

Filicidal Women: Jail or Psychiatric Ward?

Line Laporte, MSc¹, Bernard Poulin, MPs², Jacques Marleau, PhD³, Renée Roy, MD⁴,
Thierry Webanck, MSc⁵

Objective: This study aims to examine the legal procedure that women who are charged with killing their children experience and to compare the variables that discriminate between those found guilty and those who received a medical disposition.

Method: The sample comprises 32 adult women who killed their biological children in the province of Quebec over an 11-year period (1981 to 1991).

Results: Of the sample, 18 women were found guilty, and 14 received a medical disposition. Of those who were the object of a penal disposition, most received a sentence that exceeded 2 years. Women who were sentenced to prison had a lower socioeconomic status and, compared with those who received a medical disposition, were more likely to have had a criminal and substance abuse history. Further, this latter subgroup of women were more likely to have a psychiatric history, to suffer from psychotic symptoms, and to become oriented to the mental health system immediately after their offence.

Conclusions: These comparative results suggest that women's profiles differ according to some descriptive variables. From a clinical point of view, however, these results do not suggest that a different approach with respect to treatment of filicidal women or prevention of filicide would be more appropriate.

(Can J Psychiatry 2003;48:94–98)

Information on author affiliations appears at the end of the article.

Clinical Implications

- The sample included most of the population; thus, generalization is possible.
- Two different subgroups one judicially oriented and the other medically oriented, were compared to verify whether the generally assumed bias about the medically oriented samples is important.
- These results do not suggest that a different approach with respect to preventing filicide would be more appropriate.

Limitations

- This study was based on a small sample.
- There were no measures of variables relative to judicial process. These variables could play a role with respect to the outcome of the judicial process.
- Several psychiatrists carried out the psychiatric assessment. Hence, their personal bias may have affected the outcome of the judicial process.

Key Words: *infanticide, filicide, charge, verdict, sentence, women*

Filicide, the murder of a child by a parent (1), is a rare phenomenon, one which many authors have studied (2–10). In Canada, maternal filicide represented nearly 4% of all solved homicides in the year 1998. From 1991 to 1997, the mean percentage of maternal filicide was 3.5% (11).

Some studies reveal that mothers commit this type of offence more often than do fathers (1–4,12–14). Other results, however, have shown that paternal filicides often exceed or equal the number of maternal filicides (15–22). One Canadian study indicates that, from 1980 to 1989, 542 children under age 12 years were victims of murder, manslaughter, or infanticide.

Each one-third of the homicide victims were killed by mothers, fathers, or other family members; by acquaintances; or by strangers (22).

Data related to sentencing are sometimes available in articles about filicide. Unfortunately, some studies on filicidal fathers and mothers do not separate the statistics of these 2 groups (23–25). Even so, some authors have compared men with women (19,21,26); for example, Wilczynski reported that filicidal women were less likely than were filicidal men to be prosecuted or convicted for murder (26). They also received bail and shorter and more treatment-oriented sentences more often than did men. In the field of maternal filicide, data about legal dispositions and court procedures (charge and verdict) are considered more of an issue and therefore more documented (1,3,4,27–29). Filicidal mothers who are tried in court either receive a sentence, are found unfit for trial, or are found not guilty by reason of insanity (NGRI) (Note 1), with the latter generally favoured by courts and juries (1).

To our knowledge, only Holden, Burland, and Lemmen (30) have tried to determine which variables discriminate between filicidal women declared as NGRI and women declared as criminally responsible. Their results indicate that some variables differed between these 2 subgroups. Most often, NGRI women had a psychiatric and a substance abuse history and were more likely to have experienced psychotic symptoms at the time of the offence and to have attempted suicide after the offence.

The purpose of this study is to present data about the legal process in a sample of 32 filicidal women in the province of Quebec and to find out whether some variables differed significantly between those who were found guilty and those who received a medical disposition.

Methods

The initial sample included 42 women (age 18 years and over) who had killed their biological children in the province of Quebec (50 victims) over an 11-year period (1981 to 1991) (31). During that same period, data from Statistics Canada indicated that there were a total of 54 victims of maternal filicides in Quebec. However, it was impossible to obtain information about 4 homicides. Most women killed 1 child (36/42). Of the remainder, 5 killed 2 children, and another killed 4 children.

The final sample comprised 32 of the 42 women; 9 women committed suicide after the offence and before their trial, and another was reported missing. The sample was divided into 2 subgroups: women who were found guilty and women who received a medical disposition.

