Asian Journal of Psychiatry 36 (2018) 42–45

Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Short communication

Maternal filicide: A case series from a medico-legal psychiatry unit in India

Guru S. Gowda*, Channaveerachari Naveen Kumar, Saumya Mishra, Barikar C. Malathesh, Sai Komal, Suresh Bada Math, Prabha S. Chandra

Department of Psychiatry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, 560029, India

ARTICLE INFO

Keywords:
Filicide
India
Homicide
Depression
Extended suicide
Mothers

ABSTRACT

Maternal filicide has occurred throughout history and carries along with it, a host of paradoxical and complex clinical, legal and social dimensions. We present findings from a case series of four women inpatients, who were undergoing trials for filicide. All women reported severe marital discord and poor social support. Three had severe depressive episodes before and during the time of the alleged crime. The motive for the alleged act was 'altruistic' in three of them. Early identification of psychiatric illness and risk assessment may help in early intervention and protect the mother and child.

1. Introduction

Maternal Filicide is defined as the act of a mother killing her own offspring who is one-year-old or more. Its occurrence is rare, varying between 0.6–2.1 per 100,000 children of under the 15 years age group (Stanton and Simpson, 2002; Herman-Giddens et al., 2003). Phillip Resnick in 1969, classified filicide into five classes based on 'motives' behind the act. First is *altruistic-filicide*, where the parent kills the child keeping in mind the 'best interest of the child' and is the commonest. The second one is *psychotic-filicide*, where a parent kills the child without any logical reasoning, under the effect of a severe psychotic experience. The third type is *unwanted-child-filicide*, where the child is viewed as a hindrance to parents' social benefits. The fourth type is the *accidental-filicide*, where parents do not have any motive behind filicide and this commonly follows severe neglect and abuse. The fifth type is the *spouse-revenge- filicide* where one parent displaces anger towards the child secondary to ongoing severe marital discord, and jealousy (Resnick, 1969; Rougé-Maillart et al., 2005).

Maternal filicide has been studied in a number of developed countries. Consistent associations are found with family stressors, including severe marital discord, jealousy, unemployment, illiteracy and, poor social support. Additionally, severe psychopathology such as ongoing major depressive episode, psychosis, subnormal intelligence, and substance use has also been found (Flynn et al., 2013; Friedman et al., 2005; McKee and Shea, 1998; Razali et al., 2015; Rougé-Maillart et al., 2005; Stone et al., 2005; West, 2007). In this first systematic comprehensive case series of its kind from India, though there are few cases reported previously (Sethi and Bhargava, 2003; Manjula and Chandrashekar, 2014), we examine the psychopathological descriptions and motivational factors of female prisoners facing charges of committing filicide.

2. Methodology

We conducted a retrospective chart review of 'all women facing charges of committing filicide', who were admitted at the forensic psychiatric services, Department of Psychiatry; NIMHANS, Bangalore from 1 January 2006 to 31st June 2016. Details of the patient selection are given in the Fig. 1

3. Results

3.1. We identified four cases which are reported here and details are provided in (Table 1)

Case -01. Ms. S, a 33-year-old married woman from a lower socio-economic status and rural background was referred by the magistrate for assessment of 'fitness to stand trial'. She was accused of homicide of her two-year old male child and of an attempt to commit suicide. She had poor social support and reported severe marital discord and alcohol dependence syndrome in her husband. She fulfilled ICD-10 criteria for Mild Mental Retardation. As per the available evidence [first information report (FIR) to the police, as reported by the family members and husband, and post-mortem report], she had taken the child away from home to a temple on a nearby hill. She killed the child by crushing him with a rock. Later, she ran back to her home and attempted suicide by hanging but was rescued by her husband. She subsequently reported severe guilt related to her child's death.

* Corresponding author.
E-mail address: drgsgowda@gmail.com (G.S. Gowda).

https://doi.org/10.1016/j.ajp.2018.06.004
Received 5 April 2018; Received in revised form 29 May 2018; Accepted 21 June 2018

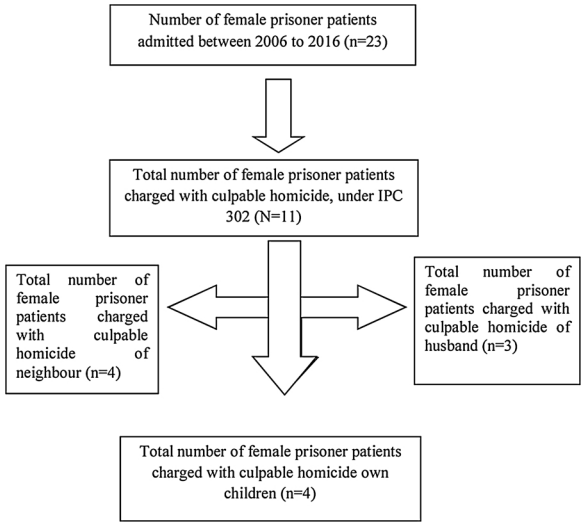

Fig. 1. Flow chart of patient selection, who were charged of killing their offspring.

