



Social and Psychological Factors Related to Filicide: A Literature Review

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Abstract

The historical moment in which we live is strongly characterized by violence, and the ways and the forms through which it manifests itself are more and more ambiguous, so in many cases recognizing it becomes really difficult. In recent years more than in the past, we have witnessed the spread of a series of murders that took place in familiar circumstances. In a contemporary society, the child is protected and defended by legal regulations, but still, the phenomenon of filicide remains one of the crimes that raise an alarm in public opinion. This article aims to inform the interested professionals of mental health about the consequences of filicide by introducing a broad overview of the topic, including its history, definitions, classifications, and the recent findings around filicide. Filicide is an expression of mental illness, it is mainly associated with postpartum depression and is, perhaps, the most dramatic manifestation of this pathology. It is important to know that filicide is a crime that may occur in all cultures either in isolation or as a systematic practice with specific interpretation to each community. There are anthropological, psychoanalytic, and psychiatric explanations that currently try to address this phenomenon. This literature review will analyze the legal and psychopathological factors associated with filicide in order to examine the motivations of what push these mothers to commit such a cruel act to their children. This review has the dual purpose of presenting all this information to the interested parties as well as raise awareness about the importance of prevention and identification of factors leading to such a crime by both the psychological and legal professionals.

Keywords: *Murders, Filicide, Crime, Women.*

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Introduction

The family is not always that place of security and love that we imagine; sometimes that's the scenery of heinous crimes, not necessarily attributable to subjects with psychiatric disorders. Pregnancy and motherhood are complex and delicate events, but of the utmost importance. Desired or not, the child is fulfilled and grows up in a body that may or may not be suited to his own development. Some women experience this process as something shocking, a foreign body that takes possession of their body, grows inside her and modifies her body. This can determine fear, anguish or obsessive fantasies. Sometimes the trauma of pregnancy is so strong that the woman does not accept the child (Lewis & Bunce, 2003). In a society like the present one, where the child is protected and defended by legal norms, the phenomenon of filicide remains one of the crimes that arouse alarm in public opinion social increasingly strong, both because these actions violence occur in a background such as that familiar, and for the extreme brutality with which he often homicidal conduct occurs. The perpetrating of these conducts, which are implemented internally of the household, highlights so dramatic as the consideration of the familiar place which is based on bonds of solidarity and love and which is intended to protect its members, and at the same time to allow it to develop, socialize and fulfill itself.

There are certain factors and situations where the risk of violence is potentially high, for this reason it is very important to aim at preventing it (Abdullah et al., 2022). From a historical and anthropological perspective, in the past and even nowadays, in many civilizations killing own children was and is not only tolerated but also permitted and encouraged by social and cultural values. When events of this type occur, public opinion immediately turns to the idea of one undoubtedly "crazy" mother, who killed as a result of her infirmity. Yet, these behaviors do not always arise in a climate of mental illness, but there are cases in which the family environment and its dynamics are pathological (Mugavin, 2008). In these conditions yes they can verify abuses, psychic and physical violence and, in the most serious cases, homicide. As difficult as it is to accept, there are cases in which mothers kill their own child having consciousness and awareness of what they are doing.

In the course of the work done, after having treated the historical-juridical aspects of filicide, will be examined the psychological, psychopathological aspects, the socio-cultural situations and personal motivations that push these mothers to commit such an act cruel to their children. This

excursus has the dual purpose of giving life to a classification of the reasons they can lead to the crime, and to try to explain an event that the eyes of public opinion is incomprehensible, especially when you take the bond into consideration in detail that unites the subjects in question.

