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Case report: Matricide by a 17-year old boy with Asperger's syndrome

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ABSTRACT

This case study presents a 17-year-old boy with Asperger's syndrome (AS) who was charged with matricide. The adolescent had neither prior history of aggression and violent behavior nor an established history of co-morbid disorder. The case illustrates challenging clinical issues of forensic relevance within the framework of psychiatric evaluation of young people with AS committing violent crimes. It exemplifies how the failure to recognize AS-related vulnerabilities and special needs when compounded by cumulative stress can lead to a grave outcome.

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1. Introduction

Parricide (killing of parents by their children) is a rare phenomenon that attracts intense media coverage worldwide (Boots & Heide, 2006). Most parricides are committed by an adult male offspring typically suffering from a severe mental disorder, with the father being the most likely victim (Bourget, Gagne, & Labelle, 2007; Hillbrand, Alexandre, Young, & Spitz, 1999). Among matricide offenders, the rate of schizophrenia exceeds that found in general population (Schug, 2011). The role of a long-standing history of problematic mother-child relationship and maltreatment, including abuse and neglect, as a leading cause to the killing, has been emphasized by the study of Russell (1984). A recent study of 10 juvenile parricide offenders, conducted by Myers and Vo (2012), indicated that all but one of the youths (90%) met criteria for one or more *DSM-IV-TR* psychiatric diagnoses prior to their crime. The most common diagnosis was posttraumatic stress disorder (PTSD) caused by severe child abuse perpetrated by one or both parents. Other diagnoses included depression, substance abuse disorder, psychotic illness (schizophrenia, undifferentiated type), a mixed personality disorder (antisocial, narcissistic, borderline traits), and an autistic disorder (one case). Psychopathic traits were found to have played role in the parricidal behavior only in the two cases diagnosed with substance abuse disorders.

Autism spectrum disorders (ASDs), in particular atypical autism (AA) and Asperger's syndrome (AS), are being increasingly recognized in criminal justice system (Cashin & Newman, 2009). ASDs are neurodevelopmental disorders, characterized by persistent deficits in social communication and social interaction, and restricted, repetitive patterns of behavior, interests, or activities (APA, 2013).

Prevalence studies of AS in offender populations have indicated a rate of 1.5–2.3% among patients hospitalized in a high-security hospital (Scragg & Shah, 1994), 3% among 15 to 22 year-old offenders in

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Stockholm (Siponmaa, Kristiansson, Jonson, Nydén, & Gillberg, 2001), 18.4% among former child psychiatric in-patients with ASDs (Mouridsen, Rich, Isager, & Nedergaard, 2008), and 5% in a population-based sample of youth aged 12–18 years with ASD (Cheely et al., 2012). Although a recent review by King and Murphy (2014) concludes that there is no evidence that individuals with ASDs are disproportionally over-represented in the criminal justice system, a number of studies suggest that some commit a certain type of crimes, such as arson (Hare, Gould, Mills, & Wing, 1999; Mouridsen et al., 2008), sexual offenses (Cheely et al., 2012; Kumagami & Matsuura, 2009) and violence against other person (Cheely et al., 2012). Motivating factors that lead to criminal activity are of a very different nature for individuals with ASD as compared to other offenders (Mayes, 2003). Case studies of individuals with ASD committing violent crimes that have been published so far highlight the ways in which the core ASD symptoms and specific deficits may mediate offending and aggression through the following mechanisms: (a) social naivety that may allow ASD individuals to be led into criminal acts by others, (b) lack of perspective taking and understanding or misreading of social cues, which leads to inappropriate attempts to engage with others, in particular on intimate terms; (c) disruption of routines, and (d) pursuit of special interests, especially when these involve morbid fascination with violence (e.g., Baron-Cohen, 1988; Barry-Walsh & Mullen, 2004; Kohn, Fahum, Ratzoni, & Alan, 1998). Co-morbid psychiatric disorders (including psychotic, personality, substance abuse) may increase violence risk among individuals with ASD (Gunasetaran & Chaplin, 2012; Newman & Ghaziuddin, 2008).

To the best of our knowledge, no case study report has been published up to date on matricide committed by a young person with ASD. We report a 17-year-old boy diagnosed with AS, who was charged with killing his mother, which illustrates how the failure to act on by professionals, after diagnosing the condition, through articulating useful intervention strategies focusing on supporting the family and meeting the young person's complex needs can lead to violent crime.

2. Case presentation

A 17-year-old boy attending high school, grade 12, was referred for a pretrial psychiatric evaluation, after being charged with matricide. X is the younger of the two children in the family. Both of his parents were University graduates and were employed in public education system.

