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Mothers who murdered their child: An attachment-based study on filicide

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ABSTRACT

The current study examined whether attachment theory could contribute to identifying risk factors involved in filicide. Participants were 121 women: mothers from the normative population (NPM, $n=61$), mothers with mental illness (MIM, $n=37$), and filicidal mothers, i.e., mothers who had murdered their child (FM, $n=23$). Descriptive variables were collected and the Adult Attachment Interview was used to assess mental representations of attachment relationships using the traditional coding system and the Hostile/Helpless (HH) attachment state of mind coding. Unresolved, Insecure, Entangled, and Helpless representations of attachment relationships were overrepresented in the FM group. When a constellation of descriptive and attachment-based risk factors was taken into account, the HH attachment state of mind was found to contribute significantly to distinguishing between MIM and FM groups. As predicted, when the Bayesian Information Criterion was applied to multinomial regression models, descriptive variables were shown to be less able alone than in association with attachment-based classifications to disentangle the increased risk for committing filicide.

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Introduction

Filicide refers specifically to the murder by parents of children aged 1 year or more, but the term is also more broadly employed as a synonym of both *infanticide*, murder within the first year of life, and *neonaticide*, murder within the first 24 h of life (Friedman, Horwitz, & Resnick, 2005).

Child abuse and maltreatment are difficult to estimate, and the killing of children by their parents is often miscategorized as death by another cause (UNICEF, 2003). The attempts that have been made to establish the exact number of children killed by parents indicate that the number is underestimated (Brookman & Nolan, 2006; Friedman & Resnick, 2007; McKee, 2006). Nevertheless, epidemiological data indicate that more than a half of deaths in infancy and childhood are caused by parents, and in industrialized countries, the official filicide rate ranges from 2.4 to 7.0 per 100,000 inhabitants (Flynn, Shaw, & Abel, 2013; Porter & Gavin, 2010).

The main area of inquiry in this field is the identification of the factors that increase the risk of committing filicide because early detection would allow the implementation of prevention programs able to protect children from this threat. A search of

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the main scientific databases (i.e., PubMed, PsychINFO, Scopus, Web of Science, and Web of Knowledge) for articles published between 2000 and 2013 with the term *filicide* in the title, abstract, and keywords yielded about 110 papers. Other than a few studies which have tried to go beyond an epidemiological approach (e.g., see Katz, 2013, for an analysis of the narratives of children who have survived attempted filicide), most of these papers are based on descriptive data obtained from public hospitals, police force registers, administrative case records, newspaper reports, or self-report procedures (Flynn et al., 2013; Liem & Koenraadt, 2007; McKee & Bramante, 2010; UNICEF, 2012; Warren-Gordon, Byers, Brodt, Wartak, & Biskupski, 2010). Although valuable, these studies suffer from understandable drawbacks in sample recruitment and data collection and are characterized by the lack of a consistent approach for defining risk factors in this population and of a priori hypotheses to structure data collection. Studies based on self-report measures may suffer from bias in reporting at-risk behaviors. Not relying on a single source of information but instead taking into account multiple variables has thus been indicated as the future strategy for research in this field (Friedman et al., 2005; Sidebotham, 2013).

Studies conducted thus far have identified some common risk factor for neonaticide: unwanted children, young women from low socioeconomic status, lack of prenatal care, and no stable couple relationship. For filicide, which implies a more comprehensive range of mothers and conditions, there is a debate on the most predictive factors. It is recognized that filicide is not a uniform phenomenon; instead, it encompasses heterogeneity of circumstances (Sidebotham, 2013). Among parental risk factors, higher rates of unemployment and lack of financial resources (Liem & Koenraadt, 2007) or previous traumatic experiences have been reported but not unanimously confirmed (Camperio Ciani & Fontanesi, 2012; Friedman et al., 2005). Less controversial is the incidence of psychiatric diagnoses, present in most case studies, where other risk factors such as low educational level or single parenthood have not always been detected (McKee & Bramante, 2010; Friedman & Resnick, 2007; Grussu, 2012). In particular, psychosis and anxiety/mood disorder are the most frequent diagnoses, with a prevalence of psychotic features associated with mood disorders (Friedman et al., 2005).