We identified all the filicidal mothers by examining a judicially oriented newspaper for the selected period (*Allo Police*). We completed an exhaustive search of the police reports, the tribunal files, and those from the prison for women (Maison Tanguay), the forensic psychiatric institution (Institut Philippe Pinel de Montréal), and the Coroner's office.

Table 1 List of variables

Variables	Categorical or continuous
Education ($n = 20$)	Continuous variable
Suicide attempt history ($n = 25$)	2 categories (yes or no)
Drug or alcohol history ($n = 28$)	2 categories (yes or no)
Employed at time of offence ($n = 29$)	2 categories (yes or no)
Socioeconomic status ($n = 30$)	2 categories (low or other)
Recent move ($n = 31$)	2 categories (yes or no)
Criminal history ($n = 31$)	2 categories (yes or no)
Lived with her spouse ($n = 32$)	2 categories (yes or no)
Age of the mother ($n = 32$)	2 categories (≤ 28 years, and ≥ 29 years), cut-off, median
Drug or alcohol at the time of offence ($n = 32$)	2 categories (yes or no)
Suicide attempt at the time of offence ($n = 32$)	2 categories (yes or no)
Involvement of Youth Protection Services and placement of the child	2 categories (yes or no)
Depression at the time of the offence ($n = 28$)	2 categories (yes or no)
Marital instability ($n = 29$)	2 categories (yes or no)
Recent separation ($n = 29$)	2 categories (yes or no)
Psychosis at the time of the offence ($n = 29$)	2 categories (yes or no)
Motive ($n = 30$)	2 categories (altruism or others)
Psychiatric history ($n = 30$)	2 categories (yes or no)
First orientation after homicide ($n = 32$)	2 categories (hospital or prison)
Method of killing ($n = 32$)	2 categories (softer methods or brutal methods)
Sex of the victims ($n = 32$)	2 categories (girl or boy)
Age of the victims ($n = 32$)	2 categories (age ≤ 3 years or ≥ 4 years)
Total number of victims ($n = 32$)	2 categories (1 or 2 and more)
Other children not victims ($n = 32$)	2 categories (none or at least 1)

Table 1 shows that most variables are categorical, except for the age and education level, which are continuous. Data concerning the legal process are presented: charges, verdicts, and sentences. Next, variables were compared between the 2 subgroups of women. Chi-square and Mann-Whitney were used to determine whether differences are statistically significant. The alpha probability for this study is $P < 0.05$.

Results

Charges, Verdicts, and Sentences

Of the 32 women, 9 were granted bail prior to the trial procedure. Information about initial criminal charges was made

Table 2 Legal process of filicidal women

	Initial charges (%)	Trial charges (%)	Verdicts (%)
First-degree murder	64	32	0
Second-degree murder	18	29	13
Manslaughter	4.5	23	28
Infanticide	9	10	9
Criminal negligence	0	0	6
Others	4.5	6	0
Not guilty by reason of insanity	—	—	41
Total	22	31	32 ^a

^aOne woman remained unfit to stand trial

Table 3 Sentences of filicidal women

Probation (%)	6
Incarceration (%)	94
Incarceration	
2 years minus 1 day (%)	16
2 to 5 years (%)	28
5 to 10 years (%)	16
≥ 10 years (%)	6
Life (%)	28

available for 22 of the women, and 14 were initially charged with first-degree murder (Table 2). The charge at the actual time of the trial had changed; in fact, the court accused one-third of the women with first-degree murder and another one-third with second-degree murder. The trial outcome found 18 women guilty (18/32, 56%), and one-half received a verdict of manslaughter.

In our sample, 14 received a medical disposition (14/32, 44%). All except 1 of these women was found NGRI. The exception was a woman who remained unfit to stand trial because of severe neurological problems that related to the offence.

Table 3 displays court dispositions. Almost all women (94%) who were found guilty were sentenced to prison. The length of detention varied from 2 years minus 1 day of imprisonment to mandatory life sentences. Five women were sentenced to life imprisonment (5/18, 28%).

Comparison Between the 2 Subgroups

Significant differences were found for 6 variables. Socio-economic status differed between the subgroups (Note 2). Results indicate that women sentenced to prison had a lower socioeconomic status than those referred to psychiatric institutions (77% vs 39%; $\chi^2 = 4.43$, $df = 1$, $P = 0.035$). The criminal

history differed among the subgroups; one-third of the women sentenced to prison had a prior criminal history, but this was not the case for any of the medically oriented women ($\chi^2 = 5.37$, $df = 1$, $P = 0.020$, Fisher's $P = 0.028$). Similarly, those sentenced to prison had a more frequent substance abuse history than had medically oriented women (29% vs 0%; $\chi^2 = 3.94$, $df = 1$, $P = 0.047$, Fisher's $P = 0.125$).

