include the family in its social environment as part of the research on filicide. Currently, the research on filicide is limited and the research that does exist lacks synthesis. This current study addresses this gap by focusing on the broad question: what do we know about parents who kill their children and how do we know it? A meta-study approach was used to analyze the existing research on filicide and synthesize the findings to provide a new understanding of filicide for use in prevention. A first step in the process of understanding filicide is to be aware of the diverse circumstances surrounding the phenomenon and how it is initially reported.

The Victims

La'Shaun Armstrong and his 3 siblings. "If I'm going to die, you're going to die with me," La'Shanda Armstrong told her children on the night of April 12, 2011 before the vehicle sank to the bottom of the Hudson River just before 8 p.m. The only surviving child told this to the authorities. Armstrong's 10-year-old son, La'Shaun, escaped the family minivan by opening a power window and swimming to safety in the 2 minutes it took for the vehicle to sink killing his mother and his three siblings; 11 month old Laianna, 2 year old Lance and 5 year old Laden (Esch & Hill, 2011; Lohud, 2011; Paddock, 2011).

Calyx and Beau Powers. In Tampa Florida on Jan. 27, 2011, 50-year-old Julie Powers, a mother of two, drove her 13-year-old-son Beau home from soccer practice and allegedly shot him in the head "for talking back." She then went upstairs and shot her 16-year-old daughter, Calyx, as she sat at her computer doing homework. At the time, the father, an Army Colonel, was serving in Qatar. The mother reportedly said her children were "mouthy" (Szalavitz, 2011).

Sheri, Garett and Gavin Coleman. In Columbia, MO on May 2009, Chris Coleman, 32, strangled his wife Sheri Coleman, 31, and their children, 11-year-old Garett and 9-year-old Gavin in their beds. Coleman was having an affair and wanted to start a new life with his mistress. He feared he would lose his six-figure job as televangelist Joyce Meyer's personal bodyguard if he divorced Sheri to marry his mistress. Prosecutors argued that Coleman spent months setting up the killings by sending himself threatening emails and spraying the crime scene with red paint to make it look like the killings were the work of a stalker critical of Joyce Meyer Ministries. One email included the line, "I will kill them all in their sleep." (Hayes, 2011; Chicago Tribune, 2011).

Lupoe family. Police found a pistol lying near the body of Ervin Antonio Lupoe, 40, in a bedroom at the family's two-story home in Wilmington, 18 miles south of downtown Los Angeles, on Tuesday morning, January 27, 2009. Alongside him lay his 8 year old daughter Brittney and his twin 5 year-old girls Jaszmin and Jassely. In a back bedroom, police found the body of his wife, Ana, and their two-year-old twin boys Benjamin and Christian. All were shot in the head. In a letter to a local TV station, Lupoe seemed to blame the couple's recent job loss for the decision to take his own life and that of his family. He stated that the couple felt it better to end their lives and were concerned about leaving their children in "someone else's hands." Shortly after sending the letter on Tuesday morning, Lupoe called police to report that he had returned home to find that "my whole family has been shot." Earlier in the month things started to go wrong for the family. Both parents lost their jobs and Lupoe took the children out of school, telling staff the family planned to move to Kansas. The family murder-suicide marked the fifth such killing in southern California in 2008 (Watkins, 2009).

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Lazaro Figueroa. The body of a severely beaten unidentified child was found abandoned in the Miami Beach area on November 2, 1990. The boy was later determined to be Lazaro Figueroa, the youngest child of Ana Marie Cardona. Cardona was subsequently arrested in connection with the murder. The circumstances surrounding the abuse and murder of Lazaro were revealed during Cardona's trial. When Cardona's well-off, drug-dealing boyfriend was murdered; he left her a $100,000 estate, which she squandered in a matter of months. Cardona had two children with him, the youngest being Lazaro, 3 years old. Cardona was penniless and left her children with friends and family, and they were eventually taken by social services. Later, the children were returned to their mother, and during this time, Cardona became romantically involved with Olivia Gonzalez-Mendoza. The two women hardly worked, and supported themselves, their children, and their drug habits by shoplifting. After the children were returned to her, Cardona began horrific and frequent abuse of Lazaro, as she blamed him for her fall from wealth. Lazaro was often tied to the bed, locked in a closet, or left in the bathtub with extremely cold or hot water. When his body was found, it was covered with bruises and bedsores and the child weighed only 18 pounds (Mantaldo, 2011).

Jamar Pinkney Jr. In Detroit, MI on a bitterly cold Sunday in November 2009, 15-year-old Jamar Pinkney Jr. was beaten, forced to strip naked at gunpoint, and marched outside his home into an empty lot. As his mother and grandmother looked on, the teen knelt before his attacker and was shot execution-style in the face. The trigger was pulled by his father, Jamar Pinkney Sr. The State of Michigan contends the elder Pinkney made an ultimate choice that day, between his son and his daughter, deciding to end Jamar Jr.'s life because of allegations that he had sexually molested his three-year-old half-sister (Jakobsson, 2010).

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Nathan. Robert Tamar, 48, killed his son, 15-month-old Nathan, and then committed suicide following an argument with his partner, Rachel Jones. The couple was going through a separation and had been arguing furiously about custody of their baby (Daily Mail, 2006).

Tyler Reed Sides. On Sunday Sept 12, 2010, a son who spat on his mother was killed by his father in Kaufman County Texas. Tyler Reed Sides, 23, died of a gunshot wound to the abdomen. Investigators believe his father, Marcus Russell Sides, 50, was arguing with his son after the younger man had been drinking heavily, according to the news report (Thornhill, 2010; Wolke, 2010).

Baby girl. Rachel Anglum was 18 years old when she gave birth to a baby girl at the home where she lived with her parents. She allegedly delivered the baby alone and afterward held her daughter in her arms for over an hour. It was later determined that "she hugged her newborn to death" and wrapped the baby's remains in a blanket, put her in a heavy-duty garbage bag, and drove to a dumpster a few miles from her home. (Wagner, as cited by Meyer, Oberman, White, Rone, Batra, & Proano, 2001).

These examples illustrate the complex nature and diverse circumstances surrounding filicide and highlight how parental intent and method used to kill are vastly different. Filicide is not a new phenomenon, and although examples date back beyond Jericho of 7000BC, research on the entire phenomenon of filicide remains scant compared to other social phenomena involving children. For example, over the past 50 years, a substantial body of research has emerged on child abuse and neglect. Child abuse and neglect may lead to filicide. Prevention of filicide can benefit from including child abuse and neglect research and by looking at the history of the recognition of child abuse and neglect as a social problem.

In 1946, Dr John Caffey, an American pediatric radiologist proposed *parental malfeasance* as the cause of traumatic events resulting in subdural hematomas and skeletal lesions in his radiological study (Kleinman, 2006; Silverman, 1994). Silverman (1994) drew attention to Caffey's comments that mothers and nurses may deny the injuries because it means negligence by the person caring for the child. In another case, Silverman raised concern about the "intentional ill-treatment of the infant" (p. 54). In another case, Silverman raised concern about the "intentional ill-treatment of the infant" (p. 541). Silverman thought that Caffey stopped writing about his ideas for fear of legal repercussions. A similar reluctance by professionals may be part of the reason that research and prevention of filicide has been slow to progress.

Caffey was the first to recognize child abuse in the 1940s, but when Henry Kempe and his colleagues (1962) published a seminal paper child abuse began to receive attention. Within the medical community, this publication marks the beginning of identification and recognition of child abuse as a social problem in the United States. In the 1970s national and international organizations focused on the prevention of child abuse and neglect. In 1974, John Caffey published additional articles on the *parent-infant traumatic stress syndrome* and the *whiplash shaken infant syndrome*. The latter is now known as *Shaken Baby Syndrome* (SBS) and describes a set of symptoms (i.e., subdural hemorrhages, retinal hemorrhages, brain swelling, long-bone fractures, respiratory failure, permanent brain damage, and often death) found in children with little or no external evidence of head trauma (Leestma, 2006). In the 1990s national organizations devoted to preventing SBS began to appear. Since the mention of the *battered child syndrome* as a social problem in 1962, research on identifying and preventing child abuse, neglect, and fatalities slowly developed. Research on filicide by means other than abuse and neglect has been even slower to develop. Typification and

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recognition of the entire phenomenon of filicide is the next step toward increasing focus and prevention efforts toward all types of filicide.

Filicide, the killing of one's own son or daughter*,* was studied in the early 1900s and the seminal works by Resnick were published in 1969 and 1970. It has been 40 years since those publications appeared and research, understanding, and prevention efforts are minimal. Why is the research and typification of filicide still in its infancy? One reason for the lack of research may be that it is emotionally and intellectually difficult to comprehend that a parent would kill his or her child. The topic is difficult to think about. A society cannot prevent a problem it does not acknowledge or fully understand. A reason for the lack of understanding may be that filicide has been typified in the media.

Media is a dominant medium for public knowledge and understanding about filicide and may influence the research agenda. Focus of national media attention has been on White middle class mothers who kill their children (Huckerby, 2003). This biased focus based on gender and race promotes a partial view of filicide. Prevention efforts are based on how a problem is defined and understood. A narrow description or definition of filicide results in a paucity of knowledge and leaves society at a significant disadvantage to protect children.

Terminology and Conceptualization

The words, phrases, and concepts we choose to use in discourse about a phenomenon shape how it is defined and understood. Early in a review of the literature on filicide, it became clear that the language used to refer to *child deaths by parents* varied greatly. There are well over 25 different terms to describe or denote this phenomenon. *Filicide* is the term used throughout the current meta-study because it has the broadest definition, and refers to all circumstances where a parent is responsible for the nonaccidental death of his or her child. For the purpose of the current meta-study, a

parent-child relationship included biological parent, stepparent, foster parent, guardian, or person acting in the role of parent. Babysitters and nannies were excluded in the definition because their role does not reflect a parent-child relationship.

The prevalence of a phenomenon depends on how it is socially constructed and defined. A narrow or partial definition will produce a smaller number of incidents compared to a broader definition. Incidence rates of filicide differ based on inclusion and exclusion criteria, definitions, reporting sources, and available information. Filicide rates may be compiled from a single source or several different sources. Examples include linked birth and death certificates, coroner reports, police reports, court reports, hospital records, newspaper articles, and death review teams. When a child dies, primary sources may be inconsistent or inaccurate in classifying the death. An undetected number of filicides may be mistakenly classified as natural, accidental, or due to undetermined causes. Instances in which the death is from violence or injury, the official manner of death is listed on death certificates by the coroner as an accident, suicide, homicide, or could not be determined (Centers for Disease Control and Prevention, 2003). In the discourses of academia and research, child abuse and neglect filicides appear to be reported and researched separately from other types of filicides. The research on FCAN is referenced less frequently in research that focuses on filicide. Research focusing specifically on FCAN use different references and cite different sources compared to research on filicide. Child protective service agencies also appear to focus on child abuse and neglect filicides, but not other types of filicides. The purpose for this distinction is not clear. Each type of filicide is unique and requires multidimensional understanding and tailored prevention efforts. This separation may stem from the perspective that child abuse and neglect filicides are accidental because there is no intent to kill the child. This

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study attempts to bring filicide and FCAN discourses together. The following definition

for homicide addresses intent:

> Homicide occurs when death results from... an injury or poisoning or
>
> from ...a volitional act committed by another person to cause fear, harm,
>
> or death. Intent to cause death is a common element but is not required
>
> for classification as homicide (Center for Disease Control and Prevention
>
> (2003); Medical Examiners' and Coroner Handbook on Death
>
> Registration and Fetal Death Reporting, p. 19).

This meta-study focused on child deaths by parents that were ruled a homicide

(nonaccidental) regardless of the circumstances, intent, or motive of the parent, or the

method used to kill the child. The term *child* in the current meta-study refers to a role or

relationship and not a specific age range**.** This broad focus allows for inquiry of the

overall construct and the entire phenomenon (Paterson, Thorne, Caram, & Jilling, 2001).

Incident Rates

> **Fatal child abuse and neglect (FACN) statistics.** A UNICEF study of rich

democracies (30 countries that produce two-thirds of the world's goods and services)

revealed that the rate of deaths from child abuse in the United States is three times higher

than in Canada, and 11 times higher than Italy's (UNICEF, 2003). In the United States,

cases of child deaths due to physical abuse and neglect are gathered and reported

separately from homicides through agencies such as the Department of Health and

Human Services U.S. Advisory Board on Child Abuse and Neglect (ABCAN). It is

conservatively estimated that 2,000 to 2,500 children under age five die from abuse and

neglect each year. This number is equivalent to approximately five children per day

under the age of five who are killed by physical abuse and neglect. This statistic does not

include children over the age of five or child deaths classified as homicide or undetermined causes (ABCAN, 1995; Every Child Matters, 2010; Smithey, 1997)**.**

The National Child Abuse and Neglect Data System (NCANDS), which is used by many as the "official source" for statistics on child abuse and neglect deaths, reported an estimated 1,740 (2.33 per 100,000) child abuse and neglect fatalities in 2008. Children under the age of four accounted for 80% of those fatalities. This number is only for child abuse and neglect fatalities, which NCANDS defines as: "the death of child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor" (U.S. Department of Health and Human Services, Administration for Children and Families, 2008). A classification matrix for child abuse and neglect fatalities in California listed fatalities caused by child abuse or neglect as intentional starvation, untreated illness, abandonment, shaken baby/impact syndrome, blunt force trauma inflicted by parent or caregiver with or without history of prior abuse, and when an intimate partner in the parenting/caregiver role intentionally kills spouse and child. This matrix does not include when a parent uses methods such as drowning, shooting, strangulation, or suffocation (California State CDRC, 2005).

Florida is a model state for conducting child abuse and death reviews and publishing their findings**.** Florida's 2010 Child Abuse Death Review Committee reviewed 192 child deaths in 2009. These deaths were verified as being due to abuse or neglect; 161 (84%) of these victims were five years of age and under. The committee was not allowed to review any cases of child deaths in which the cause was ruled as undetermined (Florida Child Abuse Death Review, 2010). If Florida's statistic of 192 deaths in 1 year is used as an average for all 50 states, this will equal 9,600 child deaths annually from abuse and neglect. If we take into consideration that Florida is a large state and uses only half of Florida's annual child death rate as an average for each of the

50 states, this would equate to 4,800 child deaths from abuse and neglect each year. This calculation is more than double the "official statistic" of 1,740 to 2,000 annually reported by the previously mentioned organizations. It seems reasonable to conclude that the official number of deaths from abuse and neglect is an underestimation (Florida Child Abuse Death Review, 2010).

California was the first state to have a child death review team, and in 2005, this state estimated that 130-140 child deaths from maltreatment occurred. This number further supports an annual number of child deaths from abuse and neglect that is more than double the official statistic for the Nation. In 2004, Texas had 212 deaths from abuse and neglect, but their rate of 3.38 per 100,000 was not the highest; Indiana, Oklahoma, Georgia, and District of Columbia all had death rates above 4.0 per 100,000 children (Grimm, 2007). The age range for inclusion was unidentified.

The majority of sources reporting child deaths cite statistics for fatal child abuse and neglects (FCAN) only, and do *not* include deaths ruled as homicide or deaths for which there is no evidence of a previous history of abuse or neglect. These sources focus on statistics for children five years of age and under because that is the age range when the largest numbers of FCAN incidents occur. What about children killed by a parent using means other than abuse and neglect? What is the incident rate of children who drown in a car during a filicide-suicide or who are shot by a parent? These incidents are captured elsewhere in homicide and violent death reports and the statistics are gathered and reported by different organizations.

Homicide and violent death statistics. According to the 2010 Child Trends Data Bank, from 2007 to 2010 the rate of infant (under age of one year) homicides increased from 4.3 per 100,000 to 8.3 per 100,000. These numbers are based on national vital statistics. Child Trends reports that studies utilizing data from agency records

(police, social service) indicate that the actual rate of infant (in the age range of 0-4 years of age) deaths from abuse and neglect is more than twice the rate reported by homicide death certificate data (Child Trends, 2010).

Based on 16 states that submitted data, the Centers for Disease Control's National Violent Death Reporting System showed that in 2007 the rate of violent deaths for infants less than 1 year old was 9.7 per 100,000. The death rate for children ages 1-4 years old was 2.2 per 100,000. Of concern is that the largest cause of deaths was "undetermined causes," which had the highest rate of 22.00 per 100,000 children. The coroner's ruling of an "undetermined" death status usually indicates that there was no clear indication as to whether the death was an accident or intentionally caused. Undetermined deaths that are intentional are not captured in the incident rates of filicide (Karch, 2010). Sources report different subsets of the phenomenon of filicide. The subsets include different age ranges for the victims that overlap or only reflect children under one year of age. Another inconsistency is that data are reported based on different definitions of "parent," or include "other family members" as offenders. A clear subset of filicide is death from child abuse and neglect but there is no standard definition of what constitutes "fatal child abuse and neglect." More children die from neglect than any other form of maltreatment (Douglas & Finkelhor, 2005). Another subset reported is "violent deaths" of children. No single source incorporates these subsets into a full and more accurate statistical picture of filicide in the broadest sense of the term. Not only is the rate of filicide unknown because it is fragmented throughout various sources, but there is also an underestimation of filicide.

Underestimation of filicide. Although there is lack of agreement regarding the rate of filicide, one point of consensus is that the number of child deaths is underestimated (Emery, 1993; Ewigman et al. 1993; Overpeck, Brenner, Trumble,

Trifiletti, & Berendes, 1998; Wilczynski, 1997). Underreporting, misidentifying the actual cause of death, and classifying the cause of death as undetermined are reasons why filicide rates are underestimated.

Underreporting may happen for several reasons. One reason is that some babies are born outside of hospitals and the mother kills the baby at the time of delivery. The baby's body is discarded and may never be found. Another reason is that the intent to kill may be hidden in cases where children die from fires, poisoning, or drowning in bathtubs and pools. Neglect can be difficult to determine; for example, parents may not seek adequate and timely medical attention and the child dies. Deaths from neglect may be classified as accidental or due to a medical condition. Death due to neglect is considered the most underreported form of fatal maltreatment (Douglas & Finkelhor, 2005; US Dept of Health and Human Services, 2008). In 1974, the Child Abuse and Prevention Act (CAPTA) established a minimum definition of child abuse and neglect as "any act or failure to act on the part of a parent or caretakers that result in death, serious physical or emotional harm, sexual abuse or exploitation…" (Children's Bureau, 2010; CAPTA, P.L. 93-274, 1974). However, Kaplan (1991) found that many states did not include death as part of their definition of child abuse. Currently, all states have some form of a child fatality review panel. There is no uniform system of investigation, no mandatory representation on the panel and states are required only to report findings nationally if they are directly receiving funding from the federal government. States not submitting child fatality information to national data sources is an additional reason for underreporting. In a 2008 nationwide study of child fatality review teams data were only available from 37 of the 50 U.S. States (Douglas and Cunningham, 2008).

Misidentification of the cause of death may take place in cases for which previous maltreatment (e.g., squeezing, throwing, and hitting) may be a hidden or a

contributing factor toward a death, but it may not result in immediate death, and therefore mistakenly classified. Studies maintain that 60% to 85% of physical abuse and neglect fatalities are misidentified as natural, accidental, disease related, due to other causes, or unexplained (Crume, 2002; Ewigman et al., 1993; Herman-Giddens, Brown, Verbiest, Carlson, Hooten, & Butts, 1999; McClain, Sacks, Froehike, & Ewigman, 1993; National Research Council (U.S.) Panel on Research on Child Abuse and Neglect, 1993). In addition, a percentage of the cases of Sudden Infant Death Syndrome (SIDS) and Fatal Munchausen Syndrome by Proxy may be filicide. Approximately 10% to 20% of infant deaths classified as SIDS are possible filicides (Emery, 1993; Ewigman et al., 1993; Leven & Bacon, 2004; Spinelli, 2003b; Wilczynski, 1997a). Since the introduction of the "back to sleep" campaign in 1994, which promotes placing infants on their backs for sleeping, the frequency of true SIDS cases declined, but the percentage of cases of sudden and unexpected death attributable to homicide may be increasing (Abbott, 2001; American Academy of Pediatrics, 2001).

Munchausen Syndrome by Proxy involves a primary caretaker, usually the parent, who deliberately makes the child (usually preschool age) sick, or convinces others that the child is sick. The parent misleads others into thinking that the child has medical problems by reporting fictitious episodes. The parent may exaggerate, fabricate, or induce symptoms in the child to receive attention by proxy. As a result, doctors may order tests, try different types of medications, and may hospitalize the child or perform surgery to determine the cause. Death of the child is sometimes the result of extreme measures to induce symptoms in the child. Recidivism in cases of filicide is rare; however, recidivism has been noted in both SIDS and Munchausen Syndrome by proxy (Stanton, Simpson, & Wouldes, 2000).

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Examples of misidentification and underreporting of filicide can be seen in the fatal cases of the Hoyt and Tinning children. In 1994, a mother (Hoyt) confessed to suffocating each of her five infants born between 1965 and 1971 (Barnett, 2006). In 1987, another mother (Tinning) was convicted of murder after it was discovered that nine of her children had died over a 14-year period between 1972 and 1985(Gado, 2010). These two cases alone account for 14 child deaths that were never identified as homicide and were incorrectly classified as sudden infant death syndrome, natural or undetermined.

Statistics reported in the professional literature, research, and media are often taken from sources that contain incomplete or inaccurate data. Accurate rates of filicide are important; however, statistics often do not have the same impact as media attention and public awareness.

In September 2010, the Every Child Matters Education Fund released the second edition of "We Can Do Better: Child Abuse Deaths in America." Child abuse and neglect fatalities were nearly double the combined number of five other more publicized causes of death. Although the table below uses different base rates (percent of the total population) for the reports of child deaths, the use of absolute numbers is one way to illustrate the number of filicides due to abuse and neglect compared to other causes of death that may have received more attention.

Table 1

Child Abuse and Neglect Fatalities vs. Other Causes of Death (2009)

Cause of Death	Total Deaths
U.S. soldiers killed in Iraq and Afghanistan	479
H1N1 pediatric fatalities	281
Food borne illnesses	74
Toyota accelerator malfunction	34
Coal mining accidents	33
Total	901
Total child abuse and neglect fatalities	1,740

Sentinel Event

Regardless of the incident rate or the media attention, the killing of one child is tragic. I posit that our society needs to begin to look at filicide as a "sentinel event." Sentinel event is a term used predominately in health care settings. Sentinel events are countable events that do not require the calculation of population-based rates to judge their importance. In health care settings, sentinel events (e.g., suicide, child abductions, and premature deaths) are preventable and signal a failure in a system (Joint Commission on Accreditation of Health Care Organizations, 2011; Rustein, Berenberg, Chalmers & Child, 1980). An increase in sentinel events generally indicates a warning to public health officials of an emerging problem. The U.S. Department of Justice reports homicide as the only major cause of childhood death that has increased in incidence during the past 30 years. More children 0-4 years of age in the United States die from homicide than from infectious diseases or cancer (Finkelhor & Ormrod, 2001). We have become better at identifying homicides and better at treating diseases but children

continue to die at the hands of parents. According to the Children's Bureau of the United States Department of Health and Human Services (2010), the number and rate of child fatalities have been increasing over the past few years (Child Welfare Information Gateway, 2011). The infant homicide rate increased from 4.3 per 100,000 in 1970 to 8.3 in 2007 (Child Trends, 2010). Filicide is a sentinel event for the United States.

Problem Statement

The simple fact that the term filicide defines the act of murder of a child by a parent indicates that filicide is conceptualized differently than murder. Understanding how filicide is similar and how it differs from murder by a stranger is important for the development of effective prevention.

There is inconsistency in the discourse and conceptualization of filicide. Acts of filicide are not homogenous events and such events require multiple methods of inquiry. If we hold a single view of filicide, then the understanding of this phenomenon and how to prevent it will be limited.

The social construction of a phenomenon directly influences the type of attention it receives and influences the range of possible solutions. The research agenda in this area has been slow to emerge, and there has been little gain in theory for understanding this phenomenon. Several research studies produced important information but this information is not written in a format suitable for clinical use.

Purpose of Study

In this study, I attempt to bring the pieces of the puzzle together through a meta-study of existing research on filicide and offer a more integrated picture of filicide by exploring the following questions: How are researchers constructing and conceptualizing filicide in their research? Is filicide conceptualized as a social problem? What are the findings from filicide research? Can role theory be used to enhance our understanding of filicide? What is missing, overlooked, or assumed in the research on filicide? A meta-study approach was applied to 66 studies on filicide.

Implications for Social Work

A search of the existing literature on filicide revealed few studies conducted by social workers. Filicide is an important issue for social work because children under the age of 12 are at greater risk of death from their parents than from strangers. Social work leads the way in research, prevention, and interventions in the field of child abuse and neglect, but research specifically focused on fatal child abuse and neglect is scant. There is even less social work research and contribution to knowledge about filicide. Psychiatry, psychology, and criminal justice dominate the study of filicide. These studies focus on the psychopathology or motives of individual offenders. Exploration of contextual factors is necessary to understand the phenomenon of filicide. Social work is founded on the person-in-environment or ecological systems perspective, which addresses the immediate context and socio-cultural factors (Bronfenbrenner, 1986; Hollis, 1964). The knowledge base for developing understanding, prevention, early identification, and effective interventions to prevent filicide can benefit from the contributions of social work.

According to Parker (2004), "social workers are the leaders in keeping our society's eye on the facts about how we treat our children" (p.22). Research is the

primary discourse to systematically, critically, and empirically examine social conditions and provide recommendations for amelioration and further research. Helping professionals need to be critical consumers of research. To provide the most comprehensive and effective evidence-based practice, we must examine the research that provides the basis for our empirical knowledge.

"Social workers' primary goal is to help people in need *and* to address social problems (emphasis added)" (National Association of Social Workers code of ethics, 1996). Knowledge produced through research builds direct and indirect practice. How a society defines and understands a problem directly influences the effectiveness of practice. According to Best (1995), "Our response is to what is being constructed as knowledge…so we need to be critical and find out who is saying what, how it is being said and who benefits, or is the status quo maintained" (p. 7).

Social workers are both consumers and producers of knowledge. To ensure the most effective responses to social problems, social work needs to critically evaluate knowledge on filicide. The majority of policies and funding are directed at social problems that receive attention and legitimacy through research and active claims-making. Problems that are deemed rare or attributed to individuals or specific groups are less likely to be seen as a social problem. Media typifications and claims made by researchers and other professionals can elevate a problem to the level of attention necessary for it to be considered a social problem worthy of prevention policies and funding. In this study, I examined the existing research on filicide and offered new insights in an effort to demonstrate that filicide is a social problem and aid in prevention.

Meta-Study

A social constructionist's perspective and meta-study approach is used to aggregate, analyze, synthesize, and reconceptualize the research on filicide. This meta-

study proposes the use of social role theory as a broad framework for reconceptualizing filicide. This meta-study also addresses whether existing research has constructed filicide as a social problem. The culmination of this meta-study is the proposal of a tool to aid in screening families for risk of filicide. This tool can assist front-line professionals in identifying a constellation of high-risk factors associated with filicide. An outline for educating professionals on filicide is also presented.

Chapter 2

BACKGROUND LITERATURE

Historical and Cultural Perspectives on Filicide

The evidence for children being sacrificed by a parent dates back to Jericho of 7000 BC (Kellett, 1992). In ancient Rome, killing of bastard children, females, and "excess" children was routinely practiced and rarely questioned. The right of a father to kill his own children was protected as part of *patria potens.* (Moseley, 1986; West, Friedman, & Resnick, 2009). Under the Roman law of *de parricides*, a death sentence was imposed on a mother who killed a legitimate neonate, but not on a father who committed the same act (Mendlowicz, Rapaport, Mecler, Golshan, & Moraes, 1998; Resnick 1969). In ancient Greece, Plato and Aristotle supported the destruction of weak or deformed infants.

The Bible contains several instances of infanticide. For example, pharaohs directed midwives to kill all male infants born to Hebrews. The 'slaughter of the innocents' was Herod's command at the time of Christ's birth. Abraham nearly kills his son, Isaac, as a sacrifice to God, and God sent his only son, Jesus, to be killed. In early Muslim and Hindu cultures, as well as traditional Chinese and Indian cultures, female infanticide is a common practice linked to the devalued status of women (Mosher, 2006). Mohave Indians killed children at the time of birth who were not of pure Indian blood (Devereux, 1948 as cited in Resnick, 1970). In Greek mythology, Medea killed her two sons after their father Jason abandoned her. Hercules killed his wife and children in a state of confusion and anger. The symbolism of these myths continues in research and in media. Medea is used in the filicide literature to refer to mothers who have committed filicide out of a motive of revenge toward their spouse. Fathers are frequently stereotyped as only committing filicide out of anger as Hercules did.

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Historically, children have been regarded as property of their parents. In Agrarian societies, children were considered an asset because they were used for labor on farms. In times of poverty, high rates of disease and mortality, and in the absence of birth control, children were often unwanted and seen as an economic liability. Many societies practiced population control by 'thinning out" by abandoning or drowning infants. In the early Christian culture, the sin of "overlaying," the suffocating of a child by lying on top of it was a minor sin. In Judeo-Christian Europe, the profound religious stand against illegitimate children lent itself to infanticide (Kellett, 1992).

In England in 1623, the "Act to Prevent the Destroying and Murdering of Bastard Children" decreed that if an unmarried woman concealed giving birth and the child was found dead, it was assumed that she killed the child unless she could prove that the child was born dead. This statute also established the death sentence as punishment (Lambie, 2001). England traditionally viewed maternal *infanticide* as a unique crime worthy of disparate treatment under the law.

The abandonment of an infant in a public place, in hopes that it would be found and cared for was known as "baby dropping." This led to foundling's hospital in London in 1741 (Kellett, 1992). In Italy in 1764, Count Beccaria, influenced by the philosophy of Enlightenment, declared that a single woman who kills her illegitimate newborn baby in an effort to conceal it from an intolerant society is an example of a "justifiable crime." This was the concept of *honoris causa* (defense of honor).

In the late nineteenth century, two French psychiatrists, Esquirol and Marce, introduced the notion of a causal relationship between pregnancy, childbirth and a mother developing a mental disorder (Widiger, 1994). This medical model explained the crime of infanticide as based on psychiatric rather than moral considerations and scientifically justified a lighter punishment. The British were the first to form legal guidelines based

on this medical model. The Infanticide Act of 1922 limited the punishment of mothers who committed infanticide from murder to manslaughter. In 1938, the act was revised to include killing of a child up to 12 months of age by its mother as described in Sec. I (I):

> Where a woman by any willful act or omission causes the death of her
>
> child under the age of 12 months, but at the time of the act or omission
>
> the balance of her mind was disturbed by reason of her not having fully
>
> recovered from the effects of giving birth to the child or by reason of the
>
> effect of lactation consequent upon the birth of the child, then
>
> notwithstanding that the circumstances were such that but for this Act the
>
> offense would have amounted to murder, she shall be guilty of an
>
> offense, to wit of infanticide, and may for such offense be dealt with and
>
> punished as if she had been guilty of the offense of manslaughter of the
>
> child.

Eventually, these guidelines were adopted in various forms by over 22 nations around the world, but not the United States. In 1927, Hopwood identified a strong correlation between maternal filicide and the impact of childbirth and nursing on the mother's mental health (West et al., 2009). Research focused on post-partum depression and psychosis, and their link to neonaticide (Brockington, 1996; Meyer et al., 2001; Spinelli, 2004), but the United States has not adopted any federal or state statute to govern infanticide and the act falls under general homicide laws and sentencing. Sentencing is arbitrary and inconsistent, and can range from probation to life in prison and possibly the death penalty.

Historically, *infanticide* changed from being a paternal right of the father (never the right of the mother) to a "justifiable crime" of a single mother in response to stigma and socioeconomic pressure, or a method of "thinning-out," or the disturbed actions of a

mother at the time of birth or within a year after birth. From a review of the literature, infanticide in all cultures appears to fall into two main categories: (a) the killing of handicapped children and (b) the killing of normal but unwanted children (Moseley, 1986). Children who were born with birth defects were often killed out of superstitious fears or economic need to focus resources on children presumed to be healthy. The reason for killing an unwanted child usually fell into one of the following categories: (a) child being born female, (b) economic pressures, (c) inability to care for the child, (d) lack of options (birth control or abortions), and (e) the stigma and societal rejection of unwed mothers. Until the late 1800s, in China female newborns were openly killed, most frequently by drowning. This "gendercide" continues today in China and India where girls are devalued. In 1979, China began a one-child per family policy to alleviate economic and social consequences of population growth. This policy caused an increase in abortions, abandonment, and infanticide of girls (Mosher, 2006). Currently, a third broad category of infanticide has surfaced. This category is the killing of normal, healthy children who are wanted by their parents. The children are killed for "altruistic" reasons of saving them from real or imagined harm.

Existing Research

The literature review included all filicide studies focused on children killed by (biological) parent(s). Studies had to be written in English, available, and able to be obtained by the researcher. The goal of the literature review was to be as inclusive as possible**.**

Early research. Early studies of infanticide (Baker, 1902; Bender, 1934; Blatt, 1948; Hopwood, 1927, as cited in Resnick, 1969) were case reviews of women in psychiatric institutions or prisons. These studies lacked systematic analysis but described

the role that poverty, stress, mental illness, altruistic motives, and suicide played in mothers killing their infants.

Seminal study. The works by Phillip J. Resnick M. D. (1969, 1970) are considered the seminal works on filicide. Resnick defined filicide as the "killing of a son or daughter older than 24 hours," and defined neonaticide as the "killing of a neonate on the day of its birth." In 1969, Resnick was a resident in psychiatry when he reviewed "the "world literature on child murder," written in 13 languages from 1751 to 1967, and found relevant articles on children murdered by parents. Resnick cited several sources in his references in their original language and there is no mention as to how or if information about these cases was translated into English. The author focused on an international sample of 131 cases of filicide dating back to 1751, from various sources, including three of his own patients. His stated goal was to "draw together our psychodynamic understanding of these tragedies" (Resnick, 1969, p. 325).

Resnick's (1969) sample was comprised of 88 mothers, ages 20 to 50 years old, and 43 fathers ages 25 to 44 years old. The victims' ages ranged from 24 hours to 20 years with the age of 24 hours to 6 months having the largest frequency ($n = 38$). There were 15 cases with more than one victim. Resnick used two case reports of patients he treated while he was in the U.S. Army to illustrate how filicide may be "unconsciously multidetermined" (p. 73). The case examples were of mothers who committed filicide and attempted suicide but were unsuccessful in their suicide attempt. Resnick did not explain what he meant by "unconsciously multidetermined" but the patients were under sodium amytal ("truth" serum) during the interviews, which might explain the use of the term "unconsciously" and how he attempted to access the subconscious. The author described the sequence of several events, including the thoughts, feelings, and behaviors of the mother prior to filicide, as recalled by the mothers. This may explain what is

meant by "multidetermined." His findings included the age of the offenders, age of victims, method of filicide, psychiatric diagnosis of the offender, and the disposition of the offender.

Resnick's landmark contribution to the study of filicide was his classification system based on the apparent motive of the murderer. Resnick's classification was guided by Gibson and Klein's 1961 classification of homicide into four categories of motive: (a) mercy, (b) suicidal despair, (c) insanity, and (d) rage/quarrels. According to Resnick (1969), his classification was "based on the explanation given by the murderer and is independent of the diagnosis" and when there was "overlap in proposed groups, the single most important motive was used to classify the case (p. 329)."

From Resinck's work in 1969, the five classifications in order from most to least frequent include: (a) altruistic filicide, (b) acutely psychotic, (c) unwanted child, (d) accidental, and (e) spouse revenge. *Altruistic* filicide was defined as "out of love," which is associated with parental suicidality and feelings that they cannot leave the child. There was also an altruistic motive to relieve real or imagined suffering. Over half of the filicide sample had an altruistic motive and Resnick felt that this distinguished filicide from homicide. The classification of *acutely psychotic* included parents who suffered from delirium, epilepsy, or hallucinations. The *unwanted child* classification was comprised of children killed due to illegitimacy, extramarital paternity, financial pressures, or being an impediment to achieving personal goals. *Accidental* is similar to the "battered child syndrome" and Resnick felt that this classification might be an "epiphenomenon" (p. 378). The last classification was *spouse revenge* which included acts committed to deliberately bring suffering to the marital partner (p. 330). Resnick was the first person to systematically classify the offender based on apparent motive.

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Resnick (1969) recognized a pattern different from the original five classification based on 37 additional cases and developed a separate category based on the age of the victim, that he called *neonaticide.* This category refers to children killed within the first 24 hours of birth. Resnick's contributions to the study of filicide include the largest sample of cases studied up to that time, the first classification system based on the apparent motive, and a new conceptual category of neonaticide. The sample used to develop his well-referenced system of classification continues as a basis for research.

It is important to question whether classifying filicide into categories has been useful. Is there a classification system that accounts for the entire phenomenon of filicide? The discussion below highlights additional filicide classification systems.

Classification systems. Since Resnick's work in 1969 and 1970, several different classifications of filicide were proposed. Each new study either modified or expanded existing classifications (Bourget & Bradford, 1990; d'Orban, 1979; Guileyardo, Prahlow, & Barnard, 1999; McKee, 2006; Meyer et al., 2001; Scott, 1973; Somander & Rammer, 1991; Wilkey, Pearn, Petrie, & Nixon, 1982). Changes from Resnick's initial classification will be discussed. Table 5 includes a full listing of classification systems and comparison of categories for each of the research studies listed.

Scott (1973) questioned Gibson and Klein's (1961) and Resnick's (1969) use of motive as the basis for classification. He was skeptical because the categories relied on offender statements taken after the crime of filicide was committed. He felt that offender explanations were highly subjective and because the answers had implications for sentencing, the responses were defensive and minimized the seriousness of the crime. Rather than classifying filicides based on motive, Scott examined the origin of the impulse to kill and proposed that after "prolonged frustration and indecision," the offender's higher order of reasoning is diminished and behaviors are at a primitive level

(p. 122). He proposed five categories of filicide including: (a) Elimination *of unwanted*

child, (b) *mercy killing*, (c) *mental illness*, (d) *stimulus not in victim,* and (e) *victim*

constitutes stimulus. Scott's classification system was similar to Resnick's, except that

the wordings of the categories were changed and the neonaticide category was

eliminated. The mental illness category was further described as *organic, paranoid*,

manic-depressive, and *uncertain*. His classification scheme is one of the first to be

applied specifically to fathers but he stated that classification "seems equally applicable

to mothers" (p. 126).

D'Orban (1979) applied Scott's (1973) classification to a sample of 89 women in

prison, who killed or attempted to kill their genetic children. The results were a

modification of Scott's classifications by again including the category of *neonaticide* and

changing the headings of the other categories. This was the first classification

specifically for maternal filicide.

In 1986, Cheung (1986) applied d'Orban's (1979) categories to 35 women who

killed their children in Hong Kong. Cheung's findings were consistent with d'Orban's

findings with few differences. Both researchers found that the three most common

categories with similar characteristics were *neonaticides*, *battering,* and *mentally ill*

mothers. These findings support Resnick's (1969) research.