Literature review

2.1 Historical background

The theme of the murder of the son is an event that occurs in several religions, and if one makes an excursus of history and anthropology you can have one confirmation of this. The legal protection of the life of children, especially if not yet adults, is guaranteed by law in relatively recent times. It is well known that during the period of the Roman Empire, the *pater familias* boasted the right of life and death. In ancient Rome, from the very first moments of upon birth, the child was subjected to the will of the father, who was the only one who could dispose of the fate of the son. The mother, on the other hand, watched everything with a passive attitude and had no right to be able to intervene. In 16th and 17th centuries, child murder was viewed differently in Europe. Some countries such as France and then England established laws that approached to filicide as a criminal behavior punished by death. Both countries also presumed that the mother who was guilty of committing the crime, should be considered as such until proven innocent. Another change was implemented after the establishment of the Infanticide Acts of 1922 and 1938 in England (Giacchetti et al., 2023; West, 2007). These laws considered the ‘adverse’ effect that birthing and caring for an infant may have on mother's mental health for up to 12 months after the event which may lead the mother toward mental health problems such as postpartum depression and anxiety (Koenen & Thompson, 2008).

Anthropological studies show how the sacrifice of children is present in the history of Greece and Egypt, and in most cultures. In India and Africa there are cases where, according to the custom, the killing of an infant is not considered as a crime, since the newborn just came into the world and cannot be considered a complete human being, with his own rights and duties (Sedumedi & Winter, 2022).

Anthropologist Mary Douglas made a few observations concerning the fact that in some tribes of Africa, when twins are born, one comes killed, as in their culture this event is considered a social anomaly (Douglas, 1990). It is controversial the fact that two human beings can come into the world by a single person, the mother, in the same time and place. In the Amazon, in the tribe of

the Venezuela Yanomani, the practice of infanticide in comparisons of females is a habit at times performed following a precise ritual, and it comes justified by stating that this is intended to control population growth. In practice, if the newborn is deformed the mother must kill him; in the case of twin birth, the older child is suppressed and weak, or the female if it is twins of different sex. One explanation could be that yes ensures the survival of the species: the child misshapen would be a burden to the group.

2.2 What are the reasons of committing filicide?

Filicide, the murder of a child by a parent, is a multifaceted phenomenon with various causes and characteristics (Bourget et al., 2007). The murder of the own child is known as filicide (Putkonen et al., 2006). The context in which the homicide occurs can be very variable, being able to appear from puerperal psychoses to the presence of domestic violence or the use of the minor as an object to harm the other member of the couple.

As for the victims, although filicide does not refer to the age of the victim, as a general rule, children younger than six months have a higher risk of experiencing lethal violence from their parents. As far as gender is concerned, no differences have been found in Western society in this regard.

It is difficult to determine the reasons that push a person to actively cause the death of one or more of their children. However, some authors such as Resnick (1969) or Putkonen (2016) have tried to make a general classification of the reasons that have arisen in different cases. The search reflects the following categories or types of filicide:

a) Altruistic filicide

This type of filicide usually occurs when the child has some type of medical condition that makes or is considered to make you suffer for life or suffers from some type of terminal illness. It is about causing the death of the son or daughter as a method of avoiding suffering. Another subtype of filicide considered altruistic by the person performing it is one that is directly related to the suicide of the abuser himself. The father or mother intends to commit suicide and believes their children will not be able to live or that it would be unfair to abandon them, preferring to kill them before making them face the situation.

b) Generated by psychosis or mental illness

While the assumption that the people who perform this type of act are people with mental disorders is unrealistic, the truth is that in some cases filicides are administered in the context of mental illness. An example is during a certain type of psychotic epidemic, in the context of hallucinations or delusions in which the child is confused with a possible enemy, persecutor, assassin, alien or demon.

c) Unwanted child

This type of filicide is motivated by the fact that the child was not wanted by the parents or one of them, or by not being able to take care of the child. Technically some authors consider abortion as such, although filicide is usually reserved for children already born. A less debatable and controversial example is the one that occurs for neglecting the child's needs or abandoning him.

d) Accidental filicide

He is considered as such the filicide who was not intended to cause the death of the child, but ends up leading him to it. It is frequent in the context of intra-family abuse or indirect violence to break the will of the couple in cases of gender-based violence. It can also happen in the context of a fight.

e) Revengeful or utilitarian filicide

The child's death is used as an instrument of torture and revenge, usually to harm the couple for some kind of harm or rejection. It is a type of indirect violence directed not so much towards the minor himself (his death is for the aggressor less), but with the cause of harm to another person.

