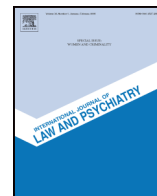




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A descriptive and follow-up study of 40 parricidal patients hospitalized in a French secure unit over a 15-year period[☆]

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ABSTRACT

Parricide is rare and represents 3% of all homicides in France, and 4% of resolved homicides in North America. Consequently, related international literature is sparse, especially concerning the evolution of offenders, and most studies concern small samples or anecdotal cases. We wished to identify the main characteristics of parricidal subjects and their victims, and to assess the socioclinical evolution of the offenders after the assault. To this end, we first studied the sociodemographic, clinical and forensic characteristics of all parricidal patients admitted to France's Henri Colin secure unit between 1996 and 2010 (40 patients). We also assessed the evolution of the 36 patients who had left the secure unit, using questionnaires sent to the psychiatric hospitals where the patients were transferred. We found most offenders to be men (97.5%), with a mean age of 28 years, who were mostly single, unemployed, living with the victim prior to the assault (77.5%), and with a history of psychiatric disorder (72.5%). The population of offenders also displayed an overrepresentation of schizophrenia (87.5%), significant toxic exposure and criminal or violent history. Some patients had attempted suicide before or right after the offense. The assault was mostly committed in the parent's house with an edged weapon, and was characterized by brutality and lack of premeditation. Precipitating factors included substance use and cessation of psychotropic medication. Matricide was more frequent than patricide. At the time of this study, half of the parricidal patients were working or attending therapeutic activities, and most were actively keeping in contact with their family, living as compliant outpatients with no signs of violent behavior. The results of our study on 40 parricidal patients are consistent with data in the literature. With regard to sample evolution, family and community reintegration was relatively effective considering the seriousness of the offense. Several biases in our study disallow the generalization of these findings, and further studies are needed.

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1. Introduction

1.1. Definition of parricide

Parricide is defined as the act of killing one's father, mother, or, by extension, more generally another close relative. The term also refers to the person who commits such an act.

The word originates from the Latin *parricida*: *parus* meaning "relative" and *caedere*, giving the suffix "cide", meaning "killer." The related words "patricide" and "matricide" respectively refer to the killing of one's father or mother.

1.2. Background of our study

While conflicts between generations are fairly commonplace and constitute a socially accepted part of family life, the murder of one's parents remains to most an unthinkable act of violence. Filial love is probably the most universal form of attachment, committing a child from before birth to a relationship of mutual love with one's parents.

Most human societies have based themselves on founding myths with collective symbolic representations. Parricide is one such founding myth, and its transgressive nature has fascinated writers since antiquity; many mythological examples have been passed down over the centuries and ingrained in our collective psyche. The most famous parricides are described in Greek mythology, involving the succession of the divine generations (e.g., Cronos and Zeus). These examples stage an impasse in the relationship with the father, seemingly indicating that there can be no father, except a dead one. Mortals, too – such as the tragic heroes Oedipus, Orestes and Alcmaeon – were not exempt from parricide, even when the act was unintentional. Oedipus, for example, committed the act without knowing who his father was, thus fulfilling a prophecy that he tried in vain to escape.

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Classic literature has also widely exploited the theme of parricide; for example, the plot of Dostoyevsky's *The Brothers Karamazov* revolves around the hatred connecting the brothers to their father and explores everyone's culpability after one of the brothers commits parricide.

Historically, parricide was an expeditious way to the throne — as demonstrated repeatedly in Tsarist Russia — and was also a convenient means of eliminating political opposition, as in the case of Nero and his mother Agrippina.

In modern societies, parricide is rare. In France, it represents 2.8% of all homicides (Devaux, Petit, Perol, & Porot, 1974), an incidence rate that has remained relatively stable since the 19th century. Similarly, parricide accounts in North America for approximately 2% of all homicide cases (Weisman, Ehrenclou, & Sharma, 2002) and less than 4% of resolved homicides (Hillbrand, Alexandre, Young, & Spitz, 1999).

1.3. Review of the literature

1.3.1. General data concerning parricide and mental illness

The international scientific literature on parricide among the mentally ill is sparse and consists mainly of descriptive studies of offenders, often involving small samples or anecdotal cases (Bouchard, 2013; Campion et al., 1985; Cravens, Campion, Rotholz, Covan, & Cravens, 1985; Dogan, Demirci, Deniz, & Erkol, 2010; McKnight, Mohr, Quinsey, & Erochko, 1966; Robbe, Lafargue, & Kottler, 1992; Weisman et al., 2002). As shown by Hillbrand and Cipriano (2007) the low prevalence of parricide creates two significant methodological problems: first, in collecting enough data; second, in generating an unbiased, adequately sized sample.

If we set aside the criminal cases involving fiduciary abuse or other motivations falling outside the offender's psychiatric well-being, most authors agree that parricide offenders can be considered in two groups: adolescents versus adults. The groups are radically different in terms of clinical features and psychopathology (Devaux et al., 1974; Hillbrand et al., 1999; Mouridsen & Tolstrup, 1988; Myers & Vo, 2012; Weisman et al., 2002).

Adolescent offenders are rarely psychotic individuals, and tend to commit the act as a means to escape the severe physical or sexual violence inflicted by one or both parents. The future victim is usually described as a domestic tyrant, chronically abusing the future perpetrator of parricide (Mouridsen & Tolstrup, 1988; Myers & Vo, 2012).