Wilkey et al. (1982) found seven "well-defined syndromes" in 49 cases of

"unlawful child killing" under the age of five. He added the new categories of:

infanticide (children under one year of age), *deprived and starved child (*neglect),

euthanasia previously referred to as altruistic or mercy killing, *murder-suicide*, *non-*

accidental injury assaults (battered baby syndrome) and *murder* (willful act often in the

context of sexual assault, and one case of a child killed, along with other family

members, by parents). This appears to be the first study to mention *suicide* in relation to filicide and include it as a separate category.

In 1990, Bourget and Bradford compared 13 cases of filicide to 48 cases of nonparental homicide. Findings showed that parental homicide offenders were often female and married compared to offenders of nonparental homicide. Bourget and Bradford's categories are based on four motives: (a) *accidental* due to abuse or neglect (battered child syndrome), (b) *pathological* due to mental illness (altruistic or extended homicide-suicide), (c) *neonaticide* (unwanted child), and (d) *retaliating* due to parent's desire to punish other parent. Bourget and Bradford were unable to place fathers under any of the four categories of motive so they added a separate category based on gender rather than motive and called it *paternal filicide*. The changes made were the elimination of the category of *mental illness,* the category of *unwanted child* was placed under *neonaticide* and the specific feature of *extended homicide-suicide* was identified and placed under *pathological filicide* (altruistic, mercy killing). This is one of the first times that filicide committed by a mother with symptoms of psychosis was linked to suicide as opposed to homicide.

Somander and Rammer (1991) reviewed 79 cases of homicide of children under the age of 15 in Sweden from 1971-1980, regardless of the relationship to the victim. Forty-three cases of *homicide-suicide* were identified and a parent perpetrated all of these. The majority of acts (70%) were committed by fathers (biological, stepfather, and foster-father). Suicidal fathers often killed their children and wives. Mothers who committed suicide only killed their children. There was one case of filicide by a foster mother and suicidality was not part of her motive. The category of *fatal child abuse* was narrowly defined as "discipline" that resulted in death. The categories of *homicide-*

suicide, postnatal depression, and *neglect* were added to intrafamilial homicide and *fatal sexual abuse* was identified under extra familial child homicide.

Guileyardo et al. (1999) claimed that many types of filicide were not included in previous classifications because they were based on psychiatric information. Sixteen subtypes were proposed based on cases seen by the medical examiner as opposed to psychiatrists. A case of "familial filicide," in which twin sisters both attempted filicide, was used to illustrate a unique subtype (p. 287). The subtypes were based on "additional motive, precipitating factors, and typical situations" (p. 289). Guileyardo et al. used Resnick's (1969) classification as the basis for their classification system. The subtypes added to Resnick's classification were: (a) *Munchausen by proxy*, *violent older child* – a physical altercation between older child and parent; (b) *sexual abuse*, *sadism and punishment* – deliberate and pre-planned; (c) *drug and alcohol abuse* – killed during substance induced delirium or overlay by intoxicated parent; (d) *seizure disorder*; (e) and *innocent bystander*- child killed inadvertently during parent's attempt to kill the spouse. Resnick's *accidental* (child abuse) category was renamed *violent outburst*.

Wilczynski (as cited in Meyer et al., 2001) identified 10 categories of filicide based on parents' primary and secondary motives. This study was not included in the meta-analysis because the original source could not be located. I am mentioning the study because it was a comprehensive study with a large number of categories of filicide. The categories include: (a) retaliating, (b) jealousy/rejection by victim, (c) unwanted neonate or older child, (d) field, (e) altruistic (primary -mercy killing, secondary to postpartum depression or mental illness), (f) psychosis in parent, (g) killings secondary to sexual or ritual abuse, (h) Munchausen Syndrome by Proxy, (i) no intent to kill or injure (neglect), and (j) unknown motive.

In their 2001 book, Meyer et al. (2001) offered a typology that considers the "unique interaction of social, environmental, cultural, and individual variables *within each category* of filicidal mothers" (p. 31). They identified 219 cases of maternal filicide from the NEXIS news database. Cases involving Munchausen by Proxy, adopted children, attempted filicide, or co-perpetrated filicide, were excluded from the sample. They also acknowledged that cases of filicide-suicide were not included in their analysis. Meyer et al. developed a typology of five categories: (a) purposeful filicide, (b) filicide due to neglect, (c) filicide related to ignored (denied) pregnancy (neonaticide), (d) abuse-related filicide, and (e) assisted/coerced filicide. Meyer et al. also discussed and illustrated each of the five categories.

Bourget and Gagne (2002) identified 75 cases of filicide from coroner's files but they only considered the 34 cases of maternal filicide. They concluded that a classification system needed to address impulsivity, aggression, suicidality, and psychiatric diagnosis. Three categorical "specifiers" were proposed: suicide, substance abuse, and previous threats of violence or history of abuse. Bourget and Gagne concluded that a classification needed to be "flexible and standardized" in order to identify subpopulations for research and identification of biological and genetic markers. They recommended that future research focus on the role of gender differences, and neurotransmitter activity.

McKee's (2006) book, *Why Mothers Kill: A Forensic Psychologist's Casebook* is based on 32 forensic psychological evaluations conducted by the author. McKee proposed a maternal filicide classification system with five categories: Detached, Abusive/neglectful, Psychotic/depressed, Retaliatory, and Psychopathic. These categories describe the nature and quality of the mother-child relationship. The subtypes within each category describe the contextual dimension.

Over the last 40 years, researchers repeatedly refined and proposed new categories of filicide classifications focused on motives, impulses, and/or the pathology of the individual offender. Recent research included contextual, cultural, and social influences. Research appears to vacillate between expanding the categories and consolidating them. The number of categories or subtypes has ranged from 5 to 16.

Strengths and weaknesses of classification systems. Classifications are useful for professionals to discuss cases, and may lend to greater understanding of possible offender motives. However, classification systems tell us little about relationships or interactions among variables and contribute little to a comprehensive understanding of this phenomenon. Therefore, classification systems are of limited use in clinical settings, which focus on early identification, prevention, and intervention.

Filicide classification categories have been developed based on motives, impulse, psychopathology, scenarios, and themes. These categories have helped to identify types or broad groups of filicide, but they do not adequately address the range of factors in individual cases (Bourget & Gagne, 2002; Simpson & Stanton, 2000). Moreover, the stigma and norms surrounding sexuality, birth control, and single parenting drastically changed since the 1960s. Many of the early categories, specifically those based on the prevailing social norms for women at that time in history, are outdated (Meyer et al., 2001).

Strict focus on the individual psychopathology of the offending parent (psychoanalytic view) dominates the classification systems. The majority of classification systems were developed from cases of maternal filicide and applied to mothers, thus neglecting cases of paternal filicide. In contrast, Bourget and Bradford (1990) were unable to place fathers in any of their motive categories so they developed a separate category called *paternal filicide*. Prior to 1990, no categories applied

specifically to fathers. The category of paternal filicide was based on gender role and the title of this category adds little to understanding; it merely acknowledges that a person in the role of father is the offender. The single category of paternal filicide does not constitute a category comparable to the categories identified for mothers. It is simply the gender opposite of maternal filicide. The categories for mothers were divided by motive, mental illness, and age of child. Based on the classification systems presented above, it is unclear whether filicidal fathers differ from filicidal mothers and whether instances of paternal filicide require a classification system with unique categories.

What has become clear is that classification systems should be flexible to be useful for future research (Bourget & Gagne, 2002). Filicide is a not a homogeneous phenomenon. Existing research has shown that it is multi-dimensional and requires understanding of the bio-psycho-social-spiritual and developmental variables of the individuals involved, and the interaction between parent-child and other family members. In order to gain a more complete understanding, filicide researchers expanded beyond primary and secondary classifications of the individual offender and examined the phenomenon from different perspectives.

Paternal filicide research. Scott (1973) was one of the first, to propose a classification for fathers that "also applied to mothers." It was not until 15 years later, that one of the first studies to focus exclusively on "filicidal men" was published by Campion, Cravens, and Coven (1988). The authors examined 12 men evaluated by forensic psychiatry. The goal of the study was to gain a better understanding of paternal filicide, and to identify familial, developmental, and psychological features related to it. Based on eight vignettes, Campion et al. found that the majority of men had psychiatric disorders in childhood and all had significant psychiatric disorders in adulthood. Other disorders like epilepsy, head trauma, and cognitive impairments were prevalent in the

sample. Several fathers had a history of abuse and many were separated from their families in childhood through death of mother or residential treatment. Social factors in adulthood included poverty, social isolation, lack of support, and impulsive behavior. The primary motive found in this study was misinterpretation of the child's behavior. The children were killed "unintentionally during reckless endangerment," in an explosive rage or because of an ongoing pattern of child abuse. Acute or chronic psychosis and/or substance abuse were found to be critical factors in paternal filicide.

Kaye, Borenstein, and Donnelly (1990) re-examined two cases of paternal neonaticide identified by Resnick (1969), and added two cases that emerged since that time. Offenders were classified as altruistic, unwanted, and psychotic. Kaye et al. concluded that the difference between maternal and paternal neonaticide is the existence of premeditation by fathers in three of the four cases. Kaye et al. also proposed a sub-classification of infanticide based on the age of the child at the time of death, birth, birth to 6 months, and 6 months to one year. This sub classification is not found elsewhere in the literature.

Marleau, Poulin, Webanck, Roy, and Laporte (1999) gathered psychiatric and socio-demographic information from the files of 10 men who were sent for forensic psychiatric assessment to determine fitness to stand trial for committing filicide. Situation factors, such as separation from family, financial difficulties, and unemployment were identified. Based on Bourget and Bradford's (1990) classification, the study considered the filicides to be "pathological," "altruistic" and "extended suicide" because of the prevalence of psychiatric disorders and attempted suicide after the filicide. The term "familicide" was mentioned because over half the men in the sample killed or tried to kill their spouse.

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Adinkrah's (2003) study of six fathers who killed their children in Fiji was based on data gathered from police records, newspapers, and interviews with medical and criminal justice personnel. Adinkrah found domestic quarrels (infidelity, paternity, and gender roles), family violence, and excessive attempts to field as dominant themes. These themes were illustrated through case examples.

In a book by Johnson (2005), seven cases of family homicide followed by suicide were examined. In all cases, custody disputes or visitation rights to the child(ren) was identified as an issue. Findings revealed that familicide was more related to parental marital separations than to custody disputes. There was a history of domestic violence and stalking behavior by the offender in all cases except one. The author also suggested that underlying abandonment, loss, and lack of control (possession and obsession) led to depression in the offender and precipitated the familicides.

One of the first reviews of paternal filicide was conducted in 2009. West, Friedman, and Resnick (2009) examined 12 studies that had samples of fathers and stepfathers who had killed their children. The authors found common characteristics including motives, method, and precipitating factors. They recommended that clinicians assess for thoughts of harming children.

What appears to be a sampling bias, the predominance of women in these studies, may reflect the dominant sex of the sample of offenders, cases that were available, a specific research interest, or a conceptual bias that assumes that the offenders are women. Further analysis of the samples used in existing research compared to aggregate statistics on incidents of filicide is needed to explore the representativeness of the samples used in existing research.

Dominant theoretical perspectives. The majority of studies that produced classification systems and several studies with descriptive demographic data (Cheung,

1986; d'Orban, 1979; Korbin, 1989; Kunst, 2002; McKee, 2006; Mendlowicz et al., 1998; Resnick, 1969; Scott, 1973; Spinelli, 2001; Stanton et al., 2000, Wilczynski, 1997), do not explicitly identify their theoretical underpinnings. However, the research questions and findings suggest a focus on the individual offender's psychopathology, motives, and impulses. Exclusive focus on individual variables points toward a psychodynamic perspective based on the medical model. These studies provided interesting insights into the possible motives of mothers who murder their children, but have not produced a multidimensional perspective of filicide.

Methods and samples. The majority of studies of filicide are based on reviews of judicial and police reports, legal, medical, psychiatric and prison record reviews, death certificates, and coroner's reports (Bourget & Gagne, 2002; Brewster et al., 1998; Campion et al., 1988; Cheung, 1986; Haapasalo & Petaja, 1999; Karakus et al.,2003; Arican, Ince, & Sozen, 2003; McKee, 1998; Marleau et al., 1999; Meyer et al., 2001; Overpeck et al., 1998; Wilkey et al., 1982; Resnick, 1969; Vanamo et al., 2001). The use of document review as the primary method of research limits the scope of understanding and the available information about this phenomenon. Review of documents is an important part of research, but it rarely captures the historical and immediate perspective (worldview/mental representation) of the offender prior to the filicide.

Six in-depth studies were identified that elicited information directly from the offender through the use of interviews or formal clinical assessments (Kaye et al., 1990; Korbin, 1989; Kunst, 2002; Smithey, 1997; Simpson & Stanton, 2000; Stanton et al., 2000). In the majority of these studies, clinicians used their clinical or forensic cases as data and reported the findings in the form of case summaries, presentations, or illustrations. Interviews, despite their retrospective nature, provided insight into the meaning of the filicide from the viewpoint of the offender. The authors focused on

psychopathology and classification with some mention of contextual factors uncovered during the interviews.

Contextual or risk factors were the stated focus of only four studies (Korbin, 1989; Mugavin, 2008; Smithey, 1997; Simpson & Stanton, 2000), all of which used samples of women who killed their children. Contextual risk factors related to filicide are summarized under several headings: lack of social support/networks, change in family structure, marital problems, family violence, substance abuse, financial hardship or poverty, and housing problems.

Unique research perspectives and approaches. A review of the literature produced one macro-level exploratory study by Gautheir (2003) who proposed an economic-stress hypothesis. This hypothesis predicts increased maternal aggression in the context of economic stress. Gauthier examined structural predictors of economic stress, social support, race/ethnicity, and geographic location in the United States. This is the only study that examined structural explanations for why mothers kill their infants. Gauthier concluded that states with a high number of poor (childbearing age) women are also states with high rates of maternal infanticide. The study found no relationship between interpersonal (marital) support or governmental (welfare spending) social support and lower rates of maternal infanticide. Race/ethnicity and geographical location in the United States were not significantly related to infanticide rates. One drawback to this study is that 13 states did not report their maternal infanticide rates. The author also inferred causation when it was a correlational study.

Stanton et al. (2000) used a naturalistic paradigm to understand filicide from the perspective of six "mentally ill" mothers in their own words. The authors claimed that they emphasized description rather than explanation. They stated that their goal was to represent reality through the eyes of the participants (constructivist epistemologies), and

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that they allowed the emergence of concepts from the data rather than imposing a theory. Stanton et al. defined the mothers in their sample as "mentally ill" prior to beginning their study and in the conclusion, they referred to the phenomenon as "maternally ill filicide." This pre-defining, or describing the sample of mothers, is inconsistent with a naturalistic or constructivist view and reinforced preconceptions, without adding new knowledge to the understanding of this phenomenon.

Kunst (2002) used an object relations perspective to examine the psychodynamics of 20 women who committed filicide and were remanded to an inpatient forensic hospital. Her framework focused on two broad conceptual categories of mothers: psychopathic or psychotic. Within the psychotic category, disorganized and organized character structures were identified. Kunst used a unique perspective, but continued the focus on the individual psychopathology of mothers.

A unique study was conducted by Meyer et al. in 2001. The authors used newspaper articles as the data for analysis and the sample included cases reported in newspaper articles. They authors analyzed articles on the same incident from several different sources. Cases spanned the time from the incident to the disposition and were covered by many sources; cases that could not be followed up were excluded. The drawback to this is that the information was subject to the reporter's biases, inaccuracies, and the push to produce articles that get the public's attention and make a profit. The strength of this method is that Meyer et al. had a large sample of 219 cases. The theoretical perspectives used in this study were not clearly articulated. The researchers stated that they believe the "unique interaction of social, environmental, cultural, and individual variables needed to be addressed" (Meyer et al., 2001, p. 31), which suggests an ecological perspective.

Meyer et al.'s (2001) study was published as a book and had an in depth amount of rich information. The result was a classification of filicidal mothers. This book contains a significant amount of discourse on societies' tendency to blame mothers. Meyer et al. challenged the legal system's lack of uniform treatment of women and questioned the purpose of sending the women to prison. The authors addressed society's responsibility to help prevent filicide through education of medical professionals, parenting training, and health care for mothers and children.

Meyer et al. (2001) also mentioned that "infanticide in the twentieth and twenty-first centuries may be understood as a response to the societal construction and constraint upon mothering" (p. 13). This reference to social constructionism of "mothering" is an important perspective that is usually mentioned only in media studies. The authors only considered maternal filicide, and did not clearly state the reason for this focus. Despite the limitations and implications of using newspaper accounts as the basis for developing typologies and including only cases where there is a female (mother) perpetrator, this study used a large sample and offered one of the most interdisciplinary (law, policy, medicine and psychology) and comprehensive conceptualizations of maternal filicide. The book is easy to read and has clear recommendations for practice; however, this researcher was unable to find the book in a library or bookstore and had to order and purchase the book for use. This is an example of research that is not easily available for use by researchers, educators, or clinicians. The next step would be for Meyer et al. to present their findings in a format for use by agencies, clinical professionals, and policy makers.

Theoretical frameworks used to explain maternal filicide. Three studies from the fields of anthropology, sociology, and nursing proposed theoretical frameworks to explain maternal filicide (Korbin, 1989; Mugavin, 2008; Smithey, 1997). Korbin (1989)

conducted an ethnographic study (interviews and observations) of nine women in prison

for fatal child abuse. The victim's ages ranged from 5 months to 6 years old. Korbin

cited Resnick's (1969) classification of "accidental" as similar to some cases in her

sample due to lack of homicidal intent and repetitive nature of previous abuse. Fatal

maltreatment was defined as the repetitive pattern of child maltreatment (purposeful or

unintended) that ended in death of the child. Some of the methods of death were

drowning, stabbing, and suffocation with a plastic bag. A previous history of

maltreatment was found in all nine cases. Several themes were uncovered during the

research process. Separations and reunification of the mother and child were a significant

source of stress. Parent-child interactions were often negative. Mother's interpretation of

the child's behavior as rejecting her or (mis)perceptions of the child as developmental

abnormal (advanced or delayed) were also identified as themes. These themes led to the

development of a framework for fatal maltreatment that highlights the negative

interactions between parent and child, and social environment.

Korbin (1989) proposed that mothers were caught in a cycle of abuse and when

they gave warning signs, the response, to these opportunities to help, was one of denial

and minimization from all levels of support. These responses reinforced or normalized

the mother's abusive behavior and eventually lead to fatal child abuse. This was one of

the first studies conducted outside the psychiatric or legal community. It also began to

consider societal opportunities and responsibility for prevention of fatal child abuse.

Korbin posited that this framework also applies to nonfatal maltreatment. Korbin's is one

of the few studies on fatal maltreatment that is cited outside the discourse on child abuse

and neglect.

Smithey (1997) used a sociological perspective based on social learning,

economic deprivation, self-attitude, and substance abuse to explore "infant homicide."

The goal was identification of social correlates of such homicides to develop a multidimensional, theoretical model. Fifteen biological mothers, who killed their children under the age of three, were interviewed to identify life circumstances, perceptions, coping strategies, and activities before and after the death of the child. The age of three and under was selected based on the possible "causal or associative factors rooted in physiological problems such as hormonal imbalances" of mothers (Smithey, 1997, p. 259). The framework is divided into predispositional and precipitating factors. Findings suggested that predispositional factors include the mother's childhood experience of socialization (abuse, disapproving parents, and exposure to substance abuse by the father), and precipitating factors include lack of interpersonal support or emotionally destructive relationships (husband/boyfriend), economic deprivation (adverse living conditions). All of these lead to emotional stress, and when the mother used substances as a coping mechanism, there was an increased likelihood of aggression, impulsivity, and altered perceptions of infants' actions.

Smithey (1997) did a nice job of illustrating factors with quotes from the women's interviews. The method used to kill the child was not identified in the research, knowing the method used by the mother would increase the variables for correlation. The author mentioned the terms "nonfatal" and "near fatal" child abuse, and uses the phrase "fatally injuring." This may indicate that the author focused the research on a subtype of filicide where there has been a pattern of previous abuse but no intent to kill (fatal child abuse and neglect). These findings broadened the conceptual framework for understanding filicide, and appear to be the beginning of a turn in research toward a consideration of contextual (social) factors rather than a focus solely on the individual offender's presenting psychopathology.

Mugavin (2008) proposed a maternal filicide theoretical framework (MFTF) from a forensic nursing perspective. Her research was based on 33 narratives and case studies found in the existing literature, and later confirmed by in-person interviews of mothers incarcerated for filicide. The theoretical approaches behind the framework included family systems, feminist theory, and some information gleaned from the neurobiology and trauma literature. The goal of the framework is to increase understanding of the impact of maternal childhood trauma on a mother's relationship with her own child in order to prevent fatal and nonfatal abuse. The model focuses on phenotypic vulnerabilities and triggers. Vulnerabilities consisted of a history of or predispositions to mental illness, substance abuse, exposure to all types of abuse, inadequate maternal role development, and social environment. Triggers include religiosity, substance abuse, revenge, inability to parent, desperation, mercy killing, lack of interest in parenting, and good mother stress. The MFTF was illustrated with two examples from a sample of 19 woman incarcerated for filicide or child abuse. Mugavin acknowledged that the framework does not address the influence of the offender's or victim's father, or the role of the partner of the offending mother.

Consensus in the research. Researchers from various countries, using different samples, found similar motives for maternal filicide. The categories of motive are reported with comparable frequencies (McKee, 2006). Six core classifications for filicide appear consistently in the literature: (a) neonaticide (conceal, deny, unwanted pregnancy), (b) filicide-suicide (altruistic), (c) fatal child abuse (physical and sexual) and neglect (accidental, battered child, violent outburst), (d) mental illness (psychotic, post-partum depression, Munchausen by proxy), (e) purposeful (mercy killing, unwanted/burden, revenge/retaliating), and most recently the category of (f) familicide.

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Neonaticide has been found to be a distinct category of filicide, predominately, but not exclusively, perpetrated by mothers. Filicide-suicide is closely linked to the parent's primary motive of suicide and not wanting to abandon his or her child. Researchers often study fatal child abuse and neglect separately from other types of filicide. Mental illness can be a primary category due to active psychosis at the time of the filicide, or can be a contributing factor leading up to the filicide. Purposeful filicide is committed for a specific reason (a solution to a problem) and encompasses several types of motivations. Relieving a child from suffering (real or imagined) is the basis for purposeful mercy killing. Unwanted or burden is when the child hinders the parents goals or desires. The existence of revenge/retaliating filicides received limited support in the research (Bourget & Bradford, 1990; Bourget & Gagne, 2002; Resnick 1969); however, the theme continues to emerge in cases where there is infidelity or perceived loss of relationship with the spouse due to divorce or separation. Familicide is sometimes equated with paternal filicide. In familicide, the father kills the entire family and then kills himself.

The six core categories are in the existing literature but they have not been clearly and directly acknowledged prior to this current meta-study. A detailed discussion of the six core categories is presented in the section on Analysis and Synthesis.

Disagreement (divergence/inconsistencies) in the research. There is some consensus as to the prevalence of filicide from child abuse and neglect sources. Most studies mention the underreporting and underestimation of filicide. There is limited discussion whether filicide is an individual, family, community, societal, country, or global problem. The greatest inconsistency in the existing research is the terminology used for filicide (see Table 2). Not only are there differences in the terminology, different definitions are used for the same terms. Neonaticide, death on the first day (24

hours) of life, is the only consistent term. Important terms like *infanticide, filicide*, and *fatal child abuse* have no agreed-upon definition. Bourget and Gagne (2002) stated that "infanticide," which occurs within the first year of life of the child, "can only be used for offending mothers to account for postpartum phenomena, hormonal influences and other nonspecific mental disturbances." The study of fatal child abuse and neglect appears to be separate from research on other types of filicide. There is no consensus as to whether fatal child abuse is a subtype of filicide, or if filicide is the extreme form of child abuse and neglect. There is no single definition of fatal child abuse and neglect.

Some studies require a previous pattern of abuse. Others do not, and instead, view killing a child as part of the abuse spectrum. The disagreement between intentional and unintentional death is central to the discourse on fatal child abuse. Korbin (1989) defined *fatal maltreatment* as when there is a history of previous abuse, regardless of intent. Others e proposed that fatal child maltreatment is "unintended" death due to severe abuse without regard for a pattern of previous abuse. Mugavin (2008) referred to all circumstances of maternal filicide as *fatal abuse*. Consensus in terminology and definitions is important for comparing studies, discussing phenomenon, and describing the findings. If consensus in terminology is lacking then definitions of the phenomenon, scope of the problem and prevention efforts will differ.

Gaps in research. The variations in terminology and divisions based on the field of the researcher hindered the discussion of the phenomenon of filicide. The existing research, dominated by a medical model (psychiatry and psychology), focused on classification or individual psychopathology of the offender, usually the mother. Research on fathers and familicide has begun to emerge, but the discourse regarding the existence of gender differences in offending parents is scant. The role of the offender as a parent, stepparent, or designated caretaker is briefly mentioned in only a handful of

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studies. Role differences were not considered as an important determinant until findings emerged regarding stepfathers' predominant use of extreme physical violence in filicides (Wilson, Daly, & Daniele, 1995).

There are only a few studies ($n = 3$) that offered a conceptual framework for understanding filicide, and all focused on mothers. The findings from existing filicide research have not been synthesized and have not been presented in a format that can be used in education or practice. The field of family violence and child welfare has research on fatal child abuse and neglect that informed policies and practice, but this information is not part of the dominate discourse on filicide. Screening questions for suicide, homicide, family violence, and postpartum depression exist, and are currently in use by medical and mental health professionals. The only screening question suggested in the research to identify filicide is: Are you thinking about harming others? Currently, this question is not part of the education for practitioners. This question is easily included in the questions about suicide and depression.

Each study has important pieces to the puzzle of filicide, but no research study has analyzed the aggregate of knowledge and synthesized it in a manner that produces a new conceptualization for use in prevention.

The current meta-study attempted to begin filling in the gap using social constructionism as a foundation to analyze, synthesize, and offer a new conceptual framework for understanding filicide based on role theory. Filicide, by definition, requires the existence of the two interdependent roles of parent and child. Role theory broadens our understanding of filicide by focusing on the thoughts, behaviors, and the challenges of individuals who extinguish their role as a parent.

Conceptual and Theoretical Foundation of Current Meta-Study

An applied, contextual, social constructionist approach was the basis for this meta-study. Loseke's (2003) framework for social problem construction guided portions of the questions regarding filicide research. The following description of the theory of social problems and social constructionism highlight the assumptions and beliefs that framed this meta-study and provided support for selecting this approach.

Theory of social problems. Every social problem consists of an objective condition or event, and a subjective definition (Fuller & Myers, 1941; Jenkins 1994), but there are no strict objective criteria for a condition to be defined as a social problem. In fact, there is little correlation between what people worry about as social problems and the actual objective indicators of problems (Downs, 1972; Loseke, 2003). This study is based on the belief that before a social condition like filicide becomes the focus of large scale, comprehensive, effective prevention and intervention, it must first be successfully constructed as a social problem. The phrase *social problem* refers to an objective condition and a subjective process that, when combined, meet specific criteria that distinguish it from a mere social issue, social condition, or social concern. Social conditions can be successfully constructed and maintained as social problems through claims-making and the typification processes (Best, 1995; Loseke, 2003; Spector & Kitsuse, 1977).

Claims-making. Claims-making involves individuals or groups who make statements, assertions or requests about a social condition, and construct a typical image for an audience. Within the framework of social construction of social problems, claims-making is a central concept. According to Spector and Kitsuse (1987), social problems theory and research should "account for the emergence, nature and maintenance of claims-making and responding activities" (p. 76). The study of specific contemporary

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social conditions, like filicide, requires a focus on the actual definitions, claims (research), the claims-makers (social scientists), and the claims-making process (entire research process, dissemination of findings, and use of research).

A claim can take many forms, such as a quote, a research study, a recommendation, a statistic, an image or action. What claims have in common is that their goal is to persuade an audience to think and feel in certain ways. Schneider (1985) stated that research should be concerned with how claims and definitions are created, documented, and kept alive. One purpose of this current study was to make a claim that filicide is a social problem worthy of attention and prevention efforts.

Claims-makers and audience. According to Loseke (2003), making claims and successfully defining a condition as a social problem involves two types of "key players" (p. 20): the claims-makers and the audience. Claims-makers are the people who say and do things to persuade audiences that a condition is or is not a social problem. Anyone who makes a claim about a social condition is involved in the process of defining that condition. However, a social problem claims-maker goes one-step further by labeling the condition a social problem and implying that something must be done. A single individual can be influential in the claims-making process. The majority of the time, claims-making is done by researchers in academia or practitioners in professional settings.

There are many types of claims-makers. Examples of these include groups, organizations, and institutions such as the American Medical Association, National Association of Social Workers, National Institute for Mental Health, research scientists, professionals, officials, social movement activists, and mass media (Best, 1995; Loseke, 2003). Scientists are at the top of the "hierarchy of credibility," followed by professionals or officials. The public generally believes claims made by these sources

(Loseke, 2003, p. 36), and rarely critically evaluates or questions their statements. Social movement activists are people who organize into groups to persuade audience members by compiling statistics, lobbying, and educating the public. They hold a specific point of view and have an obvious agenda. Their power to make claims comes from passion, the number of people in their group, funding, and the ability to consistently make claims. The claims they make are often based on information from research. Mass media is a powerful claims-maker that will often cite researchers as expert sources. The current meta-study is based on the belief that all claims of knowledge), regardless of the source, are socially constructed, and that critical analysis and synthesis will lead to a richer understanding of the phenomenon being studied. For the current meta-study I was specifically interested in examining claims about filicide made in research across fields and professions**.**

The second key player, the audience refers to the people who read, hear, or see the social problem claims, and evaluate whether the claims are believable and important. All audience members do not hold the same importance or power when it comes to social problem claims-making. People in positions to authorize funding, set policy, or vote on issues often hold greater power compared to the public. Therefore, these people must ultimately be persuaded in order for large-scale change to take place. The audience for the current meta-study are professionals in the helping fields involved in direct-practice, advocacy, education, policy, and research.

Social constructionism. The theory of social problems is based on social constructionism. In their classic writing, *The Social Construction of Reality,* Berger and Luckmann (1966) claimed that reality is both objective and subjective. Reality is not something that exists apart from our understanding, it is also a (re)construction through sense-making activities. In the broadest sense, social constructionism is a theory of

knowledge and reality. It is based on the belief that our knowledge and understanding of reality is produced through subjective and collective interpretation (Foucault, 1972; Merton & Nisbet, 1971).

Social constructionism is not a single unified theory or perspective of the social world that reduces to a fixed set of principles. There are six assumptions stemming from the social constructionist perspective used as a basis for this meta-study. The first is the belief that accounts or versions of the world are not dictated or determined by objective reality, but based on subjective interpretation. The second considers meaning as a social construction that is communicated through discourses that use symbols such as language and images. The third belief is that humans create meaning and understanding based on experience and learning that shape values and beliefs. The fourth is that knowledge at any point in time and in any place is systematically informed by available verbal or written discourses. The fifth premise is that social institutions are resources for knowledge and structures for learning, understanding, and contributing to knowledge construction. Lastly, the focus of social constructionist research is to examine the creation and maintenance of human meaning. The broad aim of research from this perspective is to deconstruct the existing knowledge discourse and reconstruct new ideas, perspectives, theories, or frameworks to best serve society. The ultimate goal of the current meta-study is to deconstruct the existing research knowledge base and reconstruct a conceptual framework for praxis in understanding filicide.

Research on construction of social problems. There is a significant body of literature exploring the social construction of specific "social problems." The majority of these studies focused on how media or special interest groups constructed or played a dominant role in establishing concern for social issues. Little attention is paid to

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research, and how the process and production of research influences our understanding of a social phenomenon, like filicide.

Best is the editor of two of the largest compilations of constructionist research on social problems. In 1990, Best focused on child-victims (i.e., missing children, abused and exploited children) and how concern about "threats to children" became widespread in the late 1970s and early 1980s (p. 6). Best (1995) described how concern for children developed into "child saving campaigns," and he describes the role of *claims-makers* in this process. He stated that primary claims-makers are victims, activists, or experts, with "special knowledge" about the social condition (p. 87). However, he focused on media and the impact on public opinion and policy. In 1994, Best published *Troubling Children*, a compilation of case studies and papers highlighting micro- and macro-level concerns regarding children (i.e., prenatal care, abuse, spanking, music, schools, quality of life, and the economy). The methods used in these studies include various techniques of content and discourse analysis of interviews and documents (e.g., surveys, newsprint, magazines catalogs, and drawings), but existing research was not analyzed.

Best (1995) highlighted the diversity of fields that use a constructionist perspective to explore a broad range of social concerns (e. g., hate crimes, stalking, father's rights, multiculturalism in education, crack, infertility, and child abuse). In addition to the books edited by Best, sources frequently mention the power of scientists and professionals to use research and statistics as a voice of authority in establishing grounds for constructing social problems, even though their actual research focuses on contributions and impact of media or social movement sources (Berns, 1999; Best, 1994, 1995; Jenkins, 1994; Loseke, 2003).

A limitation of using media as the primary source for understanding social phenomena is that dominant media coverage often reflects only a partial picture, taken

out of context, from a limited number of perspectives, and designed to sell a product (i.e. newspapers and information). Public concern, resources, prevention efforts, and legislation may be misdirected when responding to media representation. Professionals who use media as their primary source of information may base their understanding and efforts on incomplete or inaccurate information. Tierney (1982) argued this point in a study on domestic violence. She explored the historical development of domestic or family violence. She described how a new social problem of "wife beating" emerged, and how it was quickly defined and covered by media. In the absence of research studies, formal training (in-services), or education, social service agencies responded to the images and conditions as they were portrayed and made public by the media. Essentially, the media's construction of the social problem of "wife beating" shaped the focus of prevention and intervention efforts of front line workers. Research-based education and training on social problems needs to be available to professionals in the field for prevention and intervention efforts to be optimally effective. Before this can take place, the existing research must be critically analyzed, synthesized, and presented in a way that can be used in practice.

Researchers consider not only how media and social activists/movements construct social problems, but also explore how psychiatrists, physicians, and scientists construct or "medicalize" certain conditions such as premenstrual syndrome (Figert, 1995), homosexuality (Kirk & Kutchins, 1992), and alcoholism (Conrad & Schneider, 1992). The authors of these studies concluded that the medical professions, especially psychiatry, frame social issues as an individual medical or mental health problem and in doing so they retain authority over these conditions. The use of a medical model as the dominant framework for research shapes what types of findings and conclusions are produced. It also limits the scope of possible solutions. These studies stress the

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importance of examining the theoretical frameworks or models used to research social issues. They also highlight the medical/scientific community's powerful role in the process of defining a problem, constructing research, and reporting findings. All aspects of this process influence professionals' conceptualization of the problem, and the range of possible responses.

Studies on filicide, construction of social problems, and analysis of research alluded to or directly stated that synthesis of existing research is critical to expanding knowledge and understanding. An analysis and synthesis (meta-study) of research on filicide, from a social constructionist perspective, has not been conducted. This current meta-study provides a unique perspective on filicide by using an applied, contextual, social constructionist's perspective. This framework is discussed below.

Objectivist and social constructionist (subjectivist) perspectives. Historically, social problems have been studied from an objectivist standpoint that focuses on objective characteristics of the condition or people involved in specific social problems. Sociologists conducting research were viewed as having a strict role of seeking knowledge about the cause of these "pathological social actions" and conditions (Merton & Nisbet, 1966, p. 16). The goal of social problems research was to identify the objective "evidence" of specific social conditions. Research from this objectivist perspective often categorizes and measures data and the findings are presented in the form of indicators, such as statistical frequencies or profiles. However, Merton and Nisbet recognized a "close and even predictable relation between recurrent social problems and the values and institutions of that culture" (p. 1). Even at that time, institutional (religion, academia, legal, literary/journalist) values were considered an important factor in the study of social problems. Critics of the objectivist perspective argued that the evidence of social problems was not objective because categories,

profiles, and statistics, are products of social construction based on subjective definitions. Sociology's dissatisfaction with the objective focus toward social problems gradually led to the use of social constructionism as the dominant theory of social problems. "Social constructionist perspective offers a way to define, understand, and study social problems that is decidedly distinct from the previous perspective" (Schneider, 1985, p. 209).

This paradigm shift began in 1977 with the seminal work of Spector and Kitsuse. Their work is credited as the beginning of sociology's study of social problems from a constructionist perspective. In 1989, Holstein and Miller developed the idea of "social problems work," which refers to any activity (recognition, identification, interpretation, definition) that contributes to the construction or understanding of a social problem.

Strict versus contextual approach. Strict social constructionists assert that a social problem does not exist until it is defined as one (Agger, 1993; Merton & Nisbet, 1971). Social problems are seen as "products of a process of collective definition," rather than "objective conditions" (Blumer 1971, p. 298). Research on social problems from this perspective is strictly confined to an analysis of claims, not conditions. The focus of research from this perspective is "to study the process by which a society comes to recognize its social problems" (Blumer, 1971, p. 300). When studying social problems, questions about objective reality are frequently "bracketed" or set aside so that the actual social conditions are not an issue (Loseke, 2003; Sarbin & Kitsuse, 1994). The perspectives of claims-makers, policymakers, and other members of society are the focal point of examination and the actual objective conditions are irrelevant. This strict approach ignores the objective impact of social conditions like filicide. A critique of the strict constructionist view is that the existence of problematic conditions is not dependent upon recognition (Collins, 1989). For example, child abuse existed long before it was recognized or defined as a social problem. Both the objectivists and strict constructionist

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perspectives on social problems make theoretical sense, but they are abstract and have limited practical application (Loseke, 2003). Social conditions, regardless of recognition on society's list of the top contemporary social problems, have real consequences for individuals and families. In order for research to influence social change, Collins (1989) called for research to move beyond the dichotomous approach of strict social constructionism versus the objectivist perspective.

 Contextual constructionism. Contextual constructionism is a perspective that places itself between the objectivist-subjectivist debates in social constructionism (Best, 1995). A contextual constructionist perspective locates the social problem within context (Blumer, 1971; Gusfield, 1985). This is similar to the perspectives of *person-in-environment* (Hollis, 1964); *ecological systems theory* (Bronfenbrenner, 1986), and *general systems theory* (von Bertalanffy's (1950, 1968), which are dominant frameworks used in social work research and practice. Contextual constructionists focus on the claims, claims-making process, and the construction of meaning. This approach also allows the social context of claims to enter into the analysis and acknowledges making assumptions about or in reference to objective conditions (Best, 1990; Loseke, 2003). Contextual constructionists examine publicly available materials, like professional publications about social conditions, which are used in developing knowledge (Holstein & Miller, 1989). A critical component in making contextual constructionist research useful is identifying the audience. The audience for the present meta-study is professionals, practitioners, researchers, and claims-makers.

