

## The close link between altruistic and acute psychotic filicide: two case studies

Franco Freilone | Caterina Bosco | Georgia Zara

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**Corresponding Author:** Caterina Bosco, email: [catbosco@hotmail.it](mailto:catbosco@hotmail.it)

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## Abstract

Filicide is a rare and complex event with multiple causes and characteristics related to the circumstances in which it occurs. This article examines two cases of filicide in which a father (first case) and a mother (second case) stabbed their children, placing the analysis in the context of the relevant scientific and clinical literature. In these cases, there was contact with local health services prior to the offences, suggesting that the two concepts of altruistic filicide and filicide associated with severe psychiatric pathology should be considered interdependent and closely linked. It is of interest to examine how dyadic deaths are often significantly influenced by the sociodemographic characteristics of the perpetrators and their psychopathology. Over the years, there have been several classifications based primarily on the motivation for action of the impulse to kill. The scientific literature has found a significant correlation between filicide and pre-existing psychiatric pathology in the parents, with mood disorders having psychotic features being the most common.

In addition, severe mental illness often occurs in cases of filicide-suicide. In both cases presented in this article, a psychiatric assessment was requested by the judicial authority: The parents were involved in extremely stressful life circumstances and events, and suffered from social isolation or a lack of relationship support. In the case of filicide, in which the protagonist was the mother (second case), there are reports of sexual abuse at a young age and a suicide attempt after her daughter was killed.

Although in many classifications "compassionate" and purely "psychotic" filicide appear as two distinct nosographic entities, the present work suggests that it is important for professionals working in the forensic field to pay particular attention to the presence of psychiatric disorders in filicide, especially in the context of "delusional altruism", which is a circumstance in which the psychotic category may also include compassionate homicidal motivations.

**Keywords:** Filicide, Family violence, Psychopathology, Dyadic deaths, Forensic psychiatry

## The close link between altruistic and acute psychotic filicide: two case studies

### Introduction

Despite the terms of neonaticide, infanticide, and filicide being often used interchangeably in child homicide studies, in the scientific literature filicide is defined as the murder of offsprings, regardless of the victim's age after the first year of life (Lattanzi et al, 2020). Specifically, neonaticide is the killing of an infant within the first 24 hours after birth, perpetrated only by the mother, while infanticide is the killing of a child less than 1 year of age. Hence, filicide exemplifies the rare and tragic outcome of a chain of heterogeneous vulnerabilities and events (Yang et al, 2022), and in this article it is the term used to signify this lethal violence independent of the age of the victim.

The social reaction to the killing of a child perpetrated by parents is of shock exasperated by a sense of social taboo (Dixon et al, 2013): in current society parents are thought of being naturally programmed to be caring and protective towards the physical and emotional wellbeing of their children (Klier et al, 2019). Despite filicide rates having declined in Western countries ranging from 2% to 10% (Craig, 2004; Mariano et al, 2014), epidemiological data suggest that parents are responsible for more than half of deaths of their children both in infancy and in childhood (Bourget et al., 2007; West, 2007).

According to the World Health Organisation (WHO), regions with the highest rates of killing of children under the age of 5 include North America and Sub-Saharan Africa, while Europe and Asia report the lowest rates (Ssekitto et al., 2024). Several classification systems of filicide have been proposed over the years, most of which are based on motivational factors and an impulse homicidal act. Resnick (1969), for instance, distinguished five categories: altruistic, acutely psychotic, unwanted child, accidental, and spouse revenge. Bourget and Bradford (1990) proposed a classification based on different type of information which is still notable for introducing a single pathological category (incorporating altruistic motives, homicide-suicide, and psychotic suicide), and paternal filicide. By creating this final group, the authors were the first to highlight the importance of differentiating between maternal and paternal child murder (West et al, 2009; Bourget et al, 2007). Descriptive results from many studies have highlighted the presence of major mental illnesses, especially psychosis and depression, as one of recurrent factors leading to filicide (Lysell et al, 2013). Often the severity of psychiatric disorders was not recognised prior the fatal event, and various psychiatric alerts, including indicators of delusional or paranoid thinking were missed by professionals (Sidebotham & Retzer,

2019). Homicidal parents show high rates of suicide attempts after killing their children, closely related to depressive, altruistic and acute psychotic behavior (Friedman & Resnick, 2007).