Significant differences were found in the psychiatric history: all the women who were medically oriented and 41% of the women who were found guilty ($\chi^2 = 11.47$, $df = 1$, $P = 0.001$, Fisher's $P = 0.001$) had a previous psychiatric record. Most medically oriented women suffered from psychotic symptoms (62%). None who were found guilty presented with such symptoms ($\chi^2 = 13.60$, $df = 1$, $P = 0.000$, Fisher's $P = 0.000$). With respect to the first orientation following the homicide, the subgroups did differ significantly. In fact, most who were medically oriented at the end of the legal process were initially taken care of by the health care system (71% vs 22%; $\chi^2 = 7.75$, $df = 1$, $P = 0.005$).

Discussion

Our results indicate that a slight majority of women received a penal disposition (56%). The most common verdict was manslaughter, as shown in other studies, but none received a verdict of first-degree murder (19,28). Some of the women in our study received a verdict of second-degree murder. This proportion is high, compared with results from other studies, wherein the percentage of women receiving a sentence for murder ranged from 0% to 2% (21,27–29). To our knowledge, the research done by Marks and Kumar in Scotland is the only study that identifies a high percentage of women who received a verdict of murder (15.4%, 2/13) (19). However, it is important to note that, in Scotland, there is no legal charge available for infanticide.

The percentage of women who received a medical disposition is lower than are other results collected in the literature on filicide (1,28,29). This discrepancy can be partly attributed to inclusion of probation orders with a condition of psychiatric treatment, which we consider to be mainly a legal disposition.

In our sample, 9 women killed a child under age 12 months, and 3 were found guilty of infanticide (33%). These results contrast with data from the UK and Hong Kong, where the percentage of women who are found guilty of infanticide is higher (28,29). Often, an infanticide charge is associated with postpartum depression. The major arguments against sentencing women who suffered from a postpartum depression at the time of the offence are as follows: 1) an illness beyond their control caused these women's homicidal acts, 2) they have already suffered enough, 3) they have lost their offspring and have to live with the guilt related to their behaviour, and

4) they do not represent a threat to others as long as they do not have other children (32,33).

Data concerning the length of prison sentence indicate that most women (14/18, 78%) received a sentence that exceeded 2 years, and 5 women received a sentence of life imprisonment. These results differ from other studies, wherein fewer than 25% of women received a prison sentence or a sentence of life imprisonment (19,21,27–29). This suggests that the legal system in the province of Quebec treats maternal filicide more harshly than do other jurisdictions. One interesting consideration for further studies would be how the legal system reacts in other parts of Canada toward the same type of offence.

Our data indicate that women who received a penal disposition had a lower socioeconomic status than did those who received a medical disposition. Similarly, other studies confirmed this result (29,34). Possibly, women of low socioeconomic status were judged more severely by the judicial system (35–37).

Variables such as the criminal and substance abuse history were more often present among women who received a penal disposition. Of women sent to prison, only a low percentage had a prior criminal record (1 or few criminal convictions). No medically oriented women had such a record. Holden and others showed that NGRI women more likely had a history of drug abuse than did criminally responsible women (30). They found, however, that criminal history did not differ significantly.

Our data indicate that, according to Canadian law, medically oriented women were more likely to have suffered from psychosis at the time of the offence than did women who received a penal disposition. In the same way, women in this subgroup showed more incidence of a psychiatric history. Other authors have found similar results for women who killed their children (30), for women or men who committed a homicide (38), and for women or men who threatened to kill (39).

Our subgroups did not differ in demographic characteristics; specifically, marital status, the number or age of the victims, and suicide attempts concomitant with the murder and methods used to kill their victims. The homicidal motivation does not differ when studied according to the prevalence of altruism, contrary to what Holden and others predicted (30).

Conclusion

Our results indicate that a higher percentage of women were sent to prison, compared with other samples from different studies. Those sent to prison in our legal system received harsher sentences, compared with results from Commonwealth countries. It is important to clearly understand why

some women receive more severe sentences than do others and to look at what is the reality concerning filicidal fathers.