 Applied constructionist approach. Holstein and Miller (2003) suggested the "future of the constructivist perspective on social problems may be found in the relationship between academic and applied constructionism" (p. 236). They described academic constructionist as researchers in universities who theorize about constructions

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with the goal to further scholarly projects. In contrast, they view applied constructionists as practitioners, generally in nonacademic settings, whose aims are to produce practical projects useful to others. This researcher's meta-study is academic *and* applied, with implications for research and practice.

Using an applied orientation involves giving up any claims to analytic distance and indifference, and openly places the researcher as part of the claims-making process with an interest in building knowledge for social change. Applied, contextual, social constructionism is the perspective used in this meta-study.

Theoretical Framework: Role Theory

Because this meta-study is within the framework of social constructionism, the inquiry into filicide began at the basic level of examining the constructs used in discourse. The constructs of *parent* and *child,* and the relationship between them, are at the heart of the discourse. These constructs are specific social roles that are necessary; in order for one to exist, the other must exist. If a parent kills his or her child, the parental role in relation to that child disappears. This meta-study explored the possibility that role theory, specifically the role of parent, may hold important insights into the phenomenon of filicide.

Role theory implies that behaviors of individuals can be predicted by their relationships to others, and the roles they hold in society. If we have information about an individual's role, certain general behaviors of that person while in that role are assumed and expected, while other behaviors are not. Role theory also postulates that roles influence individuals' beliefs, attitudes, and behaviors such that one is likely to conform to role expectations.

When a social constructionist perspective is applied, it is important to recognize that roles are not natural or innate; they are socially constructed and maintained. Some

theorists hold a macro-view of roles as relatively inflexible constructs of society with a specific set of rights and obligations. Others view roles from a micro-perspective as not fixed or prescribed, but as the result of constant negotiations between individuals in a tentative, creative way (Crawford, 1935). From this latter view, roles reflect norms, attitudes, expectations, contextual demands, and negotiation and are continuously evolving. According to Biddle (1986), a role is shaped and defined by the beliefs and expectations of the individual who holds the role and the interaction with their immediate context. In this meta-study, I applied role theory to the existing research on filicide to bring to light any instances where role theory can contribute to our understanding of individuals in the role of parent who killed their children.

Chapter 3

METHOD

Research Design

Background of Research Approach

The current meta-study incorporates components of methods from critical discourse analysis (CDA), meta-analysis, and meta-synthesis, finally culminating into what has been referred to in the literature as a *meta-study*. The primary fields that contributed to the development of the current meta-study's methodological approach and techniques are: social work, communication, journalism, sociology, educational psychology, criminal justice, and nursing. The common link among all the methods is that they are qualitative approaches, guided by a constructionist perspective toward understanding discourses.

Qualitative Methods

Qualitative research is used this for the current meta-study because it seeks to answer a basic question of "what's going on here" (Goffman, 1974; Locke, 2000)? The qualitative method is designed to uncover and understand processes of social life within a complete context. Qualitative research is also compatible with the epistemological belief in multiple realities and the subjective nature of knowledge (Patton, 2002).

Discourse. The term *discourse* is used in this meta-study to refer to the totality of available knowledge. According to Parker (1992), discourse consists of a set of interrelated texts, and the practices of their production, dissemination, and reception that bring an object into being. Discourse is both constructed (product) and constructive (process). According to Fairclough and Wodak (1997), discourse is a reciprocal (reflexive) social process in which the discursive event (i.e. research article) is shaped by the situation(s), institution(s), and social structure(s), which frame it. The discursive

event (i.e. research article) also shapes the situation(s), institution, and social structure(s). The power of discourse lies not only in its capacity to define what a social problem is, but also in its prescriptions of how an issue should be understood (van Zoonen, 1994). The current meta-study focuses on the *research* discourse on filicide because research has the power to confirm, legitimate, reproduce, or challenge the existing constructions of knowledge and influence social problem construction.

Discourse analysis. Discourse analysis (DA) encompasses many different approaches, levels of analysis, and uses. The boundaries between DA and other qualitative methods are sometimes blurred. DA is interdisciplinary and opens up dialogue among all fields researching social processes and seeking social change. "What makes a research technique discursive is not the method itself, but the use of that method to carry out an interpretive analysis of some form of text with a view to providing an understanding of discourse and its role in constituting social reality" (Phillips and Hardy, 2002, p. 10). The decision to include discourse analysis as a part of the approach used fits directly with this researcher's purpose of understanding how filicide has been socially constructed. At a textual level, DA allows for a close reading of text to provide insight into its organization and construction (Phillips and Hardy, 2002).

Phillips and Hardy (2002) describe how they view studies using DA perspectives and methods as differing depending on two key dimensions: (a) the degree to which the emphasis is on text or context, and (b) the degree to which the focus is on power and ideology (critical or constructivist). This current meta-study is based on the view that exploring all dimensions is important in order to have the most complete understanding. The critical dimension of discourse analysis is sensitive to "the dynamics of power, knowledge and ideology" (Phillips and Hardy, 2002), and this dimension is frequently referred to as *critical discourse analysis.*

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Critical discourse analysis. Critical discourse analysis (CDA) approach allows for a close and critical reading of text and deconstruction of discourse. CDA is concerned with social issues, problems, public discourses and the individuals that produce them (Fairclough, 2001; Wodak, 1996). A fully critical analysis of discourse seeks to describe a social process, the structures of power involved, and the production of meaning. CDA seeks to uncover the connections between language, power, domination, knowledge, ideology, and how they unfold in and through discourse (Sheridan, 1980; Wodak, 1996). According to van Dijk (1993), good scholarship, and especially good CDA, should be diverse and multidisciplinary. Researchers using CDA should integrate the best work of many authors from different fields, countries, and publish outside of academia and in formats that allow for accessibility by many people (van Dijk, 2002 in Wodak and Meyer, 2001). The current meta-study incorporates CDA's sensitivity to power, language, ideology, and dominance in research discourses and production of knowledge on filicide.

Meta-Methodologies

According to Zhao (1991), the term *meta* can best be understood as referring to "after," "about," and "beyond" something (p. 377). Recently, there has been a surge in the use of meta-methodological approaches in research. Some of the meta-approaches include, but are not limited to: integrative research reviews (Cooper and Hedges, 1984), systematic reviews (Popay, Rogers, & Williams, 1998; Lemmer, Grellier, & Steven, 1999), quantitative meta-analysis (Egger and Smith, 1997; Glass, McGraw &Smith, 1981; Hunter and Schmidt, 1990; Schreiber et al., 1997), qualitative meta-analysis (McCormick, Rodney, and Varcoe, 2003), meta-ethnography (Noblit and Hare, 1988),and qualitative meta-synthesis (Finfgeld, 2003; Jensen, 1996; Thorne, Kearney, Noblit, & Sandelowski, 2004). This list chronicles the types of meta-methods that this

researcher explored prior to deciding on the meta-study approach. What all of these approaches have in common are the overarching goals of building knowledge from multiple studies for use in practice and making this knowledge available to clinicians, researchers, and policy makers. The rationale for the use of meta-methods is that isolated studies, although informative, in and of themselves, "like the pieces of a jigsaw puzzle, do not contribute significantly to our full understanding of the phenomenon of interest…to advance knowledge and influence practice, a synthesis of representations is essential" (Jensen, 1996 p. 553).

Meta-analysis compared to meta-synthesis. There are important differences in meta-analysis and meta-synthesis. Meta-analysis is required prior to meta-synthesis. Meta-analysis frequently refers to an analysis (integration or comparison) of the data (evidence or findings) from a sample of primary research studies. Analyzing findings is an important part of the process, but it does not offer new information or interpretations. Analysis is an aggregate of existing information across studies. The focus on findings or evidence as the sole data for analysis and subsequent use in practice (i.e. evidence-based practice) is not in keeping with a social constructionist perspective. Social constructionist perspective is based on the belief that how a research study is constructed influences the types of findings and evidence produced. "Simply combing results of similar studies excludes consideration of the highly significant ways in which theoretical, methodological, and societal contexts have shaped those reported results" (Paterson et al., 2001, p. 5).

Meta-synthesis goes beyond the aggregate of findings, or evidence, and contributes new interpretations (understandings). "Meta-synthesis capitalizes on diversity of context, method, and theoretical orientation, to allow the possibility of a richer, deeper, and more multifaceted way of theorizing about a phenomenon" (Paterson

et al., 2001, p. 119). Meta-synthesis is an approach to knowledge development, a form of discourse that contributes to a fuller understanding of the phenomenon of interest (Thorne et al., 2004, p. 1364). A meta-study approach will be used to synthesize knowledge on filicide to broaden our understanding of the phenomenon and provide a new conceptual framework to inform practice, policy, and future research.

According to Finfgeld (2003), meta-synthesis refers to synthesizing findings across multiple qualitative reports to create a new interpretation. Three types of meta-synthesis models are: (a) theory explication, (b) descriptive study, and (c) theory building. In theory explication, abstract concepts are "fleshed out," resulting in the reconceptualization of the original phenomenon (Schreiber et al., 1997, p. 315). According to Finfgeld (2003), this approach focuses on the deconstruction, reconstruction, and synthesis of a single concept. Descriptive meta-synthesis looks broadly at phenomena and does not deconstruct, but synthesizes the unaltered text and findings. In theory building, findings "push the level of theory" beyond what is possible in a single investigation (Schreiber et al., 1997, p. 315). Meta-study is conceptualized under theory building model. The three models of meta-synthesis are not separate, but are in fact complementary and overlapping (Finfgeld, 2003; Schreiber et al., 1997). The current meta-study combines aspects of all three models of meta-synthesis. According to McCormick, Rodney, and Varcoe (2003), research that is "not optimally combined, compared, analyzed, and synthesized, will fail to reach the full potential for knowledge development, theory building," and use in practice (p. 933).

Meta-study. "Meta-study is a research approach involving the analysis of the theory, methods, and findings of qualitative research, and the synthesis of these insights into new ways of thinking about phenomena" (Paterson et al., 2001, p. 1). Meta-study has also been described as a "critical and discursive treatment of research reports"

(Sandelowski, as cited in Thorne et al., 2000) that "offers a critical, historical, and theoretical analytic approach to making sense of qualitatively derived knowledge" (Paterson, 2001, p. 2). These statements directly complement the tenants of critical discourse analysis that underpin the current meta-study.

The field of qualitative meta-study is in its embryonic stage (Thorne et al., 2004). Existing techniques are often narrow (synthesis of ethnographic accounts or results in health care) or poorly described. This leaves room for creativity and ingenuity, and there is precedent for varying of methods to fit the goals of the research (McCormick et al.,. 2003; Thorne et al., 1997). The meta-study approach goes beyond combining results of similar studies on a particular phenomenon or concept and considers how the context and construction of research impacts the findings. Meta-study approach fits directly with a contextual social constructionist paradigm and the goal to provide a new conceptual framework of filicide for use in practice.

Finfgeld (2003) identified 17 studies in which meta-syntheses was used and found that Noblit and Hare's (1988), approach (phases) to conducting meta-ethnography was the most frequently used methodology. Meta-ethnography is useful in the meta-data analysis phase because it involves a continuous comparative analysis of the primary texts in order to reach a comprehensive understanding of a phenomenon (Paterson et al., 2001).

The goal of the meta-study approach being used is to identify, analyze (deconstruct), and synthesize (reconstruct) the existing filicide research. The approach designed to analyze and synthesize the primary research will result in a framework for use in practice. The conceptual foundation and support for the current meta-study is based on Thorne et al.'s (2004) discussion of meta-study. The actual techniques and steps used in this meta-study have been guided by Noblit and Hare's (1988) framework

for conducting meta-ethnography and Zhao's (1991) and Paterson et al.'s (2001) guide to meta-study.

Procedure

The following six phases combines the framework for meta-ethnography provided by Noblit and Hare (1988) and the guide to meta-study by Paterson et al. (2001).

1. Phase 1: Getting started: Formulating the meta-study

    - Identify a phenomenon of study informed by qualitative research.

    - Select a theoretical and conceptual framework.

    - Formulate tentative research question(s).

    - Identify key concepts under study; use concepts to identifying primary research.

    - Develop protocol or evaluation criteria for primary studies to be used to answer research question(s).

    - Identify the audience.

2. Phase 2: Selecting a sample

    - Identify inclusion/exclusion criteria; justify and document. Sample criteria are flexible and may change during the research process.

    - Retrieve primary research studies.

    - Initial reading of the studies for screening and appraisal. Final selection of primary studies.

3. Phase 3: Data collection

    - Develop a system to collect the information: spreadsheets, tables, lists, and handwritten notes. This system may be adjusted during the process.

    - Use research protocol (See Appendixes A and B) to gather data from each primary research study.

- Compile findings (claims) from sample of primary research.

- Identify textual data – frames and themes using
  Ryan and Bernard (2003) technique.

- Take notes (journal) while conducting the analysis in order to document
  anything that is not covered under the protocol or adequately captured in
  documentation. Refine protocol and system of documentation as needed.

4. Phase 4: Meta-Analysis

- Meta-Theory
  - Identify major cognitive paradigms/schools of
    thought/theoretical frameworks from sample of primary
    research.

- Meta-Method
  - Specify methodological characteristics of primary research.
  - Consider how method influences research findings.

- Meta-Data
  - Read sample using steps from Noblit and Hare's (1988) meta-
    ethnography and Jensen and Allen's (1996) approach:
    continuous comparative analysis.
  - Analyze findings (claims) from primary research.
  - Analyze textual frames, themes, patterns, gaps, and
    assumptions.

5. Phase 5: Meta-Synthesis: Reconceptualization

- Review data from meta-data-analysis (phase 4), and critically interpret
  strengths and limitations of discrete contributions.

- Uncover significant assumptions and gaps.

- Search for alternative explanations for paradoxes and contradictions.

- Reconstruct and propose an alternative framework (role theory) for conceptualization based on the information from the sample of existing research.

6. Phase 6: Expression of Reconceptualization

- Present and discuss meta-synthesis from meta-study.

- Knowledge translation: translate new framework into language of the intended audience.

- Determine appropriate vehicles for dissemination of meta-study findings.

Phases 1 through 3 will be discussed below. Phase 4 is discussed in Chapter 4, (Analysis), and phases 5 and 6 are contained in Chapter 5, (Synthesis and Reconceptualization.).

Meta-Study Method Applied to Filicide Research

Phase 1: Getting Started: Formulating the Meta-Study

The area of interest for this meta-study is child deaths by parents. The term *filicide* is used for simplicity, and because it is a term that encompasses all nonaccidental incidents of child deaths by parents. For this meta-study, a parent is defined as including biological, step, foster, or significant other in the role of a parent.

During the initial review of the literature, the key concept used to identify primary research was *infanticide*. As the meta-study continued, concepts emerged which led to identification of additional primary research. Details are in Phase 2: Selecting a sample. The research question began broadly with: "What do we know about parents who have killed their children, and how do researchers know it?" The protocol,

developed allowed for the gathering of general information about the construction of each primary research study (see Appendix B). General information includes context, theory, method, findings, and recommendations. The protocol evolved throughout this meta-study process to include questions about frames and whether filicide is considered a social problem (Loseke, 2003). Later, the identification of themes and the incorporation of role theory to explain filicide occurred. After identifying the basic concepts and theoretical framework and developing the protocol, the next step was searching for and selecting a sample of filicide research. The audience for the current meta-study is professionals in direct practice, advocacy, education, policy development, and research.

Phase 2: Selecting a Sample

Meta-study supports the use of primary research on filicide from all fields, and embraces different theories and methods (Paterson et al., 2001). According to Kasper (2004) it allows for the inclusion of different perspectives and helps us to understand what has been ignored, misconstrued, and mistreated. Inclusion of different perspectives and identification of what is absent from the discourse improves the environment to gain the most comprehensive understanding. The ideal goal of meta-synthesis is to retrieve all of the relevant studies (Sandelowski and Barroso, 2003). The primary goal of sampling for the current meta-study was to be as inclusive as possible in order to offer the broadest and most comprehensive reconceptualization of filicide. The sample selected included research that is dominant (frequently cited or used as a reference), as well as lesser-known or unique research.

Initially, it was assumed that setting the criteria for exclusion and inclusion would be straightforward. The inclusion criteria began with research on biological parents as perpetrators of filicide. Once the search for studies began, it became clear that using this criterion would limit the number of studies and would exclude important

aspects of the phenomenon. Specifically, during the data collection phase of the study, research by Daly and Wilson (1985) was identified. Their research (terms, field) specifically focused on stepparents who committed filicide. It became clear that excluding research on stepparents limited the scope of the phenomenon by strictly defining the role of parent by biology. Therefore, the criterion included stepparents and a search began for research specifically on stepparents who committed filicide. Several studies emerged that specifically focused on stepparents (Daly &Wilson, 1994; Harris Hilton, Rice, & Eke, 2007; Liem & Koenraadt, 2008; Shackelford, Weekes-Shackelford, & Beasley, 2008; Weekes-Shackelford & Shackelford, 2004).

In the interest of inclusiveness, the sample included studies and reviews focused on children killed by a parent, stepparent, foster parent or a person in the role of parental figure. Exclusion criteria consisted of family members, other than a parent who killed a child (uncle, aunt, grandparent, and siblings). People hired as daycare providers, babysitters, and nannies were not included. Studies that combined extra-familial offenders and intra-familial offenders were excluded because the offenders were not in a parental role.

The sample included research studies on filicide published from 1969 to 2009. Resnick published his seminal work on filicide in 1969, prompting the use of 1969 as the start date. The analysis phase of this meta-study began in 2009, so the selection of the sample ended then. This time-span of 40 years provides historical, as well as contemporary, knowledge of filicide (see Appendix A for a complete list of research studies and dates published.)

The sample comes from national and international research written in English and published in peer-reviewed journals, dissertations, and books. The decision to include international research stemmed from the goal to be as inclusive as possible, and

because a large amount of the research on filicide was conducted outside of the United

States. Additionally, according to Finfgeld (2003), sampling should be conducted across

fields and demographic elements in order to promote generalizability. Peer-reviewed

journals and dissertations were used because they are a dominant medium for sharing

(constructing) research knowledge in the scientific community. It was initially thought

that research published in peer-reviewed journals and dissertations would be easily

accessible. This assumption was incorrect. Several of the early studies, prior to 1950,

used and cited by Renick (1969) could not be obtained due to the age of the article. One

study by Marks and Kumar 1993, was not included due to lack of access to the journal.

The process of identifying primary research revealed that several researchers also wrote

chapters or entire books on filicide. The inclusion/exclusion criteria were adjusted to

include books.

   The process of identifying primary research for this meta-study. During the

literature review, the key word *infanticide* was used to search several databases: Social

Work Abstracts, Criminal Justice Abstracts, ERIC, PsychINFO, PubMed, Medline, and

the Arizona State University Libraries Catalogue. This search produced a significant

amount of research on infanticide in primates and the killing of newborn girls in China.

Additional searches using *women* and *infanticide*, led to identification of the additional

terms *filicide* and *neonaticide*. Further searches using these terms extended to more

databases, including: Academic Search Premier, Dissertation Abstracts, Social Sciences,

and Web of Science.

   If the review of the literature ceased with searches using the terms *infanticide,*

filicide, and neonaticide, entire conceptual categories would have been overlooked.

Terms emerged from the reference pages of the retrieved studies and were used to

conduct additional searches. The terms used to search included *murder*, *kill*, *death*,

homicide, *father*, *mother*, *child*, *maternal*, *paternal*, and *child homicide*. Later, the terms, *shaken baby*, *fatal maltreatment*, *child abuse*, and *child fatalities* were used. Even later in the process, the terms *filicide-suicide* and *familicide* were used.

The language used to construct and discuss filicide differed depending on the field or perspective of the author(s). In addition to adequately identifying the search terms, it became clear that it was critical to use the correct terms or phrases in searches of specific databases or journals. For example, using the terms *infanticide* and *filicide* in social work databases produced few results.

Conducting a thorough review of the existing literature was challenging. The sheer number of terms and phrases was overwhelming. Language and lack of consistency in terminology hindered the search for published reports, and confused and confounded the research process.

Searching reference pages revealed that a few seminal studies were usually cited, regardless of the field(s) of the author(s). Other references/citations frequently came from the academic field of the author(s). The repetition of the same core, dominant discourse lead to a false belief that the literature had been thoroughly reviewed, when in reality, only the dominant discourse had been identified. There was a corpus of research not included in the dominant discourse on filicide, which had important contributions to the overall understanding of the entire phenomenon of filicide. The process of uncovering this discourse began when the work by Daly and Wilson (1985) was identified.

Final sample. The final sample of primary research consisted of 66 studies. This sample appears to be an adequate representation of the existing research published as of Nov 2009 because the themes derived became saturated, and the references cited

were repeated. The sample selection continued during the data collection process and was not complete until Phase 4, Data Analysis.

Phase 3: Data Collection

Studies were initially read for comprehension. Each study was read again with the intent to answer the protocol questions (See Appendix B). A data collection sheet was used to document findings from the questions (See Appendix C).

The protocol covers five primary areas of inquiry into the research on filicide: (a) context of the research; (b) construction of the research: theory, perspective, concepts, research design, and frames; (c) social problem claims and typifications; (d) findings and recommendations; and (e) themes. The data collection sheet was used for every primary research study.

The first question addresses the context of the primary research: year published, where published, field of the authors, and country of origin of authors. The second question focuses on conceptualization and construction of research. This question is addressed by analyzing the frames, terminology, definitions, and research design.

Frames enable people "to locate, perceive, identify and label" occurrences of information (Goffman, 1974, p. 21). Framing is a way of making sense of a social problem, it in a context, and focusing on some aspects while ignoring or leaving out other aspects. According to Altheide (1996), a frame is like a border around a picture. Frames constitute the parameter or boundary for discourse. For example, is filicide being framed as a mental health issue or a criminal justice issue? Frames are part of human discourse. People, institutions, and cultures use frames without being aware of the use. Social problems are characterized through a process of framing that locates cause and implies solutions (Berns, 1999; Best, 1995). Although social problems have several competing frames, one particular perspective often gains dominance in discourse (Berns, 2004). The

audience is usually exposed to one or a small number of frames and is often unaware that alternative frames exist. Initially, the protocol included a question regarding frames or pre-determined categories, based on the social work paradigm of person-in-environment and micro, meso, and macro-levels (Bronfenbrenner, 1986; Hawley, 1950). The frames were categorized as individual, family, social, and economic. The use of this protocol was flexible and adjusted to reflect and include information that did not fit within the researcher's a priori ideas. Halfway through the data collection process, it became evident that these frames were of little relevance. The majority of studies focused on the characteristics of the individual offender. The original framework was still used, but instead of conceptualizing the studies in terms of micro, meso, and macro-levels, the findings of the studies were categorized using based on the levels.

The third question of the protocol considers claims made by the researcher and is based on Loseke's (2003) framework for defining a condition as a social problem, typification and recommendations. According to Loseke, a social condition is categorized as a social problem when it is considered (a) wrong, (b) widespread, (c) changeable, and (d) worthy of change. Defining a condition as a social problem implies that someone needs to take responsibility and provide attention, efforts, and resources toward finding a solution.

The fourth question of the protocol includes items such as: What are the findings? Are any recommendations for prevention (education, policies), identification/assessment, support services, or treatment being made? What is missing, overlooked, taken-for-granted, assumed, or implied in the research study? These questions are part of the meta-data analysis under Phase 4 of this meta-study method and discussed later.

Phase 4: Meta-Analysis

Analysis requires the researcher to become familiar with the data collected through extensive reading, sorting, searching, comparing, reflecting, and writing notes. The meta-theory, meta-method, and meta-data analyses will be briefly introduced here and discussed in detail in Chapter 4.

Meta-Theory. Frequently the theoretical framework, paradigm, or perspective of the author is not directly stated in material reviewed. Two additional means of garnering this information were to look at the references that were cited or the terminology used throughout the study. If the theory was not directly stated, and the citations, references, and terminology did not point toward a perspective, then the focus moved to looking at the research design, findings, and recommendations for indication of a theoretical perspective.

Meta-Method. Some studies specifically stated the type of statistical analysis that was used (i.e. Chi square, Fisher's test). A dominant method of analysis was case reviews or analysis. There was limited information regarding how the data were collected or analyzed and the findings were often charts with frequencies.

Meta-Data. Identification of themes was the largest part of the meta-study process. According to Ryan and Bernard (2003), "themes are abstract (and often fuzzy) constructs that link expressions found in texts" (p. 87). Themes are conceptual labels that help guide our knowledge and understanding. Themes were identified in the current meta-study through the three techniques described by Ryan and Bernard (2003): repetition, similarities and differences, and missing data. Repetition is a basic technique; one looks for repetition of similar ideas/concepts. If a concept is frequently repeated in a text (s), it is likely that it is an important part of the phenomenon being studied or how it is being constructed, and may lead to a theme. Similarities and differences involve taking

pairs of expressions, or entire texts, and asking how they are similar or different. This process led to the identification of categories and subthemes.

The specific processing techniques used were cutting and sorting lists of words, phrases, and quotes. Initially, the goal was to identify as many themes as possible. Later in the process, the task was to analyze the themes then synthesize them into knowledge useful for understanding, explaining, and ultimately preventing filicide.

In addition to themes that arose from the sample (grounded theory approach), the sample of research selected was re-read for specific terms, concepts, or themes related to role theory (expectations, adaptation, conflict, confusion, identification, stress, strain, overload, collapse) to develop a possible theoretical framework for understanding filicide.

Phases 5 and 6: Meta-Synthesis (Reconceptualization) and Expression of Synthesis

The goal of meta-synthesis "is to account for all important similarities and differences in language, concepts, images, and other ideas around a target experience" (Sandelowksi et al., 1997, p. 369). Synthesis takes aggregate findings and produces new insights, refined meanings, deeper understanding, explanatory theories, and frameworks for clinical practice. Synthesis was based on the findings from the data analysis phases and was influenced by the perspective, and experiences of the researcher. The synthesis was then written and presented in two formats that can be used education, and prevention, both the synthesis and the reconceptualization of filicide are discussed in Chapter 5.

Reliability and Validity.

Reliability and validity in this type of analysis are replaced with concern for demonstrating trustworthiness. The degree of trustworthiness is considered high when demonstrated in all phases of the research process, from sampling to interpretation and write-up. Demonstrating trustworthiness requires that all processes be described in

detail. Coherent logic within a framework, an audit trail for replication, and an understanding of the inductive process are needed for trustworthy research (Lincoln and Guba, 1985; Sandelowski, 1986; Thorne et al., 2004). The researcher should make visible what was done and how interpretations were produced. This is important for replication and building on research findings (Riessman, 1983).

There are specific strategies to demonstrate trustworthiness, but the characteristics of the analyst-synthesis researcher are as important as the techniques. The researcher must be responsive and adaptable to changes, holistic, sensitive, and be able to clarify and summarize (Guba, 1981). Credibility is increases when triangulation is accomplished by analyzing and synthesizing data from multiple theories and methods (Lincoln and Guba, 1985).

Limitations

The quality of a meta-study is dependent upon the sample selected and the amount of details available in each primary research study. Researchers are required to reduce their information to be published in journals. This limits the amount of information available for study. Information regarding the context or construction of the primary research may be missing, unclear, or superficial.

Meta-studies are frequently conducted by teams. A limitation of this particular meta-study is that it was conducted by a single researcher. Bias and subjectivity are traditionally viewed as limitations and something to be controlled in research. Bias and subjectivity are inevitable and inseparable from research. Bias on the part of the researcher can impede sample selection and analysis if the researcher provides examples and evidence to promote his or her perspective. The aims of this research are clearly stated, and the research questions, approach to answering these questions, and the intended outcome, have all been articulated.

Chapter 4

META-ANALYSIS

Data collection and the initial analysis took place simultaneously. Primary studies were read multiple times and data were collected and analyzed for context, concepts, research design, social problem construction, findings, and initial themes. As described in Chapter 3, the meta-study approach of Patterson et al. (2001) was used. Using this approach, I divided the analysis of primary studies into three "meta-components," which included Theory, Method, and Data. Meta-theory revealed the context, concepts, and theoretical approach used by the researchers. Meta-method identified the research design, sample and method of analysis. Meta-Data analyzes findings, recommendations, and themes. Themes were identified using the analytic approach and technique utilized by Noblit and Hare's (1988) and Ryan and Bernard (2003). Loseke's (2003) guidelines were used to determine whether filicide was constructed as a social problem. Each of these components of analyses is discussed separately.

Meta-Theory

Meta-Theory involves analyzing the context of the research including features such as year published, country of origin, field of authors, gender of authors, and the underlying philosophical and theoretical perspectives guiding the research. The discussion of findings can be found in the meta-data section of this chapter.

Context of Primary Studies.

Time span of research sample. The primary research selected for this meta-study spanned from Resnick's seminal work in 1969 to 2009. Three studies were published in the 1970s, five in the 1980s; 17 in the 1990s and 40 from 2000 to 2009. The

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largest number of studies published in one year was nine in 2008 and the smallest number published was five in 1998.
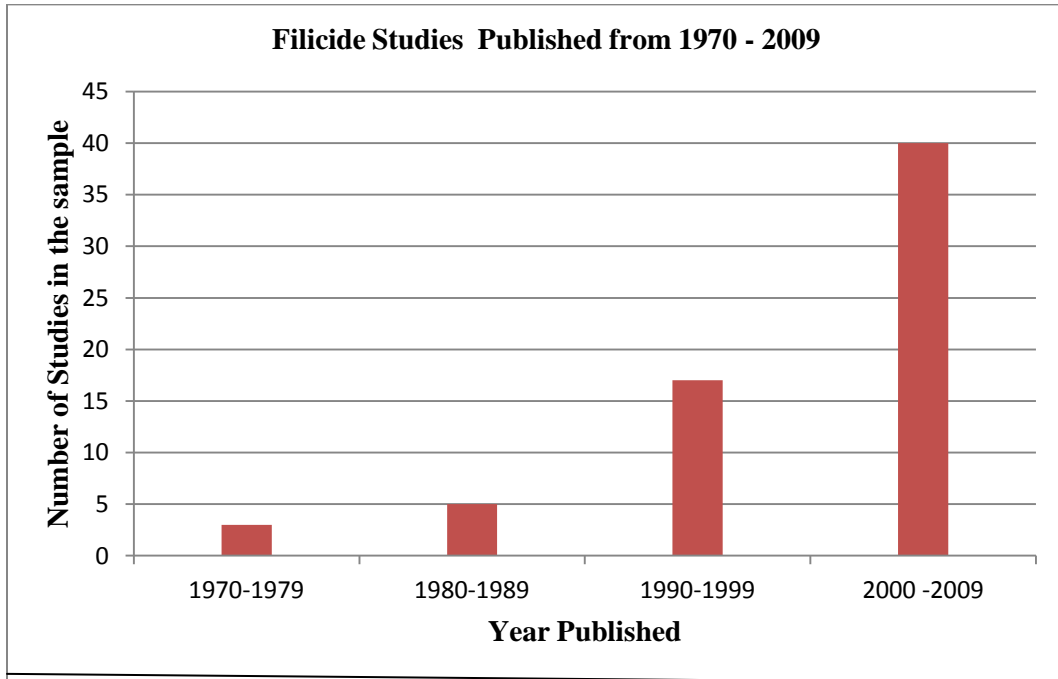
Figure 1. Number of filicide research studies in the current sample by the 9-year range published.

As shown in Figure 1, based on this sample, filicide research steadily increased over the past 39 years. A few of the studies reviewed the extant literature and one study synthesized the existing classification systems. None of the studies in this sample presented findings in a format that could be used in education, clinical practice, or prevention.

Country of origin of primary research sample. Almost half of the studies reviewed, 29 of the 66, were conducted outside the continental United States. The following is a list of the countries and the number of studies published: Canada-8, Finland-5, England-2, Australia-2, Netherlands-2, New Zealand-2, Israel-1, Hong Kong-1, Turkey- 1, Brazil-1, Fiji-1, Sweden-1, Belgium-1, and Germany (with USA)-1. The

United States conducted the remaining 37. When the number of studies is compared to population size, one would expect to see the United States with the largest number of studies, but Finland with a small population of 5,000,000 has the 3rd largest number of studies ($n = 5$) in this sample. One reason may be that the majority of Finnish people speak and write English fluently so more of the research is translated into English. This does not hold true for England, which has 10 times the number of people as Finland but only two studies in this sample. Three studies compared filicide samples between countries (Daly & Wilson, 1985; Putkonen et al., 2009; Wilson et al., 1995).

Sex of researchers. Based on the authors' first names, 27 studies appeared to be conducted collaboratively by both males and females, 18 studies were conducted by females, and 15 by males. The sex of the researchers was not definitively determined for six researchers because the author used a single initial for his or her first name. Female authors, both alone and with men, were predominately studying mothers who killed their children. Males are represented in all research areas but dominated the categories of filicide-suicide, familicide, and fathers who killed their children. The sex of the researchers was almost equal; in fact, the largest number of studies combined both male and female authors. There appears to be no difference between men and women in terms of who conducted research on filicide, but the type of filicide studied may vary by gender (e.g., female authors tend to study maternal filicide).

Fields of primary research studies. The professional field of the researcher(s) included: Psychiatry (24) , multidisciplinary (19), Psychology (7), Criminology/Legal (4), Social Work (2), Sociology (2), Nursing (2), Public Health (2), Medical/MD (1), Anthropology (1), Journalism (1), and one (1) unable to be identified (Huckerby, 2003). Additionally, 10 studies in the sample included authors who specialized in forensics in addition to the primary professional field. The professional field that dominated the

research sample was psychiatry. Research dominated by a single field is susceptible to findings that are narrowed by that field's paradigms, theories, and research focus. Psychiatry is dominant in the research on filicide. Multidisciplinary authorship was the next to dominate the research, which is a positive finding because they offer multiple perspectives and synthesis across the fields.

Constructs. The constructs used to describe and discuss a phenomenon actually shape the phenomenon. There are four dominant constructs in the research on the phenomenon of children killed by a parent: filicide, neonaticide, infanticide and fatal child abuse and neglect (FCAN). There may be a false perception that the definition of these terms is agreed upon and mutually exclusive. The research revealed that these four constructs had different definitions and often no rationale for the decision to use the terms.

Filicide in its broadest definition is the killing of child, at any age, by a biological parent, stepparent, foster-parent, guardian, or primary care taker in the role of a parent. Resnick (1970) made the distinction that in cases referred to as filicide, the age of the child was defined as "older than 24 hours." Lucas et al. (2002) defined the filicide age range as 1 to 15 years old, Haapasalo and Petaja (1999) used a sample of victims under the age of 12, and West et al. (2009) limited the age range to less than 18 years of age. Two studies comparing stepparents and genetic parents who committed filicide used samples of victims less than 5 years of age. The rationale for restricting the sample to victims under 5 years old was so there was no suggestion of mutual fighting or self-defense, and because the risk of filicide for children living with a stepparent has consistently been demonstrated with younger children (Daly & Wilson, 1985; Shackelford et al., 2008; Wilson et al., 1994). Weekes-Shackelford and Shackelford (2004) also used 5 years old as the cut-off age for inclusion because they wanted to

follow the approach used by Daly and Wilson (1994). Wilkey et al. (1982) were

interested in nonaccidental injury (NAI) and child neglect, and used a sample of victims

under the age of five and found that the risk for NAI decreased after 2 years of age.

Neonaticide has the most consistent definition: the "killing of a neonate on the

day of its birth" (Resnick, 1970, p. 58). It is not clear how neonaticide came to be

defined as death within the "first 24 hours after birth" (Porter & Gavin, 2010; West et al.,

2009). The time frame may have originated from the legal community. The American

Pediatric Association and the American College of Obstetrics and Gynecology consider

the neonate period to be longer than the first 24 hours of life, even up to 3 months

(Putkonen et al., 2007). Filicide on the first day of life may or may not differ from

filicide on the second day of life or at a week old. Future research is necessary to make

those comparisons.

The term *infanticid*e is the killing of an infant under the age of one by the parent

(West et al., 2009). Studies specifically focused on infanticide consistently use samples

of victims older than 24 hours and less than or equal to 1 year old. The reason for this

distinction is not made explicit, but some researchers speculated that children who are

killed after their first day of life and before their first birthday differ from other filicides

in manner of death (fatal abuse) and offender's sex (role of father). Studies that used

samples of child-victims less than 1 year old did not present support that infanticide is

unique compared to filicides of other age groups (Brewster et al., 1998; Friedman,

Hrouda, Holden, Noffsinger, & Resnick, 2005; Gauthier, Chaudoir, & Forsyth, 2003;

Overpeck et al., 1998). Huckerby (2003) used the term *infanticide* in research with a

sample containing children older than 1 year old. Kauppi, Kumpulainen, Vanamo,

Merikanto, and Karkola (2008) referred to their sample as *filicide* victims and they were

all less the 12 months old. The term *infanticide* was not mentioned but they used

neonaticide and *filicide-suicide* to describe separate categories. There was no explanation for the idea that the *infant* stage begins after the first day of life and ends on the first birthday. Silverman and Kennedy (1988) acknowledged that some findings are "artificially created because infanticide is really a legal category" (p. 115). The Infanticide Act (1922, 1938) uses the medical model and explains infanticide as a psychiatric condition of mothers who had not fully recovered from the "effects of giving birth to the child or by reason of the effect of lactation." This act limits the criminal charges for mothers who kill their child up to 12 months of age from murder to manslaughter. Wilkey et al. (1982) stated, "in cases of neonaticide and infanticide, the death is caused by the mother," and "is separate from manslaughter and murder" (p. 34). England and several others countries recognize maternal neonaticide and infanticide but they do not recognize paternal neonaticide or paternal infanticide. Infanticide is a separate category in the research but it appears that it is based on legal term used outside the United States.

Fatal child abuse and neglect (FCAN) is child abuse that results in the (unintentional) death of a child. Some view all filicide, regardless of age, intent, or method of killing as the extreme end of the continuum of child abuse (Fein, 1979). Others e argued that not all infanticides are the result of child abuse (Wilkey et al., 1982). Korbin, an anthropologist, published several studies on fatal (child) maltreatment. Her work is one of the few that has been cited in research produced by authors from several different fields. In her 1987 study, Korbin defined fatal maltreatment as the outcome of a repetitive pattern of child maltreatment that results in unintended death. She further clarified that the "fatal incident was not a one-time event, but the exit point of a recurrent cycle of abusive interactions" (p.). She also referred to Resnick's (1969) classification of "accidental filicide" as closely related to fatal maltreatment. Two years later, using the

same sample, Korbin (1989) stated that the methods of killing in three of her nine cases were   drowning, suffocating with a plastic bag, and stabbing. These methods of killing do not fit her previous definition of fatal maltreatment. A closer examination of this second study revealed that the definition of fatal maltreatment changed. The intent of the offender is addressed in the new definition: "children may be killed in a purposeful fashion" but they had been subject to prior abuse (Korbin, 1989, p. 482). This change suggests that regardless of offender intent or method of killing, the existence of a prior history of abuse automatically defines the filicide as FCAN. Korbin (1989) used the phrase *fatal child maltreatment*, not *filicide*, as the broad term for children killed by a parent. From this perspective, *filicide* is a specific reference to the offender-victim relationship and the terms neonaticide and infanticide are based on the age of the child.