The focus of this article is on two different case studies that involve a father (Case 1) and a mother (Case 2) respectively, who stabbed to death their children, and both had at least one interaction with a mental health professional some years before the filicide, complaining of symptoms consistent with a mood disorder. In case 2, the mother attempted suicide after murdering her daughter.

Both perpetrators were admitted to a psychiatric hospital for further evaluations. The public prosecutor required a forensic psychiatry assessment of their mental condition to assess their criminal liability and responsibility. Both perpetrators were experiencing significant stressful life events such as socially isolation, economic difficulties and fear for the future. A delusional atmosphere, characterised by “delirious altruism” circumstances, was crucial in the causation of the criminal behaviour.

### Case study 1: Altruistic Paternal Filicide

The first case concerns a 70-year-old father who fatally injured his adult son with a 30 cm long kitchen knife. An external and internal medical examination confirmed multiple sharp wounds to the chest and abdomen of the young man, who had suffered from cerebral palsy from birth. His mother, who suffered from schizophrenia and had considered an abortion in early pregnancy, left her husband and son as she was unable to care for the child and meet his special needs. Father and son had lived alone ever since, forming an intense symbiotic relationship of co-dependency (“my son was my idol”); they seemed inseparable. The father's psychiatric history revealed that six years before the filicide he had been struggling with anxiety, apathy, early waking and weight loss. He was admitted to a private hospital and had to place his son in a facility for disabled people where he suspected his son had been abused. Months before the fatal act, the man began to develop renewed hypochondriacal symptoms and was concerned not only about his physical and mental health, but also about the fate of his son (“my concern was that if I became depressed again, I would have to seek help from social workers who would place my son in an institution... I felt like I was losing my strength, but I did not want to leave my son with people who didn't understand his needs).

After killing his son, the man underwent psychiatric evaluations. During the interview, he was emotionally detached from the psychiatrist conducting the examination and showed rigid facial expressions, although his memory seemed to be preserved. Critical and judgmental abilities appeared superficial and fluctuating. His formal thinking was stable (without tangentiality, derailment, illogic, etc.); his speech was monotonous but characterised by internal coherence and appropriate language. The content of his thoughts was strongly focused on what was happening. No illusions or hallucinations occurred; however, some ideas of ruin and inadequacy, a sense of self-depreciation and feelings of guilt could be traced back to the time of the event. He showed a depressive mood, accompanied by emotional closure and demotivation. Basic instincts appeared to be preserved and there was a modest awareness of disorder. In relation to the circumstances of the fatal event, he reported that he felt anxiety when thinking about the need to admit his son to another health care facility where «he was sure» his son would be treated badly, which is why he was desperate to save him (“my poor child must be saved.... They would take him away from me, the only person who could alleviate his suffering.... he looked at me with his sweet eyes, I was both mother and father to him, and I had fought to bring him home... The thoughts that day were the usual ones, that I no longer had the strength to care for him, that I would no longer see him and that the only one who could help him was me...so he closed his eyes, I saw a catastrophic scenario... I wanted him to die because I didn’t want him to be in pain”). According to the clinical data and the study of behavioural responses, the man suffered from a recurrent major depressive disorder with psychotic features, the content of which was consistent with the typical depressive themes of inadequacy and existential «ruin» affecting his disabled son.

### Case study 2: Maternal Filicide

A middle-aged woman was arrested after murdering her pre-school aged daughter with a knife and attempting to take her own life at the same time. In the past, her GP had recommended that she seek psychiatric treatment for her depressive mood, severe anxiety and insomnia (“Before pregnancy, I spent several nights without sleep...”. I remembered a dead pigeon on the balcony and thought it was a warning sign of someone who wanted to kill my husband”). During other similar episodes, she showed feelings of loneliness, emotional distance from her family and conflicts with her husband and mother-in-law. The psychiatric interview also revealed that there had been a mood disorder and hospitalisation in the family. The woman deliberately discontinued the prescribed antidepressants. A year before the filicide, thoughts of persecution and referral reappeared, adding to the pressure of overwhelming fatigue associated with work and family commitments. The main paranoid concern of the woman

was about her little daughter being kidnapped by her husband, prior to a possible separation (“*I was upset with my husband, I wanted to break up, I have been always arguing with my family in-law... I was tired... I thought my husband was a spy. I feared for my little girl that she would be left without her mother, because I was worried that they would kill me*”). These symptoms occurred in the context of a recurrent depressive episode that required close psychiatric monitoring at home and the prescription of antipsychotics (e.g. risperidone). After a few months, the symptoms gradually improved and the persecutory ideation disappeared, while the mood stabilised more slowly and the woman discontinued the medication herself as she complained of its side effects. Outside the acute episodes, the woman showed good family and work planning and an appropriate relationship with her husband, which was, however, sometimes conflictual. Another strong ambivalent theme was the desire for a new pregnancy. This desire, together with a significant sensitivity to side effects, certainly influenced the difficulties of pharmacological compliance.