There were interesting results from this study. First, differences were found between the subgroups of women on several variables: socioeconomic status, criminal history, substance abuse history, psychiatric history, psychotic symptoms, and type of initial disposition. This suggests that these variables play an important role in the legal outcome of these women, whether they are medically or judicially oriented. Other variables might relate to the type of disposition. Possibly, the mother's behaviour following the offence (presence or lack of remorse), the nature of the evaluation, the sex of the judge and lawyer, and the court proceedings could play a significant role. The interaction between these elements would be interesting to observe in future quantitative and qualitative studies.

These results suggest that the profiles of the 2 subgroups of women differ on many aspects. This supports the hypothesis put forward by some authors that 2 distinct subgroups of filicidal women exist. These statistical differences, however, do not necessarily discriminate these 2 subgroups in terms of clinical relevance, except for whether or not psychosis existed at the time of the offence and at the time of psychiatric history. For clinical intervention in filicidal prevention, classifying the women who are being assessed according to these subgroups does not seem to matter. Evaluating dangerousness will nevertheless be done according to whether or not delusions exist involving children, the age and number of children, the availability of weapons, and the possibility of having another responsible adult take care of the children until the crisis is resolved.

Notes

1. Our sample is from 1981 to 1991. The label "not criminally responsible on account of a mental disorder" has been used since 1992 but refers basically to the same status.
2. The socioeconomic status was inferred according to whether they were working or not, the level of scolarity, and the availability of social assistance or unemployment benefits.

References

1. Resnick PJ. Child murder by parents: a psychiatric review of filicide. *Am J Psychiatry* 1969;126:325–34.
2. Bourget D, Bradford JMW. Homicidal parents. *Can J Psychiatry* 1990;35:233–8.
3. Myers SA. Maternal filicide. *American Journal of Disabled Child* 1970;120:534–6.
4. Harder T. The psychopathology of infanticide. *Acta Psychiatr Scand* 1967;43:196–245.
5. Marleau JD, Roy R, Laporte L, Webanck T, Poulin B. Homicide d'enfants commis par la mère. *Can J Psychiatry* 1995;40:142–9.
6. Lomis MJ. Maternal filicide: a preliminary examination of culture and victim sex. *Int J Law Psychiatry* 1986;9:503–6.
7. Browne WJ, Palmer AJ. A preliminary study of schizophrenic women who murdered their children. *Hosp Community Psychiatry* 1975;26:71–2.
8. Lewis CF, Baranoski MV, Buchanan JA, Benedek EP. Factors associated with weapon use in maternal filicide. *J Forensic Sci* 1998;43:613–8.
9. McKee R, Shea SJ. Maternal filicide: a cross national comparison. *J Clin Psychol* 1998;54:679–87.