Conceptualization, research, and prevention are influenced by differences in the use of terms, definitions, and categories. Table 2 shows the variation in use of the four dominant concepts of filicide, neonaticide, infanticide, and FCAN as well as general and specific terms found in the sample of primary research. McKee (2006) stated, "systematic categorization facilitates communication among clinical and academic professionals…by providing a common descriptive language to identify, analyze, and ideally prevent these (filicides) from occurring" (p. 22). To date there does not appear to be a common language surrounding the phenomenon of filicide.

Table 2 *Constructs Used in the Discourse on Child Deaths by Parents.*

Terms	Author
Intrafamilial child homicide/filicide	Korbin; Kauppia; Somander
Parental homicide	Adinkrah; Kunz; Bourget and Bradford
Infant or child homicide	Smithey; Overpeck; Lucas; Wilkey et al.
Maternal child homicide	Friedman et al. (a)
Neonaticide	Beyer et al.; d'Orban; Resnick; Spinelli
Paternal Neonaticide	Kaye; Mendlowicz; Putkonen et al.; West
Infanticide	Kaye; Resnick
Filicide	Brewster; Resnick; Lucas; West, Silverman; Bourget & Gagne
Maternal Filicide	Karakas; Liem et al.; Putkonen; Willemsen
Paternal Filicide	Cheung; West et al.; Kunst; Simpson
Filicide-suicide	Adinkran; Marleau; West et al., Freidman et al.; 2005b; Shakelford
Homicide-suicide	Johnson; Willemsen; Weekes
Murder-suicide	Willemsen; Somander; Wilkey et al.
Familicide	Leveillee; Wilson et al.; Schlesinger; Liem
Familial Filicide	Guileyardo
Maternally ill filicide	Stanton, Simpson & Wouldes
Mentally abnormal filicide	Stanton, Simpson & Wouldes
Pathological filicide	Kunst; Stanton, Simpson &Wouldes
Fatal Child Abuse and Neglect (FCAN)	Bourget & Bradford; Somander & Rammer, Overpeck; Christoffel
Fatal abuse or maltreatment	Korbin; Lucas et al.; Stanton; Mugavin,
Accidental filicide	Resnick
Accidental Fatal Child Abuse	Lucas et al.; Stanton
Infant Maltreatment deaths	Brewster et al.
Lethal assaults or child abuse	Daly & Wilson; Adinkrah
Unlawful killing	Wilkey et al.
Pedicide	Korbin
Prolicide	Korbin
Euthanasia	Wilkey et al.

Field differences in constructs used. The discourse used in the research on

filicide often depends upon the field of the researcher(s). Inconsistent use of concepts in

the research on filicide is a barrier to communication among fields. For example, *infant*

is a construct used by some researchers to refer to a child in a specific age range; other

researchers do not use this construct or use it as a general term for a young child.

Assumptions that constructs have a universal definition, lack of clarification, and lack of

consensus in studies may confuse readers, and limit comparison to other research

samples. In addition to differences in the use of basic terms in the research on filicide,

fields often use language to describe the phenomenon that are not common to other fields

or to a reader who is not familiar with the subject.

Medicine, psychiatry, psychology, and nursing. The concepts used in the

discourse on filicide in the fields medicine, psychiatry, psychology, and nursing includes

constructs of abnormal, mental illness, post-partum depression, psychosis, shaken baby

syndrome, and sudden infant death syndrome.

Sociology, anthropology, social work, and public health. In sociology,

anthropology, and social work research, the terms fatal child abuse, fatal child

maltreatment, nonaccidental death, infant or child homicide, and homicide (Christoffel,

1984; Karakus et al., 2003; Korbin, 1989;. Lucas et al., 2002; Overpeck et al., 1998;

Smithey, 1997; Stroud & Pritchard, 2001).

Family violence. The field of family violence, which includes individuals from

multiple fields, used terms that focus on the family. These constructs come from the

fields of social work, anthropology, public health, and criminal justice. These terms

include: domestic violence, family violence, fatal maltreatment, fatal abuse, pedicide,

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uxorcide, and domestic homicide (Ewing, 1997; Gelles & Loseke, 1993; Gelles, 1997; Goetting 1988; Korbin, 1989; Liem, 2008; Lucas et al., 2002; Websdale, 1999).

Criminal justice and legal. In criminal justice and legal studies, the focus of terminology is on child-murder, child-homicide, child-killers, and murderous parents. The term uxorcide, the murder of a wife by her husband, was also used and compared to familicide (Liem & Koenraadt, 2008; Palermo, 2002; Richards, 2000; Wilczynski, 1997).

Sources of publication. The primary research was published in a wide variety of journals, as well as books and one dissertation. Looking at the title of the journals, most (22) focused on behavior (aggressive, abusive, criminal, deviant, homicide, violent, and evolutionary). Two included mental health in the title. Ten studies published in journals focused on forensics or the law and two of these included psychiatry in the title. Psychiatric journals published 13 studies of filicide. Two of these psychiatric journals combined with law. Seven studies were in medical journals. Three of these journals included the law. Studies in six journals focused on mental health; one combined with psychology and another with social work. The remaining journals focused on treatment (1), communication (1), public health (1), and ethology and sociobiology (1). There were also four books (three on mothers and one on fathers' familicide) and one dissertation (see Appendix D for a complete list of the journals, books, and dissertation tittles.) The dominant publication sources focused on deviant behavior but the majority of research was conducted from a psychodynamic perspective. The medium of publication affects who reads it and who uses the knowledge for practice, research, and prevention.

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Theoretical and conceptual frameworks in the primary research studies.

Seven broad approaches to understanding filicide emerged from the sample of primary research. These were (a) evolutionary, (b) developmental, (c) psychodynamic, which includes classifications, (d) structural-functional, (e) media, (f) social behavioral, and (g) eclectic.

Evolutionary theory. In evolutionary theory, mental processes are thought to exist because they serve evolutionary purposes of survival and reproduction. Concepts such as natural selection, parental investment, parental solicitude, inclusive fitness, male sexual jealousy, control of reproduction, and male proprietary views of women and children are central to this theory (Daly & Wilson 1994; Friedman, Holden, Hrouda, & Resnick, 2008; Wilson et al., 1995). Parental investment theory proposes that parents value older children because they are expected to contribute more to parental fitness (number of children that offspring are able to produce), and the inclusive fitness theory holds that a parent will invest more in genetic offspring because they are carrying copies of their genes (Harris et al., 2007; Weekes-Shackelford & Shackelford, 2004). Daly and Wilson (1994) used an "evolutionary model of parental motivation" to explain filicide. Children were at higher risk for filicide when they lived with a stepfather compared to genetic father. This supports the parental investment theory that stepparents invest less time and resources and care less (parental solicitude) about stepchildren. Social correlates like poverty and stress explain young genetic mothers who kill their child(ren). Poverty and stress were found to play a role in filicide of older children killed by genetic mothers. When poverty or stress is not present, genetic mothers killing older children cannot be explained with evolutionary theory and is attributed to maternal pathology. Krischner, Stone, Sevecke, and Steinmeyer (2007) echoed the findings by Harris et al. (2007) and stated that from an evolutionary psychiatry perspective, young mothers

without male support who kill newborns or children less than 1 year old are making an evolutionarily sensible decision because they would not be able to care for the child(ren). In contrast, mothers who killed older children have higher rates of mental illness. Shackelford et al.'s (2008) study was guided by an "evolutionary psychological perspective", they proposed that filicide of older children, and subsequent suicide of the parent, may be partly explained by the psychopathology of the parent. This supports a "counter evolutionary" decision because it goes against the parental investment theory.

Evolutionary theory appears to explain why young mothers without support and stepfathers who commit filicide may make sense from an evolutionary perspective, but it does not explain what mental process takes place for a person to suspend judgment and rational behavior and kill his or her child. This theory does not explain why the majority of singles mothers without support do not kill their children. This theory also does not explain why older mothers kill their child or when older children are killed. It appears that when the phenomenon does not fit the theory and a parent acts in "counter evolutionary" manner it is explained as mental illness. Evolutionary theory explains sex differences as a proprietary view of the family because cases of familicide are usually perpetrated by fathers and in cases of maternal filicide or filicide-suicide, the mother kills the children and herself, but not the father. Future research from an evolutionary perspective could focus on same-sex couples, as well as stepmothers who commit filicide in order to support or refute the theory.

Developmental. Developmental psychology is the study of psychological changes in humans over their life span. The changes are thought to be based on experience and social context. Christoffel (1984) was interested in a "developmentally based typology of child homicide" (p. 69). She was guided by a public health perspective and her stated focus was on environmental risk to the victims. She examined the

relationship of the offender to victim, age of victim and the "weapon" used. She found three "developmentally based" subtypes: (a) infanticide, (b) fatal child abuse and neglect by supervising adult occurring after infancy, and (c) homicide involving social vulnerability later in childhood.

Attachment theory (Bowlby, 1980, 1988) combines perspectives from evolutionary, psychology, ethological, and interpersonal theory and posits that emotional bonding of infants to their primary caregiver, usually the mother, early in life is necessary for general well being and increased survival rates. An infant's attachment with at least one caregiver is necessary for normal social and emotional development. This bond serves as model for all future relationships and explains patterns of relationships throughout the child's life. Children can mentally represent their attachment figures and develop constructs and expectations for their relationships with parental figures and others. Early childhood experiences of separation, neglect, abuse, and trauma are thought to negatively influence development, relationships, thoughts, and behaviors (Bowlby, 1988; Merrick, Waters, Treboux, Crowell, & Albershein, 2000).

Willemsen (2007) used contemporary attachment theory (i.e., Fonagy et al.,. 2002) and psychoanalytic theory (i.e., Verhaeghe 2004) to illustrate affect dysregulation and borderline personality disorder and found that the offenders do not make distinction between subject and other. They are unable to separate; the child is "overloved" and an extended part of self. Both "over attachment" of parent to child as well as lack of attachment is seen as an important part of the spectrum of filicide.

Psychodynamic theory. Psychodynamic theory seeks to explain the psychological forces that underlie human behavior. The basis for conscious and unconscious motivations is found in early childhood experiences, interpersonal relationships, the mind, and personality (Compton, 1983; Fongay and Target, 2003;

Kernberg, 1992). Psychodynamic perspective frames the majority of studies. Concepts such as mental illness, ego, identity, catathymic process, motive/origin of stimulus, object relations, dissociative experience, affect dysregulation, mental illness and postpartum depression are used to frame filicide research from a psychodynamic perspective. Kaye et al. (1990) were interested in a "psychodynamic explanation of paternal neonaticide" (p. 133). They applied Resnick's (1969) classification system and found premeditation in 3 of 4 cases examined. Three new sub-types of infanticide based on age of victim were proposed: at birth, birth to six months of age, and 6 months to 1 year.

Kunst (2002) explored the psychodynamics of maternal filicide from an object relations perspective. Object relations theory specifies that identification with caregivers develop early in childhood. Kunst identified two groups of filicidal mothers: *psychopathic*, who deliberately inflict physical and emotional pain and *psychotic,* who suffer from major mental illness (referred to as "pathological filicide") (Glasser, 1986 as cited in Kunst, 2002). She focused on the psychotic group mothers and identified two types of character structure: disorganized and organized. The disorganized type of filicidal mothers have a severely fragmented personality, suffer from chronic mental illness that is based on genetic, constitutional, or phenotypic vulnerabilities, organic underpinnings and biochemical vulnerability. The organized type of filicidal mothers has a more integrated personality but it becomes fractured for a period. Kunst concluded that the mother resorts to physical violence because she could no longer tolerate the internal psychological pain and fear. Objective identification is used to explain that mothers who commit neonaticide feel that the child is an object; in other types of filicide, the mother over-identifies with the child. The findings are important but require understanding of the psychodynamic perspective and psychological constructs.

Spinelli (2001) was interested in "systematic investigation" of neonaticide. She referenced concepts of ego, denial, depersonalization, psychosis, and disassociation. She conducted psychological evaluations and administered the dissociative experience scale to 16 women charged with homicide for allegedly committing neonaticide. The majority of the women ($n = 10$) suffered from high levels of disassociation; two other women had scores that indicated malingering.

Scott (1973) mentioned prolonged frustration and indecision as a catalyst for filicide. His primary goal was to develop a classification based on origin of stimulus. Resnick (1969) mentioned and Schesinger (2000) used the term *catathymic process* to explain filicide. The offender experiences or perceives an event as traumatic. This increases emotional tension and results in delusional, rigid, and illogical thinking. Emotional tension continues to increase which leads to the behavior. Violence is seen as the only way out (Schesinger, 2000). Both the frustration theory of behavior and the catathymic process explain motivation for certain types of crime and are used in criminal justice to explain murder. It is plausible that internal mental process are motives for certain types of filicide for example familicide, and filicide-suicide.

Classifications. Psychodynamic perspective of offender psychopathology guides many studies (Bourget & Bradford, 1990; Bourget & Gagne, 2002; Cheung, 1986; d'Orban, 1979; Guileyardo et al., 1999; McKee, 2006; McKee & Shea, 1998; Meyer et al., 2001; Resnick 1969; Scott, 1973; Somander & Rammer 1991; Wilkey et al. 1982). Some researchers replicated prior studies by applying existing classifications to a new sample or extended the classifications by adding or changing categories (McKee & Shea, 1998; Simpson & Stanton, 2000; Weekes-Shackelford & Shackelford, 2004).

A challenge to using classifications is that the categories, based on motive, apply to the offender *after* he or she committed the filicide. The categories may not be useful in

prediction or prevention because the basis is retrospective information. Offenders who are interviewed are responding to questions after having killed their child(ren); their thoughts, behaviors, and goals may be significantly different compared to before the filicide. They are most likely confined and waiting for legal action, or have received a sentence that they want to appeal. They may have secondary gain; they may be medicated and receiving psychological treatment. All of these factors influence the offender's perspective. Another weakness of classification systems is that they are not mutually exclusive; the offender often falls within more than one category (Bourget & Gagne, 2002). Filicide is a complicated phenomenon; understanding requires a multidimensional perspective, which considers the interaction of a constellation of variables.

   Structural-functional. Structural predictors of infanticide were the focus of Gauthier et al.'s (2003) study. The economic stress hypothesis was used to predict increased maternal aggression. They found that states in the U.S. with high rates of childbearing-aged woman living in poverty also had high maternal infanticide rates, possibly indicating a correlation between poverty and maternal filicide of children less than 1 year of age. Christoffel (1984) examined U.S. national statistics on child homicide in general from a public health perspective. Three subtypes of child homicide based on a child's developmental vulnerability and risk in the environment are suggested: infanticide, fatal child abuse, and neglect in infancy, and homicide in the community. Christoffel recommended targeting prevention efforts based on this typology. The findings are from a broad, public health perspective and offer important insights for policy and prevention efforts. Stating how the authors defined the constructs of *infanticide* and *fatal child abuse and neglect* strengthens the research. If the author is using infanticide to include children under one year of age, then children older than one

year of age who are killed by methods other than parental FCAN (e.g. parental shooting, stabbing) are not included in the subtypes. The author may be using the subtype of FCAN to describe all filicides of children older than one year of age, which seems to be a broad and heterogeneous subtype and does not allow for the differences shown in cases of neonaticide, familicide, and filicide-suicide. Additional studies that use a public health perspective would increase understanding of filicide from a larger, macro-level perspective.

Social learning theory. Social learning theory focuses on the environmental and psychological influence on behavior such as how we learn through close contact, imitation, understanding of concepts and role model behavior. Smithey (1997) used the conceptual framework of a social learning model of violence, economic deprivation, and self-attitude and substance abuse theories to explain filicide. The stated goal of this exploratory study was to find social correlates (group context, social interactions, and social structures) related to infant homicide. Smithey (1997) found that social learning of physical and emotional violence predisposes an individual to react violently (infant homicide) when confronted with fear, stress, and frustration. Economic deprivation and the absence of the father or significant other left mothers with limited basic resources to raise an infant. The offenders used substances to numb negative self-feelings and poor parenting. The substance use increased misperceptions of the infant's behaviors, increased negative interactions, and increased violence to the level of fatal injury.

Family violence. The cycle of violence or family violence theory states that violence is a learned behavior. Several researchers used this theory as the framework for their studies (Farooque & Ernst, 2003; Haapasalo & Petaja, 1999; Kauppi, Kumpulainene, Vanamo, Merikanto, & Karkola, 2008; Korbin, 1989; Lucas et al., 2002). Haapasalo and Petaja (1999) found that 63% ($n = 48$) of mothers experienced some form

of abuse (physical, psychological, sexual, neglect) in childhood. In addition to childhood experiences, the study also examined individual characteristics and psychological problems of the mothers and life stressors. Six types of homicidal acts were proposed: neonaticide, homicide-suicide, impulsive aggression, psychotic acts, postpartum depression, and abusive acts. The conclusion was that despite differences in the psychological profiles of the mothers, the cycle of violence "can be applied" (p. 129) to maternal neonaticide and maternal homicide of children under 16 years of age, but it is only a part of the picture, and not a sufficient explanation of filicide. The basis for the authors' conclusion is their finding that 63% ($n = 48$) of the mothers experienced abuse in their childhood. The problem is that a history of abuse in childhood is not specific to filicidal mothers. The study implies that the mothers continued the cycle of abuse toward their child, with a fatal outcome.

Brewster et al. (1998) described a "multidisciplinary approach" to the study of "infant maltreatment deaths." The authors use concepts such as "family maltreatment," "child battering," and "fatally abusive incident." In this study of infanticide, the caretaker-perpetrators had a childhood history of abuse, and there was previous physical abuse of victim. Lucas et al. (2002) extended Brewster et al.'s (1998) work by adding two older age groups of victims in order to determine similarities and differences in circumstances. They found difference between, infant, young child and older child filicide victims.

The existing research from the family violence perspective on identification and prevention of *non*fatal abuse would be an excellent starting point for direction on identification and prevention of fatal child abuse and neglect because the fatal incident is frequently found to be the end point for a pattern of previous abuse.

Two studies used family violence constructs, but did not articulate a theoretical perspective. (Adinkrah, 2003) cited family violence in the study and found "excessive corporal child-control strategies" in a sample of case studies (p. 557). Farooque and Ernst (2003) described filicide as a form of family violence and uses the term "maltreatment," but their primary focus was exploring offender deficits in intellectual functioning.

Eclectic. Some studies employed several perspectives or made references that pointed toward multiple viewpoints. Leveillee, Marleau, and Dube (2007) provided no theory but aimed to identify demographic, contextual, situational, and individual variables, behavioral warning signs, and self-destructive behaviors as a function of sex of the offender who commits filicide. The study included concepts of *ego, identity, differentiation, behavior,* and *maltreatment*. These indicate psychodynamic, behavioral, and family violence perspectives. Mugavin (2007) placed her study within a framework of feminism, family systems, poor differentiation/bonding (attachment), and neurobiology of trauma (neuro-developmental). Messing and Heeren (2004) conducted a qualitative study concerning the context of filicide and framed the study within the broad theories of social-inequality, patriarchy, stress, and maternal low self-esteem. They found that stay-at-home mothers who killed their children felt they had no options, felt responsible for their children, felt stressed, and had low self-esteem but these factors did not explain all instances of filicide observed. Campion et al.'s (1988) goal was to "better understanding of paternal filicide and of identifying familial, developmental and psychological features characteristic of filicidal men" (p. 1141). Simpson and Stanton (2000) used information- rich case summaries to highlight developmental, mental health, and social variables related to filicide, and to uncover themes. Oberman and Meyer (2008) were interested in mental health, cultural, and structural variables as well as legal

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the response to mothers who committed filicide. Meyer et al. (2001) examined child deaths by parents from an interdisciplinary, multilevel, contextual analysis that considers the persons within the larger socio-cultural environment.

In 17 studies, the researchers did not state a theory, perspective, or framework and there were no indications through concepts, citations, or references to delineate a specific viewpoint. Looking at the fields of the researchers, the majority came from criminal justice and forensic psychiatry.

The theories and perspectives garnered from the sample of studies reviewed for this meta-study offer broad and narrow theories, as well as a mix of several theories and perspectives. Currently, no single theoretical perspective explains all the subgroups and categories of filicide. Each theory adds a piece to the filicide puzzle and together a fuller picture emerges.

Meta-Method

Meta-Method identifies the specific research design, goals, method, approach, techniques, source of information (data), and sample used for investigation of filicide and how these influence research findings.

Research design. According to Fawcett and Downs (1986), choice of a research design depends on the question asked and the current state of theory development. Although it is not plainly stated, questions drive the exploratory research on filicide: What type of parent would purposely cause the death of his or her child and why? There are four types of goals for both qualitative and quantitative research: exploratory, descriptive, explanatory, and evaluative. Evaluative research was not found in the present sample and will not be discussed. Exploratory research is conducted when little is known about a phenomenon, and when the goals are to gain basic knowledge and uncover variables for future study. Descriptive research is also exploratory, but seeks to

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answer the questions who, what, where, when and how. The results produced are in the form of descriptions; classifications, themes and constructs. Explanatory research answers the questions why. It is like an experiment with the goal of prediction and causation. The results produced are often theoretical models, frameworks, and meta-synthesis. In qualitative research, there are several types of research designs: phenomenology, ethnography, grounded theory, and case study. Phenomenology is interested in how individuals experience the phenomenon under study. Ethnography is interested in observations of individuals in natural settings. In grounded theory, there is no specific framework; theory is derived inductively from the data. Case studies attempt to uncover as many variables as possible and produce in-depth descriptions of a person or institution.

  Exploratory. Several researchers described their studies as *exploratory* (e.g., Beyer, McAuliffe, Shannon, & Shelton, 2008; Friedman et al., 2005). All three media studies included an exploratory aim. Cavaglion (2008) wanted to "explore the (cultural) construction of press reports which play a crucial role in the formation of the image of paternal filicide" (p. 128). Huckerby (2003) explored the *explanatory narratives* used by the media to describe "the roles of race and culture, class, marital status and biology of two infanticidal women" (p. 149). An *Exploratory Narrative Analyses* of press coverage was conducted by Barnett (2005) to explore how news accounts of women's violent actions, reinforce, or challenge myths about motherhood and traditional notions of femininity and maternity. Many of the studies are exploratory because there is limited knowledge about filicide, but the majority of studies fit the intent of descriptive research designs.

  Descriptive. The majority of studies in this present sample was descriptive and used records and case studies as the primary sources for data. Studies in which

interviews were conducted often had a phenomenological approach. A phenomenological perspective is used to describe the experience from the perspective of the individual. The goal is to obtain in-depth information and uncover the individual's interpretations, assumptions, and meaning given to the experience through direct interviews and observations (Friedman et al., 2005; Korbin, 1989; Spinelli, 2004). Some studies used the phrases *grounded theory* and *naturalistic paradigm,* both of which aim to understand and describe rather than explain. Reality is seen through the eyes of the participant and concepts emerge from the data (Korbin, 1989; Messing & Heeren, 2004; Stanton et al., 2000). Stanton et al. (2000) described using a naturalistic paradigm to conducted semi-structured interviews. The authors stated that the "descriptions by the participants are the focus of the study, rather than being used as a means to access internal psychological states or process" (p. 1452). Consistent with a naturalistic paradigm, quotes from interviews were used to illustrate themes and in-depth information is uncovered. The inconsistency is that the title of the study included the phrase "mentally ill mother" and in the text of the study, the terms "mentally abnormal filicide" and "maternally ill filicide" were frequently used. These terms point toward a psychodynamic and medical model framework rather than a naturalistic paradigm. Johnson (2005) used in-depth collection of case studies increase understanding, explore, and describe filicide-suicide.

Comparison is another form of descriptive research that frequently arose from homicide or forensic data. The findings are in terms of descriptive statistics and frequencies. Studies compare filicide and homicide, filicide and familicide, male offenders and female offenders, and genetic parents and stepparents. Putkonen et al. (2009) compared filicide offenders with homicide offenders using the Hare psychopathy checklist. They found that filicide offenders were more likely to be suicidal or completed

suicide. They did not find more psychosis in the sample of filicide offenders compared to homicide offenders. Silverman and Kennedy (1988) compared maternal infanticide and other female-perpetrated homicides using national homicide data and found infanticide to be a different from homicide.

Liem and Koenraadt (2008) compared socio-demographic, environmental, and psychopathological factors underlying maternal and paternal child homicide and found that mothers and fathers differed in age, method, and motive for committing filicide. They found that fathers committed familicides out of fear of spouse leaving, marital conflict, and financial difficulties. Fathers also killed to retaliate (against wives) and by *accidental filicide* (FCAN) more often than mothers. Mothers killed neonates and suffered from psychosis at higher rates compared to fathers. Liem and Koenraadt (2008) examined and compared socio-demographic, contextual, and psychopathological factors of familicide offenders with factors of filicide and uxorcide (murder of wife by husband) offenders. Familicide offenders were male, older, married, committed suicide more often and had concerns about divorce or custody of their children. Studies that used an evolutionary perspective compared filicidal stepparents to filicidal genetic parents (Daly & Wilson 1994; Harris et al., 2007; Shackelford et al., 2008; Weekes-Shackelford & Shackelford, 2004). The authors found that living with a stepparent placed a child at high risk for filicide. Stepparents were more likely to beat a child to death and genetic parents committed filicide-suicide at a higher rate.

Mendlowicz et al. (1998) compared neonaticidal mothers to a control group of mothers. Findings supported Resnick's (1969) observations that neonaticidal woman differ from other woman who commit filicide because they were young, single, immature, submissive, and the child was not wanted. Haapasalo and Petaga (1999) compared neonaticidal and "nonneonaticidal" (filicidal) mothers and used the cycle of

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violence to explain the phenomenon. Friedman et al. (2008) compared three groups of mothers who committed filicide: maternal filicide with completed suicide, with a nonfatal suicide attempt, and without a suicide attempt. Mothers who attempted or committed suicide were motivated by altruism. Mothers who committed suicide had older victims and used the same method for both acts (filicide and suicide) compared to those mothers who attempted suicide. The majority of mothers in all groups had previous mental health treatment. Mothers who committed suicide tended to be less likely to have a psychiatric hospitalization.

McKee and Shea (1998) conducted a cross-national comparison. They used a sample of British and Canadian filicidal women and compared their findings to three existing studies of maternal filicidal women from English- speaking countries. The findings are congruent with previous research findings with regard to demographics, psychiatric diagnosis, and no use of substance, methods, and victim characteristics.

Several other studies compared samples. Putkonen et al. (2009) compared filicide and homicide offenders and found that filicide offenders did not have a higher rate of diagnosed psychotic disorders, but they attempted suicide at the crime scene more often than homicide offenders did. Daly and Wilson (1994) compared stepfathers to genetic fathers using a sample from Canada and a sample from Great Britain. They focused on the differences between genetic fathers and stepfathers. Genetic fathers committed suicide at a significantly higher rate than stepfathers did. Stepfathers fatally beat their victim more frequently compared to genetic fathers who shot or asphyxiated their victims.

Huckerby (2003) compared media representations of two filicidal women and illustrated differences in treatment of filicidal mothers based on race, ethnicity, and religion. She concluded that media portrayed White infanticidal mothers as "mad" and

received treatment that is more lenient. In contrast, poor infanticidal mothers of color and immigrants are "bad" and more punitive treatment.

   Explanatory. Six studies had explanatory findings. Smithey (1997) proposed a conceptual model of infant homicide in which predispositional factors (i.e., abuse history, disapproving parents, substance abuse by father, unsupportive significant other, adverse living conditions) and precipitating factors (i.e., emotional stress, substance abuse, misperceptions, atypically ill newborn) were found to be common in the cases of 15 mother homicide of their infants ages one day to several years old). Brewster et al. (1998) proposed a model for prevention that included 15 factors related to infanticide. This study highlighted some unique findings; for example, the infanticides often took place on the weekend and the trigger was reported as the infant's crying. The problem is that these factors are not unique to fatal child abuse and relate to nonfatal child abuse.

   Mugavin conducted a meta-synthesis in 2005, and in 2008, she proposed a maternal filicide theoretical framework. The goal of the framework was to understand how trauma in childhood could impact a mother's relationship with her own child. This model proposed that exposure to phenotypic vulnerabilities and triggers can predispose a mother to respond impulsively and violently to her child. Phenotypic vulnerabilities are biopsychosocial factors that stem from the interaction of genotype and the environment (Kunst, 2002; Mugavin, 2008). This model applies to both fatal and nonfatal abuse and is discussed in more detail in the Meta-data-analysis section.

Samples used in the primary studies.

   Sample and sex (gender role) of offender. Mothers were the offenders in 33 studies, fathers were the offenders in 11 studies reviewed, 21 studies focused on both mothers and fathers, and in one study the gender of the offenders was stated as not known (Overpeck et al., 1998). Although statistics have shown that fathers commit filicide as

often or more than mothers, there appears to be bias toward research on women who kill their children. Of the 11 studies of fathers, four were conducted in the United States and these studies collectively included 27 cases of paternal filicide (Campion et al., 1988; Kaye et al., 1990; Schlesinger, 2000; West et al., 2009). Some studies specifically chose to study mothers to the acknowledged exclusion of fathers. This selection was often justified by the statement that more children died at the hands of the mother, but the statistics do not justify this reason.

Current studies acknowledged that mothers and fathers commit filicide at about the same rate. There may be several reasons why mothers are studied more often than fathers. It may be that psychiatric records were often used as the data source and women are generally placed in psychiatric facilities whereas men are sent to prison (Marks & Kummar 1993 as cited in Marleau et al., 1999; Resnick 1969). Mothers may be the focus of research simply because they are mothers and a mother killing her child is an unspeakable act. It may be that the media focuses on mothers to the exclusion of fathers. Fathers may be underrepresented in the sample because several studies focused on neonaticide, which is almost exclusively committed by mothers. Overrepresentation of women may be due to increased accessibility and willingness to participate in interviews. Another reason may be that men often commit suicide and therefore they cannot be interviewed. When a father kills the family and then commits suicide, the case is categorized as familicide or filicide-suicide, as opposed to filicide. It is clear from a review of the literature that the phenomenon of paternal filicide is a neglected area of study in the United States (Spinelli, 2003). Recently, however, researchers have begun to focus on this phenomenon called *familicide,* which is predominately committed by fathers.

Sample and age of offender and victim(s). The reported age of offenders in the sample of studies ranged from 12 to 76 years and was often reported as an average (West et al., 2009). The average age tells us very little because a 12-year-old parent is different from a 76-year-old parent. A glaring inconsistency comes from the age of the victims. Studies included victims with ages starting at "0," or "infant," or "1 day," or "1 month," or "5 months," or "less than" a specific age. The oldest victims in the samples ranged anywhere from 24 hours to 35 years old. These inconsistencies make comparing the studies difficult.

The age of the victims must be considered when looking at results. There is uniformity and consistency in ages of victims in studies of neonaticide, which is defined as less than one day old. Studies demonstrate that neonaticides have a unique constellation of variables related to the offender and the context compared to other filicides. For example, the mother was frequently young, living at home with family, had no prenatal care, and gave birth alone. Silverman and Kennedy (1988) found many of the same characteristics (young, immature, unmarried, feel shame, suffocate or strangle and do not try to commit suicide) in a sample of mothers who killed infants within their first year of life. Future research may benefit from examining filicides within the first week or month of life compared to neonaticides in order to see how and if they differ and also to find out if there are unique differences at other ages or stages of the victim. Developmental stages of the child-victim are mentioned in the research, but no study has discussed it in any detail. The age of the offenders or the victims were not known or not discussed in several studies (Christoffel, 1984, Farooque & Ernst, 2003; Johnson, 2006; Oberman & Meyer, 2008).

Looking at the developmental stages of the offender in addition to the victim, and correlations of the two may be another area of inquiry. Such findings could identify

critical periods in the life of parents as well as children and how they interact, that may enhance our understanding of filicide. There appears to be support for the idea that the age of the victim plays an important role in filicide, so establishing standard age ranges would be beneficial to research and prevention.

Sample size. Sample sizes in studies reviewed ranged from 1 to 41 cases when interviews were conducted. The largest samples used were 2,776 death certificates and 3,925 and 3,459 reports from the FBI Uniform Crime database (Kunz and Bahr, 1996; Overpeck et al., 1998; Weekes-Shackelford and Shackelford, 2004.) In general, sample size was often limited due to the lack of a uniform, systematic, centralized database or due to restricted access. The majority of data came from reports written by professionals and contained basic demographic information and descriptions of the manner or cause of death.

There are three populations to sample: general, correction, and psychiatric. The sample used influences the findings. For example, samples from prison are disproportionately male and males have higher rates of motives of revenge and anger (Harris et al., 2007). Offenders sampled from correctional populations have been found to have poor social support, history of substance abuse, unemployment, limited education, and are victims of abuse (Friedman, Horwitz, & Resnick, 2005a; Korbin, 1987, 1989). Samples from psychiatric facilities are disproportionately women and these women have more severe mental health and a history of mental illness.

Access. Because the majority of offenders for studies of filicide are identified while incarcerated in prison or in a psychiatric facility, access is a significant barrier to conducting research. One researcher that was granted permission to conduct interviews had to go through five ethics approvals (Johnson, 2005). Therapists treating incarcerated offenders conducted the majority of interviews. There may be ethical concerns of having

a duel role as therapist and researcher. A full disclosure and consent of the subject is necessary. If the therapist treated the subject prior to consent, special permission to use that knowledge is necessary. A therapist's role is to advocate for and treat patients; therapists may have biases based on their relationship. Therapists are also in a position of power over their patients and this may influence what patients say and how they act.

The role of researcher is to remain objective or at least acknowledge biases and obtain as much accurate, and in depth data as possible. These are two different roles with different objectives. The strength of therapist as researcher is that there is a relationship with the subject and the therapist has knowledge, insight, experience, and impressions not found in documents. The richest information from the perspective of the subject comes from in-depth interviews. The research review boards are in place to ensure protection of the subjects' rights and well-being.

Sources. There were six main sources used by the studies in this current meta-study: documents, interviews, databases, media, and existing literature (see Table 3 for a breakdown of the sources).

Table 3

Sources Used In Research Studies on Filicide

Sources	Number of Studies
Documents, Case Records	31
Large Federal or Local Data Bases	11
Interviews	7
Media	6
Multiple Sources Combined	8
Existing Research	4

Documents: Case records and databases. The most frequently used source of data was case records and databases from law enforcement, forensic institutions for example the FBI, psychiatric facilities, therapists, hospitals, judicial/courts, prisons, and coroners. The number of cases in each study ranged from a single case study (Schlesinger, 2000; Spinelli, 2004; Willemsen, 2007) to large databases (Daly & Wilson, 1994; Harris et al., 2007; Kunz & Bahr, 1996; Overpeck et al., 1998; Putkonen et al., 2009). Weekes-Shackelford and Shackelford (2004) compared filicidal stepparents and genetic parents using the FBI homicide database of 3,925 cases. Researchers who used case records, documents, and databases aimed to identify victim and offender characteristics (demographics, psychopathology, triggers, motives, attempted or completed suicide, and method of killing). Comparison groups (homicide, uxorcide,

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stepparents) were often used. For example, a unique study by Liem and

Koenraadt (2008) in the Netherlands used a sample of 536 forensic psychiatric

records to compare familicide with filicide and uxorcide. Case record reviews are

necessary because researchers cannot observe or interview the offenders who

commit suicide, and access to those incarcerated or hospitalized is often limited or

difficult to obtain. A drawback is that case records are opened after the filicide

and prior background information is not available. The information in the records

is from a singular focus of either forensics (deviance) or psychiatry (mental

illness) and sometimes includes medical information. The information is subject

to the recorders bias and errors, and contains information for a specific purpose

that may be different from the research. There may be a strong negative bias

toward the filicide offenders, which may influence documentation.

       Birth and death certificates and coroners' reports were used in several studies.

Data from these documents were usually combined with other records and the results

yielded descriptive demographic information and classifications of the offender based on

individual pathology and motive (Bourget & Gagne, 2002; Friedman et al., 2008;

Leveillee et al., 2007; Overpeck et al., 1998; Putkonen et al., 2009; Resnick, 1969;

Somander & Rammer, 1991; Wilkey et al., 1982). Overpeck et al. (1998) used a public

health perspective and used linked birth and death certificates to focus on risk factors.

       A few studies used child protection records. Two of these studies used samples

from the United States Force and another study was conducted in Hong Kong (Cheung,

1986). These records are a valuable source of information and can show patterns of

behavior, contextual information, and history of the family. Access to these records can

be difficult to obtain.

Case reviews alone cannot fully answer research questions about a parent who commits filicide and his or her family. There is lack of research that considers the perspective of the offender, the surviving partner, surviving siblings or other family members. This knowledge can be gained through interviews, but few studies used interviews. The levels of restrictions (person, lawyer, review boards, facility regulations, state, and federal laws) placed around research on persons in psychiatric or prison facilities may contribute to the small number of interviews.

Interviews. In the sample of 66 studies, seven studies used interviews as their method for data collection. One hundred and fifteen parents (17 fathers and 98 mothers) who committed filicide were interviewed. Interviews were often a psychological evaluation or examination of the accused at the request of a court (Bourget & Bradford, 1990; d'Orban, 1979; Spinelli 2001). There were three in-depth interviews that used direct quotes (Korbin, 1989; Smithey, 1997; Stanton et al., 2000). These interviews provided the context from the perspective of the offender. Many clinicians used their clinical case notes, observations, and experiences as data (Korbin, 1989; Kunst, 2002; McKee, 2006; Oberman & Meyer, 2008; Schlesinger, 2000; Simpson & Stanton 2000; Smithey, 1997; Spinelli, 2001; Stanton et al., 2000). Interviews of family members were conducted by journalists, lawyers, and law enforcement, but only one study used this information as a way to gain understanding. Johnson (2005) interviewed three women who survived a murder-suicide in which their spouses or significant others killed one or more children and then killed themselves. Interviews produced rich in-depth information that most researchers captured in books, however those who were required to condense their knowledge into a single article may have excluded pieces of information that other researchers may consider important.

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Media. Studies of media accounts of filicide explored the portrayal of parental offenders (Barnett, 2006; Cavaglion, 2008; Messing & Herring, 2004). One study examined the case of a mother, Andrea Yates, who killed her five children (Spinelli, 2004). Another study (Huckerby, 2003) compared the cases of two mothers, Khoua Her and Andrea Yates, in order to compare media coverage of mothers from different nationalities, socioeconomic statuses, and religions. Meyer et al. (2001) used news articles as the data for their cases studies. Several studies used newspaper articles in addition to other sources. Of the researchers who used newspapers, one researcher stated that the authors were aware that newspapers may be biased in selection and representation, but the large numbers of cases offset that limitation. Newspapers and the Internet need to produce "stories" quickly and may contain incorrect information that is retracted at a later date. Investigative journalism offers a vast amount of in-depth information and is often thorough. The mechanism for investigative journalism to disseminate information is through books, articles, or special television programs. Investigative journalism was not used as a source for filicide research.