2.1. Developmental history

X's developmental history was obtained from his father, who reported that his son's early development (3–4 years of age) was normal. Around that age, both his parents noticed that X was displaying narrowly circumscribed interests, attentional difficulties and distractibility. He would engage in repetitive questioning and sometimes in a rocking forward behavior. He liked routine but did not resist change. His pretend play was rigidly confined to his interests and he rarely engaged in social and imaginative play with other children. He acquired counting and reading skills before going to school.

During primary school years he was doing well academically with his mother's help in doing his homework assignments. His main difficulty at the time was his social behavior, in particular relating to his peers, forming reciprocal relationships and seeking out contact. His difficulty following instructions and adhering to game rules, as well as, his physical clumsiness contributed further to his difficulty engaging successfully in group activities (e.g. basketball and soccer). His play and interests continued to be restricted and privately pursued. As a young child his main interest was computer games, which he occasionally played with one child whom he perceived as a friend. Later he developed obsessional preoccupation with the National Basketball Association, and during his high school years he developed a special interest in Tesla's ideas and innovations, Einstein's and Hitler's biographies. He had difficulty engaging in and carrying on conversations but would speak at length on his favorite subject only. X displayed also some sensory sensitivity to certain noises and exhibited mannerisms with his fingers. According to father's report, X did not seem to understand humor and metaphors and took things literally. Upon transfer to junior high school (JHS) his parents, having had noted X's social difficulties, decided to enroll him into a small-size private school, where they thought he would be "protected". He attended that school for only one trimester, as the school did not fulfill parents' expectations. He was transferred to the public JHS where his only childhood friend was also there. However, by that time his friend had formed other closer friendships and X was left out. Throughout his schooling years X remained a loner, reacted to social demands by becoming avoidant, and was subjected to teasing by his schoolmates, about which he never talked with his parents. X did academically well in grade 7, with his mother's help and a lot of pressure put upon him by her. However, X's school progress started declining during the grade 8, and from that time on. This decline was a great disappointment for his mother, since she was always placing special emphasis and value on his academic success. It was because of these circumstances that his parents, when X was 13 years old, sought help from a psychologist, who diagnosed X as having ASD traits and referred him to a child psychiatrist who confirmed an AS diagnosis. Both parents attended a few counseling sessions that aimed at helping them to deal with their son's difficulties, but no treatment was offered to X. According to father's account, X's mother never accepted her son's diagnosis, so she continued to put a lot of pressure upon him with regards to his academic work. However, if he was failing to comply with her demands or was unable to accomplish his homework, she would get angry and harsh with him; make threats and derogatory statements about his abilities, calling him names such as "moron", "idiot" and "lazy". She used to punish him by depriving him of things that he liked, such as, the TV, his PC, his play station or sweets. In response, X used to spend hours crying outside his mother's room, begging her to give him back his things. X's father claims that although he disagreed with his wife's 'harsh' approach, he did not intervene in these fights in order to avoid further escalation of tension and family conflict. During his JHS years X developed obsessional-type thoughts about his body appearance. At some point in time, he was convinced that one arm was longer than the other and he would frequently seek reassurance from his parents as to whether this was real.

Upon entry to high school, X's school achievements declined further, which led to worsening of the mother-son relationship. X was noted to neglect his appearance and his mood to be low at times. He needed prompting by his parents, usually his mother, to look after his personal hygiene, his clothes and general self-care. During grade 12, X developed an interest in sex. Specifically, he was spending a lot of time searching the Internet sites relating to sex and gender identity themes. His father reports that X had difficulty managing his increased and unfulfilled sexual drive. He showed little understanding of social codes and moral conventions; for example, he fondled his teacher and subsequently did not seem to understand why should he apologize to her, and he asked his father, on few occasions, to find him a woman or made inappropriate statements, such as that his mother could satisfy his sexual desires. During that time it appears that his relationship with his mother took on some sexual overtones and on occasion, X would lift his mother's skirt to "feel her up".

During the five months prior to the crime, X was noted to have become more withdrawn, he was spending more time in his room with his computer, and he refused to continue with private tutoring at home. In addition, he had become at home more irritable, was quarrelsome and aggressive towards his mother, displayed outbursts of anger, and there was a number of isolated incidents of X pushing his mother, always triggered by arguments about school work.

In view of forthcoming national university entrance exams that his mother wanted him to sit and pass, and due to X's persisting difficulties causing a lot of strain to the family, two months prior to the tragic event, the mother requested a telephone advice from a psychiatrist, who,

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