10. Meszaros K, Fischer-Danzinger D. Extended suicide attempt: psychopathology, personality and risk factors. *Psychopathology* 2000;33:5–10.
11. Fedorowycz O. L'Homicide au Canada 1998. *Juristat* 1999;19:1–15.
12. Copeland AR. Homicide in childhood: the Metro-Dade county experience from 1956 to 1982. *Am J Forensic Med Pathol* 1985;6:21–4.
13. Kaplan D, Reich R. The murdered child and his killers. *Am J Psychiatry* 1976;133:809–13.
14. Jason J. Child homicide spectrum. *American Journal of Disabled Child* 1983;137:578–81.
15. Adelson L. Slaughter of the innocents: a study of forty-six homicides in which the victims were children. *N Engl J Med* 1961;64:1345–9.
16. Adelson L. Pesticide revisited: the slaughter continues. *Am J Forensic Med Pathol* 1991;12:16–26.
17. Fornes P, Druilhe L, Lecomte D. Childhood homicide in Paris, 1990–1993: a case report of 81 cases. *J Forensic Sci* 1995;40:201–4.
18. Krugman RD. Fatal child abuse: analysis of 24 cases. *Pediatrician* 1983–1985;12:68–72.
19. Marks MN, Kumar R. Infanticide in Scotland. *Med Sci Law* 1996;36:299–305.
20. Somander LH, Rammer LM. Intra- and extrafamilial child homicide in Sweden 1971–1980. *Child Abuse Negl* 1991;15:45–55.
21. Marks MN, Kumar R. Infanticide in England and Wales. *Med Sci Law* 1993;33:329–39.
22. Wright C, Leroux JP. Les enfants victimes d'actes criminels violents. *Juristat* 1991;11:1–13.
23. Myers SA. The child slayer: a 25-year survey of homicides involving preadolescent victims. *Arch Gen Psychiatry* 1967;17:211–3.
24. Goetting A. When parents kill their young children: Detroit 1982–1986. *J Fam Violence* 1988;3:339–46.
25. Mackay RD. The consequences of killing very young children. *Crim Law Rev* 1993;40:21–30.
26. Wilczynski A. Child homicide. London: Greenwich Medical Media; 1997.
27. Wilczynski A. Images of women who kill their infants: the mad and the bad. *Women Crim Justice* 1991;2:71–88.
28. Cheung PTK. Maternal filicide in Hong Kong, 1971–1985. *Med Sci Law* 1986;26:185–92.
29. d'Orban PT. Women who kill their children. *Br J Psychiatry* 1979;134:560–71.
30. Holden CE, Burland AS, Lemmen CA. Insanity and filicide: women who murder their children. *New Dir Ment Health Serv* 1996;69:25–34.
31. Laporte L. Le contrôle pénal et/ou thérapeutique des femmes filicides au Québec de 1981 à 1991. [Master's thesis]. Université de Montréal; 1999.
32. Ewing CP. Fatal families. The dynamics of intrafamilial homicide. Thousand Oaks (CA): Sage Publications; 1997.
33. Pitt SE, Bale EM. Neonaticide, infanticide, and filicide: a review of the literature. *Bull Am Acad Psychiatry Law* 1995;23:375–86.
34. Roy S. Le genre comme fondement de la différenciation des formes de contrôle social : l'exemple de l'incarcération. *Les cahiers du GRAPPP* 1990;10.
35. Horwitz AV. The logic of social control. London: Plenum Press; 1990. p 277.
36. Black DJ. The behavior of law. London: Academic Press; 1976. p 143.
37. Landreville P. Normes sociales et normes pénales: notes pour une analyse sociopolitique des normes. *Les cahiers de l'école de criminologie*. Montreal: Presses de l'Université de Montréal, 12, 1983; p 69.
38. Packer IK. Homicide and the insanity defense: a comparison of sane and insane murderers. *Behav Sci Law* 1987;5:25–35.
39. Barnes MT, Gordon WC, Hudson SM. The crime of threatening to kill. *J Interpers Violence* 2001;16:312–9.

Manuscript received March 2002, revised and accepted July 2002.

¹Criminologist, Institut Philippe-Pinel de Montréal, Montreal, Quebec.

²Psychologist, Institut Philippe-Pinel de Montréal, Montreal, Quebec.

³Anthropologist, Demographer, Research Center, Institut Philippe-Pinel de Montréal, Montreal, Quebec.

⁴Psychiatrist, Institut Philippe-Pinel de Montréal, Montreal, Quebec.

⁵Criminologist, Institut Philippe-Pinel de Montréal, Montreal, Quebec.

Address for correspondence: Ms L Laporte, Institut Philippe Pinel de Montréal, 10905 Henri-Bourassa Est, Montreal, QB H1C 1H1
e-mail: linelaporte@hotmail.com

Résumé : Femmes filicides : prison ou aile psychiatrique?

Objectif : Cette étude vise à examiner la procédure judiciaire que connaissent les femmes accusées de tuer leurs enfants et à comparer les variables qui distinguent celles trouvées coupables de celles qui ont reçu une décision médicale.

Méthode : L'échantillon comprend 32 femmes adultes qui ont tué leurs enfants biologiques dans la province de Québec sur une période de 11 ans (1981 à 1991).

Résultats : Sur l'échantillon, 18 femmes ont été trouvées coupables, et 14 ont reçu une décision médicale. Parmi celles qui faisaient l'objet d'une décision pénale, la plupart ont reçu une sentence de plus de 2 ans. Les femmes qui ont été incarcérées avaient un statut socio-économique plus faible et étaient plus susceptibles d'avoir des antécédents criminels et de toxicomanie que celles qui ont reçu une décision médicale. En outre, les femmes de ce dernier groupe étaient plus susceptibles d'avoir des antécédents psychiatriques, de souffrir de symptômes psychotiques et d'être dirigées vers le système de santé mentale immédiatement après leur crime.

Conclusions : Ces résultats comparatifs indiquent que les profils des femmes diffèrent selon certaines variables descriptives. D'un point de vue clinique, toutefois, ces résultats n'indiquent pas qu'une approche différente quant au traitement des femmes filicides ou à la prévention de filicide serait plus appropriée.