Existing literature. Three studies (Friedman et al., 2005; Koenen & Thompson, 2008; West et al., 2009) reviewed existing literature, and one study was a meta-synthesis of existing filicide offender classifications (Mugavin, 2005). The findings showed that neonaticides have some unique similarities that are different from other types of filicides. Attempts to identify variables that correlate with other filicides resulted in long lists of individual characteristics of the offender, the victim, and situational stressors. These lists are a good beginning to understanding, but they are too general and apply to many families who are not at risk for filicide. No single attribute or classification and no list of variables will explain filicide in a manner that allows recognition of risk and prevention of all incidents of filicide. However, a constellation of specific variables within a

theoretical framework is necessary for understanding and identification of families at risk for filicide.

Multiple sources. Eight studies use multiple sources of information about filicide and five of these were interviews in conjunction with media and other documents. Adinkrah (2003) used interviews and media; Beyer et al.(2008) used media and files; Friedman et al. (2005) used interviews and media, records; Guileyardo et al. (1999) used media, records, literature, and experience. Johnson (2006) and Korbin (1989) used interviews and documents; McKee (2006) used interviews and literature; Spinelli (2004) used media and literature. Using more than one source is a method of data-triangulation that strengthens findings by combining several sources and types of data, which increases trustworthiness.

Method of analysis. Nine different methods of analysis were identified in the present sample of 66 studies. The methods included retrospective record analysis, content analysis, heuristic analysis, case summary, comparison, mixed method, statistical analysis, meta-synthesis, and review. The majority of studies were descriptive retrospective case studies based on case records. Researchers would present socio-demographic information and variables as findings, but they did not specify using any qualitative or quantitative method of data analysis or specific techniques of coding.

These studies are categorized as a method of record analysis. Record analysis provides micro-level information about the offender, victim, and method of filicide. Comparisons were made between different filicide samples based on the relationship of the offender to victim or the age of victim(s); for example, mothers were compared to fathers, or stepfathers were compared to genetic fathers, and neonaticides were compared to all other filicides. Comparisons are useful in telling us how categories within or outside the phenomenon may be similar or different.

Content analysis was used to look for themes, but researchers did not mention a specific technique of analysis. This method of analysis was used for several studies that gathered data through interviews or media (Barnett, 2006; Cavaglion, 2008; Haapasalo & Petaja, 1999; Huckerby, 2003; Johnson, 2005; Oberman & Meyer, 1996; Stanton et al., 2000). Content analysis helps to categorize data into concepts, which allows for the development of a conceptual framework for understanding. Classification was the method of analysis for 10 studies. Classifications and categories demonstrated that filicide is not a single phenomenon; it varies based on the victim-offender relationship, age of victim, motive for the filicide, and the method of filicide. To fully understand, explain, and prevent filicide, classifications need to move beyond individual-level characteristics and include variables from the immediate context and the larger societal backdrop that are part of the full picture of filicide.

Heuristic analysis, also referred to as phenomenology, was used in studies in which interviews were conducted. The authors reported the exact words or quotes from interviews or transcripts of the subject. Heuristic analysis is interested in the experience from the perspective of the individual in his or her own words. Some researchers who conducted interviews, used case notes, or produced case summaries or illustrations (Kunst, 2002; Schlesinger, 2000; Willemsen et al., 2007). Heuristic (phenomenology) analysis is vital to understand filicide from the perspective of the offender. The meaning offenders give to filicide can increase understanding and prevention.

Themes from interview data can be identified by using heuristic analysis. Mixed method approach included a review of records to collect and categorize information and subsequent statistical analysis of this information. Studies that used large databases analyzed data using statistical analyses (Daly & Wilson, 1994). Statistical analysis allows for large amount of data to be analyzed, reveals correlations, statistical

significance, and allows hypotheses to be tested. Only the conclusions from quantitative

statistical analysis were used in the current meta-study. Meta-synthesis was the method

of analysis for one study and there were three reviews (Friedman et al., 2005a; Mugavin,

2005; West et al., 2009). Summarizing and synthesizing information is important if the

knowledge is to be useful in practice. A list of research designs and methods of analysis

for each study in the sample can be found in Appendix E.

Meta-Data-Analysis: The Findings

Meta-Data-Analysis in the current meta-study involved the analysis of the

findings, themes, and recommendations. Data were analyzed to identify whether or not

filicide is constructed as a social problem. The meta-data-analysis section presents an

aggregate of information, much like a review, with some interpretation. Synthesis,

interpretation, and reconceptualization of the analyzed findings are discussed in Chapter

5 (Synthesis).

Based on the relatively small number of studies on filicide, it was assumed that

studies would focus broadly on the entire phenomena of filicide. What emerged instead

were studies that focused on a specific aspect of filicide.

Ten meta-categories. After the studies selected for this meta-study were

finalized and documented in a spreadsheet it became clear that this method was not going

to lend itself to data analysis and synthesis because there was no way to group or

conceptualize the studies as anything other than individual pieces of information about

the phenomenon of filicide. As this meta-study continued patterns began to emerge from

the sampled studies. Research on mothers who killed their children was often separate

from research focused on fathers who committed filicide. Research on neonates who

were killed emerged as a distinct and separate form of filicide. The theme of suicide

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began to show not only as a mental health variable for the offender, but as a separate category of filicide-suicide. Familicide arose later in the meta-study process as a distinguishable category. Fatal Child Abuse and Neglect (FCAN) became a category by accident after looking at references and identifying studies not included in the initial sample selection. Stepparents, homicide, and media were three additional categories of research that were outside of the mainstream focus, but were essential to the construction of knowledge on filicide. Table 4 shows these 10 meta-categories and the number of studies in each category. These categories reflect the primary focus of the research. The categories were often part of the title of the research. The categories were not mutually exclusive and one study could be included in several of these categories. For example, a study by Kaye et al. (1990) was placed under the primary category of *neonaticide* and the secondary category of *dad* (fathers) because the title suggested that both categories are relevant. The primary category was based on the title of the research, how the research sample was selected, statements of the author(s), and the findings of the study. These categories were coded and added to the spreadsheet. Folders were made for each category and the research study was placed in the folder. A special notation was made to consider secondary categories when data were being collected, analyzed, and synthesized. Categorization made the meta-study process more manageable and proved to be pivotal in the reconceptualization of filicide. Each category is described in detail under the findings. An additional category, *legal,* emerged from the literature but was not included in this meta-study. The research that fell into the *legal* category focused on the laws, judicial systems, and the sentencing patterns of mothers compared to fathers. The findings from these studies point toward mothers being found not guilty by reason of insanity (NGRI), and sentenced to mental health facilities whereas fathers were imprisoned. These studies focused on how society dealt with the offenders of filicide

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after it happened; as opposed to focusing on understanding and preventing the

phenomenon so they were not included in the current analysis.

Table 4

10 Categories of Filicide Research

Category	Number of Studies
Mothers	24
Fathers	5
Parents	10
Stepparents	3
Neonates	5
Filicide/Suicide	3
Familicide	4
FCAN	3
Homicide	6
Media Representation	3

The studies can also be group into five broad categories of focus: (a) relationship

to victim (mothers, fathers, parents, stepparents, caregiver); (b) age of victim

(neonaticide, infanticide, filicide); (c) who was killed (child, child and offender, entire

family); (d) how they were killed (abuse, neglect, intentionality, homicide); (e) and media

representations. These categories are important in distinguishing types of filicide studies.

The findings from the sample of research studies are discussed from a bio-psycho-social-

demographic perspective and will be categorized accordingly.

Bio-psycho-social-demographics. The research objective of the majority of

studies was to describe the biological, psychological, social, and demographic

characteristics of the individual offender. Most demographic information included

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offender sex, age, marital status, race/ethnicity, and age of victim(s) as well as the method used to kill victim(s). Some studies were able to identify the offender's level of education, employment status, and number of other children (Karakus et al., 2003; Mendlowicz et al., 1998).

Demographics. As noted previously, mothers and fathers commit filicide at about the same rate (Bourget & Bradford, 1990; West et al., 2009). The rate of filicide victimization was the same for boys and girls (Cheung, 1986; Marleau et al., 1999). The age range of offenders and victims varied greatly. Risk varies with the age of the child. A child is at highest risk to be killed by a parent at 2 years of age or less (Messing & Heeren, 2004; Shackelford et al., 2008; Willemsen, 2007). Children are at highest risk if they live in a home with a stepparent, especially a step-father (Daly & Wilson 1994; Koenen & Thompson, 2008; Liem & Koenraadt, 2008). In general, as the child's age increases, the method of killing becomes more violent, except in cases of stepparents who frequently commit filicide by beating (Daly & Wilson, 1994; Harris et al., 2007; Liem & Koenraadt, 2008). Fathers who kill older children use weapons (Kunz & Bahr, 1996; Liem & Koenraadt, 2008). Mothers use more personal methods such as smothering, strangling, and beating, and kill younger children. Some have speculated that this is because less force is necessary to kill a younger child. Marriage was not found to be a protective factor (Friedman et al., 2008; Gauthier et al., 2003). Fathers commit familicide at a higher rate than mothers (Johnson, 2006; Leveille et al., 2007). Married mothers tend to kill their children but not their spouses (Kauppi et al., 2008). Both mothers and fathers commit filicide-suicide, but fathers kill the entire family and mothers kill their children and themselves, but rarely their spouse. Fathers commit filicide-suicide at a higher rate compared to mothers (West et al., 2009).

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Some mothers who killed their children reported suicidal intent but either were not successful or do not follow through. Young, unmarried, mothers who live at home with their parents commit the majority of neonaticides (first day of life) (Friedman, Horwitz, & Resnick, 2005b; Haapasalo & Petaja, 1999; Kunz & Bahr, 1996; Liem & Koenraadt, 2008; Mendolwicz et al.,. 1998; Oberman & Meyer,1996). The term *young* refers to mothers aged 12 to 26 years old, but mothers who were between the ages of 26 to 42 years old committed some neonaticides. The key variables related to neonaticide committed by younger women appear to be living at home with family, having limited resources, and feeling like they have no options (Beyer et al., 2008; d'Orban, 1979; Mendlowicz et al., 1998; Oberman, 1996; Putkonen et al., 2007; Rensnick, 1970). Overpeck et al. (1998) found that first-time mothers under the age of 15 were seven times more likely to commit filicide than first-time mothers 25 years of age or older.

Discussion of race, culture, and social class was missing or briefly mentioned in a chart summarizing socio-demographic variables. Meyer et al. (2001) found that undocumented immigrant woman living in the United States who committed filicide had struggled with significant stress. They dealt with language barriers, assimilation, and acculturation, isolation from family and networks of support as well as financial and housing struggles. Huckerby (2003) concluded that immigrant woman and poor women of color who committed filicide were portrayed in the media as "bad" and were often given harsh sentences. Socioeconomic status (SES) varied from lower to upper SES depending on the study sample (Adinkrah, 2003; Beyer et al., 2008; Bourget & Bradford, 1987; McKee & Shea, 1998). Below normal intellectual functioning was more prevalent among filicidal mothers and fathers compared to the rate in the general population (Campion et al., 1988; Krischer, Stone, Sevecke, & Steinmeyer, 2007; McKee, 2006; McKee & Shea, 1998; Spinelli, 2004).

Level of education varied depending upon the sample. Some asserted that lack of education is a risk factor for neonaticide. Lack of education may be due to the finding that neonaticidal offenders are young and in school. Unemployment, underemployment, financial problems, and poverty have been correlated with higher rates of filicide, especially abuse and neglect fatalities (Bourget & Bradford, 1987; Campion et al., 1988; d'Orban, 1979; Friedman et al., 2007; Gauthier et al., 2003; Korbin, 1987, 1989; Liem & Koenraadt, 2008; McKee & Shea, 1998; Meyer et al., 2001; Scott, 1973; Somander & Rammer 1991; West et al., 2009). Familicide following a father's job loss was mentioned in several studies (Ewing, 1997; Liem & Koenraadt, 2008; Schlesinger, 2000).

Biological. There was limited discussion regarding the biology of the parent or victim. Studies using evolutionary theory found that stepparents compared to biological parents commit filicide at higher rates, by different means, and without committing suicide. The explanation was the lack of shared biology with the child. Studies also made brief mention that children who were physically ill were at an increased risk for filicide. Lower intellectual functioning of the offender is higher in samples of filicidal parents compare to the general population.

Psychological. An area of inquiry that dominated the research was psychological or psychiatric classifications or typologies, which are rooted in the psychodynamic perspective. The motives, impulses, and mental health of individual offenders is emphasized in classification systems. Nine studies developed filicide classifications. Classifications built on each other. Researchers took existing classifications and applied them to new samples to produce new classification systems. Table 5 shows the researchers, date published, country published, and the classification systems.

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Table 5 *Filicide Classifications*

Author (s) Year Published Country	Altruistic	Mental Illness	Unwanted	Fatal Child Abuse & Neglect	Revenge Purposeful	Neonaticide		
Resnick (M/F) 1969,1970 USA	Altruistic, Suicide, Relieve Suffering	Acutely Psychotic	Unwanted Child	Accidental	Spouse Revenge	Neonaticide		
Scott (F) 1973 England	Mercy killing	Mental illness	Elimination of Unwanted Child	Victim constitutes stimulus	Stimulus not in victim			
d'Orban (M) 1979 England	Mercy killing	Mentally Ill	Unwanted children	Battering mothers	Retaliating mothers	Neonaticide		
Wilkey et al (M/F) 1982 Australia	Euthanasia, Murder-suicide	Infanticide		Non-accidental injury Deprivation-starvation		Neonaticide		Child Murder
Bourget & Bradford (M/F) 1990 Canada	Pathological filicide Altruistic, Extended homicide-suicide			Accidental filicide Battered child Syndrome; Others	Retaliating filicide	Neonaticide Unwanted child		Paternal Filicide
Somander & Rammer (M/F) 1991 Sweden	Homicide - Suicide	Postnatal depression		Fatal Child Abuse Neglect		Neonaticide		Other
Guileyardo et al (M) 1999 USA	Altruism Euthanasia Mercy killing	Acute Psychosis, Postpartum, Munchausen Syndrome, Seizure Disorder	Unwanted Child	Violent Outburst (angry impulse) Negligence & Neglect Sadistic Acts of Punishment	Spouse Revenge	Unwanted Pregnancy, Neonaticide		Sexual Abuse, Violent Older Child, Innocent Bystander
Meyer & Oberman (M) 2001 USA	Purposeful Acted alone	Purposeful Acted alone	Purposeful Killing, Acted alone	Abuse-Related Deaths Maternal Neglect	Purposeful Acted alone	Conceal/ deny pregnancy	Assisted or Coercion	
McKee (M) 2006 USA	Psychotic/ Depressed/Suicidal	Psychotic/ Depressed/ Delusions	Detached Resentment	Accidental Abusive/Neglectful	Retaliatory	Detached	Psychopath	Narcissistic

Note: M= Mothers; F= Fathers

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Displaying classification systems displayed in this fashion, reveal significant similarities and commonalities begin to emerge. With the exception of studies producing a different number of categories and using different terms, the overall content is consistent among classification systems. The classification studies used in the current meta-study were described in detail early in the literature review (pp. 26-30). Overall, early classifications are one-dimensional focusing on psychopathology and /or parental offenders' motive. Recent studies attempted to synthesize previous classifications or produced multidimensional classifications.

Mugavin (2005) conducted a meta-synthesis of filicide classifications. She focused on maternal filicide but used classifications that also address fathers. A systematic synthesis of the classifications was not presented. She concluded that no filicide classification system will be complete due to the complexity of human beings. She suggested that prevention must include a multidisciplinary approach

Social. Smithey (1997) mentioned that studies employing a psychodynamic perspective include sociological variables as background information and not part of the etiological models. To broaden our understanding, models need to be multidimensional, which includes the immediate environment and the larger societal context. Studies mentioned consideration of developmental history, life stressors, or circumstances, and other factors but there was no consistency of inquiry into these social variables (Campion et al., 1988; Friedman et al., 2005; Haapasalo & Petaja, 1999; McKee & Shea, 1998; Silverman & Kennedy, 1988). One study by Marleau et al. (1999) used specific categories to describe demographic, socioeconomic (employment and income), developmental (abuse, trauma), situational (stressors), psychiatric, and toxicological (substance use) "factors." Wilczynski (1997) developed eight categories of risk factors

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for child deaths by parents: social, demographic, psychiatric, situational, victim, family history, prior family violence and conflict, and prior contact with agencies. Others studies may have mentioned a connection among these variables as a result of findings but only a few studies examined these variables (Brewster et al., 1998; Lucas et al., 2002; Scott, 1973; Simpson & Stanton 2000). Social correlates of filicide are in the immediate environment as well as in society. A problem with many of the variables or risk factors is that they exist in the lives of people who do not commit filicide. A list of variables without theoretical or conceptual framework is not useful nor is it specific to filicide. For example "social inequality, patriarchy, stress and low self-esteem are a pervasive feature of women's lives" (Messing & Heerren, 2004, p. 130).

Micro-, meso-, and macro-findings. In order to manage the amount of information contained in the sample, each study was coded based on type of finding. The findings were classified according to micro-, meso- and macro-level variables. For the purposes of this meta-study, micro level findings are those regarding the individual offender. The meso-level findings include immediate context, relationship, and situational variables. Macro-level refers to the larger structural environment and factors like poverty, employment, housing, societal norms, institutions, government assistance, medical care. Table 6 shows the three system levels that influence a family; micro-, meso-, and macro-levels, and the types of variables identified in the research on filicide. Appendix E shows the list of research categorized as micro, meso, or macro-research based on the type of findings.

The dominate findings were micro-level variables related to the offender. The findings were demographic information about the offender, method of death and age of victim (Beyer et al., 2008; Bourget and Bradford, 1990; Daly and Wilson, 1994; Farooque and Ernst, 2003; Kauppi et al., 2008; Koenen & Thompson, 2008). These

findings were presented as descriptive frequencies. Authors that reported meso–level, as

well as micro-level findings consistently identified marital problems, infidelity, divorce,

custody concerns, and social isolation or lack of support as variables related to filicide

(Harris et al, 2007; Johnson, 2005; Leveille et al., 2007; Simpson & Stanton, 2000). In

one study, the author stated that they were looking at environmental risk, but the findings

were focused on the offender, victim, and weapon (Christoffel, 1983). There were 15

studies that had findings at all three levels of analysis and few that had strictly macro-

level focus (Gauthier et al., 2003). Unemployment, poverty, and financial struggles in

lives of offenders and their families were the most frequently mentioned findings at the

macro-level (Karakas, et al., 2003; Marleau et al., 1999; McKee & Shea, 1998; Messing

& Hereen, 2004; Meyer et al., 2001; Oberman & Meyer, 2008; Smithey, 1997). Studies

o f media portrayal of offenders are classified as macro-level, however these studies also

provided a rich amount of micro-and macro-level findings (Barnett, 2006, Cavaglion,

2008; Huckerby, 2003).

Table 6

Variables Categorized by System Level

Level		Variables	Attitudes/Portrayal	Strengths
Micro	Individual	Demographics Biology (IQ, medical illness) Family history/development – abuse, addiction, absence, attachment Mental Health – mental illness, addictions, psychosis, suicidality	Attitudes, beliefs and expectations of individuals	Resiliency, Coping skills, parenting skills,
Meso	Social (environment and situation)	Interactions – Parent to child(ren) Spouse to spouse Family Situational – Catalyst Victim variables When, where, how	Attitudes, beliefs and expectations of family and friends	Support System – personal connections with church, community, organizations, neighbors
Macro	Structural	Culture Race Religion Socio-economic status – class Employment Education	Belief, and expectations (culture) of the social structures Media	Government, state and local Resources: medical, mental health, welfare, housing, legal, law enforcement, child protective-social services, debt relief

Ten meta-categories of extant research. With the exception of the category, *Parents*, the dominant findings from each of the 10 Meta-categories are summarized below and unique findings are mentioned. Findings from studies of filicidal parents reported differences between filicidal mothers and fathers, these findings will be discussed under those categories.

Maternal filicide. Studies of maternal filicide represent the largest category and it included findings about mothers in several categories including neonaticide, parents, filicide-suicide, and fatal child abuse and neglect. The discussion of the "good mother" was a large part of the discourse, and is described in the synthesis chapter. In general, mothers who committed filicide, excluding neonaticide, were under 30 years of age, not addicted to substances, married, had more than one child, had low incomes, and were mentally ill. They feared that they would lose their maternal role or relationship and had inadequate emotional support and resources. They had a history of some type of abuse during their lifetime. They asked for help in some way but their disclosures were dismissed or minimized (Kunst, 2002). They acted alone, for reasons related to psychosis, motivated by altruism, and they did not use a weapon (McKee & Shea, 1998; Simpson & Stanton, 2000). They killed using their hands by beating, strangling, and smothering. A unique finding was that mothers who commit filicide frequently called the police whereas mothers who committed the specific types of filicide, such as fatal child abuse and neglect or neonaticide, did not call the police. Additional findings regarding mothers will be discussed in the neonaticide section below.

Paternal filicide. Fathers were the focus of six studies of neonaticide, filicide, and familicide. In general, genetic fathers who committed filicide were under the influence of substances (Campion et al., 1988; Lucas et al., 2002; Marleau et al., 1999; Somander & Rammer, 1991), used more violent means (shooting), and killed older

children compared to mothers (Marleau et al., 1999; Resnick, 1969). One study by

Johnson (2006) conducted in Australia, found the most frequent cause of death to be

carbon monoxide poisoning by the use of car exhaust funneled back into a closed car,

killing the children and the father. Stricter gun control laws in Australia than the U.S.

may be a reason that fathers killed using a method other than shooting. Stepfathers

commit filicide at higher rate than genetic fathers do and they have higher rates of

beating their victim, who is often a younger child. The frequency and methods genetic

fathers use to kill younger children is rarely discussed

     Neonaticide. The majority of studies considered neonaticide distinctly different

from other forms of filicide (Beyer et al., 2008; Kaye et al., 1990; Resnick 1970;

Oberman & Meyer, 2008; Stanton et al., 2000). Neonaticide is considered the most

underestimated form of filicide due to underreporting, and the concealed and hidden

nature of the pregnancy and birth. It is suspected that often the body of the newborn is

never found (Beyer et al., 2008; McKee, 2006; Putkonen et al., 2007; Spinelli, 2001). It

is also considered to be the most difficult to prevent because it is often hidden (d'Orban,

1979; Putkonen et al., 2007; Wilkey et al., 1982).

     Mothers are the offenders in most neonaticides, but there are some documented

cases of paternal neonaticide (Friedman, Howitz, & Resnick, 2005; Kunz & Bahr, 1996).

Resnick (1970) described two incidents of paternal neonaticide and Kaye et al. (1990)

described two additional incidents. Two cases included fathers with deficits in

intellectual functioning. In a 2009 review, West et al. discussed five cases of paternal

neonaticide. In three cases, the father acted in conjunction with the mother (these may

include cases mentioned in Resnick's study). An unwanted child is the primary motive in

paternal or joint neonaticide, both of which are rare (Bourgert & Bradford, 1987;

Campion et al., 1988; Kaye et al., 1990; Mendolwicz et al., 1998). In one case of

paternal neonaticide, the father was forced into marriage by the pregnancy and he feared that this would diminish his ambition (Kaye et al., 1990). In another case, the father was physically ill and mentally challenged. He poisoned the newborn because he feared that he (the father) would die and not be able to care for his family (Resnick, 1970). According to Oberman and Meyer (2008), mothers who commit neonaticide come from every race, ethnicity, and socio-economic class, but they acknowledged that "very few articles mention race or ethnicity" (p. 23).

In general, mothers who commit neonaticide have been described as "young" with a mean age range of 12 to 26 years (d'Orban, 1979; Haapasalo & Petaja, 1999; Mendlowicz et al., 1998; Meyer et al., 2001; Oberman & Meyer, 2008; Overpeck et al., 1998; Resnick, 1970; Putkonen et al., 2007; Silverman & Kennedy, 1988). However, older neonaticidal mothers were reported to be anywhere between the ages of 39 to 48 years old (McKee, 2006; Mendlowicz et al., 1988; Meyer et al., 2001; Spinelli, 2001). Many researchers characterized the majority of neonaticidal mothers as immature, passive, childlike, and living at home with their family of origin (Beyer et al., 2008; d'Orban, 1979; Friedman, Horwitz, & Resnick, 2008; Haapasalo & Petaja, 1999; Meyer et al., 2001; Putkonen et al., 2007; Resnick, 1970; Spinelli, 2001). Passivity refers to submissive to sex, passive in relationships, and passive in not using or incorrectly using birth control. According to Gummersbach (as cited in Resnick, 1970), passivity is what separates neonaticide from abortions because the woman does not act and then she has no choices.

Women who commit neonaticide often deny and conceal their pregnancy (Beyer et al., 2008; Friedman et al., 2008; Haapasalo & Petaja, 1999; Miller & Spinelli, 2002; Putkonen et al., 2007; Spinelli, 2001). Sometimes the women are in such denial that they did not know they were pregnant (Koenen & Thompson, 2008; Spinelli, 2001). The

women or girls are in their teens, do not gain weight, and just think that they are ill. At the time of birth, they think that they are having a bowel movement and the baby is delivered into the toilet (Meyer et al., 2001).

Miller and Spinelli (2002) described two types of denial: affective and pervasive. In a state of affective denial, the woman is aware of her pregnancy but she does not experience typical emotions, does not seek medical care, and does not prepare for the birth. In pervasive denial, the women do not cognitively acknowledge that they are pregnant, and they often do not experience the physical changes and misinterpret pregnancy as some other physical condition. It has been suggested that women who commit neonaticide experience denial off and on throughout the pregnancy. The level of denial depends on the individual. There is also a denial or lack of awareness by family members, boyfriends, teachers, friends, and even doctors who saw these women before the neonaticide; these individuals claimed that they "never noticed the signs of pregnancy" (Beyer et al., 2008; Oberman & Meyer, 2008).

Women in affective denial go into self-imposed isolation and silence and keep everything a secret. The dominant reason cited for the concealment is that the women fear they will be told by their parents to leave the home or fear the parents' negative reaction in general (Beyer et al., 2008; Friedman et al., 2008; Resnick, 1970; Putkonen et al., 2006). Resnick found that illegitimacy was a common concern, but that research was conducted in 1970, and the more recent research by Putkonen in 2006 did not support this as a concern. Conception through adultery, rape, or incest was also a reason for not wanting the child and committing filicide, specifically neonaticide (Bourget & Bradford, 1990; Mendlowicz et al., 1998). Financial strain, lack of resources, and inability to care for the infant were other reasons given for filicide, specifically neonaticide (Beyer et al., 2008; Putkonen, 2006). Putkonen et al., (2006) found either multiple motives or a

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complete lack of a clear motive for the concealment of pregnancy and neonaticide was often reported by the mothers. Neonaticidal mothers were less likely to have had prior mental illness or psychosis at the time of the neonaticide, and less likely to have had contact with health care professionals prior to neonaticide, compared to other types of filicide (Beyer et al., 2008; d'Orban, 1979; Meyer et al., 2001; Spinelli 2001). Neonaticidal mothers who were suffering from psychosis were older (Beyer et al., 2008; McKee, 2006; Resnick, 1970).

Young neonaticidal mothers received little or no prenatal care and they were unprepared for labor (Friedman et al., 2008; Meyer et al., 2001; Overpeck et al., 1998; Putkonen et al., 2007; Resnick, 1970). The birth was a shock to the women and they were fraught with panic, fear, and confusion. They give birth without assistance, in their home, often in the bathroom, on the toilet or on the floor, while others were in the house (Beyer et al., 2008; Mendlowicz et al., 1998; Meyer et al., 2001; Oberman & Meyer, 2008; Overpeck et al., 1998; Putkonen et al., 2006; Resnick, 1970; Spinelli, 2003). They endured labor in silence, without assistance, and cut the umbilical cord themselves. After the birth, they may have experienced exhaustion, confusion, fear, and panic. If the woman was in pervasive denial, she could no longer use denial as a coping mechanism. The woman may have a dissociative experience of depersonalization, derealization,or post partum psychosis (Spinelli, 2001). The baby cries and the mother frantically tries to stifle the cries so no one will hear (Meyer et al., 2001; Putkonen et al., 2007; Resnick, 1970). The baby is killed through "personal means" like drowning, strangulation, head trauma, or exposure, and there are some incidents of stabbing (Kunst, 2002; Kunz & Bahr, 1996; Messing & Heeren, 2004; Meyer et al., 2001; Oberman & Meyer; 2008; Putkonen et al., 2007). Some of the woman claim to have lost consciousness and the

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baby drowned in the toilet or they had amnesia regarding the killing (Mendlowicz et al., 1998; Oberman & Meyer, 2008; Spinelli, 2001).

The mothers may demonstrate bizarre behavior after the death. For example, driving around with the body of the baby in the trunk of the car, putting the dead baby in a box, in a filing cabinet, in a closet under clothes, or lying in bed with the dead baby (Beyer et al., 2008; Friedman et al., 2008; Spinelli, 2001). Mothers who did not deny pregnancy were motivated to kill the neonate because it was not wanted. Killing would remove any shame, burden, or inconvenience and allow the mother to continue life as though nothing happened (Beyer et al., 2008; Kaye et al., 1990; Resnick, 1970). Suicidal ideation, attempts, or completions are rare for mothers who commit neonaticide (Daly & Wilson, 1994; Haapasalo & Petaja, 1999; Messing & Heeren, 2004).

There were conflicting findings regarding employment and previous pregnancies among mothers who commit neonaticide. Some reported that these mothers were working and others reported that the mothers were students and their pregnancies were unnoticed. Resnick (1970) and Mendlowicz et al. (1998) reported that most were first time mothers. In contrast, Putkonen et al. (2007) reported that 66% of their sample of neonaticidal mothers had experienced previous pregnancies; many of these mothers were 26 years old and older. Beyer et al. (2008) found that 37% of the woman who committed neonaticide had been pregnant 1 to 6 times before, but many did not give birth due to miscarriages or abortions. Overpeck et al. (1998) found that a second or subsequent birth for a mother less than 19 years of age increased risk for neonaticide.

Parents who commit neonaticide do not appear to be as similar as many in the early, dominant research discourse previously thought (Putkonen et al., 2007). There appears to be subgroups of offenders who commit neonaticide. These subgroups include older mothers who do not conceal their pregnancy, fathers, and joint or "assisted"

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neonaticide. This may also mean that it is more preventable than previously thought.

Additional research identifying the similarities and differences based on offender's

relationship with the neonate is necessary to understand neonaticide. In their study on

paternal neonaticide, Kaye et al. (1990) proposed that infanticide could be divided into

three subtypes based on age of victim: at birth, birth to 6 months and 6 months to 1 year

of age. Research looking at similarities and differences between neonaticide and filicide

at various ages (one week old, 1 month old) would also help to explain more about the

phenomenon of filicide.

   Fatal Child Abuse and Neglect (FCAN). The research on *nonfatal* child abuse

and neglect is extensive and much of that existing research is used as a foundation for

what is referred to as "fatal maltreatment." The research on FCAN is published in

different journals, using different references, and citing different reference sources

compared to research on other types of filicide. Some research on FCAN makes no

distinction among filicide subtypes and refers to all types of filicide, regardless of manner

of death, as fatal maltreatment (Brewster et al., 1998; Korbin, 1987, 1989; Lucas et al.,

2002). In contrast, Somander and Rammer (1991) used the term *fatal child abuse* but

clarified that the "motive is a disciplinary measure to eliminate a disturbing behavior of a

child without intention to kill" (p. 53). Research on filicide considered FCAN a subtype

or classification of filicide. Resnick (1969) used the classification of "accidental filicide"

to describe incidents in which the offender had a lack of clear intent but a sudden

impulsive act (loss of temper). Others argued that it is difficult to infer intent especially

in cases of neglect or negligence (McKee, 2006). Korbin (1987) described the fatal

incident as "not a one-time event, but the exit point of a recurrent cycle of abusive

interactions" (p. 397). Korbin (1989) stated that *fatal maltreatment* "refers primarily to

the outcome of a repetitive pattern of child maltreatment" and can be purposeful or

unintended (p. 482). Overpeck et al. (1998) reported that more than 80% of *infant* homicides are fatal child abuse. Others disputed the idea that infanticide is predominately the result of chronic child abuse (Wilkey et al., 1982; Smithy, 1997). In their study, Messing and Heeren (2004) found little support for the idea that child abuse was a factor in the deaths of infants.

Frequently, fatal child abuse and neglect is documented as "not intentional" or not recorded as a homicide. In Missouri, 61% of "maltreatment deaths" were not recorded in the Uniform Crime Report (UCR) homicide data (Ewing as cited in Kunz & Bahr, 1996). In New York state and Chicago about half of such deaths were recorded in the UCR (Christoffel, 1984). Cases of deaths from child abuse and neglect in Colorado and North Carolina were not reported in the UCR in 50 to 60% of the cases (Mugavin, 2007). Overpeck et al. (1998) found that 7 to 27% of substantiated child abuse and neglect deaths were classified as unintentional by the medical examiner. These deaths are part of the phenomenon of filicide.

Fathers and stepfathers predominately commit filicide categorized as fatal child abuse (Brewster et al., 1998; Liem & Koenraadt, 2008; Lucas et al., 2002). Harris et al. (2007) found that children killed by stepmothers endured the most severe and ongoing abuse and neglect. Stepchildren who lived with genetic children of the stepmother, and were killed by the stepmother, experienced greater abuse and neglect as compared to stepchildren living in homes with no genetic children of the stepmother. In all of the women (*n* = 9) she interviewed, Korbin (1989) found that prior incidents of maltreatment were known to someone (friend, neighbor, family, and professional) and was a missed opportunity for possible prevention.

Increased risk factors for FCAN are similar to risk factors for child abuse in general. These include younger children, usually less than 5 years of age, domestic

violence toward partners, prior abuse of the child, or prior protective service intervention (Korbin, 1989; Somander & Rammer, 1991). Risk has been found to be greater when there is a lack of bonding or attachment between the child and mother, often because the child was unwanted or the result of an unplanned pregnancy. Reunification after separation due to hospitalizations of parent or child (premature or sick), child in foster care, or incarceration of a parent is a time of high risk for fatal abuse (Korbin, 1987). Parental misperceptions of the child as developmentally abnormal, misinterpretation of child's behavior as rejecting, threatening or provocative, coupled with the use of corporal punishment, were found to be catalysts for fatal child abuse (Campion et al., 1988; Korbin, 1989; Scott, 1973; Simpson et al., 2000). Scott (1973) referred to such instances as "victim constitutes stimulus" type of filicide. Marleau et al. (1999) found no misinterpretation of child's behavior and no stimulus from the child as a precipitating factor for FCAN.

Korbin (1987) interviewed nine mothers who were incarcerated for fatal abuse or neglect of their children. All of the child-victims had a previous history of abuse. The mothers' perceptions, expectations, and interpretations of the child's behaviors were distorted. One women told health care providers that the "child was hurting her from inside" (p. 400). Another said the baby was a "trick baby" (p. 400) and was not really hers, and another felt that her infant daughter was conceived in a "bargain with the devil"… and "would harm her" (p. 402). Another mother said that her 4-year-old son tried to "pick-up" a waitress (Korbin, 1987, p. 401). Fears of delayed development (retardation), or "defective" were also found (p. 402). Some mothers felt rejected and others felt comforted and supported by their infants. One mother felt that her newborn looked at her husband in the delivery room instead of her and another felt that if her child loved her she would not cry, another mother felt that the infant liked the babysitter better

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than her. The majority of the mothers told someone (partner, family, friends, physicians, other professionals) of their prior abuse toward the child or verbalized their concerns about their child's development or behavior. Korbin (1989) considered these disclosures as "pleas for help" like suicide victims and they are a perfect opportunity for possible prevention. The causes of death found in this study were injuries during beating, drowning, starvation, suffocation, and stabbing.

Stress factors found in FCAN include marital discord, history of marital violence, financial distress, housing problems, disruption of family structure (separation, divorce, new partner, stepparent), and uncontrollable crying (colic) (Bourget & Bradford, 1990; Brewster et al., 1998; Korbin, 1987, 1989; Lucas et al., 2002; Simpson & Stanton, 2000). Frequently the death was caused by blunt trauma to head or trunk (abdomen) and was committed in the home of the offender, while alone with the child (Adinkrah, 2003; Brewster et al., 1998; d'Orban, 1979; Lucas et al., 2002; Marleau et al., 1999). Families where fatal abuse has taken place are known to professionals or social services agencies, or friends and family have heard or witnessed previous abuse (Korbin, 1989; Lucas et al., 2002; Meyer et al., 2001). Previous physical trauma suffered prior to the fatal abuse is frequently revealed during reviews of medical records or at autopsies (Brewster et al., 1998). Lucas (2002) and Brewster et al. (1998) found that approximately 8% of families had a previous child die due to abuse.

Neglect or negligence. According to the National Center for Child Death Review, mothers commit the majority of fatal neglect incidents. Acts of omission by the parent, such as failing to provide for the child's basic needs of food, safety, or medical attention received scant attention in the research. Some studies mentioned parental deficits; for example, inability to care for child due to mental or physical illness or inadequate supervision that resulted in drowning or other fatal injury as the reason for the

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fatal neglect. Compared to other types of filicide, neglect received little attention in the studies reviewed for the current meta-study.

Stepparents. Young children were found to be at much greater risk of being killed by a stepfather compared to genetic fathers. The majority of children under 5 years of age killed by fatal child abuse and neglect are killed by a stepfather (Daly & Wilson, 1994; Harris et al., 2007; Weekes-Shackelford & Shackelford, 2004). In a 1980 study, Daly and Wilson (1994) found that in the United States children less than 2 years old living with one stepparent and one genetic parent are 100 times more likely to be killed than children living with two genetic parents. In one of their Canadian (1988) studies, they found that children less than 2 years old were 70 times more likely to be killed by a stepparent than a genetic parent. In another Canadian study of 178 children, Daly and Wilson found that for children under 5 years of age filicide by "stepfathers was approximately 60 times higher than from genetic fathers for the same age group" (p. 210). Children killed by stepfathers compared to genetic fathers were 120 times more likely to have been beaten to death (Daly & Wilson 1988a, 1998b).

A study conducted in the United States by Weekes-Shackelford and Shackelford (2004) found that "children under age of five are roughly eight times more likely to be killed by a stepfather than by a genetic father and almost three times more likely to be killed by a stepmother than by a genetic mother" (p. 79). Stepmothers had more bitterness and resentment toward their stepchildren and often came to the attention of authorities for child abuse. Weekes-Shackelford and Shackelford (2004) found that 93% of filicides by stepmothers were committed by beating and none by shooting. Stepfathers who killed their stepchildren were filled with anger, rage, and hostile resentment toward these stepchildren. There is often ongoing abuse that results in higher beating (hitting and kicking) and bludgeoning (blunt instrument) deaths. Stepfathers were also found to

have a single outburst of rage often precipitated by an irritant for example, the child

"would not stop crying." Stepfathers were 120 times more likely to beat a child to death

compared to higher rate of shooting and suffocation by genetic fathers (Daly & Wilson,

1994; Harris et al., 2007; Weekes-Shackelford & Shackelford, 2004). Stepparents rarely

commit suicide or uxorcide compared to genetic fathers (Daly & Wilson 1994;

Shackelford et al., 2008; Somander & Rammer, 1991). Thus, studies concluded that

stepfathers kill children at higher rates, for different reasons, and in different ways (Daly

& Wilson, 1994).