On admission to hospital for initial assessment after the filicide, the woman appeared particularly distressed and showed great emotional suffering to the extent that she revealed to the psychiatrist that she was convinced that her daughter had been sexually abused because the daughter panted as if simulating an orgasm while she was cleaning her (“The night before I was scared, I thought that they had kidnapped my little girl at school, tortured her and then raped her. So I took the kitchen knife, stabbed her and then wounded myself five times in the chest and slit my wrists... I did not want to survive my daughter”). During the psychiatric interview, formal changes in thinking occurred with lapses and lax associative links. A story of sexual abuse in her own childhood surfaced (“when I was younger and my mother was hospitalized, I was left alone with a teenage girl who touched me.... because of this I always looked after my daughter myself”).

The woman first showed an almost indifferent attitude, then sadness and grief to a point where a feeling of distress prevailed. The facial expressions seemed rigid, the speech slow and monotonous. There were no structured delusions, instead there were ideas of harm, guilt and persecution, presumably similar to those at the time of the event (“That night I was sleepless and thought I had to end her suffering, now I think I should have taken her to the doctor”), as well as withdrawal and apathy. The basic instincts seemed to have remained intact, even if there were sometimes persistent ideas of death (“I never thought of taking my little girl’s life, the idea was to die together... I only ever lived for my little girl”). A Rorschach test was administered, which revealed unstable formal thought patterns with superficial associative connections and poor critical judgement. Their ego functions failed especially when the affective and instinctive spheres were intensely engaged, which is an expression of deep emotional distress. In fact, the control of emotions was particularly problematic for the patient (T.R.I.1; T.R.I.2): affectivity it was very

intensely stimulated and she seemed unstable and unable to control emotions.

## Discussion

The deliberate killing of a child by their parents in the form of neonaticide, infanticide and filicide is one of the most dramatic manifestations of interpersonal family violence (Milia & Noonan, 2022). Filicide, which is used here as an overarching term to describe this lethal violence, is a complex and cross-cultural phenomenon that can be found in all historical periods. There are many examples today: in sub-Saharan Africa, some children have been subjected to abusive practices such as witchcraft - violence that can lead to filicide - because of their unusual appearance (albinism), deviant behaviour or disability (Agazue, 2021). Several studies have investigated the motivations, dynamics, psychopathological aspects and socio-demographic factors underlying filicide, despite the methodological and ethical difficulties associated with this type of research (Loughnan & O'Connor, 2023; Hellen et al, 2023). The available classification systems represent an attempt to map the risk factors for filicide, which can contribute to early detection and the implementation of prevention strategies. However, they are not free from limitations, such as the fact that they are not universally recognised, are too descriptive and overlap (Putkonen et al, 2016). For example, the social and psychopathological backgrounds involved in infanticide are largely different from those underlying neonaticide and infanticide. For example, mothers who commit neonaticide are usually unmarried, younger than 25, less likely to suffer from psychiatric disorders, do not have suicidal thoughts after the act of violence, often deny or conceal an unwanted pregnancy and most newborns are born outside a medical facility (Galante et al, 2024; Krischer et al, 2007; Naviaux et al, 2020). On the contrary, multiple genetic, hormonal and psychosocial factors associated with the postpartum period lead to a 1-4% risk of infanticide in women with postpartum psychosis, which, if left untreated, is often associated with suicide attempts (Feingold & Lewis, 2024; Martini et al, 2019). Mothers who commit infanticide tend to be older, married, more educated and generally more likely to experience severe mental health problems in their lifetime (Lewis & Bunce, 2003).