In contrast, adult parricide offenders are often mentally ill with psychiatric disease present in 60% to 90% of all perpetrators (Bourget, Gagne, & Labelle, 2007; Hillbrand et al., 1999; Menezes, 2010; Weisman & Sharma, 1997). While recruiting study subjects within a psychiatric institution could be considered as imposing a bias on some studies, a high prevalence of mental illness is also found in prison populations or from criminal justice information (Devaux et al., 1974; Wick, Mitchell, Gilbert, & Byard, 2008).

Psychotic disorders predominate and account for 58% to 100% of reported cases among offenders with mental illness (Bourget et al., 2007; Campion et al., 1985; Cravens et al., 1985; Devaux et al., 1974; Menezes, 2010; Singhal & Dutta, 1990, 1992; Weisman & Sharma, 1997). Paranoid schizophrenia appears to be the most prevalent pathology, representing approximately 40% to 80% of psychotic parricides (Bourget et al., 2007; Campion et al., 1985; Cravens et al., 1985; Marleau, Millaud, & Auclair, 2003; Millaud, Auclair, & Meunier, 1996; Singhal & Dutta, 1990, 1992; Weisman et al., 2002).

Some authors have investigated the tendency of psychotic criminals to attack their own family rather than looking in general for the percentage of psychotic adults among the parricide offenders. In a study of 52 criminal schizophrenic patients, Loretto (1998) found that 80% of the victims were close relatives, specifically, parents, siblings, and children in order of frequency. Marleau et al. (2003) similarly reported that parricide accounts for 30% of all homicides committed by psychiatrically ill individuals.

1.3.2. Specific data concerning psychotic parricide

A literature review suggests that several characteristics appear to be associated with psychotic parricide. The offenders are mostly sons (Bourget et al., 2007; Hillbrand et al., 1999; Menezes, 2010; Newhill, 1991), about 30 years of age (Bourget et al., 2007; Campion et al., 1985; Devaux et al., 1974; Millaud et al., 1996; Wick et al., 2008), single and unemployed (Campion et al., 1985; Clark, 1993; Devaux et al., 1974; Millaud et al., 1996), living with the victim and engaged in a hostile-dependent relationship (Devaux et al., 1974; Newhill, 1991; Singhal & Dutta, 1992) with previous violent tendencies toward their victims (Baxter, Duggan, Larkin, Cordess, & Page, 2001; Cravens et al., 1985; Weisman et al., 2002).

Active psychosis symptoms are present at the time of the act, and persecutory motivation is often evident (Bourget et al., 2007; Campion et al., 1985; Clark, 1993; Cravens et al., 1985; Devaux et al., 1974; Heide & Petee, 2007; Liettu, Säävälä, Hakko, Räsänen, & Joukamaa, 2009; Marleau et al., 2003; Menezes, 2010; Millaud et al., 1996; Singhal & Dutta, 1990). The acting out usually occurs in the victim's house (Campion et al., 1985; Cravens et al., 1985; Millaud et al., 1996) and frequently with excessive violence (Bourget et al., 2007; Campion et al., 1985; Clark, 1993; Dogan et al., 2010; Marleau et al., 2003). Abusing substances (Campion et al., 1985; Cravens et al., 1985; Millaud et al., 1996) and stopping psychotropic medication (Marleau et al., 2003; Millaud et al., 1996) are among the precipitating factors.

Several authors point out that matricide occurs more frequently than patricide (Heide & Frei, 2010; Marleau et al., 2003; McKnight et al., 1966; Millaud et al., 1996), while other studies have reported a higher frequency of patricide (Bourget et al., 2007; Devaux et al., 1974; Newhill, 1991). One explanation for these contradictory results could be the differences in study populations. Patients in secure units, psychiatric departments and prisoners represent very different profiles, particularly in terms of pathology. Schizophrenic patients have been found more likely to commit matricide than patricide (McKnight et al., 1966; Millaud et al., 1996).

Only one study compares the mortality of parricide offenders with that of the general population (Liettu et al., 2009). No study has traced the evolution of offenders over a long-term period. Our study's objectives are to identify the main characteristics of parricide offenders (both attempted and committed) and their victims, compare our findings with the literature, and assess the clinical and social evolution of the offenders after the assault.

2. Method

2.1. Inclusion criteria

This retrospective and descriptive study includes all the parricidal patients hospitalized in the Henri Colin secure unit over a 15-year period between January 1996 and December 2010. The Henri Colin secure unit is located in the Paris suburbs. It specializes in forensic psychiatry and was able to provide clinical data on parricide. We defined parricide as the murder of fathers or mothers, whether legitimate, natural or adoptive. We also included the closest relatives in the ascending line, that is to say, grandparents.

An essential criterion for inclusion in our study was the recognition of the facts in all cases. Since Marleau et al. (2003) found attempted and committed parricides to be similar, we also decided to include attempted parricides if the assault could have resulted in death, and when the victim's survival depended on factors external to the patients, such as early medical intervention, the victims' ability to defend themselves, or the presence of a stranger.

Of the 1160 admissions to the secure unit during the 15-year study period, we first selected 116 patients from the admission record. We then examined every medical file and excluded cases of violence against parents without clear homicidal intention. A total of 40 patients met the inclusion criteria.

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