Homicide. When women committed homicides (in general, not only filicides),

the majority were killings that occurred in the context of domestic relations (child and/or

husband) as opposed to men who killed inside and outside the family (i.e., strangers,

acquaintances, friends, co-workers, extended family members, wife and children)

(Jensen, 1996; Messing & Heeren, 2004; Silverman & Kennedy, 1988). In several

studies, parents who committed filicide were compared to individuals who committed

homicide. Putkonen et al. (2009) found that filicidal offenders attempted suicide more

often, had less alcohol abuse and lower incidents of psychosis and psychopathy than a

control group of homicide offenders. They found that more than half of filicidal

offenders scored high on lack of remorse or guilt, shallow affect, callous/lack of empathy,

poor behavioral controls, and failure to accept responsibility. They concluded that these

findings indicate that persons committing filicide are emotionally dysfunctional and their

traits and behaviors resemble the constellation of personality traits for domestic batters

(Putkonen et al., 2009). Male mass murderers were found to be socially isolated, suffered

a recent loss in employment or an intimate relationship, and frequently committed suicide

(Fox & Levin, 2003; Palermo, 2002). These are many of the same findings in cases of

familicide.

***Familicide and filicide-suicide*.** The most recent types of filicide to be studied are familicide and filicide-suicide. These types of filicide are challenging to study because the offenders are not alive for an interview. Fathers predominately commit Familicide and some authors consider it an overlap between filicide and uxorcide (Johnson, 2006; Liem & Koenraadt et al., 2008b; Wilson et al., 1995). Liem and Koenraadt et al. (2008b) compared filicide, familicide, and uxorcide and found no previous abuse of the victim in a sample of 23 familicides. Familicide usually involves older, married, genetic fathers who kill their wives, multiple, older child victims, and then kill themselves. There is much speculation regarding the catalysts and motives for these filicides. Changes in employment status, pending divorce, custody disputes, anger, depression, frustration, and desperation are factors found in familicides.

Filicide-suicide has also been called extended suicide. Filicide-suicide is thought to be higher in mothers than fathers because mothers rarely kill their spouse at the time of filicide. According to the World Health Organization (2008), the filicide-suicide rate for mothers parallels the rate for suicide in any given country. Feelings of inadequacy, depression, and the mothers' over identification with their children are found in cases of filicide-suicide. It is theorized that a proprietary view of the family explains why fathers kill the entire family, whereas in filicide-suicide the mother kills the children and herself but not her spouse (Daly & Wilson, 1994; Liem & Koenraadt, 2008; West et al., 2009; Wilson et al., 1995).

***Media*.** Media were both primary sources of information and the subject of research that looked at newspaper portrayal of filicidal mothers and fathers. Media often trigger the awareness and concern of scholars and professionals about violence against children. Media portrayals and typifications also give meaning to filicide and guides social action (Cavaglion, 2008). News coverage can bring to light the lived experiences

of women's lives and motherhood. Media can also challenge the belief that caretaking is natural for women (Barnett, 2005). Cavaglion (2008) found that media portrayal of fathers adhered to traditional stereotypical roles of gender and relations between male and females. Huckerby (2003) found that media often reinforced a culture in which women come last, mothering is instinctual, and infants are wonderful. Mothers who commit filicide are depicted as flawed or mentally ill, and the reason for the killing is portrayed as a personal characteristic of the mother. In contrast, media depicts fathers as angry and the catalyst for the crime is located outside the father. "Stories about women who kill their children are news, in part, because the offenders are women" (Barnett, 2005, p. 24). The power of the media in constructing and typifying filicide is mentioned in all the studies.

Social Problem Construction

Media studies of filicide frequently focus on how the act of filicide and the offenders were portrayed. Barnett (2006) found that news stories characterized infanticide as horrible, shocking, mysterious, tragic, rare, and preventable. According to Loseke (2003), a social condition is a social problem when it is considered: (a) wrong, (b) widespread, (c) changeable, and (d) worthy of change. Analyzing the extant research using Loseke's criteria for social problem construction revealed that the majority of research is not portraying filicide as a social problem. All studies, without question, considered filicide as wrong. The answer to the question of whether filicide is widespread was answered using conflicting statements: (a) it had a long history, (b) it was rare, (c) it was underestimated, and (d) it was a leading cause of child deaths due to injury. Studies that mentioned filicide frequently described the "long history" of infanticide (Beyer et al., 2008; Brewster et al., 1998; Farooque & Ernst, 2003; Koenen & Thompson, 2008; Korbin, 1989; Leveillee et al., 2007; Resnick, 1969; Somander &

Rammer, 1991). References to the occurrence of filicide or subcategories of filicide

(neonaticide, familicide, and filicide-suicide) described it as rare, infrequent, and

relatively uncommon (Gauthier et al., 2003; Guilleyardo et al., 1999; Kaye et al., 1990;

Liem & Koenraadt, 2008; Marleau et al., 1999; McKee, 2006; Messing & Heeren, 2004;

Putkonen et al., 2007; Schlesinger, 2000; Shackelford et al., 2008; Silverman & Kennedy,

1988; Spinelli 2004). Studies also described how cases of neonaticides were elusive, and

hidden (Beyer et al., 2008; Korbin, 1989; Putkonen et al., 2009). Others described the

totality of filicide cases as being undetected, undercounted, underreported, and

underestimated (Beyer et al., 2008; Putknonen, 2008b; Silverman & Kennedy, 1988;

Willemsen, 2007). Filicide has been described as: not uncommon, common place,

alarmingly frequent, significant problem, serious source of mortality, the leading cause of

child deaths due to injury, a social problem, and a public health problem (Adinkrah,

2003; Beyer et al., 2008; Cavaglion, 2008; Christoffel, 1984; Farooque & Ernst, 2003;

Johnson, 2006;Kaye et al., 1990; Korbin, 1989; Liem & Koenraadt, 2008; Meyer et al.,

2001; Oberman & Meyer, 2008).

Studies that described filicide as widespread were studies that viewed filicide as a

form of homicide, fatal child abuse and neglect, or a result of postpartum depression.

The question as to whether or not filicide is considered changeable was supported with

mixed messages. Studies frequently referred to filicide as tragic, sad, shocking,

disturbing, hidden, elusive, difficult to understand or comprehend, and inexplicable

(Barnett, 2005; Farooque & Ernst, 2003; Karakus et al., 2003; Putkonen et al., 2007).

These statements do not indicate that filicide is considered preventable. The goal of

many studies is to prevent future incidents of filicide and numerous prevention initiatives

are suggested. The statements and suggestions point toward researchers' belief that

filicide is worthy of change and changeable. Research that focuses exclusively on the

pathology of the offender and media portrayal of mothers and fathers as mad, bad, selfish, and unworthy may influence society's willingness to see filicide as worthy of prevention efforts and funding. The existing research has not constructed filicide as a social problem. Based on Loeske's criteria, filicide was considered wrong but not consistently defined as widespread. One goal of most researchers was to prevent filicide, but support for filicide's "changeability" was not convincing. Since most research mentioned prevention as a goal, it can be assumed that researchers hold the belief that filicide is a problem worthy of change. Research that focuses exclusively on individual traits or characteristics of the offender reifies filicide as a problem for certain individuals. The mixed messages found in the existing research limit claims-making efforts that filicide is a social problem.

Themes

After analyzing the findings of the primary research, the second process of the analysis was the identification and analysis of themes. Themes were identified during skimming, reading and re-reading(s) the primary research studies using Ryan and Bernard's (2003) techniques of repetition, similarities and differences, and missing data within and between each of the 10 categories. Throughout the entire meta-study process, this researcher made observations and postulated questions of the research and documented them in a journal. Early in the meta-study themes were noted in a journal. Numerous themes began to emerge in the form of phrases, constructs, and terms. After the studies were divided into 10 meta-categories, each study was re-read to identify similarities, differences, and missing data. Table 7 shows the set of overarching themes identified initially in the analysis.

Table 7.

Initial Themes

Initial Themes

Repetition of similar ideas/concepts	-Research and media focused on mothers
	-Findings: Classifications/demographics/comparisons
	-Expectations about motherhood
	     Good mother
	        Love/identification is not a protective factor
	-Neonaticide is unique
	-Familicide is unique
	-Suicidality is an important variable
	-Signals from offender/ask for help
	-Left alone
	-Loss
	     Lack of control
	     Family disruption
	-Overarching risk factors
	     Young child, young mother
	     Step-parent
	     Financial and housing problems
	     Lack of true support
	     Change in Family structure

Similarities and Differences	-Mothers kill neonates and younger children -Fathers kill older children, entire family -Similarities across the life cycle of the child -Differences in samples -Differences in terms and definitions (FCAN) -FCAN – prior abuse, Domestic violence, SA; -previous CPS involvement -Case examples show vast differences in the phenomenon -Parents perception of child not found by all researchers -First child of young mother or is second child is more at risk
Missing Data (what is not mentioned, cultural assumptions)	-Partner, partner's role, partner's reaction -Siblings -Life cycle perspective -Lack of interviews with offender -Interviews of family and friends -Societal role in filicide -Race, culture, religion, social class

According to Hall (1999) in order to understand lethal encounters between humans, it is important to realize that all killings are a fatal interaction between an offender, a victim, and the context, and all three of these must be considered. The sample of 66 studies uncovered a great deal of information about filicide. The next step in this meta-study process is to synthesis the information contained in the initial themes in order to produce a reconceptualization of filicide. The end goal is to build on the existing foundation of knowledge, increase understanding, and propose an explanation of filicide to facilitate prevention.

Chapter 5

META-SYNTHESIS

Metasynthesis is not "the truth" or "the answer" neither is it simply a narrative or a systematic review – it is a new conceptualization (Thorne et al., 2004).

Salient Themes in Filicide Research

The initial themes highlighted specific socio-demographic similarities and differences among types of filicide and allowed for the development of subtypes based on the age of victim and offender, relationship to victim, method of killing, and who was killed. The initial themes were synthesized into six salient themes: (a) expectations, (b) alone, (c) fear and desperation, (d) loss or change, (e) suicide, and (f) mental illness. Support for consideration of each of these themes in reconceptualizing filicide is discussed below.

A powerful theme is that of expectations. Societal and cultural expectations regarding parents, children and interactions within the family, influence the individuals living within that system. The expectations of the individual and his or her network of social support shape the day-to-day reality of parenting. Societal and individual expectations of mothers, fathers, and children, were found to be important factors in filicide. The concepts of proprietary views and roles were also central to the theme of expectations.

Expectations.

Good mothers and the reality of motherhood. The concept of the "good mother" or attributes related to this concept frequently emerged in the research (Korbin, 1989; Stanton, Simpson, & Woulds, 2000). The "good mother" is a woman who is consistently selfless, loving, nurturing, caring, patient, and competent. Mckee (2006) began the preface of his book by stating, "few images are more symbolic of our sense of

peace and security than a mother protectively holding her infant (p vii)." Motherhood is natural, instinctual, blissful, and easy (Messing & Heeren, 2004; Oberman & Meyer, 2008). Societal beliefs about "maternal grace" and "mother love" were other concepts found to negatively impact society's ability to entertain the possibility of maternal filicide and ultimately contributed to missed opportunities for identification and prevention (Huckerby, 2003; Oberman & Meyer, 2008; Smithey, 1997). In addition to reducing the willingness of family, friends, and the medical community to consider that a mother could have thoughts of harming or killing her child, idealization of mothering may keep the mothers from asking for the help they need.

The social construction and cultural expectations of the attributes and abilities of mothers influence women's expectations and experiences in the role of mother. Studies that interviewed women or used clinical case notes provided insight into what mothers expected about motherhood. Women may expect pregnancy, birth, motherhood, and parenting to be a wonderful experience. Women felt that they were bad mothers if they did not experience the maternal bliss that they heard about. The pressure to be a "good mother" led to stress, anxiety, and low self-esteem (Meyer et al., 2001; Mugavin, 2008; Oberman, 1996). Many mothers, at some time or another, feel alone, frustrated, incompetent, desperate, and scared. Mothers who began to have harmful thoughts toward themselves or their children were reluctant to ask for help because of the stigma that asking for help meant they were inadequate and a failure as a mother (Barnett, 2006; Kauppia et al., 2008; Korbin, 1987, 1989; Mugavin, 2008; Oberman & Meyer, 2008; Resnick 1969; Smithey, 1987; Stanton et al., 2000).

The shame of being a "bad" mother, and the fear of having her children taken from her, may have kept many mothers from assertively asking for help or telling someone about their thoughts of harming their child(ren) (Meyer et al., 2001). In

interviews, mothers who had killed their child(ren) described themselves as "very caring", and stated that being a "good mother" was important to them (Stanton et al., 2000). In 2001, Andrea Yates confessed to killing her five children. Her statements illustrated the internal push to be a "good mother." While talking about her children to the police, Andrea Yates stated "they were not developing correctly" and "it was time to be punished…for not being a good mother" (Barnett, 2005 p. 16). Interviews of friends and family of mothers who committed filicide revealed that the mothers were devoted or good mothers. Devotion to a child and the desire to be a good parent is not a protective factor (Stanton et al., 2000). Having friends and family is seen as a protective factor. Women who committed filicide described saying something to a friend, family member, or professional before the tragedy. Their words were not identified as a cry for help or not taken seriously because the mothers were seen as good mothers who could not possibly hurt their children (Barnett, 2005; Korbin, 1989; Korbin, 1987; Kunst, 2002; ; Mckee, 2006; Messing & Hereen, 2004; Meyer et al., 2001; Oberman & Meyer, 2008; Smithey, 1997; Stanton et al., 2000). These moments represent opportunities for prevention.

The conceptualization of motherhood varies depending in part on and race/ethnicity, class, culture, religion and the role that the father plays in the family. Huckerby (2003) proposed that the concept of the "good mother" is based on nonimmigrant, White, married, middle-class, Christian women. If a mother does not meet all of these criteria, she could not hold the status of the "good mother" and was automatically part of the *"out-group"* of mothers. All studies that mentioned the "good mother" concept came from research that originated in the United States. The cultural and media constructions, portrayals, and promotions of the "good mother" in the United

States place unrealistic expectations on mothers. Mothers are supposed to be able to do it all. They do not need to ask for help and they enjoy all aspects of mothering.

Now that more mothers are in the workforce, this additional factor is not in the research on filicide. A new conceptualization requires a change in expectations that reflect the day-to-day challenges faced by mothers. The concept of the "good mother" is in stark contrast to the labels of "mad" or "bad" used to describe mothers who committed filicide. This mad-bad dichotomy describes the reason why a mother would kill her child(ren). The "mad" mother is mentally ill, psychotic, and/or "insane." The "mad" mother may have been a good mother at one time, but then she became mentally ill. If convicted, the "mad" mother is sentenced to a mental institution and often receives treatment that is more lenient than the bad mother.

The "bad" mothers were also mentally ill but they were psychopaths and viewed as evil rather than sick (Barnett, 2005; Huckerby, 2003; Kunst, 2002; Meyer et al., 2001; Oberman, 1996). Bad mothers are selfish, promiscuous, neglectful, and deceptive. The bad mother is sentenced to prison and receives harsher sentences compared to the "mad" mother. These dominant narratives were repeatedly portrayed in the media (Huckerby, 2003; Oberman, 1996; Wilzynski, 1997). This mad-bad dichotomy reinforces the idea that only mothers who are severely mentally ill or evil are at risk for committing filicide. Society assumes that mothers are either fully capable "good mothers" or totally incapable "mad-bad mothers" (Oberman, 1996, p. 66).

This all or nothing perspective on mothering is one of the roadblocks to prevention. The research posited that filicidal thoughts exist to some degree in every mother and are found to be increased in depressed mothers (Kauppi et al., 2008; Rheingold, 1967 as cited in Resnick, 1969). Gauthier et al. (2003) stated, "normal women can kill when confronted by social and economic stress" (p. 395). Women in the

role of mother require support at some point in their role as mother. Societal and individual acceptance of unrealistic expectations of the "good mother" will continue to suppress an open dialogue that could change the stigma of asking for help and reduce opportunities for prevention of filicide.

      Societal expectations of fathers. The research is clear that fathers kill at an equal or greater rate than mothers (Bourget & Gange, 2002; Campion et al., 1988; Marleau et al., 1999; Somander & Rammer, 1991) but the majority of research and media coverage has focused on mothers. This unequal focus is reflected in an almost complete absence of expectations of fathers. Compared to the concept of "good mother," the concept of "good father" is not firmly engrained in society's expectations of fathering. The role of "good father" is usually linked to financial support. The only reference to role in relation to fathers was their role as provider, controller, central figure, and protector (Ewing, 1997; Marzuk 1992). These images portray fathers as strong, competent, stable, and responsible for providing money for the family. Fathers who are depressed or suffering from a thought disorder (e.g., schizophrenia, psychotic disorders) are rarely considered. The fathers' relationship with children or spouse is not part of the discourse. Being "head of the household," and the "breadwinner," is mentioned but never explained in terms of attitudes or behaviors toward children. A father's responsibility for birth control, day to day childcare, and ensuring safety and well being of the child(ren) was not discussed (Barnett, 2005).

      Several studies revealed correlations between paternal familicide and job loss, unemployment, and underemployment and these issues are discussed in detail under the theme of loss. A study of media portrayal of paternal filicide in Israel conducted by Cavaglion (2008) found that these fathers are portrayed as cold, calm, calculating, controlled, and rational. There was a complete lack of context and the fathers were

described in traditional stereotypic roles of masculinity, which reinforces societal expectations of fathers and constructs paternal filicide as a premeditated homicide. The culturally constructed expectations of fathers may be uniform across countries compared to the concept of "good mothers." Media studies revealed that both mothers and fathers are depicted in stereotypic ways, but the portrayals are very different. The term *parent* is used in several studies that looked at both mothers and fathers, but not portrayed or discussed as an important concept.

> ***Parental expectations and perceptions of the child.*** Parental expectations and their perceptions of the victim (s) contributed to negative parent-child interactions. Parents who commit filicide were found to have unrealistic expectations for the child's age and developmental level. They viewed the child(ren) as "different," "special," or "defective." When a child would not listen, refused to eat, made a mess, was difficult to toilet train, or would not stop crying, parents misinterpreted the behavior as defiant, rejecting, or threatening (Campion et al., 1988; Daly & Wilson, 1994; Guileyardo et al., 1999; Korbin, 1987; Lucas et al., 2002; Mckee, 1996; Mugavin, 2007; Oberman & Meyer, 2008; Oberman, 1996; Palermo, 2002; Scott, 1973; Smithey, 1997; Stanton & Simpson, 2000). Parents would attempt to control their child's misbehavior through punishment and these attempts at punishment or field often resulted in fatal child abuse (Kunz & Bahr, 1996; Somander & Rammer, 1991). In contrast, Stanton et al. (2000) used a clinical sample of six mothers who committed filicide and found the mothers' perceptions of their children were unremarkable.

In addition to perceptions, differences in the temperament and physical needs of the child is part of the parent-child dynamic and is important in assessing the risk for abuse and filicide. Mothers who committed filicide described the child as "difficult to care for" and colicky (McKee, 2006; Wilzynski, 1997). Children with chronic illness,

special needs, and disabilities are at higher risk for abuse as well as filicide (Farooque & Ernst, 2003). Further research is necessary to identify if these perceptions precipitated the filicide or if they were being reported as an excuse or rationalization after committing the filicide. Genetic mothers did not blame the victim and they deny being provoked by hatred or contempt, while some stepmothers directed anger toward the genetic or favorite child of the spouse (Harris et al., 2007; Kunst, 2002; Mugavin, 2007). In homes where there is anger and violence between parents, a child may remind the filicidal parent of the spouse and be a target for harm. This may be especially true in homes that include stepparents where the child carries no resemblance (and no genetics) to the filicidal parent.

A parent suffering from a thought disorder may have abnormal perceptions of the child(ren). Filicidal mothers struggling with psychosis were found to be so focused on their own vulnerability and fear that they perceived their children as objects rather than as human beings and they reacted defensively with lethal violence (Kunst, 2002; Smithey, 1997). Parental (developmental) expectations of the victim and misinterpretation of behavior contribute to filicide. Assessment of parental expectations related to the developmental level of the child is an important part of identifying risk. Addressing child temperament, parental ability to deal with frustration, and the issues of field, punishment, and control appear to be indicators of possible risk of abuse or filicide. The existing knowledge related to the prevention of nonfatal child abuse can be useful in the assessment of filicide from fatal child abuse and neglect. This knowledge may not apply to other types of filicide.

Parental proprietary views. The proprietary attitude of fathers was a common theme in several studies (Daly & Wilson, 1994; Friedman et al., 2005a; Harris et al., 2007; Johnson, 2006; Kunst, 2000; Messing & Heeren, 2004; Oberman & Meyer, 2008;

Stanton et al., 2000; Wilson et al., 1995). Fathers are said to have a proprietary view over their wife and children. This view was supported in cases where fathers were faced with losing their wives and children through infidelity, divorce, or custody battles and would attempt to re-establish patriarchal control through killing the family and then themselves. There is speculation that paternal filicide is instrumental in attempts to get revenge or rectify a perceived injustice. This motive does not explain why fathers would commit suicide.

Wilson et al. (1995) observed two types of proprietary views of fathers. The first is hostile and focused on revenge and maintaining power and control. This type is similar to uxorcide where the father often thinks, "If I can't have you no one can have you." The second type of proprietary view of fathers is that of a despondent, suicidal father who thinks that his family cannot live without him. Maternal filicide-suicide resembles the latter type. Maternal filicide is predominately expressive and is an attempt to control emotional pain and concern (Messing & Hereen, 2004). Mothers were characterized as feeling that their children were their personal possessions or "doll babies" and that they had sole responsibility for their well-being (Kunst, 2002; Oberman & Meyer, 2008; Resnick, 1969; Stanton et al., 2000). The proprietary theme as it relates to mothers was linked with killing for altruistic reasons, i.e., in the best interest of the child. Mothers' proprietary views were triggered when they were suicidal, when they feared losing custody, or when they felt that they were not taking care, or even harming their child. Mothers saw the children as their responsibility and did not want anyone else to be burdened by taking care of their child if they committed suicide. In their own words, mothers illustrated the feeling of responsibility and concern: "because I created her, you know, because she was my responsibility" (Stanton et al., 2000, p. 1456); "who was going to take care of my Billy" (Resnick, 1969, p. 327).

While some research shows that fathers' responsibility for children has increased, mothers continue to be expected to be ultimately responsible for everything having to do with children. Many mothers have a great deal of responsibility but little power, opportunities, or choices. Women are frequently responsible for birth control, the consequences of conception, decisions regarding abortion, adoption, ensuring healthy gestation, birth, and continued wellbeing of the child. Mothers are also expected to provide the childcare, or find safe childcare regardless of individual or situational struggles (Meyer et al., 2001; Oberman &Meyer, 2008). For many mothers, the only area of control they have is over their children, and in times of desperation, mothers with few coping skills may resort to violence against the child (Mugavin, 2008). This control over children is an example of mother's proprietary view of children.

Mothers may fear the loss of their relationship with their husbands due to infidelity or their spouses may threaten to take the children. These mothers act out of hostility and revenge similar to paternal uxorcide and familicide. This pattern was called spouse revenge or retaliatory in several classifications. What is confusing about this classification is that several studies used samples of filicidal mothers and fathers and report motives of revenge and retaliation for both. Then the statement is made that retaliation, jealousy, and rejection are almost exclusively motives of fathers (Bourget & Bradford, 1990; McKee, 2006; Resnick, 1969; Wilczynski, 1997). Additional research focused on maternal filicide following discovery of marital infidelity, intent to separate, divorce, or change custody is needed to clarify if revenge and retaliation contribute to maternal filicide.

The term proprietary in the context of a relationship or a family has a negative connotation and implies a desire to own or have rights over another human being. This appears to be the explanation used for instances when the offender is thought to be hostile

and desires revenge. This finding was clearly articulated related to filicidal fathers but was only subtly mentioned about filicidal mothers. The theme of feeling *responsible* rather than proprietary *ownership* seems to better address the findings for both mothers and fathers who are filicidal and suicidal. Mothers were found to have difficulty differentiating and frequently see children as an extension of themselves. This finding is not mentioned in relation to fathers who commit familicide, but it appears to be applicable. Mothers kill their children and themselves, but not their husbands. In contrast, fathers killed the entire family, including their wives, and then themselves. These findings support the idea that feelings of responsibility, rather than ownership rights, are views that increase the risk of filicide followed by suicide. Suicide was a theme of the research and was discussed separately. The themes of revenge and responsibility are important parts of the assessment of risk of filicide.

  Role expectations. A reason that research focused on the phenomenon of filicide is built upon the normative expectation that human beings, in the role of parent, should not kill their children**.** Taking on the role of parent brings with it specific goals, values, beliefs, and responsibilities associated with having and raising children. When an individual becomes a parent, he or she is looked at differently and expected to behave in certain ways (La Rossa as cited in Smithey, 1997). A quote by Winnicott (1958) described the different role expectations for mothers and fathers and has implications for filicide: **"**The mother's role is to 'hold' the child and the father's to hold the mother" in a psychodynamic sense (Winnicott as cited in Simpson & Stanton, 2000). This quote has been seen in the research on filicide; mothers kill the children and fathers kill the mother and children.

  The roles of wife and mother are considered primary roles that come naturally, instinctually and easy for women. If women do not meet these role expectations, then

their feelings about their self-worth, their marriage, and their children are threatened (Smithey, 1997). Little is mentioned about men's experience or transition into the role of father as it relates to filicide. In contrast, several researchers discuss the woman's experience in the "role of mother" and how it related to filicide. Traditional motherhood continues to equate to woman who adhere to a pattern of giving birth at a young age, stay-at-home full time and have several children (Messing). Mothers in this traditional role live lives that revolve around their families. Their role as wife and mother are their primary source of identity, self-esteem, and self worth. Loss or feared loss of their role as partner or mother is found to trigger filicide (Messing & Heeren, 2004).

A woman who does not transition into the role of mother as easily as she expected, or a woman who feels inadequate as a mother, is at risk for increased frustration and depression and these contribute to child abuse, suicide, and filicide. The role of mother as it is currently constructed does not allow for the possibility of role confusion, lack of interest in parenting, inability to parent, and the pressure mothers impose on themselves and pressure from others to do it right and be a "good mother*"* (Korbin, 1987; Mugavin, 2008; Oberman & Meyer, 2008; Stanton et al., 2000). Kauppi et al. (2008) found that women who committed filicide were preoccupied with their inability to be a good mother. Resnick (1969) found that mothers felt tense and inadequate. This coupled with depression, lack of sleep, suicidal ideation, and being left alone with the child were found to be associated with maternal filicide.

Earlier passivity was mentioned in relation to neonaticide to explain the reason why women accepted male sexual advances and became pregnant, did not seek an abortion, ignored or denied the pregnancy, and failed to prepare for childbirth. The role of mother has been constructed as incongruent with this passivity. If a woman was passive before pregnancy, once she has a baby and becomes a mother, she is

automatically expected to become assertive and ultimately responsible for the child in all situations. Meyer et al. (2001) found that women in the role of mother are expected to keep their children safe even in situations in which the mothers are victims of domestic violence. Mothers in abusive relationships often felt helpless, fearful, powerless, and trapped. In homes were the partner is also abusive to the child and the child dies due to fatal child abuse, the mother is assumed to have been passive, negligent, and frequently held responsible (Oberman & Meyer, 2008; Resnick, 1969). Society views their act of omission as a choice not to help their child. The assumption in these situations is that the mothers had a choice. The same normative expectation has not been demonstrated for the person in the role of father.

In addition to the societal norms, it appeared that an individual's own expectations directly influence his or her experience of, and behavior in, the role of parent. Mothers' expectations of the maternal role were profoundly shaped by their childhood role models and their own experience as a child.

Role model. Poor role modeling, lack of role models, or being ignored in childhood were vulnerabilities for filicidal mothers (McKee & Shea, 1998; Mugavin, 2008). This was not addressed in the research on filicidal fathers. A woman's role model for parenting is thought to be founded on the early relationship with her own mother (Chodorow, 1978; Frailberg as cited in Mckee 2006). Many filicidal mothers lacked role models because their own mothers were focused on other relationships, unavailable due to abuse, alcoholism, and/or untreated mental health or physical health problems. Friedman et al. (2005a) and Kauppi et al. (2008) found that 50% of the filicidal mothers studied had been abandoned by their own mothers. The absence of a maternal role model has been captured in the phrase "motherless mothers" (Crimmins et al., 1997). If filicidal mothers had a relationship with their own mother, then it was often toxic and described as

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rejection, demanding, unsupportive, and critical (Kauppi et al., 2008; Kunst, 2002; Meyer et al., 2001). Some filicidal mothers viewed their relationship with their mothers as "normal" despite the abuse, chaos, and lack of parenting that characterized the relationship. They considered it normal because it is what they knew and they had nothing with which to compare it (Oberman & Meyer, 2008).

Smithey (1997) identified that substance abuse by the filicidal mother's own father influenced the father-daughter relationship and resulted in the lack of healthy role models of father, husband, and parent. In addition to parents as role models, a woman's transition in to the maternal role is guided by her own experiences as a child.

Many mothers who have killed their children grew up in destructive environments. Kauppi et al. (2008) found that 90% of the women studied had experienced childhood trauma or emotional abuse. Early experiences of abandonment, rejection, abuse, neglect, and exposure to violence may damage the ego and superego (Johnson, 2005). This leaves the woman vulnerable with few coping skills to deal with situations that resemble the early threats to attachment. This also contributes to difficulty forming healthy supportive relationships and choosing healthy intimate relationships (Smithey, 1997; Stanton & Simpson, 2002). Trauma in childhood can influence a woman's ability to assume the maternal role because what she has been shown is abusive behaviors and her capacity for nurturing and attachment is diminished (Mugavin, 2008). Taking on the role of mother can trigger the memories of childhood dysfunction or trauma and increase anxiety, stress, and concerns about not being a good mother.

In the majority of roles in life, a person is able to leave, quit, or turn over the responsibility of the role to someone else. This is not the case with the parental role and specifically the role of mother. Prior to entering the role of a parent there are choices of abortion or adoption and now there are "safe havens" were babies can be left without

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question. What options does a mother have if she decided to keep her baby, but she is not able to adapt and realizes she cannot handle (or does not want to handle) the responsibilities? If there are two responsible, competent parents, one parent may able to leave and have the other parent take responsibility for the child but that is not always an option. What if the other parent is abusive and there is no support, and limited resources, including lack of education? What if the parent is suicidal and can see no hope and no other alternative, but feelings of responsibility for another are so strong that killing him or her is sparing that person the type of pain that one is experiencing. What role does society, family, and the co-parents have in being responsible for the child(ren)? In too many instances of filicide, the parent was alone or felt alone with no options.

Alone. The theme of "alone" is being used to capture parents being alone in the struggle to meet their role expectations, alone in their struggle to obtain resources and true social support, and fear of being alone with the child(ren). The theme of alone also highlights that the majority of filicides were committed while the parent was alone with the children.

Poverty, unemployment, inadequate housing, lack of transportation, lack of childcare, and lack of options are lonely social struggles. Improving these conditions requires time and energy, which can be impossible when one person is the sole or primary caregiver of a child who is not old enough to attended kindergarten (McKee, 2006; Smithey, 1997). Oberman (1996) stated that mothers who commit filicide are "women who simply lack the internal or external resources that enable other mothers to withstand the pressures associated with being the sole caretaker for an infant or child" (p. 40). Lack of available resources to take care of a child was suggested as a motive for older mothers who committed neonaticide. Lack of social support and social isolation have been found as contributing factors in the majority of filicides (Gauthier, Chaudoir &

Forsyth, 2003; Farooque & Ernst, 2003; Fox & Levin, 1998; Mugavin, 2005; Simpson & Stanton, 2000; Smithey, 2007).

An important clarification is how support is being defined and measured. Some mothers who committed filicide were found to be surrounded by other people, making the living conditions crowded, and often adding chaos. Being surrounded by others does not automatically mean that mothers have support. According to mothers who committed filicide, family and friends were around, but they were unwilling or unable to help take care of the child(ren) (Korbin, 1987, 1989; Mugavin, 2007; Smithey, 1997). People like other mothers, their own mothers, mothers-in-law, grandmothers, or friends, are automatically considered a source of support for a mother. The reality may be that the support is critical, hurtful, demanding, or useless. Family members may be dysfunctional and should not automatically be assumed a healthy source of support (Oberman & Meyer, 2008).

Connections with outside support are also not necessarily a protective factor. Kauppi et al. (2008) found that 60% of the mothers who committed infanticide had visits from a mental health nurse or a psychologist, but the severity of symptoms was not detected and they rapidly became worse. Korbin (1989) was surprised to find the women who committed fatal child abuse or neglect had networks of social support that included people with whom they would go out to eat, watch each other's children, and talk on a daily basis. This network was personally supportive but the people in these networks were not effective in recognizing or intervening in the maltreatment, or preventing the death. In fact, they often (unknowingly) assisted in minimizing the mother's behavior by reassuring her that she was a "good mother" and not abusive (p. 258).

It appears that support is not necessarily the presence of another adult or many others. The nature and quality of the relationship between the mother and the support

person is vital. Mothers must also be willing to communicate their struggles honestly, with others and not try to live up to the "good mother" expectation. If the mothers had been able to reach out to one person whom they trusted and that person was aware that filicide is a real possibility for anyone, there may have been opportunity for prevention.

Several researchers reported that the parent was alone with the child(ren) at the time of the killing, especially with younger victims (Lucas et al., 2002; McKee, 2006; McKee & Shea, 1998). Being alone is emphasized in neonaticide where the woman's pregnancy goes unnoticed; she gives birth alone and kills the baby by herself within the first 24 hours (Beyer et al. 2008; Oberman & Meyer, 2008; Resnick, 1970). The theme of being alone is also found concerning fathers who commit filicide, especially stepfathers or male caregivers (boyfriends) who are left alone with a young child. The infant is said to have been crying inconsolably or being "defiant" and attempts to control the child resulted in fatal child abuse (Brewster et al. 1998; Lucas et al., 2002). Kauppi et al. (2008) found that mothers often told their spouse or a professional that they were afraid to be alone with the baby. The infant was left alone with the mother against her will and she committed infanticide.

Mothers may not have any knowledge or experience taking care of an infant, which may increase the mother's stress and concern over being alone with the child. This is often taken for granted and not assessed by family, friends, or professionals. Mothers who do not feel competent and confident to take care of an infant alone may become overwhelmed, anxious, and eventually depressed. Depression has been correlated with increased thoughts of filicide (Jennings, Ross, Popper, & Elmore, 1999). In addition to being alone various studies mentioned that the filicide, especially fatal child abuse, took place at home, after the offending parent spent a large amount of time with the child (Bouget & Gagne, 2002; Friedman et al., 2005; Lucas et al., 2002). The theme of being

alone was directly linked with feeling of helplessness, fear, and eventually desperation, which preceded the act of filicide.

Fear and desperation. Fear and desperation were the last theme to be identified. Fear was placed in conjunction with the theme of desperation because feelings of fear that became unbearable escalated to feelings of desperation. Oberman (1996) described mothers living lives of desperation based on past vulnerabilities and current stressors. These mothers saw no options and responded with violence. Desperation was characterized by hopelessness, helplessness, and confusion and eventual acting out as a last resort. This trajectory mirrors what was discovered in people who attempt or commit suicide. The discourse surrounding fathers was different. Fathers were not described as fearful or desperate; instead, they were described as being frustrated and angry for a prolonged period of time, which built up to acting out in violence. The frustration may be caused by a loss of job, loss of role as father or husband, or the father's perception of self as a failure, inadequate or incompetent. This frustration, anger, and violence resemble narratives used to describe uxorcide and homicide.

Based on the difference in terms, and descriptions used in the research, the underlying message seems to be that mothers had the passive emotion of fear and did not deal with situations that they could have done something about. In contrast, fathers had the more active or masculine emotions of frustration and anger and they were responding to situations caused by someone else that were outside of their control. The underlying theme for both is loss of role. The mother feels unable to care for her children and the fathers is no longer able to care for his family.

Loss or change. Loss of any type appears to be a common theme in filicide research. Loss or change in an individual's primary role was the most prominent type of loss. Divorce, separation, infidelity, or custody changes, actual or threatened, were cited

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as catalysts to the decision to kill, especially in case of familicide. Johnson (2005) found that separation rather than custody issues were the catalyst. Marital arguments regarding separation or custody changes were found to immediately precede the filicide. Putkonen et al. (2009) found that over half of their sample lost custody of a child at some time in their lives. Loss of employment, loss of perceived status, poor job performance, and/or financial loss were common in paternal killings (familicides) (Lucas et al., 2002; McKee & Shea, 1998; Messing & Hereen, 2004; Scott, 1973). This supports the expectations that the father's role and responsibility is to monetarily provide for the family. Job loss was not found as a trigger for maternal filicide, but role loss, which could be considered as their job, was a trigger. The "sphere of loss" for women who commit filicide is a change in their domestic role and the loss of the wife role is as "devastating a blow to social position and identity" as it is for men who lose their job (Messing & Heeren, 2004, p. 144).

Parents who committed filicide appear to have had a history of loss throughout their life span. The losses include loss of security and attachment in their own childhood, loss of being able to depend and trust others, and loss of childhood innocence due to abuse, trauma, and betrayal. They frequently experienced the loss of parents (role models) during critical formative developmental stages through absences, abandonment, death, divorce, addictions, and/or mental or physical illness. Mothers lose autonomy when a baby is born. The baby requires constant time and attention and the needs of the baby become primary. Loss of control is seen in mothers who described feeling like they were "losing her mind", "spinning out of control," "falling apart," "over the edge," and powerless (Oberman & Meyer, 2008) or disempowered (Stanton & Simpson, 2002), loss of options or choices, loss of ability to take care of self or child (Mugavin, 2007); loss of hope or belief that things could get better (Stanton et al., 2000). In some instances in

which psychosis was present or in the face of severe family violence, the mother feared that children would be lost due to death (by another), abuse, abduction, torture, or demonic possession (Kunst, 2002; Kunz and Bahr, 1996).

Changes in family structure due to separation, marital problems, husband gone for work, especially long military deployments, were life events that preceded or were identified as catalysts for filicide (Kauppi, et al., 2008). Changes in family structure due to loss such as abortion, miscarriage, death or suicide of a family member also was identified in the studies (Kauppi et al., 2008; Kunst, 2002). Changes in family structure due to additions such as a new baby or a new partner were also described. The introduction of a new stepparent or separation of genetic parents was found to be an especially specifically high-risk type of changes. Reunification after any type of separation was also times of stress and associated with fatal child abuse.

Parental inability to effectively cope with loss or change in family structure is often the precipitating event that produced feelings of being out of control, hopelessness, and helplessness. These feelings lead to desperation, which continues to build until one of the only options seems to be filicide or suicide.