However, was partially amnestic about the traumatic event. During inpatient care, serial observations did not reveal any Axis- 1 psychiatric diagnosis. The treating team declared that she was 'unfit to stand trial' in the court of law, in view of her intellectual disability and her inability to understand the court's proceedings.

Case -02. Ms. N, a 32-year old married woman from a lower socioeconomic status and rural background was referred by the magistrate for mental state examination and for assessment of fitness-to-stand-trial. She was accused of homicide of her 3-year-old male child. Ms. N suffered from epilepsy. She also reported poor social support and severe marital discord. She fulfilled ICD-10 criteria for Mild Mental Retardation and Severe Depression with psychotic symptoms. While in hospital, she was treated with Electroconvulsive therapy (ECT), antipsychotics and antiepileptics, with which she improved.

She was, however, guarded about the traumatic event. Available evidence (FIR, and post-mortem report) showed that she had killed her child by hanging. After the act, she did not report any remorse or guilt about the child's death. The psychiatric team found her to be unfit to stand trial in the court of law, in view of her intellectual disability and her inability to understand the court's proceedings.

Case -03. Mrs. L, a 28-years-old married woman from a lower socioeconomic status and rural background was referred by the prison superintendent for mental status examination and for assessment of fitness-to-stand-trial. She was accused of homicide of her 4-year-old female child. She fulfilled ICD-10 criteria for Severe Depression without psychotic symptoms. Personality assessment indicated that she had mood swings, anger outburst, sensitivity to criticism, interpersonal difficulties and impulsivity, suggestive of emotionally unstable personality disorder – impulsive type. She reported poor social support and severe marital discord.

She was initially guarded about the traumatic event, however later mentioned that immediately before the event, she had a serious fight with her husband about taking the child to a family function. The husband left the house alone. Following this, she reported severe rage and anger at her husband and felt that she could not go on in this marriage. In that angry state, she throttled her child and later attempted to throttle herself but did not succeed, and then she went to a nearby railway track to attempt suicide but was saved by passers-by and handed over to the police. During her inpatient care, she was given electroconvulsive therapy, antidepressants (Tab. Venlafaxine 150 mg/day) and individual psychotherapy. She showed partial improvement at discharge. However, she made repeated suicidal threats and reported worsening of depressive symptoms when the lower court did not permit bail and had to be readmitted multiple times during crisis period. The team assessed her fitness and decided that she was fit to stand the trial.

Case -04. Ms. P, a 36-year old-married staff nurse, hailing from an urban background, and from a middle socio-economic status was referred from prison for assessment of fitness-to-stand-trial and psychiatric evaluation. She was accused of charges of attempted suicide and homicide of her two children (a boy aged 8 years and a younger girl child aged 5 years). She reported poor social support and severe marital discord. Her husband had alcohol dependence syndrome, an extramarital affair, and antisocial personality traits. She was found to be well-adjusted premorbidly but since last 2 years have Severe

Table 1
Sociodemographic and clinical profile of women in facing charges of committing filicide.

	Case -01	Case -02	Case -03	Case -04
Age	33 years	32 years	28 years	38 years
Employment	unemployed	unemployed	unemployed	employed
Socio-economic status	BPL	BPL	BPL	APL
Location	Rural	Rural	Rural	Urban
Psychiatric Diagnosis	Nil	Severe depression without psychotic symptoms	Severe depression without psychotic symptoms	Severe depression without psychotic symptoms
Co-Morbid Diagnosis	Mild Mental Retardation	Mild Mental Retardation with Seizure Disorder	Emotionally unstable Personality disorder	————————
Past Psychiatric illness	Nil	Nil	Nil	Nil
Family support	Poor Social Support	Poor Social Support	Poor Social Support	Poor Social Support
Marital Discord	Severe Marital Discord	Severe Marital Discord	Severe Marital Discord	Severe Marital Discord
Psychiatric illness in Husband	Alcohol dependence Syndrome	————————	Alcohol dependence Syndrome	Alcohol dependence Syndrome
Duration of illness	48 months	————————	72 months	24 months
Crime and mental illness	Patient had psychiatric illness before and during time of crime	————————	Patient had psychiatric illness before and during time of crime	Patient had psychiatric illness before and during time of crime
Psychopathological Motivation	Altruistic Homicide	Not Clear	Altruistic Homicide (v/s) Spouse revenge filicide	Altruistic Homicide
Method Used	Crushing	Hanging	Throttling	Lethal Injection
Clear Plan /Intent	Yes	Yes	No (? Impulsive)	Yes
Lethal Method	High	High	High	High
Place of crime	Outside Home	Home	Home	Home
Post Homicide suicide attempt	Incomplete suicide attempt	No	Incomplete suicide attempt	Incomplete suicide attempt
Duration of inpatient care	1 month	2 months	2 months	15 months
Guilt	Present	Absent	Present	Present
Improvement at discharge	Improved	Improved	Partially Improved	Improved