



Neonaticide/Infanticide Motives for Infanticide & Filicide *Self-Study*

Contributors

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Child Murder by Mothers & Fathers: Definitions and Descriptions

- When a child is murdered, it is most commonly by their parent.
- Research indicates similar numbers of children are killed by their mothers and by their fathers. But ‘neonaticide’ (murder on the first day of life) is unique—because it is almost always a killing by a mother alone. Neonaticides have very different characteristics than other cases of child murder (see Self-Study about Neonaticide).
- Child murder by parents is known as ‘filicide’, and generally is considered to include parents who kill their child under the age of 18.
- ‘Infanticide’ is a term that is also used, but which may have various meanings. Two dozen nations, including Canada (but not the US), have Infanticide Acts, which decrease the legal penalty for mothers who kill their infants.
- Many mothers and fathers attempt suicide when they kill their children. Fathers are about twice as likely as mothers to complete suicide at the time of their filicide, likely due to the method or weapon used.

Motives for Child Murder by Mothers (Maternal Infanticide or Filicide)

- Not all cases of maternal filicide occur because of maternal mental illness.
- In 1969, Resnick described five motives for maternal (and paternal) filicide based on his review of world research. These include:
 1. Fatal Maltreatment (initially known as ‘accidental’), which is the most common type of filicide. The child dies of abuse or neglect. While the maltreatment is often chronic, the filicide could occur after a single lethal incident.
 2. Unwanted Child, in which the child is seen as a hindrance to another desire or goal of the parent.
 3. Partner Revenge (known as Spouse Revenge or Medea Syndrome), killing the child as revenge for a break-up, infidelity, or a custody dispute.
 4. Altruistic, murder out of love. Altruistic filicide may occur in the context of a severely depressed mother who is planning suicide and taking her beloved child with her; or in the context of a mother who believes she is saving the child from a fate worse than death—for example, related to a delusional belief that the child will be kidnapped and sold into sex slavery. (Altruistic motives also exist for other types of family murder, such as the elderly husband who kills his wife when she is infirm.)

5. Acutely Psychotic, in which the parent kills the child in the throes of psychosis (for example, the mother hearing the voice of God commanding her to kill, in schizophrenia or postpartum psychosis).
- Mothers who are found Not Guilty by Reason of Insanity for killing their children tend to have motives which fit into the categories of Altruistic or Acutely Psychotic, in order to meet the criteria for NGRI (which generally includes their mental illness causing them not to know the wrongfulness of their act).

Infanticide & Filicide Motives & Their Relationship to Prevention

- Awareness of the motives for child murder can help steer efforts to prevent it. Reporting to Child Protective Services is critical in cases of concern. Treatment of mental illness is always important, but it is important to note that not all cases of infanticide or filicide are due to mental illness.
- In Fatal Maltreatment, the most common type of filicide, approximately half of the child victims are under age 1, and three-quarters are under age 3. Family violence, substance use disorders, mental health concerns, and parenting difficulties are important to ask about. (See Self-Study about Reporting Child Maltreatment.)
- In Unwanted Child filicide prevention, prevention of unwanted pregnancies and provision of social support are critical. Bonding and attachment may help prevention. Support for particularly acrimonious break-ups and custody battles may be useful in preventing Partner Revenge cases. It is also important for both motives that children are not viewed as possessions.
- For prevention of the Altruistic and Acutely Psychotic motive cases, screening for maternal mental illness is critical—as is access to maternal mental health treatment for those who screen positive.

Prevention Strategies Aimed at Social Supports

- Providing social support to vulnerable mothers can help to mitigate the risk of infanticide.
- Infanticide studies identified a predominance of unemployed mothers with economic stress, who may be single mothers and may be victims of domestic violence themselves.
- Many cases of infanticide are the result of child abuse. Child Protective Services (CPS) may serve a pivotal role in preventing infanticide because they are likely to be involved with early interventions in cases of suspected abuse or neglect. However, fewer than half of cases are known in advance to CPS.

Role of Psychiatrists in Prevention

- Psychiatrists should evaluate mothers for risk for infanticide, which include questions about child care, parenting problems, and feelings of being overwhelmed in addition to general psychiatric questions.
- Mothers who report suicidal ideation should be specifically asked about thoughts to harm their children—either as an extension of suicide or fears the child will not be adequately cared for. Mothers may be reticent to report filicidal thoughts, but more comfortably report their suicidal thoughts.
- Psychiatrists should consider the risk of filicide along with the risk of suicide when treating patients who are parents. Mothers with filicidal thoughts may feel more comfortable disclosing suicidal thoughts than admitting they have thoughts of harming their children.
- Though psychiatrists are often hesitant to inquire about thoughts of child harm, 41% of mothers with postpartum depression and infants and toddlers admit to thoughts of harming their child. Similarly, 26% of mothers with colicky infants admit to infanticidal thoughts during colic episodes. This does not mean that

they are all at risk of harming their child. Thoughts should be further explored, along with careful diagnosis, and coping strategies should be discussed.

- Careful diagnosis is important. It is critical to determine whether a mother has Obsessive Compulsive Disorder with obsessions of child harm (which she wants to avoid) vs. Psychosis with thoughts or plans of harming her child. Postpartum-OCD alone does not increase the risk of infanticide. The treatments are very different. (See various self-study diagnosis modules.)
- Mothers with untreated postpartum psychosis are at elevated risk of infanticide. Delusions regarding the children are of particular concern.
- A lower threshold for psychiatric hospitalization should be considered for mothers who are at-risk of filicide.
- Child Fatality Review Teams are local multidisciplinary teams existing around the country, in which healthcare, social services, child protective services, justice, and medical examiner professionals consider unexpected child deaths in their community, and suggest local preventive strategies. Psychiatrists may have important roles on these teams locally.

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