Suicide. The most frequently mentioned theme was that of suicide. Suicidality of the parent was mentioned as a contributing factor or the reason for filicide in many studies. Suicide by others in the social network of the parent was mentioned as a catalyst (contagion effect) for filicide. Genetic parents who killed their children were found to frequently contemplate, attempt, or commit suicide (Daly & Wilson, 1994; d'Orban, 1979; Haapasalo & Petaja, 1999; Kauppi et al., 2008; Messing & Hereen, 2004; Putkonen et al., 2009; Shackelford et al., 2008). The statistics regarding maternal suicide compared to fathers, lack consistency and vary with the population being studied. Fathers are thought to commit suicide following filicide more often than mothers. The higher rate of

suicide after filicide for fathers than mothers mirrors the higher male suicide rate in the general population.

Not all research confirms the idea that fathers commit suicide after filicide at higher rates than mothers. Studies that considered parental history of suicide attempts, nonfatal suicide attempts following the filicide, and suicidal ideations prior to the filicide, are in exploratory stages of research. Infanticide rates were found to parallel suicide rates rather than murder rates (Friedman et al., 2005). Putkonen et al. (2009) referred to filicide as a "distinct form of homicide" but also stated that it is closer to suicide than to the average homicide. Parents who commit filicide-suicide may give signals like people who are suicidal. Parental suicide was more likely when the parent is older and there are multiple, older child victims. Stepparents are less likely to commit suicide compared to genetic parents (Daly & Wilson, 1988; Shackelford et al., 2008; Somander & Rammer 1991). A significant number of offenders who commit suicide after filicide were recently seen by a medical or mental health professional or hospitalized in a psychiatric facility prior to the filicide-suicide.

Suicide has been identified as such a prominent factor in filicide that there are separate categories of filicide-suicide as well as familicide that have been developed. It was not until the late 1990's and 2000's that familicide became a focus of research (Guileyardo et al., 1999; Liem et al 2008; Schlesinger, 2000; Wilson et al., 1995). It was later in mid to late 2000s that filicide-suicide emerged as a sub-type and focus of research (Friedman et al., 2008; Freidman et al., 2005b; Johnson, 2005; Shackelford et al., 2008; Williemsen et al., 2007). Prior to these studies, filicides that included suicide by the offender had been included under the sub-type of mental illness/psychosis. It may have been assumed that anyone who commits filicide and suicide must be mentally ill or suffer

from a thought or mood disorder. One glaring gap in the research is that frameworks used to understand and explain suicide have not been used in studies of filicide

Filicide-suicide. Studies that explored cases of filicide and nonfatal suicide attempts revealed that altruism was the most frequent motivation as opposed to hurting the child or others (retaliation) as some studies proposed. Altruism is described as a desire is to "rescue" the child from evil, or relieve suffering. The suffering could be a real or imagined illness (euthanasia or mercy killing), or the fear of future of suffering in a harsh world. The term *extended suicide* emerged to describe the phenomenon of filicide-suicide where the suicidal parent feels that he or she cannot leave their child(ren) without anyone to care for them after they are gone (Bourget & Bradford, 1990; Korbin, 1989,1987; Krischer et al., 2007; Liem & Koenraadt 2008b; Marleau et al., 1999; Messing & Heeren, 2004; Oberman & Meyer, 2008; Somander & Rammer, 1991; Stanton et al., 2000). Mothers wanted to die but felt responsible for the child and did not trust or did not want to burden others with childcare responsibilities.

In some instances the boundaries between parent and child were blurred (enmeshed) and the parent, usually the mother, overidentified, or overloved the child and viewed the child as an inseparable part of her. The unhealthy attachment to the child is thought to convert suicide to filicide-suicide (Bourget & Bradford, 1990; Resnick 1969). Parental suicide is not frequently associated with cases of neonaticide, fatal abuse, and neglect, or by stepparents. The majority of filicide-suicides are thought to be committed by mothers but this may be due to paternal filicide suicides that also included killing of the spouse; these instances are labeled familicide.

Familicide. The term *familicide* has been use to describe a "multiple-victim homicide in which the killer's spouse and one or more children are slain" (Wilson et al., 1995). The majority of familicides are committed by genetic fathers; mothers rarely

commit familicide (Harris et al., 2007). Friedman et al. (2005b) described familicide as "extermination of the entire family." Familicide appears to overlap with filicide and uxorcide, and some suggested it is a type of mass murder, but additional research is needed to support these suggested comparisons (Johnson, 2006; Liem & K 2008b; Wilson et al., 1995).

The theme of loss, a salient theme described earlier, is a dominant catalyst for fathers who commit familicide. Two profiles of fathers who committed familicide have emerged. One depicts a hostile, angry, threatening, and narcissistic father who cannot or will not cope without his wife or children and feels this is the only way out. The motive is one of control or revenge, often summarized by the phrase "If I can't have you no one can." This type of father displayed stalking, possessive, and threatening behavior prior to the incident (Johnson, 2006; Leiville et al., 2007; Liem & Koenraadt, 2008b; Messing & Heeren, 2004; Schlesinger, 2000; Wilczynski, 1997; Wilson et al., 1995).

The other type of father is depressed, despondent, possessive, and "brooding with agitation." The trigger is often loss of job or financial ruin. The motive is being unable to provide for or take care of the family (Daly & Wilson 1994; Friedman, Hrouda et al., 2005; Marleau et al., 1999). The father feels that he has lost control over all aspects of his life and he views himself as a failure. He is suicidal and does not think the family could cope without him. These fathers are overwhelmed, desperate, depressed, suicidal and homicidal. Their identity is threatened and the psychological pain and fear become too much for them to handle and they resort to physical violence (Kunst, 2002; Resnick, 1969; Schlesinger, 2000). Suicide appears more likely when the father is despondent and depressed, and uxorcide more likely when the father is consumed with hostility and rage (Daly and Wilson, 1994; Marleau et al., 1999). No history of violence inside or outside the family was documented in familicides, but some studies mentioned previous threats

of violence (Campion et al., 1988; Wilson et al., 2005). There were conflicting findings

regarding whether or not substance use contributed to familicide (Bourget & Bradford,

1990; Putkonen et al., 2009).

Filicide-suicide is presented as maternally perpetrated when studies have shown

that fathers commit suicide at a higher rate. Familicide is considered almost exclusively

as paternally perpetrated. Exceptions were mentioned in the research but not fully

explored. There were mothers who acted out of anger and revenge and depressed fathers

who wanted to commit suicide and could not leave their children behind. These

exceptions do not fit into stereotypical sex-role behaviors. It is important to critically

question whether exceptions are actually rare cases or are an artifact of how the

phenomena is viewed and how research has been constructed. Both mothers and fathers

suffer from mental illness and psychosis, and both have feelings of hostility, jealousy,

and revenge. The research appears to continue to consider mothers as depressed, passive,

and suicidal, whereas fathers are angry, aggressive, calculated, and homicidal. Research

on suicide and research on homicide may offer insights and explanations that are useful

in the research on filicide. What has been surmised from cases of filicide-suicide and

familicide is that marriage and parenting are not protective factors as they are with

suicide alone (Friedman et al., 2008).

Mental illness. Mental illness was a dominant focus of the research. Every

classification system had a category for mental illness. This is not surprising because the

majority of studies was conducted by mental health professionals and is based on samples

from medical and mental health records. The two types of Axis I mental disorders that

were described in the research were thought disorders and mood disorders. Severe

mental illness has been liked to older mothers who commit filicide and older victims

(Adinkrah, 2003; Bourget & Gange, & D' Orban, 1979; Haapasalo & Petaja, 1999; Harris

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et al., 2007). Schizophrenia, psychosis, and psychotic motives were found in the research.

Kunst (2002) described two types of psychotic filicidal mothers: organized and disorganized. This research was steeped in psychodynamic theory and the findings focused on clinical treatment approaches. It would seem logical that a parent struggling with hallucinations or delusions would raise concerns about the ability to parent and handle every day difficulties (Jennings et al., 1999; Putkonen et al., 2009). A question raised is whether the filicide took place during the first psychotic break for parents who were chronically mentally ill. Mothers with active psychosis reported having had no previous thoughts or plans to kill their children prior to the event. Psychosis can also develop in cases of severe depression. Postpartum psychosis is in the filicide literature, but it is not a DSM diagnosis at this time. Spinelli (2004) stated that the lack of a formal DSM-IV diagnosis for postpartum spectrum of mental disorders "promotes disparate treatment under the law" in the United States. Neonaticide by older mothers was associated with postpartum depression and psychosis but the clear connection between these mental health problems and filicide has not been made. There is no accepted time-frame for the postpartum period; it can last anywhere from 1 to 3 years after birth. Consistency and a clear rationale for definitions are needed for findings to be compared.

Depression was also a prevalent (60 % to 82%) diagnosis in several of the samples (Bourget & Gagne, 2002; Friedman et al., 2008; Haapasalo & Petaja, 1999; Karakus et al., 2003; Leveillee et al., 2007; Schlesinger, 2000.) Depressed mothers had a higher incidence of filicidal thoughts compared to nondepressed mothers, and these thoughts were found to endure for days, weeks or months (Friedman, Holden, Hrouda, & Resnick 2008, ; Jennings et al., 1999; 1988, Simpson & Stanton, 2000). Depressed mothers were also found to have planned the filicide-suicide (Messing & Heeren, 2004;

Jennings et al., 1999). Schlesinger (2000) suggested that depression is linked to filicide-suicide and familicide. The presence of guilt and rigid religious beliefs were found in depressed mothers who committed filicide (Kunst, 2002; Leveillee et al., 2007).

An interesting perspective buried in the research was that mothers with postpartum depression or depression in general may be "activated" to commit suicide or filicide if placed on an antidepressant alone without any additional support or changes in their stressors (Kauppi et al., 2008; Stanton et al. 2000). This is similar to the "black box warning" for the possibility of an increase in suicidal thoughts, which is mentioned any time an anti-depressant is prescribed to a patient.

The symptoms of worry, irritability, hypervigilance, inability to sleep, feelings of guilt, fear of being alone with the child, or fear of not "doing it right" have been described in the narratives of mothers who killed their children. Mothers worried that they had caused harm to their children and the children would not develop properly. There may have been no evidence of mental health concerns prior to the birth or months after delivery. However, hormonal changes, sleep deprivation, new roles and responsibilities, coupled with underlying cognitive distortions, rigid role expectations, and a reactivation of trauma from childhood could lead to a significant mental illness that goes undetected. Mothers who are more anxious than depressed and who have high need to control may appear functional on the outside but may be suffering greatly on the inside. Research must go beyond the focus on severe mental illness such as psychosis and consider the impact of other mental health problems such as adjustment disorders, and anxiety spectrum disorders that often go unnoticed and untreated.

There were inconsistent findings regarding the mental health of fathers. Some fathers were said have experienced depression after the loss of a relationship, custody, or a job (Johnson, 2005). Some studies suggested a psychiatric diagnosis (Campion et al.,

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1988; Marleau et al., 1999), and another study revealed character disorders (Lucas et al., 2002). Substance abuse was uncovered by some studies (Campion et al., 1988; Marleau et al., 1999; Putkonen et al., 2009b; Wilczynski, 1991). The theme of mental illness was much less prevalent for fathers compare to mothers. This may reflect an actual difference or may be a result of bias on the part of research.

Personality disorders, specifically borderline personality disorder, was found to be evident among parents who commit filicide in some studies (Bourget and Bradford, 1990; Johnson, 2006; Marleau et al., 1999; Putkonen et al., 2009; Scott, 1973; Willemsen, 2007). The term *psychopath* was also used to describe offenders who were considered evil, criminal, or sadistic. McKee (2006) had a filicide profile category of "psychopathic mothers" and describes the mothers in this category as exploitive (money or drugs) and self-indulgent (narcissistic). There is a psychological test for psychopathy that is used in prison and by law enforcement (Hare psychopathy), but the only official DSM diagnosis close to psychopath is *anti-social personality disorder* and this was not mentioned in the research. The diagnosis of personality disorder essentially means that the person has a chronic pattern of maladaptive behavior. Knowing that a person has a personality disorder adds little to our understanding of filicide unless he or she is also suicidal or self injurious.

The presence of suicidal ideation or previous suicide attempts is a red flag warning for possible increased risk of filicide. A history of self-injury or active self-injurious behavior would logically be considered a red flag; however, there has been no evidence to support this assertion.

Some less frequently mentioned mentally related conditions were intellectual challenges, addictions, and severe mental illness. Mental retardation, learning disabilities, and low intellectual functioning were briefly mentioned in the research

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(Beyer et al. 2008; Karakus et al., 2003). Filicide as a direct or indirect consequence of

addiction was often found in cases of fatal child abuse and neglect. Several studies found

a history of substance abuse (Mugavin, 2007; Oberman, 1996; Smithey, 1997; KOrbin,

1989).

Parents who committed filicide were repeatedly found to have had contact with

medical or mental health professionals, some as recently as the day before (Bourget, &

Gagne, 2002; Friedman, Hrouda et al., 2005; Liem, 2008; McKee & Shea, 1998;

Schlesinger, 2000; Stanton et al. 2000;). This alarming finding indicates that

opportunities for prevention have been missed. The challenge for providers is to

acknowledge that filicide exists in the populations they see and similar to suicide

providers need to ask questions about thoughts or plans of filicide.

The theme of mental illness may be due to the social construction of filicide. The

logic follows that if a parent kills his or her child, the parent must be crazy (Silverman

and Kennedy, 1988; Stanton et al., 2000). Thus, mental illness may be automatically

assumed. Studies lack definitions of what is meant by "mentally abnormal," "mentally

ill" and other vague terms. Diagnosis of mental disorders varies greatly depending on the

clinician and what information he or she is given. The *Diagnostic and Statistical Manual*

of Mental Disorders changed over the years and the criteria and diagnosis of depression

in 1969 is different from a diagnosis of depression today. These inconsistencies

influence the validity and reliability of the results. The onset, severity, and duration of a

mental health disorder is critical information that is not directly mentioned in the

research.

An additional gap in the research is clarifying whether the diagnosis was made

before or after the filicide. Many questions are left to answer: Was there a culmination of

years of untreated mental illness and stressors? Was there a psychotic break? Was the

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mental disorder caused by the act of killing? Did the mental disorder show up after the offender was in custody?

Mental health disorders and symptoms, alone, do not help predict who will have thoughts of harming his or her child and cannot identify who is at higher risk to commit filicide (Jennings et al., 1999; Marleau et al., 1999). Many parents have significant mental health problems and they do not kill their children. Mental illness and diagnosed mental disorders are pieces of the puzzle and part of the constellation of variables to be assessed.

Missing or Assumed

The synthesis of the research on filicide has revealed some variables that have been left out of the discourse. The meta-study sample as a whole offered a significant amount of information, findings, and recommendations. However, the synthesis of this knowledge has been missing from the discourse. The current meta-study produced some synthesis, but also identified many questions.

Communication. Researchers struggled to establish accurate prevalence rates for filicide. Local and state fatality review teams worked at identifying, and reporting nonaccidental child deaths. Communication remains lacking. A common language and a uniform method for documentation and reporting cases of filicide have not been implemented. Common language and consensus regarding definitions are necessary to define and prevent a social problem. Standardized and centralized documentation are necessary to establish accurate prevalence rates. Many states have made an attempt but involvement is needed from the national and world level.

Conception. There is no discussion regarding conception, especially in cases of neonaticide. The topics of birth control, abortion, and adoption were briefly mentioned by some authors, but additional discussion may show that the lack of options regarding

contraception may have been part of the decision to commit filicide. Free birth control or easier access to the morning after pill may be part of the prevention of neonaticide. It may be beneficial to inquire or at least consider asking about the man who impregnated the women. Was the conception a result of rape or incest? Was the woman given a date rape drug? If the sex was consensual, where is the father? What role and responsibility does he have? Leaving these questions unasked places all the responsibility on women.

Partner. There appears to be a lack of discussion regarding the father's role and responsibility with regard to understanding filicide (Barnett, 2005; Mugavin, 2005; Oberman & Meyer, 2008). Some research indicated that mothers are frequently held legally responsible when someone else kills their children. This standard is not articulated for fathers when mothers kill children. Discussion regarding the father's role in the family over the life course of the children is rarely mentioned except in relation to financial support. When an older, married mother kills her children there should be questions regarding the father's role and missed opportunities for fathers to help prevent filicide. Boyfriends of mothers with small children have been in the news for perpetrating fatal child abuse and neglect. This offender population did not appear in the research on filicide. Such instances may be considered under child homicide research. Fatal child abuse and neglect research and prevention would benefit from including findings and knowledge from homicide research.

Pregnancy and birth experience. There was limited discussion regarding young mothers who report that they did not know they were pregnant. One researcher described two types of denial but this was not a main focal point in the research on neonaticide. There may be a separate discourse on this phenomenon but incorporating the knowledge may help guide efforts to prevent neonaticide. If there is a condition in which a woman does not know she is pregnant than society needs to understand that this

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condition exists. Prevention is not possible if the mother does not know she is pregnant. One focus for prevention efforts would be to get the word out about safe havens to drop babies off after the birth.

There was little written about the birth experience. Bourget and Bradford (1990) mentioned that some mothers had no time to recover because of the expectation to be a good mother. A complicated or difficult birth or a Cesarean section can be a traumatic experience for the mother. Some resources in the fields of nursing and obstetrics have suggested that a traumatic birth for the mother may increase postpartum depression. Postpartum depression and psychosis has been associated with increased risk for filicide

Teaching and incorporating this knowledge into screening questions may assist in the early identification of postpartum depression and prevent filicide. There are screenings and assessment tools for postpartum depression, but few tools that screen for depression during pregnancy. Prior history of diagnosed mental illness was mentioned in the research as a variable to consider in assessing risk but no studies focused on the nature of the disorders. Understanding the severity, duration, and onset of mental disorders is an important omission in the discussion on mental illness in filicide offenders.

Mental illness. Severe mental illnesses, for example schizophrenia and psychosis, are easier to identify as a high-risk variable than other "covert" mental illnesses. Untreated anxiety and depression need to be considered as factors in filicide. Little was mentioned about the weeks and months following the birth of a child. Knowledge from the medical, nursing, and psychiatric communities is needed to increase understanding about the impact of birth, hormonal changes, sleep deprivation, nursing and the overall adjustment to becoming a new mother on the mental health of women.

Victim's age. There was a lack of agreement surrounding the definitions of neonate and infant. Is killing a neonate different from killing a three-day old child? Women who kill their babies immediately after birth, outside of a hospital setting have a unique constellation of variables related to themselves and the situation that was not apparent in other types of filicides.

Children on the first day of life and children under one year of age were mentioned in the research. There was no discussion or comparison with children killed in the first week of life or the first month. Several questions remain unanswered. For example, other than the laws regarding "infanticide" in Canada and some countries in Europe, what is significant about filicide of a child under the age of one year? When does the postpartum period end and why? Are children under the age of three, or maybe five years of age, at higher risk for filicide? Are these age distinctions based on child physical or emotional development? Is the age and stage of development of the parent significant? The medical and developmental psychology communities need to be consulted on these important questions regarding physical and emotional development over the life cycle.

Support. It is assumed that the presence of family members, specifically the mother's mother, automatically means there is support for helping with the child. The assumption of the *"good grandmother"* as supportive and helpful may be an unrealistic expectation. We need to consider that a woman who experienced a dysfunctional or abusive relationship with her own mother may *not* receive the needed support from that mother when her own baby is born; in fact, such "support" could be harmful. We also assume that having a spouse, partner, family member, or friends equates to support. The reality may be exactly opposite in homes where other adults are violent, addicted or do not like children. Professional support, like home visitors, or nurse visitors may be

needed to assist the new mother, especially in situations where family members are not helpful or unable to visit.

Time with child. It has been suggested that the amount of time spent with children is relevant to filicide (Kunz & Bahr, 1996). Being a full-time caregiver of a young child or multiple children has been associated with higher risk. Lucas (2002) found that weekends were the most probable time for filicide. It has been speculated that times when children are out of school are times of higher risk. For example during vacation times like Christmas, spring break, and summer break. In addition, children under the age of two have been designated at high risk. Is this because they are home all the time and the parent does not have a break from care giving? Are young children placed in day-care or preschool at lower risk? Is there a correlation between working outside the home and risk of committing filicide? More research is needed to consider the impact of full-time care giving and lack of respite. Could state subsidized pre-school and summer school help prevent filicide?

Family composition. Daly and Wilson (1985) found that filicidal stepfathers were studied more often than filicidal stepmothers. It has been suggested that a reason for this disparity is that young children rarely live with a stepmother. Single mothers and other nontraditional families, for example, same-sex couples were not mentioned in the research. Foster parents as a separate category were not specifically identified in the research. All of these parents are capable of filicide and are part of the phenomenon of filicide, but little is known about them with regard to risk of filicide..

Survivors. Survivors of attempted filicide, siblings, families of the victims, and offenders' families were acknowledged by some authors as missing from the discourse on filicide (Johnson, 2006; McKee & Shea, 1998). There was discourse written by survivors, but this was published on websites and blogs and was not part of the main-

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stream research. The perspective of the survivors is an important piece of understanding filicide that is missing. The grief, trauma, stigma, and shame that survivors experience should be recognized and validated. Support in the form of resources and mental health care for family and friends affected by filicide should be available.

Family history. The female offenders' family of origin and the influence of parental role models were discussed in some studies. The focus was on role modeling by the mother of female offenders. The fathers of female offenders were mentioned in relation to using substances and being absent from the home. There was no discussion on role modeling by fathers in the family of origin. There was also no inquiry into the relationship between the male offenders and his parents. In general, the childhood of male offenders was rarely discussed in any detail. Johnson (2006) was one of the only researchers to mention the negative impact that early life experiences (abandonment, violence, abuse) had on filicidal fathers.

There continues to be a difference in how maternal and paternal filicide offenders are studied. This may be because fathers commit suicide more often, or because they are in prison and more difficult to interview, or they do not agree to interviews. Are we asking the same questions regardless of the sex of the parent?

Additional types of filicide. Specific types of filicide received little attention in the research. Filicides committed by parents together, parent and a partner, or a parent and other accomplice were mentioned but not fully addressed by the research (Meyer et al., 2001; Resnick, 1969). Harris et al. (2007) identified 18 cases in which a genetic parent had an accomplice. In contrast to the theme of being alone, research has uncovered cases of mothers who were not alone during the killing and who were assisted or coerced by a partner.

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Little is known about circumstances surrounding jointly-committed filicide. What has been identified is that jointly-committed filicides occur in a context of multiple types of on-going abuse toward the mother by the partner who is often not the genetic father of the child(ren). McKee and Shea (1998) found that 43% of their sample of mothers were in abusive relationships at the time of the filicide. Resnick (1970) mentioned one case of parents planning and committing neonaticide together. Meyer et al. (2001) were the only ones to develop a category for *assisted or coerced filicide*. They identified 12 cases from 1990 to 1999 that they call "partner-involved maternal filicide" (p. 148). In five of these cases the women were directly involved in the deaths of their child(ren), and in seven of the cases the mothers had a "passive role," which means that they did not directly cause the death, but they did not do anything to stop it from happening.

Research also indicated that the role of intimacy coupled with violence in the lives of women who become mothers is an important area for additional inquiry. Young mothers often have experienced violence in their childhoods. Violence is often equated with love and this violence is often expected as part of their intimate relationships. If women are involved in a violent relationship and they become mothers the violence often escalates. If the woman is already a mother and enters into a new relationship, the partner may be jealous or resentful of the child or may not be ready nor want to be a father figure. The drive to hold on to this "love" means that the mothers must endure the violence or be abandoned (Oberman & Meyer, 2008; Meyer et al., 2001). The mother also may feel or be told to choose between the child and her partner. This is an important area for future focus of research.

Two other types of filicide that were briefly mentioned in the literature were filicides involving sexual abuse and filicide recidivism. Death of a child that involves

sexual abuse is primarily considered to be committed by a stranger, but cases involving parents exist and require further inquiry (Guileyardo et al., 1999). The topic of recidivism or "serial offending" was mentioned by Simpson and Stanton (2000), Stanton et al. (2000), and Stanton and Simpson (2002). Haapasalo and Petaja, (1999) identified two "recidivist" neonaticidal mothers who killed a neonate before but were never apprehended. Barnett (2006) studied the case of Marie Noe, a homemaker arrested at the age 69, who killed eight of her 10 children. She said all of them died due to sudden infant death syndrome. Additional research on recidivism is important for our understanding of the entire phenomenon of filicide.

Race and ethnicity. The discussion of race or ethnicity was sparse. Some research mentioned that mothers who were immigrants, poor, or minority were depicted as "bad mothers" and may have harsher prison sentences (Barnett, 2006; Oberman, 1996). The greatest amount of national media attention has been focused on filicides committed by White, middle class mothers. There is no evidence that rates of filicide are greater in this group.

Framework and theory. There was a lack of application or development of frameworks or theoretical perspectives to explain filicide. The theme of suicide was frequently mentioned but no research has considered using theories used in suicide research and prevention to try to explain filicide. The cycle of violence and catathymic process were used, but no other theories of homicide or violence were mentioned. Filicide research may benefit from looking at research on phenomena like suicide, homicide, violence, and child abuse and applying those frameworks or theories.

Prevention

The research mentions "missed opportunities" for prevention or "risk intervention points" (McKee et al., 2001). The framework for mental health prevention is

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usually based on a three-tiered framework. Some refer to levels or stages of risk intervention as primary, secondary and tertiary; others have identified it as intervention targets: indicated, selective and universal. The latter framework will be used to describe prevention of filicide.

The broadest target level is "universal." At the universal level, the general public and social structures are the targets for intervention. The intervention is intended to raises public awareness, educate to increase understanding, and dispel myths. This level also targets macro-level variables like funding, policies, practices, and laws, and targets variables like poverty, housing, and unemployment that have been shown to increase risk of filicide. Examples of universal-level prevention of filicide include promoting education on filicide through public service announcements on television and radio, and experts talking in the news, or on popular shows like 20/20 or daytime talk shows, and through public campaigns, for example: "don't shake a baby", or "back to sleep." Media can be a powerful tool for prevention. Efforts to reduce problems of poverty, housing, unemployment, inadequate prenatal, medical, and mental health care are a few of the targets of intervention to help reduce the stress on families and parents that increases risk for filicide.

The "selective" level of intervention is targeted toward groups or individuals known to be at higher risk for filicide. These would include parents with small children, female teenagers, teenage mothers, pregnant mothers, and parents with mental illness or recent psychiatric hospitalizations. The intervention could include screening individuals and families at well child visits, prenatal appointments, mental health appointments, single mothers groups, birthing classes. Education on specific resources or warning signs, appropriate screening, referrals to agencies, for example home health visits,

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mother-to-mother support groups, and other community support groups may be appropriate prevention interventions at this level.

Prevention efforts could include educating a specific group about abandoned infants' safe haven resources, including where these are located. Pamphlets describing this information can be placed next to pregnancy tests at local stores. Information about hotlines, support groups, and reading material may be offered at this level. Families, friends, schools, churches can also be asked to be part of the prevention efforts and educated on signs and symptoms of depression, parental overload and also taught to pay attention to times of high stress like job loss, birth, divorce, separations due to work. When a screening tool is developed and validate, if a person (family) screens positive for risk of filicide further assessment is needed immediately. Screenings may produce false positives, but the practitioner can assess whether the person (family) remains at the selective or moves to the next level. Similar to suicide and homicide risk, screening for filicide will require more time and effort of support staff and assessment will require additional expertise and time on the part of the practitioner.

The final level is "indicated" intervention, which targets those families identified as high risk for filicide. Interventions at this level are typically intensive, individual, case-by-case, and involve treatment, referrals, coordination, and follow-up. Hospitalization, medication, or release to family member may be part of the treatment plan. If a filicide attempt or a filicide takes place, the target for intervention is the immediate family, friends and the community of the victim and offender. This type of sentinel event calls for professionals to take the time and effort to look at this incident in order to increase knowledge, and possibly change policies, procedures, and intervention plans for future at–risk families. Professionals also need to become part of child fatality review teams, conduct research, advocate, and assist in educating other professionals.

To prevent something from happening, the first step is to acknowledge the possibility that it can happen. If professionals acknowledge the existence of filicide, there may be reluctance by physicians, mental health providers, social workers, and nurses to ask about thoughts of filicide. Professionals may feel it is beyond their scope and they do not know what to do. Education, screening, and assessment tools are needed for all professions that work directly with children, parents, and families.

Screening tool. A screening tool for use by non-mental health professionals is proposed. The proposed-screening tool is in a conceptual phase and has not been tested or validated. Table 8 is the screening tool that, once validate, could be implemented during a medical, mental health, or child protective service appointment. If the screen is positive then a practitioner would be made aware of the risk factors and further assessment would be conducted. The cutoff number of positive responses that correlates with the levels of risk (low, medium, high) has not been established. Providers who treat patients at risk will need to be educated on risk factors, warning signs, protective factors and trained how to ask the questions and what types of responses to illicit. A proposed framework for educating clinical and service providers is located in Appendix F.

Role Theory

Role theory was used in the current meta-study as a framework for understanding filicide. A graphic representation of this framework is located in Figure 2.

Role theory states that individuals' behaviors can be predicted based on their role. In addition to predicating behaviors, roles influence beliefs, attitudes, and expectations of the individual in the role. A role is shaped and defined by the individual, their immediate environment, and the larger social context. Tenants of role theory and how they apply to the 10 meta-categories of filicide will be discussed.

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Table 8

Potential Screening Tool for Family Filicide Risk

Parent

- ☐ Young
- ☐ Recent psychiatric hospitalization
- ☐ Hallucinations or delusions (Schizophrenia, Psychosis)

- ☐ Thoughts of Suicide
- ☐ Thoughts of homicide
- ☐ History of Suicide Attempts
- ☐ Diagnosed Mental Illness (not managed)
- ☐ Addictions (uncontrolled)
- ☐ Low intellectual functioning
- ☐ Lack of parenting skills

Mother

- ☐ Feels like a bad mom or doesn't know what to do
- ☐ Full-time caregiver
- ☐ No support system
- ☐ Feels alone, afraid or desperate
- ☐ Trauma in childhood

Child(ren)

- ☐ Young child < 6 yrs (the younger the higher the risk)
- ☐ Child *not* in daycare, pre-school, or school
- ☐ Child with poor health or Special needs
- ☐ Child perceived by caregiver as difficult, tricky, colicky, abnormal or advanced development

Family

- ☐ Involvement with protective services
- ☐ Violence in the home
- ☐ Change or pending change in family structure (birth, death, divorce, marriage, reunification)
- ☐ Financial struggles
- ☐ Minority (recent immigrants)
- ☐ Large family – many children
- ☐ Inadequate support system or lack of community connection
- ☐ Gun in the home

Father

- ☐ Change in employment status or unemployment – lost job, demoted
- ☐ Serving in the military

Figure 2. *Reconceptualization of Filicide Using Role Theory and Themes*
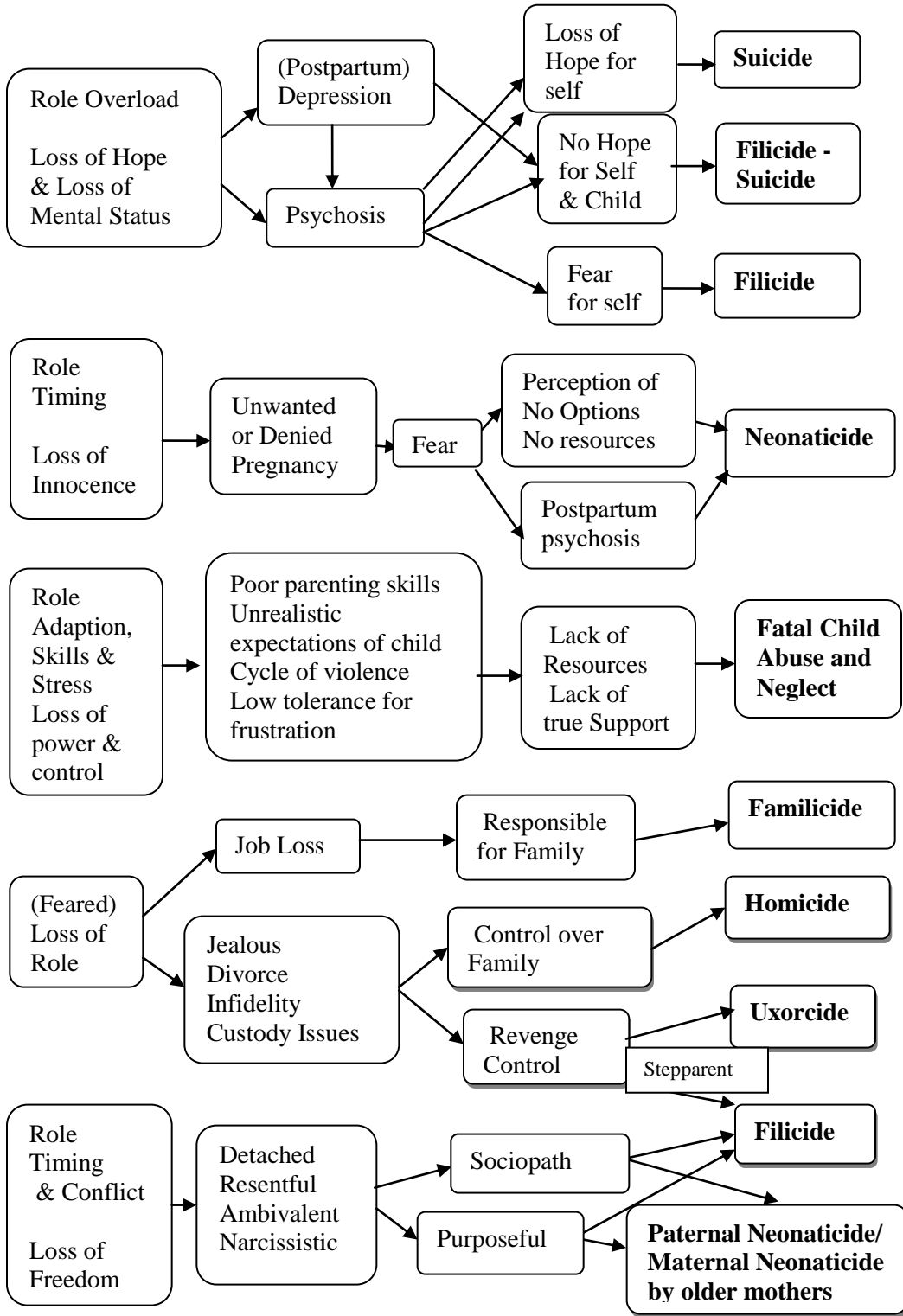
Neonaticide is best explained in terms of role timing, role fit, and role conflict. In cases of young mothers, older mothers with other children, and fathers who have committed neonaticide, the role timing and role fit were not good. These individuals were not ready and did not want to be parents to this child. Role conflict and role demands may contribute to neonaticide. They were not willing or did not feel able to take on the demands of the parental role or wanted to be free from the role of parent and pursue other roles. Some have suggested that neonaticide by young mothers is due to taking a passive role in their sexuality, choices and decisions.

The theme of passive role has also been used to suggest that some women passively become a mother and tried to conform to being a "good mother" (Messing & Hereen, 2004). A mother's passive role has been used to blame her for not doing anything to protect the child in situations where the mother's partner killed the child (Oberman & Meyer, 2008). Passive role has also been suggested regarding mothers feeling that they are trapped and not able to do anything else except commit filicide-suicide. The idea that mothers are stereotypically passive in their role is fostered when mothers are described as using passive, less violent, methods of killing their children. Mothers are reported to smother or drown their children. These methods can be characterized as passive but they also could be seen as more personal, hands-on methods. These passive methods can be used on younger children due to their small size and inability to defend themselves. Mothers who kill older children used the same methods as fathers. Fathers were found to kill children through asphyxiation and physical abuse but were not referred to as passive or less violent. Sex-role stereotyped expectations may influence what is reported as a main finding and included in the final discussion of research on filicide.

In addition to influencing what is considered as salient findings, role expectations are critical in understanding why some parents commit filicide. Research revealed that many mothers (and most likely fathers) have poor role modeling in their childhood. Childhood experiences shape what it means to be a parent as well as a child. In addition to early childhood experiences, society and the culture influence roles and role expectations.

Role expectations are negotiated between the individual and the immediate social environment (Lopata, 2001). Difficulty arises when the primary caregiver has no one to negotiate with or has no power or no say in the negotiation due to social environments of domestic violence, poverty, or homelessness. Mothers frequently verbalized feelings of being trapped, not having options, and having no support. In these instances role negotiation is not possible because there was no one else to relieve the strain of being a mother. Role negotiations are also limited when a parent is struggling with mental illness, psychosis, or rigid, unrealistic, role expectations of self. In some instances, the mother's distorted beliefs about being a mother did not allow her to reach out for help because that would mean role failure.

Child hood experiences, individual role expectations, and the family system are important factors in healthy role attainment. Maternal role attainment leads to competence and confidence in caretaking tasks, joy in the role, and successful bonding with the infant. The mother who has healthy maternal role attainment embraces her maternal identity and has maternal role confidence (Mercer, 1985). Inadequate maternal role development leads to poor attachment to the child (Mugavin, 2008). This can lead to indifference, abuse, and neglect and can possibly result in a fatal incident. Overattachment has also been seen in maternal filicides where blurring of roles and boundaries took place prior to the filicide. Role reversal takes place as the mother

becomes dependent on the child and seeks love, attention, affection, and support from the child (Korbin, 1987, 1989; Resnick 1969). The mother may also see the child as an extension of herself. This overidentification and unhealthy attachment to the child has been a factor in cases of filicide-suicide. Role transition, attainment, and development have been a small part of the discourse on maternal filicide, but have not been addressed in paternal filicide.

Having a child may not require a father to change to make the transition to the paternal role. Fathers who negotiate their role, as monetary provider, or who refuse to contribute to child care and raising the child(ren), will require no role development, and will not experience role conflict or role stress. In cases of familicide or filicide-suicide, fathers experience the stress of not being the head of the household or not being able to provide for the family.

Role stress is a prominent theme in motherhood. The stress to be a good mother is present in the minds of most mothers. The day-to-day demands and the loss of time for self can become all consuming. Mothers suffering from postpartum depression may suffer from role stress due to sleep deprivation, feeding schedules, constant worry about the baby, and concern that role performance is not "right" or may harm the child (Coverman, 1989). The stress of being a mother is often greater for first time mothers who have little or no experience with children. Being a parent does not come with a supervisor, a set of rules, or guidelines for what to do. Parents who have no sources of healthy guidance and support may struggle with role stress and role confusion. If a parent develops a physical or psychological illness, he or she may not be able to continue with the demands of the role.

Parents dealing with thought disorders or substance use may experience role confusion, distortions, or conflict. Parents may be so preoccupied with their internal

world or addictions that they no longer function appropriately in the role of parent. A parent who depends upon someone who can no longer function or does not want to continue in the parental role will be forced to take the role for both parents. Although most parents are resilient, some single parents or parents who are the primary providers and responsible for all aspects of caring for and raising a child, and who are not able to re-negotiate the role expectations, may experience enormous role stress and role overload which can lead to mental illnesses, addictions, suicidality, and increased risk of filicide.