Filicide has traditionally been seen as a crime committed by mothers rather than fathers, which has led to academic research focusing more on this aspect (Raymond et al, 2021; Giacchetti et al, 2023), but more recent studies have shown a similar proportion of male perpetrators (Myers et al, 2021), highlighting some similarities and differences (Temrin, 2024). A study of 77 paternal infanticides in Quebec over a 10-year period (Bourget & Gagné, 2005) showed that: (1) fathers tend to use more violent methods of killing (beating, shooting, and especially stabbing), while mothers are more likely to drown, suffocate, poison, or defenestrate their victims; (2) filicidal fathers

are older than filicidal mothers; (3) the proportion of mothers who kill younger children is higher than that of fathers who kill older children; (4) fathers are more likely to be motivated by jealousy, revenge or retaliation (Putkonen et al, 2011); (5) filicidal fathers are more likely to have a history of violence towards their children, and death by lethal abuse may be seen as the result of an impulsive act; (6) fathers are more likely to commit suicide after killing their children (Dawson, 2018, pp 1961–2011; Liem & Koenraadt 2008).

Some of these features were found in the cases presented in this study, regarding the age of perpetrators (older age for the father and younger age for the mother). Contrary to what is mostly reported in literature, both parents in our cases used violent active methods of killing, which might be explained by the attempt of shortening their children suffering. Only the mother attempted suicide.

The public perception of a possible link between mental illness and violence is reinforced by social media, which adds to the widespread dilemma of «mad» or «bad» (Podlogar et al, 2018)? However, findings from numerous studies suggest that parental psychopathology plays a major role in filicide (Flynn, 2013). Psychiatric disorders represent an important risk factor for interpersonal and family violence, compared to other variables such as attachment style or socioeconomic stressors, which are likely to have cumulative interactions in filicide (Giacchetti et al, 2019). In maternal filicide, for example, a history of child abuse, traumatic experiences in early childhood and severe couple conflict are often identified as risk factors that have a significant impact on the event (Barone & Carone, 2021; Vileisis & Laufer, 2024). In paternal filicide, the common factors contributing to the escalation of violence are precarious financial circumstances, imminent separation or divorce of the couple and fear of separation, together with a sense of personal inadequacy in relation to parenting, which is often reported in men (Palermo, 2002). In both maternal and paternal filicide, social isolation or inadequate family and social support at the time of filicide is reported (Barone et al, 2014; Shelton & Hoffer, 2017). As described in our *case study 1*, the father was abandoned by his wife, and the responsibility of caring for his son, who was suffering from a serious illness, led to a symbiotic and dependent relationship with his son, and likely placed such an overwhelming existential burden on him. The same bond can be seen in case study 2, where an ambivalent relationship with her husband, as well as severe disagreements with both the mother's family of origin and her in-laws, caused the mother to collapse from an unbearable sense of despair. Negative and traumatic childhood experiences surfaced, which had certainly affected her personality development.

According to the Bourget and Bradford (1990), the category of *pathological filicide* refers to cases in which the perpetrator most likely suffers from a major psychiatric illness, and it is likely that the violence is associated with a DSM-IV major Axis I mental illness at the time of the



filicide, especially major depressive disorder, schizophrenia and psychotic disturbances (Resnick, 1969). However, evidence is so scant that it is difficult to identify a specific type of psychiatric disorder that increases the likelihood of the occurrence of filicide. Often fathers have been found to be less often psychotic compared to mothers (Eriksson et al, 2014). Resnick found that schizophrenia occurred more often in maternal offenders (Stanton & Woules, 2000) and that depression with psychotic features was present more than twice as often in filicidal mothers (71%) than in fathers (33%) (Liem & Koenraadt, 2008). These results were partially supported by a recent review in which evidence of depression or depressive symptoms was found in 70% of the women and evidence of a history of depressive illness was found in 50% of the fathers (Friedman et al, 2005). This finding is rather interesting as being counterintuitive because compared to other psychiatric disorders, research on the association between depression and violence is still limited (Whiting et al, 2021). Despite the fact that numerous researchers have proposed standardised evaluation models, available tools are still limited and their use in the assessment of the likelihood of violence in the presence of a mental disorder is still discretionary (Zara, 2016; Zara & Farrington, 2016). In the forensic field, the most widely used assessment instruments are the Minnesota Multiphasic Personality Inventory (MMPI) and the Rorschach but considering the primary role of social stressors influencing filicide, structured interviews can help guide professionals through the contextualization of the event (Zara & Freilone 2023; Giacco et al, 2023). Bramante (2023) presented the first case control study of filicide/infanticide using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II). All women in the late filicide subgroup suffered depressive symptoms at the time of the event (Bramante & Di Florio, 2023). Personality disorders, particularly borderline personality disorder, were also frequently seen in both men and women and may represent a diathesis of vulnerability during the offspring's growth leading to the development of depressive episodes.