It has to be noted, however, that this datum is often influenced by sample recruitment (i.e., whether research data come from imprisoned perpetrators or psychiatrically hospitalized women) and by the timing of the diagnosis, often after the filicide event. It has also been remarked recently that most studies lack a control group, essential for the determination of predictive variables, and the inclusion in studies of mothers with mental illness who have not killed their children would help clarify the role of psychiatric disorders in filicide (Friedman et al., 2005).

Attachment theory (Bowlby, 1969–1980; Cassidy & Shaver, 2008) has recently been proposed as a fruitful theoretical background to guide the interpretation of filicide case reports because it explains the emotion regulation processes in the caring task (Mastronardi, De Vita, & Umami Ronchi, 2012; McKee & Egan, 2013). Attachment is a theory of psychopathology and of normal development (Cicchetti & Cohen, 2006; Sroufe, Carlson, Levy, & Egeland, 1999), and it is also considered an authoritative theoretical framework for conceptualizing filicide as the outcome of intergenerational transmission of inadequate maternal role development (Mugavin, 2008).

One of the main strengths of attachment theory is that it has generated reliable procedures for investigating the entire life span from an intergenerational and developmental perspective. Among them, the Adult Attachment Interview (AAI) is unanimously recognized as the gold standard for investigating attachment states of mind in adults (Bakermans-Kranenburg & van IJzendoorn, 2009; George, Kaplan, & Main, 1996). Developed for assessing attachment in low risk populations and interpreted by the highly reliable coding system developed by Main and colleagues (Hesse, 2008; Main, Goldwyn, & Hesse, 2002), it was subsequently also employed for investigating attachment in at-risk contexts, where the association between insecure and unresolved attachment (U) and subsequent and/or concurrent developmental outcomes (e.g., dissociative symptoms; depression; anxiety disorders; borderline personality disorder) have been reported (Barone, Fossati, & Guiducci, 2011; Dutra, Bureau, Holmes, Lyubchik, & Lyons-Ruth, 2009; Liotti, 1992; Lyons-Ruth & Jacobvitz, 2008). Lyons-Ruth and colleagues developed a further assessment tool, the Hostile/Helpless (HH) coding system (Lyons-Ruth, Melnick, Yellin, & Atwood, 1995–2005), which was able to reliably capture attachment states of mind at the AAI. This was intended for use with at-risk populations and applied when relational, physical, and/or emotional trauma is present together with disorganized and unintegrated mental contents. The HH categories of attachment disorganization are overrepresented in at-risk populations, such as those with borderline personality disorder, anti-social adolescents, patients with posttraumatic stress disorder, and adults showing aggressive behaviors in the couple relationship (Babcock, Jacobson, Gottman, & Yerington, 2000; Bakermans-Kranenburg & van IJzendoorn, 2009; Barone et al., 2011; Stovall-McClough & Cloitre, 2006). Data from at risk parents' samples, such as neglecting and severely maltreating mothers (Kobak, Cassidy, Lyons-Ruth, & Zir, 2006), show a clear prevalence of unresolved traumatic experiences, coded as attachment disorganization, which constitute the main risk factor in these mothers' attachment states of mind (Adshead & Bluglass, 2005; Barone, Bramante, & Lionetti, 2013; Frigerio, Costantino, Ceppi, & Barone, 2013). These findings seem to suggest that an attachment theoretical approach could fruitfully contribute to the identification of essential mechanisms underlying various forms of atypical or aberrant maternal behaviors in the caring task. It could also help move beyond the mainly descriptive approach taken so far, based on variables identified in retrospective analyses or case records from which no conclusion can be drawn about influence and causality.

In sum, three issues appear to represent the main weaknesses of the search for factors predictive of filicide: (a) considering the descriptive variables derived from case studies and administrative reports as conclusive risk factors for filicide behavior, especially when these are taken singly; (b) the lack of a priori study designs and control groups, with data based purely on administrative and newspaper records; and (c) the absence of a theoretical approach able to give a robust explanation of

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