Role overload may also be seen in families of children with special needs or children who suffer with significant health related problems; parents in these families have been identified at higher risk for filicide. This may be because the role demands on the parent may be an overload and the parent does not have the ability or the desire to continue in the role as parent. Role integration and role set have been found to be important in families caring for children with chronic illness (Major, 2003). If the family can negotiate roles, help each other, and the roles function well together, then a positive outcome is likely. However, if the parent is a single parent or in a relationship with no help from the partner or one that is abusive, the parent may feel that he or she has no options other than filicide. In cases where role overload is not alleviated, parents can experience role collapse, which can lead to role termination, which is filicide.

Parenthood has been perceived as a central role by mothers, regardless of their employment and marital status (Wallerstein & Kelly, 1980; Weiss, 1979). Women are thought to invest more emotionally in the parental role and their sense of self is tied more closely to parenthood than is men's (Daniels & Weingarten, 1983; LaRossa & LaRossa, 1981). This helps explain the drive to be a "good mother," but what about fathers? The expectation of many fathers who committed filicide was that their role was to be a provider, breadwinner, and head of the household. These expectations fit with a father's

role identity. The father views himself in terms of his location within the family and in the social structure of work. This explains why threats to the family structure or loss of employment are triggers for fathers to commit familicide. Identification with the role and the desire to meet the role expectations and demands are thought to be signs of adaption. However, when taken to an extreme, role adaption may turn to role embracement where the person's identity is completely attached to the role and the self disappears. Parents who over identify with the child or with the parental role may resort to filicide when they fear losing their role.

Stepparents or other nongenetic parents may not experience role identification. They can have trouble in role adaption or role confusion and may feel that the role of parent is not a good fit. They may play the role of a parent in order to maintain a relationship with the genetic parent of the child(ren). Role conflict, role strain, and role overload may develop which can lead to fatal abuse or the desire for role termination, which may lead to filicide.

Some genetic parents have also faced role conflict. They want to pursue other roles that conflict with the role of parent. They may want to pursue an intimate relationship, be free from the responsibilities of being a parent, or they may be consumed by addiction. In all of these examples, the parent feels that role of parent stands in the way of other goals and desires. Such parents may resort to filicide in order to alleviate the role conflict. If they are married and have children, they may kill the spouse and children in order to pursue another love interest, join another family, or begin a new life. Parents who commit filicide due to role conflict are often emotionally immature, have little concern for others, and may display traits of a sociopath or someone diagnosed with anti-social personality disorder.

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A society's definition of family and the expectations of each of the family members set the institutional standard for role enactment. In the research on filicide, gender roles were closely linked with gender stereotypes. Men continue to be perceived as aggressive, angry, and frustrated. The father's role is financial provider and the head of the household. Women were viewed as passive, mentally ill, or evil. Their role as mothers is to be the primary caretaker for the children. The continued promotion of these gender role stereotypes will hinder attempts to prevent filicide.

Roles are viewed in a life cycle perspective. Successful role transition, adaptation, experience, and termination depend upon several factors. These factors include culture, timing, individual's role expectations and role developmental, social supports, and coping styles (Emanuel et al., 2007). Parents who commit filicide may not have made a successful role transition but did not adapt to the role of parent. The culture sets the acceptable societal norms for parents' attitudes and behaviors. The timing of birth dictates the parent's phase of life, level of maturity, available resources, and life experiences. The parent's personal expectations, childhood experiences, and their immediate environments will influence their role transition and formation of their identity as a parent. Social support, other resources, and coping skills will shape how they negotiate their parental roles and how they deal with role confusion, stress, overload, conflict. The entire constellation of factors affects how an individual adapts to the role of parent.

In all types of filicide, except fatal abuse and neglect, the parent wants to terminate his or role as parent for that child(ren). The meta-study process revealed that role theory could be used to enhance our understanding of all types of filicide. The theme of "expectations" that was synthesized from the research turned out to be *role* expectations and a central concept of role theory. The research on filicide may benefit

from examining filicide from a life course perspective of the parent and using role theory to explain how parental, gender, and societal role expectations help us understand the phenomenon of filicide.

Chapter 6

DISCUSSION AND CONCLUSION

In this chapter, I describe the purpose and guiding framework for the current meta-study. The findings are described in terms of the discourse on filicide as a whole, the aggregate findings from the primary research, and the synthesized results. Implications for practice, education, and policy are summarized. Directions for future research studies are suggested. The challenges inherent to the study of filicide and the limitations of the current meta-study are also described.

Purpose of Meta-Study

This meta-study was conducted to understand the social construction of filicide. Specifically, what do we know about filicide and how do we know it? The goal of this meta-study was founded on a social constructionist perspective, and the belief that how a society defines and discusses a phenomenon, like filicide, influences prevention efforts and policy development. The contexts, theories, methods, findings, and themes of 66 international filicide studies were analyzed. Role theory was used as a framework for understanding filicide from the perspective of the individual offenders. The results are synthesized and a reconceptualization of filicide is proposed. A preliminary screening tool for assessing filicide risk and an outline for education of clinical professionals were developed for use in practice.

Major Findings

The extant research on filicide is in the exploratory phase and contains a wealth of information, but the research is fragmented into separate discourses and lacks synthesis. There are few studies that examine the entire phenomenon of filicide. The research is separated based on field and perspective of the authors, focus of the research, and differences in constructs and definitions of filicide. Studies lack agreement in the

terms and definitions used in filicide research. The largest division in the research exists

between the psychoanalytic perspective of filicide and the family violence perspective of

fatal child abuse and neglect. The early and dominant discourse of filicide was

conducted from a psychoanalytic perspective that produced classification systems of the

offender, usually the mother, based on document reviews and interviews. This body of

discourse is separate from the family violence discourse on fatal child abuse and neglect.

Based on careful review, analysis, and synthesis of this body of research, 10 meta-

categories were derived. Integration of the studies is needed for practical application, and

was the aim of this meta-study.

The findings aggregated across the 66 studies reviewed indicate several

differences in the categorizations of offenders. Neonaticide and familicide have unique

offender, victim, and contextual variables compared to other types of filicide.

Differences in motive, method, and frequency of killing between different types of

offenders are critical to prevention. The age of victims and offenders are risk factors, but

the exact age ranges that define this risk have not been delineated. Offender suicidal

ideation prior to filicide is a major theme in the majority of studies. Filicide followed by

suicide appears to be a subtype of filicide. Filicide followed by suicide or attempted

suicide was predominately found to be committed by genetic parents. Suicide by

offenders was rarely found in neonaticides, or in cases for which the offender was a

nongenetic parent.

The synthesis process revealed salient themes that are useful for contextualizing

the behavior of filicidal parents. These themes, in conjunction with role theory, are a

useful framework for explaining why a person is no longer willing or able to continue in

the role of parent. Expectations of society, the individual, and the immediate social

environment are the foundation for what it means to be a parent. The stereotypes and

expectations of the "good mother" and the father as "provider" and "head of household" are central constructs in the phenomenon of filicide. In addition to expectations, assumptions about what it means to be alone and what is considered useful support are often inaccurate and need to be reconsidered from the perspective of the parent. Having family and friends around does not automatically mean that the parent will have support. The social stigma of asking for help, the collective denial of filicide, and continued treatment of filicide as a problem for a few "mad or bad" parents blocks prevention efforts. The synthesis revealed risk factors for parents, mothers, fathers, children, and the family as a whole. These factors, assessed together, provide a familial picture of risk for filicide.

The framework of role theory explains how the inability to maintain the role of parent, as defined by the individual in his or her unique environment, can lead to role stress, role overload, role conflict, role confusion, and eventually role collapse. Parents who commit filicide may be acting to end their role as parent, reconcile their deficits in the role, or continue to meet the role expectations of not leaving their family behind.

This meta-study identified what was missing or taken for granted in the research discourse on filicide and how future research can fill in the gaps. With the exception of some neonaticides, the circumstances surrounding the conception, pregnancy and birth are not mentioned. The nonfilicidal parent's responsibility for the protection of the child, as well as friend's, families', and society's role is mentioned, but these are not the primary focus of existing research. Nontraditional families are absent from the research. Future research is needed to explore and consider these missing pieces of the filicide puzzle.

Consistency and agreement on constructs and definitions used in the discourse on filicide are needed to strengthen the findings of future research and guide prevention

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efforts. Studies that use specific age ranges for victims should explain the rationale

behind this criterion. The medical profession and child developmental specialists can be

consulted to inform possible life cycle points that may increase the victim's or offender's

risk for filicide. More research based on interviews of offenders, survivors, family, and

friends is needed to expand understanding of filicide from all perspectives.

The existence of mental illness must be explored. What were the onset, duration,

and severity of symptoms prior to the filicide? Were there indications that, besides

possible psychosis, other mental illnesses such as untreated anxiety and depression may

play a role in filicides? Research questions for mothers and fathers should be similar in

order to reduce bias. For example, questions regarding mental health, family of origin,

relationship with role models and developmental history of filicidal fathers were much

less developed compared to filicidal mothers. Rarer forms of filicide such as serial

filicide, jointly-committed filicide, filicide by significant others acting in the role of

parent, and filicides that include a sexual component need to be explored further. The

existing research on suicide, homicide, uxorcide, and nonfatal child abuse are logical

frameworks for use in research on filicide. Many of the risk factors and prevention

efforts for these phenomena may be applicable to filicide. Examining filicide from a life

cycle perspective may provide new insights. Additional research from the fields of

public health, family practice, social work, and nursing is needed to add a

multidisciplinary perspective.

Research on filicide has inherent challenges. Access to offenders can be

difficult. Offenders are frequently incarcerated in prisons or psychiatric hospitals. IRBs

can be strict and obtaining permission to conduct interviews can be a time consuming

process that often deters researchers. If IRB approval is granted, the offender may

decline being interviewed due to fear of having a negative impact on sentencing or future

appeals. Offenders have little incentive to talk to researchers. The majority of interviews

of offenders described in the research reviewed for this meta-study were conducted by

clinicians who assessed or treated the offenders prior to or while incarcerated. There is a

high likelihood of bias for researchers in a duel role as offender's therapist. An

additional reason for lack of interviews is that in many instances the offenders commit

suicide and are not able to be interviewed. Media appear to obtain the most in-depth,

detailed information on filicide cases, but media are subject to bias. Only one study

interviewed surviving family members of filicide. No studies mentioned attempting to

find filicide offenders after their release. The Internet may prove to be a source for

information and assistance in contacting survivors or offenders.

One limitation of this meta-study is that it was conducted from the perspective of

one researcher and subject to bias. The results would be strengthened if the research was

conducted as a team with other researchers independently identifying salient themes and

contributing to the reconceptualization. This would also provide information on the

reliability of the coding. A strength of this meta-study is the large number of studies in

the sample. The tradeoff is that the studies are from different countries and this decreases

the ability to compare findings across studies.

The current meta-study clarified and extended the research on filicide. Studies

from different perspectives were brought together to offer a more complete picture of

filicide. Previous research explored and compared many subtypes of filicide. This meta-

study offered a synthesis of these studies, identified areas that have been overlooked, and

offered suggestions for future research.

Research on filicide is still in its infancy and not well-developed, nor have the

ideas been tested empirically. There is an effort to classify all types of filicide in a single

system and to develop a single theory to explain why a parent would kill his or her child.

No single classification system can capture all the circumstances of filicide. A universal

theory to explain filicide does not exist. Humans are complex beings interacting and

reacting to the social environment. A cookie-cutter approach to human phenomena is not

possible. However, understanding different types of filicide can be enhanced by using a

theoretical or conceptual framework. Few theories have been proposed to account for

filicide. The dominant theory that has been explored is psychodynamic theory, which has

disproportionately focused on mothers. Studies of media portrayals of filicidal parents

have shown that the media are biased toward focusing on white, middle class mothers.

This focus runs the risk of reinforcing stereotypes and diverting attention from the

phenomenon of filicide. The media's lack of coverage of filicides committed by parents

of color or parents of lower economic status suggests that they are not news worthy.

Studies of media mentioned filicidal mothers who recently immigrated to the United

States, and described their efforts to assimilate as stressful and lonely, but there is no

research to support the media's unequal focus on one race or class over another.

Research has shown that fathers commit filicide at the same rate as mothers and therefore

warrant equal amounts of research and media coverage. Although evolutionary theory

was used in attempt to explain filicide committed by fathers and stepfathers, it was rarely

used to explain filicidal by mothers or stepmothers. Future research on both mothers and

fathers using existing theories of suicide, violence, uxorcide, and homicide would be

beneficial for understanding filicide. In addition to this gender bias, sex-role stereotypes

were evident in the research. Mothers were considered to be acting out of mental illness

or motivated by altruistic reasons. A subset of mothers, and frequently immigrants to the

United States, were considered bad or evil, and motivated by selfish reasons. Fathers

were depicted as angry, and motivated by power, control, or revenge. These stereotypes

are used to typify filicide in the media, but the research does not support these clear

motives based on gender or race. Research and media representation of filicide that is biased influences our understanding and limits the types of prevention efforts that are proposed.

The meta-study method used sheds light on how the research on filicide is constructed and what we know about filicide at this time in history. Role theory appears to be a useful framework for aiding our understanding filicide but many important questions remain. The current meta-study could be replicated using the same sample in order to support, extend, or refute the findings. The next step for continuing this meta-study is to apply the salient themes and the reconceptualization to existing cases of filicide. Since meta-study is a study of studies, the available information is limited by the quality of the existing research. Bias and subjectivity are inherent in meta-study and this method is based on the interpretation of the researcher(s). Meta-study is a relatively new approach, which allows for flexibility, and ingenuity in research, but that means a lack of structure, which may make it more difficult to replicate the study. Meta-study also produces as many questions as it does new insights. Numerous research methods could help build greater knowledge about filicide. Some examples include media analysis, interviews, and case studies. Practitioners can be surveyed to assess their understanding of filicide, and how they obtained their knowledge. Research examining findings from child-fatality review teams would be helpful. Additional quantitative research is needed to test some of the hypotheses about filicide. There are opportunities for research to address many of the themes that were missing in the existing research.

The findings from this meta-study clearly indicate that there were missed opportunities for prevention. Medical and mental health providers need to begin to assess for filicide in the same way they assess for suicidal and homicidal ideation. Nurses, mid-wives, and doulas are in unique positions to look for signs of depression or difficulties

during pregnancy and after birth. Law enforcement officials called to a home for violence between partners should also consider risk for children in the home. Families known to child protective services could be screened for the risk of filicide from fatal abuse and neglect. Before the front-line workers can be expected to identify, assess, and prevent filicide, they need to be educated on what to look for in families' background, risk factors, and current stressors associated with a higher likelihood of committing filicide. Clear treatment guidelines and services are necessary for professionals to feel comfortable in identifying and assessing risk for filicide. Once risk for filicide has been identified, services must be in place to immediately help the family. Continuity in the form of follow-up and wrap-around services is essential to effective prevention and treatment.

Change at a social level is needed to create an environment for prevention of filicide. Parental role and gender role expectations need to be reexamined the myths surrounding motherhood, the stereotypic narrow roles of fathers, and the secrecy of family problems must be brought out into the open. The view of filicide as a rare family problem committed by insane parents needs to be changed. Not only is this view inaccurate, it clouds our ability to identify and prevent it from happening to our children. Societal views and responses toward social problems that take place within the family have been challenging, but not impossible to change. Suicide, mental illness, child sexual abuse, and family violence are examples of problems that were once considered individual or family problems and society did not get involved. The discourse and perspectives surrounding these previously taboo issues has slowly changed. These issues are increasingly being seen as social problem worthy of public attention, prevention, funding, policy change, and research initiatives. Professional organizations, support

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groups, and advocates rallied to increase understanding and prevention of theses social problems. Society's view and understanding of filicide must also change.

Conclusion

Society's approach to filicide has been described in three ways: denial, punishment, or prevention (Oberman, 1996). The goal of this meta-study was to synthesize the research knowledge of filicide and move society's approach toward prevention. Society has a vital role in the success or failure of prevention efforts. In order for prevention efforts to be successful, society must define filicide as a social problem that is preventable and worthy of prevention efforts. The media shapes understanding and expectations, as well as motivate action to change policies, funding, and practices. Media is an extremely important, but all too often ignored, avenue for promoting research claims in the social sciences. Researchers can offer expertise, initiate, and advocate for collaboration with media. Multidisciplinary teams of clinical and research experts, such as child fatality review teams, from local, state, and national levels must work together to educate and advocate for prevention of filicide.

A common language must be established, and filicide information must be gathered, documented, reported, analyzed, and synthesized in a standardized manner. Research will only be useful if it is synthesized and presented in a format that can be used in education, practice, and policy. Therefore, in order for filicide research to be useful, it must move beyond peer-reviewed journal articles and dissertations. The information needs to be made available to media, medical, mental health professionals, and the public. Local and state child fatality review teams have started to examine every nonaccidental or undetermined child fatality in their jurisdictions. Unfortunately, the knowledge and information appears to remain segregated. A central mechanism for collection, integration, and synthesis of filicide information has not been established or

has not been maintained. Lack of funding, changes in personnel, decreases in advocacy, and attention surrounding filicide are only some of the reasons that these initiatives have not been successfully developed.

This meta-study has taken the first steps of interpreting and presenting the research knowledge on filicide in a format for use in prevention. Researchers must collaborate with educators, clinicians, media, and policy makers to advocate for the prevention of filicide. Filicide is a sentinel event for the United States and a social problem for the world.

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APPENDIX A

PRIMARY RESEARCH STUDIES

AUTHOR	DATE	COUNTRY	FIELD	CATEGORY
Adinkrah	2003	Fiji	Multi - Soc, Anth, SW	D
Barnett	2005/06	USA	Journalism	Media (M)
Beyer et al.	2008	USA	Crim Justice-FBI	N
Bourget & Bradford	1990	Canada	Psychiatry	P
Bourget & Gagne	2002	Canada	Psychiatry	M
Brewster et al.	1998	USAF	Multi - SW	FCAN
Campion et al.	1988	USA	Psychiatry	D
Cavaglion	2008	Israel	Multi - Crim & SW	Media (D)
Cheung	1986	Hong Kong	New Zealand, Psychi	M
Christoffel	1984	USA	Multi - MD,MPH	H
Daly & Wilson	1994	Can &GB	Psychology	Step P (D)
D'Orban	1979	England	Psychiatry	M
Farooque & Ernst	2003	USA	Psychiatry, Neuo	P
Friedman et al.	2008	USA	Psychiatry	M (F-S)
Friedman et al. (a)	2005	USA	Psychiatry	M & N
Friedman et al. (b)	2005	USA	Psychiatry	F-S (P)
Gauthier et al.	2003	USA-CA	Multi - Soc/Anthro	M
Guileyardo et al.	1999	USA	MD	FAM (M)
Haapasalo & Petaja	1999	Finland	Psychology	M
Harris et al.	2007	Canada	Mental Health	Step P
Huckerby	2003	USA	Unidentified	Media (M)
Jennings et al.	1999	USA	Psychiatry	M
Johnson	2005/06	Australia	Social Work	D F-sFam
Karakaus et al.	2003	Turkey	Public Health	P
Kauppi et al.	2008	Finland	Multi- Psychi,forensic	M
Kaye eta al.	1990	USA	Psychiatry	N (D)
Koenen & Thompson	2008	USA	Psychiatry & Neuro	P
Korbin	1987	USA	Anthropology	FCAN
Krischer et al.	2007	GE & USA	Psychiatry med	M
Kunst	2002	USA-CA	Psychology	M
Kunz & Bahr	1996	USA	Sociology	P
Leveillee et al.	2007	Cananda	Psychology	P
Liem & Koenraadt a	2008 a	Netherland	Forensic Psyc &Crim	P, Step P
Liem & Koenraadt b	2008 b	Netherland	Forensic Psyc &Crim	FAM
Lucas et al.	2002	USAF	Multi - Psych/SW	FCAN
Marleau et al.	1999	Canada	Mulit-Anth/Psyc/Crim	D
Mckee	2006	USA	Psychiatry Forensic	M
Mckee & Shea	1998	USA	Psychiatry	M
Mendlowicz et al.	1998	Brazil US	Psychiatry	M (N)
Messing & Heeren	2004	USA	Social work	M(H)
Meyer et al.	2001	USA	Multi - Psychol/Law	M
Mugavin	2005	USA	Nursing	M
Mugavin	2008	USA	Nursing	M

D-Dad (Fathers), FAM- Familicide, FCAN – Fatal Child Abuse & Neglect
F-S – Filicide-Suicide, H-Homicide, Media, M-Mothers, N- Neonates,
P- Parents, Step P-Stepparents,

AUTHOR	YEAR	COUNTRY	FIELD	CATEGORY
Oberman	1996	USA	Law	M
Oberman & Meyer	2008	USA	Multi - Law/Psychol	M
Overpeck et al.	1998	USA	Public Health	H
Putkonon et a. (a)	2009	Finland	Multi – Psyc, forens	H (P)
Putkonen et al. (b)	2009	Finland/Aus	Multi - Psych, Psyc	P (Step P)
Putkonen et al.	2006	Finland	Multi	N
Resnick	1970	USA	Psychiatry	N (M/D)
Resnick	1969	USA	Psychiatry	P
Schlesinger	2000	USA	Crimm	FAM (D)
Scott	1973	Enlgand	Psychiatry	P (D)
Shackelford et al.	2008	USA	Psychology	F-S (step)
Silverman &Kennedy	1988	Canada	Crimm	H (M)
Simpson & Stanton	2000	New Zeal	Psychiatry	M
Smithey	1997	USA	Sociology	M (N)
Somander & Rammer	1991	Sweden	Psychiatry-Foresnic	H (M/D)
Spinelli	2004	USA	Psychiatry	M
Spinelli	2001	USA	Psychiatry	N
Stanton et al.	2000	New Zeal	Psychiatry	M
Weekes-Shackelford	2004	USA	Psychology	Step P
West et al.	2009	USA	Psychiatry	D
Wilkey et al.	1982	Austalia	multi	H (M/D)
Willemsen	2007	Belgium	Psych,counseling	F-S (M)
Wilson et al.	1995	Canada	Psychology	FAM (M/D)

D-Dad (Fathers), FAM- Familicide, FCAN – Fatal Child Abuse & Neglect
F-S – Filicide-Suicide, H-Homicide, Media, M-Mothers, N- Neonates,
P- Parents, Step P-Stepparents,

APPENDIX B

RESEARCH PROTOCOL

(1) What is the historical and immediate context of the research study?

- What is the overall historical and cultural context of this problem?
- Who is conducting the research (gender, field)?
- What perspective/paradigm is used (theory, perspective, assumptions)?
- When is it conducted? (year)
- Where is it published? (name of journal)
- What is considered the dominant/seminal research (based on statements or frequently cited)?

(2) How is the research on child deaths by parents constructed in the text of research?

- How is the problem framed? (Micro/ Mezz/ Macro; Indv/Family/Social/Economic)
- How is the problem defined? What terminology is used to refer to the problem?
- Sample focus/criteria (Relationship to victim, characteristics of offender/ victim)
- Method (interviews, document analysis, media,)
- Are any dominant ideologies or stereotypes stated in the text?

(3) Based on Loseke's ((Loseke, 2003)) subjective criteria for defining a social problem,

is the research making claims that it is a "social problem"?   Has the problem been typified?

What recommendations are being to respond to this issue?

- Are there statements or indications that the researcher considers this issue to be:
    - Widespread?
    - Wrong?
    - Changeable?
    - Worthy of change?

- Has a typification of the problem been constructed and offered (image, vignette, case, dominate variables identified regarding the victim, offender environment, or social structures)?

 (4) What are the findings? Are any recommendations for prevention (education,

policies), identification/assessment, support services, or treatment being made?

What is missing, overlooked, taken-for-granted, assumed, or implied in the research

study?

APPENDIX C

RESEARCH DATA COLLECTION SHEET

Title
Year published
Researcher's names
Gender
Country(ies) of origin
Field
Where published?

Frame: Micro/Messo/Macro
        Individual – psychiatric, criminal
        Familial – relationships, stress
        Social – religion, culture, values, roles
        Economic
Theory
Goal of study

Terminology: Neonaticide, Infanticide, Filicide, CAN fatality, child homicide, familicide
Sample Size
        Gender/relationship to victim
        Year range of incidents
        Specific/unique criteria

Methods
        Document analysis (what type) Police/Forensic/Psychiatric/Legal
        Interviews
        Media
        Other

Widespread?   Y/N   Is there justification for this interpretation?
Wrong?   Y/N   "
Changeable?   Y/N   "
Worthy of Change   Y/N   "

Image or typification: Describe

Findings

Recommendations: prevention, education, policies, identification, assessment, support
services, treatment

What is missing overlooked, taken-for-granted, assumed, implied

APPENDIX D

MEDIUM OF PUBLICATION – AUTHOR, COUNTRY, CATEGORY OF FILICIDE

Source of Publication	Author, Country, Category
Aggressive Behavior	Wilson- Canada - Fam
Child Abuse & Neglect	Stanton-New Zealand – M
Child Abuse & Neglect	Adinkrah – Fiji – D
Child Abuse and Neglect	Brewster – USA – FCAN
Child Abuse and Neglect	Korbin – USA – FCAN
Child Abuse and Neglect	Lucas – USA – FCAN
Child Abuse and Neglect	Somander -Sweden- H
Child Abuse Review	Cavaglion – Isreal-Media (D)
Criminal Behavior and Mental Health	Liem- (Neth) – Fam
Criminal Behavior and Mental Health	Liem – Netherlands- P
Criminal Behavior and Mental Health	Simpson & Stanton – NZ-M
Criminal Justice and Behavior	Beyer – USA- N
Deviant Behavior: An Interdisciplinary Journal	Smithey – Usa-M
Deviant Behavior: An Interdisciplinary Journal	Gauthier – USA- M
Evolution and Human Behavior	Harris – Canada - Step
Homicide Studies	Messing- USA- M
Journal of Interpersonal Violence	Shackelford -USA– F-S
Journal of Family Violence	Leveillee- Canada-P
Journal of Family Violence	Kunz- USA-P
Violence and Victims	Silverman & K – Canada-H
Violence and Victims	Haapasalo – Finland - M
Violence and Victims	Weekes-Shackelford & Shackelford – USA-Step
American Academy of Forensic Sciences	West – USA - D
American Criminal Law Review	Oberman- USA- M
American Journal of Forensic Medicine & Pathology	Guileyardo et al – USA-FAM
Duke Journal of Gender Law & Policy – USA	Huckerby – USA- Media (M)
Journal of Forensic Nursing	Mugavin-USA-M
Journal of Forensic Nursing	Mugavin-USA-M
Journal of Forensic Sciences	Schlesinger -USA- Fam
Journal of Forensic Sciences	Kaye – USA-N
International Journal of Law and psychiatry	Krischer- USA- M
International Journal of Law and psychiatry	Mendlowicz – M (N)
American Journal of Psychiatry	Resnick 1969 – USA-P
American Journal of Psychiatry	Resnick 1970 – USA- N
American Journal of Psychiatry	Spinelli –USA-M
American Journal of Psychiatry	Spinelli- USA- N

Source of Publication	Author, Country, Category
American Journal of Psychiatry	Campion – USA- N
American Journal of Psychiatry	Friedman et al – USA – M (F-S)
British Journal of Psychiatry	d'Orban – England- M
BMC Psychiatry	Putkonen – Finland- P
BMC Psychiatry	Putkonen – Finland- H
Canadian Journal of Psychiatry	Marleau – Canada – D
Canadian Journal of Psychiatry	Bourget & Bradford -Canada -H
Journal of American Academy of Psychiatry & the Law Online	Friedman et al -USA – F-S (P)
Journal of American Academy of Psychiatry & the Law Online	Bourget & Gagne – Canada - M
Medicine Science and the Law	Scott – England-P
Medicine Science and the Law	Wilkey et al- Australia–H
Medicine Science and the Law	Cheung- New Z/Hong Kong- M
New England Journal of Medicine	Overpeck – USA –Homicide
Journal of the National Medical Association	Farooque- USA- P
Croatian Medical journal	Karakas – Turkey - P
Bulletin of the Menninger clinic	Kunst-USA-M
Archive of Womens Mental Health	Kaupppi – Finland- M
Archive of Womens Mental Health	Putkonen – Finland- N
Infant Mental Health Journal -Review	Koenen & Thompson –USA – P
Journal of Clinical Psychology	McKee- USA- M
Clinical Social Work Journal	Willemsen (Belgium) F-S(M)
Journal of Affective disorders	Jennings- USA – M
Brief treatment and crisis intervention	Friedman et al – USA – M
American Journal of Public Health	Cristoffel – USA- H
Journal of Communication Inquiry	Barnett- USA – Media
Ethology and Sociobiology	Daly & Wilson – Canada- Step

Books
Johnson – Australia – F-S (D)
McKee – USA- M
Meyer et al., - USA- M
Oberman and Meyer- USA-M

Dissertation
Huckerby – USA- Media (M)

APPENDIX E

PRIMARY STUDIES: THEORETICAL FRAMEWORK, RESEARCH DESIGN,
METHOD OF ANALYSIS AND FINDINGS

CATEGORIZED BY SYSTEM LEVEL

Author(s)	Year Published	Theoretical & Conceptual Framework	Research Design	Method of Analysis	System Level
Adinkrah	2003	Family Violence	Exploratory themes	Content A	Micro/Meso
Barnett	2005/2006	Constructionist (Media)	Exploratory	Content A	Macro
Beyer et al.	2008	None (FBI)	Descriptive/case records	Mixed	Micro
Bourget & Bradford	1990	None (forensic psych)	Descriptive/case records	Comparison	Micro
Bourget & Gagne	2002	None (forensic psych)	Descriptive/case records	Typology	Micro/Meso
Brewster et al.	1998	Family Violence	Descriptive/case records	Record analysis	Micro/Meso
Campion et al.	1988	Eclectic	Descriptive/case records	Record analysis	Meso/Macro
Cavaglion	2008	Constructionist (media)	Exploratory	Content A	Macro
Cheung	1986	Psychodynamic	Descriptive	Typology	Micro/Meso/Macro
Christoffel	1983	Public Health/Developmental	Descriptive	Typology	Macro
Daly & Wilson	1994	Evolutionary	Explanatory/database	Statistical	Micro
D'Orban	1979	Psychodynamic	Descriptive/interview	Typology	Macro
Farooque & Ernst	2003	Family Violence	Descriptive/case records	Record review	Micro
Friedman et al.	2008	Evolutionary	Descriptive/comparison	Mixed	Micro/Meso
Friedman et al. (a)	2005	None (Eclectic)	Descriptive	Critical review	Micro/Meso
Friedman et al. (b)	2005	None (Psychodynamic)	Descriptive	Mixed	Micro/Meso
Gauthier et al.	2003	Economic stress	Explanatory	Statistical	Macro
Guileyardo et al.	1999	None (Medical)	Descriptive/case study	Typology	Micro
Haapasalo & Peteja	1999	Family Violence	Descriptive	Mixed	Micro
Harris et al.	2007	Evolutionary	Explanatory/database	Comparison	Micro/Meso
Huckerby	2003	Media	Exploratory/comparison	Content A	Macro
Jennings et al.	1998	Psychodynamic	Descriptive/interview	Control/ SPSS	Micro
Johnson	2005	Eclectic	Descriptive/interview	Content analysis	Micro/Meso
Karakaus et al.	2003	Public Health	Descriptive/case records	Mixed	Macro
Kauppi et al.	2008	Family Violence	Descriptive/case records	Record analysis	Micro
Kaye et al.	1990	Psychodynamic	Descriptive/interview	Case summary	Micro

Author(s)	Year Published	Theoretical & Conceptual Framework	Research Design	Method of Analysis	System Level
Koenen & Thompson	2008	None	Descriptive	Review	Micro
Korbin	1987/89/98	Family Violence	Phenomenology/Ethnography	Heuristic	Micro/Meso/Macro
Krischer et al.	2007	Evolutionary	Descriptive/record review	Record analysis	Micro
Kunst	2002	Psychodynamic	ProfileDescriptive/case sum	Heuristic	Micro/Macro
Kunz & Bahr	1996	none (sociological)	Descriptive/database	Mixed	Micro
Leveillee et al.	2007	Eclectic (psych, beh, fam vio)	Descriptive/comparison	Mixed	Micro
Liem & Koenraadt a	2008 a	Psychodynamic	Descriptive/case studies	Comparison	Micro/Meso
Liem & Koenraadt b	2008 b	Psychodynamic	Descriptive/compare	Mixed	Micro/Meso
Lucas et al.	2002	Family Violence	Descriptive/case studies	Record analysis	Micro/Meso
Marleau et al.	1999	none (psyc/soc)	Descriptive	Record analysis	Micro/Meso/Macro
Mckee	2006	Developmental	Descriptive/case *notes*	Typology	Micro/Meso/Macro
Mckee & Shea	1998	none (forensic)	Descriptive/case records	Record analysis	Micro/Messo
Mendlowicz et al.	1998	none (psychiatry)	Descriptive/control group	SPSS	Micro/Meso
Messing & Heeren	2004	Eclectic (constr, natural.)	Descriptive/media	Mixed	Micro/Meso/Macro
Meyer et al.	2001	Eclectic	Descriptive/case studies	Typology	Micro/Meso/Macro
Mugavin	2005	Eclectic (fem, fam sys, dev)	Descriptive	Meta-synthesis	Micro
Mugavin	2008	Eclectic " "	Explanatory/Framework	none	Micro
Oberman	1996	Eclectic (psyc, cul, struct, legal)	Descriptive	Content analysis	Micro
Oberman & Meyer	2008	Eclectic	Phenomenology/interviews	Heuristic	Micro/Meso/Macro
Overpeck et al.	1998	Public Health/Family Vio	Explanatory/database	Mixed	Micro
Putkonen et al. (a)	2009	None (psych)	Descriptive/case studies	Comparison	Micro
Putkonen et al. (b)	2009	None (psych)	Descriptive/comparison	Mixed	Micro
Putkonen et al.	2006	None (psych)	Descriptive/comparison	Mixed	Micro
Resnick	1970	Psychodynamic	Descriptive/case studies	Record analysis	Micro
Resnick	1969	Psychodynamic	Descriptive/case studies	Typology	Micro
Schlesinger	2000	Behavioral	Descriptive/interview	Summary	Micro/Macro

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Author(s)	Year Published	Theoretical & Conceptual Framework	Research Design	Method of Analysis	System Level
Scott	1973	Behavioral	Descriptive/case study	Typology	Micro
Shackelford et al.	2008	Evolutionary	Descriptive/data base	Mixed	Micro
Silverman & Kennedy	1988	None (criminal)	Descriptive/data base	Comparison	Micro
Simpson & Stanton	2000	Eclectic (psych, fam, dev,)	Descriptive/case Summary	Content analysis	Micro/Meso
Smithey	1997	Sociological/Developmental	Explanatory/interviews	Heuristic	Micro/Meso/Macro
Somander & Rammer	1991	none (forensic psych)	Descriptive/comparison	Typology	Micro
Spinelli	2004	Psychodynamic	Descriptive	Record analysis	Micro
Spinelli	2001	Psychodynamic	Phenomenological	Heuristic	Micro
Stanton & Simpson	2000	Naturalistic (Psych)	Descriptive/interviews	Heuristic/CA	Micro
Weekes-Shackelford	2004	Evolutionary	Descriptive/data base	Comparison	Micro
West et al.	2009	Psychodynamic	Descriptive	Review	Review
Wilkey et al.	1982	none (eclectic)	Descriptive/case records	Record analysis	Micro
Willemsen et al.	2007	Psychodynamic	Descriptive/interview	Case summary	Micro
Wilson et al.	1995	Evolutionary	Descriptive/case comparison	SPSS	Micro/Meso

APPENDIX F

EDUCATION GUIDELINES FOR CLINICAL PRACTITIONERS TO UNDERSTAND RISK

FACTORS FOR FILICIDE

What to consider and look for to assess risk of filicide.

Approach to the Phenomenon of Filicide: Parents will come in to see their primary care doctor, accompany their children to appointments. Mothers will be seen by their or OBGYN.

- Educate about the different types neonaticide, filicide, filicide-suicide, familicide, fatal child abuse and neglect

- Must explore own beliefs about filicide.

    ✓ Dispell myths

    ✓ New perspective: Filicide is a social problem and it is possible for any parent to commit filicide.

- Filicide should be assessed in a systematic manner.

    ✓ Use open ended questions, have them describe, or give examples. Clarify responses.

    ✓ Pay attention to the words used, mental health literacy

- Assessments can be modeled after assessments for suicide or violence.

- Ask direct questions : Have you had any thoughts of hurting your child?

    ✓ Give examples: "Like smothering your child with a pillow to stop crying", shaking the baby when you are really frustrated or thoughts of throwing the baby against the wall or out the window? Ideas of drowning or burning the child?"

    ✓ The Edinburg postnatal depression scale can also be administered to mothers who have recently given birth

Developmental History
- Poor relationship with own mother

- Trauma in childhood – what it means to the mother in her role as mother

Mental Status
- Previous postpartum depression

- Cognitive Distortions

    o Ridged Expectations of self and child

    o Low self esteem

- Difficulty with affect regulation; poor impulse control

- High need for control?

Physical Health and Self Care
- Any current physical health concerns
- Do they take time for themselves?
- How do they relaxation?
- What do they do for fun? Hobbies?
- How do they self soothe or manage their stress response

Transitions: Pregnancy – Birth - Motherhood
- Their experience of conception, pregnancy and birth, Are they breastfeeding?

- Do they feel competent and confident; "good mother"

- Level of fulfillment/satisfaction; able to feel joy?

Mother – Child relationship
- Unwanted child? Resentment?

- Attachment and bonding (no connection - over identified)

- No interest in parenting, feel trapped

- Assess Parenting skills – problem solving skills
- Mothers description of child and interaction

Child's health and temperament
- Is the child in poor health or have special needs (Autism spectrum, ADHD, allergies)

- Mother's description of child: colicky?difficult?easy?

- Expectations of child compared to abilities for developmental stage

Current intimate relationships
- Supportive

- Struggling

- Volatile, abusive, critical, demanding,

- Absent, infidelity, separation/divorce

Support – family, friends, community (helpful or stressful, demanding and critical
Religiosity – are there rigid religious beliefs: guilt? sinfulness? punishment? evil?

Risk Factors --- Warning signs
- Sleep deprived

- Hypervigilance, inability to relax, overwhelmed

- Intense anxiety or concern about child or own abilities

Special Considerations:
- Times of separation, divorce, custody battles and the identification of infidelity or betrayal are time of high risk

- Enmity toward favorite child of spouse (step parent

- Empowerment and treatment may ACTIVATE her without changing the stress and may lead to suicide and filicidal behavior (Stanton).

- Treatment interventions must be rapid, concrete, comprehensive, wrap around, and multidisciplinary. Patients can deteriorate quickly. Filicide may be premeditated or impulsive.
- Need to assess for filicide when domestic violence or child abuse and neglect is suspected or confirmed

Not automatic protective factors

- Being married

- White middle class, appears to function fine

- Having many children (large families)

- Wanting the children, wanting to be good parent

- Not angry at the child

- Some support is *not* helpful (critical, rigid, demanding, judgmental)

- Reunification; Returning home after time in foster care, after being in hospital, after being away for work (deployment)