In another study carried out in Quebec (Bourget & Gagné, 2002) almost half of perpetrators of filicide, mostly involving older children (aged 4–15 years), reported the highest frequency of previous mental health contacts. Surprisingly Shelton and colleagues (2015) in their study found that 72% of the women who committed filicide had no specific diagnosis of a mental disorder before the crime.

Relevant features of filicide in the context of major mental illness are likely to include disorganised thinking and unstable mental state, whose main reasons for engaging in filicide were represented by (delusion-based) mercy killing (Moodley, 2019).

*Altruistic filicide*, according to Resnick's (1969) definition, is committed "out of love" and can be divided into two subgroups: *associated with suicide*, in which suicidal parents see their children as an extension of themselves

and may believe that their offsprings suffer the same misery as they do (D'Argenio et al, 2013); *filicide to relieve or prevent suffering*, in which parents believe they are acting in the best interest of their children to relieve a suffering, real or imagined (based on a delusional perception), rather than harming them (Resnick, 2016). Severe depression, even without psychotic features are likely to distort their thinking (Ciani & Fontanesi, 2012). Melancholic filicides, often accompanied by suicidal actions, are a notorious risk in severely depressed parents (Brockington, 2017).

*Dyadic death*, in which the parent takes their own life typically within 24 hours after the filicide, are relatively rare: the global rate ranges between 0.02 and 0.46 per 100,000 per year (Ateriya et al, 2019). Fathers are almost twice as likely to complete suicide after filicide which is facilitated by their use of more lethal methods (Friedman et al, 2008); approximately 40% to 60% of fathers while only 16% to 29% of the mothers are reported (Shields et al, 2015). Both altruistic and acute psychotic behaviour are closely related to filicide-suicide cases (Declercq et al, 2018). When the victim is between ages 1 and 5 (preschool children), the main psychopathological motivation behind filicide is connected to the so-called *delirious altruism*, where the parent (usually the mother) perceives the child as solely dependent on her, and death becomes the only way to escape from a world full of pain and suffering (Rougé-Maillart et al, 2005; Coorg & Tourney, 2013).

In both case studies described here, "altruistic" delusional thinking and behaviour was evident, as they expressed their concern for their children with the perception that they were unsafe, too weak to live, or in danger of being taken away.

In case 1, the act of violence was a symptom of a mental disorder, with the consequences being viewed completely uncritically ("I went into the kitchen like a robot... I felt lost, scared... I didn't want to kill him or lose him"), in a father whose stress and frustration may have led to filicide to relieve him of his constant suffering. At the time of the filicide, he perceived a profound change in reality, with growing anxiety about his son's future and inappropriate depressive themes concerning his exclusive relationship with his child.

In case 2, anxiety, dependency characteristics and low self-esteem were mainly observed in the mother, and there seems to have been a sudden transformation of meaning into a depressive delusion that linked in a psychotic dimension the alleged sexual violence suffered by her young daughter with a solution to her suffering: dying as redemption and at the same time as atonement for the guilt of not having sufficiently protected her child. In the two filicides described here, the parents used knives because they were easy to find at home, in the living room where the parent and the child spent most of their time together.

In both case studies, the father and the mother had contact with the healthcare system prior to the filicide, but their symptoms were intermittent. In the case of the

woman, it should be emphasised that she was receiving treatment, although she desperately tried to hide this to avoid disappointing her family. This is an important aspect which still affects adherence to treatment related to the stigmatised view associated with psychiatric patients.

## Conclusion

Filicide requires a multidisciplinary approach (Burrascano et al, 2024) to be understood and treated given the multiple social, relational and psychopathological aspects (Sorge et al, 2022) that contribute to the complexity of the problem. Both maternal and paternal filicide motives can often be altruistic, because in the eyes of a parent suffering from psychiatric problems, killing children means saving them from the cruel world. Therefore, the categories of altruism and mental illness can be considered as a single category (Shelton & Hoffer, 2017). Health and social care professionals should be prepared and sensitive enough to recognise the signs of escalating stress or the severity of mental illness, especially when delusional thoughts about children, suicidal thoughts or self-harm occur.

## Conflict of interest

The authors declare that they have no conflict of interest.

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