2.3 The filicide: general characteristics

The killing of a child is not a very frequently committed crime. However, there are some circumstances and characteristics that can facilitate the commitment of this type of act (Frederique et al., 2023). Among these, it has been observed that many cases of filicide occur in persons with reduced capacity for maternity or paternity. In some cases, there was a deprivation of affection in the parent's own childhood, experiencing the parent-child relationship as something negative in which there was no love and perhaps some kind of abuse (Frederick et al., 2022). Other possible

risk factors are found in young mothers and fathers, whose first child appears before the age of 19 and with few economic and social resources (Barone, et al., 2014). Finally, another distinct profile includes the presence of sadistic and psychopathic characteristics, lack of emotional attachment to the child and use of this as a tool to manipulate, control or attack the other.

There are many cases of filicide that are passed off as completely random episodes, but which in reality hide a well-developed homicidal project. As regards the profile of the filicidal mother, it should be noted that the average age identified by the various studies on the subject ranges from 25 to 30 years (Frederique et al., 2023). A good part has a low IQ, probably also influenced by the lower level of education (Farr, 2022; McKee & Bramante, 2010). As regards marital status, the majority of these women were married or in a relationship at the time of their child's death. Usually these are women living in a delicate socio-economic situation, characterized by financial difficulties and often with a history of abuse and maltreatment behind them. Even the mother's behavior after committing the crime is different depending on the case, as there are many factors that condition it the woman's relationship with her family of origin, the presence and type of mental illness, the ability of introspection and acceptance of murder, the type and quality of life in the prison context, the acceptance of psychotherapeutic and pharmacological treatments (Debowska et al., 2015; & McKee & Bramante, 2010).

The psychological dynamics that can follow filicide are therefore different and it is extremely important to understand them as soon as possible, both for ascertaining the truth in court, and for setting up a therapeutic intervention aimed at preventing suicide attempts, very frequent in these women, as well as to avoid the recurrence of the crime and, obviously, to guarantee the person's rehabilitation (McKee & Bramante, 2010; & Mugavin, 2005). In some cases, the mothers who have killed their own child tend to make a complete and truthful confession as soon as the crime is committed, in others, however, the mothers continue to maintain, even for long periods, their extraneousness (Valença et al., 2011). An example of the first group can be that of the mother who "survived" a project of extended suicide who, after having killed her son, recounts the crime she committed with great suffering and minute detail. An example of the second group is that of a mother who kills her child because she is unwanted, or that of a mother who tends to forcefully deny her responsibility to the point of attributing it to another person because she is unable, or simply does not want to admit to herself that she had committed such a horrible crime. At the basis of these psychological processes there is often the attempt by the perpetrator of the crime to

transform, for psychological defense and in an unconscious way, his own image and that of the victim.

Conclusions

Being a mother brings with it, alongside joy, many anxieties, fears, difficulties, anger, intolerance, which women alone cannot always face, especially when these feelings become insurmountable, overwhelming them. Because these women are often left alone in their fears, despite the fact that in most cases they are surrounded by relatives or husbands, who are not actually present emotionally, even though they are there.

In addition to mental pathology, other important risk factors have also been mentioned in the literature, such as excessive dependence on others and conflicts within the family unit. The risk factors for filicide, compared to those for neonaticide, offer greater possibilities for prevention, not only through the antenatal clinic, but also with postpartum follow-ups that allow high-risk cases to be followed up. Several interventions are possible when anxiety and mood symptoms occur after childbirth.

Certainly, a set of prevention and intervention programs aimed at elevating or moderating the psychological symptoms of mothers can be implemented for the benefit of both maternal and child wellbeing. For example, mothers including fathers as well can be provided with cognitive-behavioral therapies. There are still pre- and post-natal group therapies, which help mothers find reassurance in sharing the same difficulties with other women, as well as home visits, which have been particularly successful in cases of neglect and abuse. More research is needed to be conducted to further explore and identify the factors that lead to cases of high risk, as well as adequate professional training is necessary for professionals who are more in direct contact with mothers, from pediatricians to general practitioners, so that they can immediately address the cases and send them to specialized services.

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