

A REVIEW OF FATAL CHILD MALTREATMENTS BY PARENTS

by

ROBIN CHERIE WONER

A capstone submitted to the

Graduate School-Camden

Rutgers, The State University of New Jersey

in partial fulfillment of the requirements

for the degree of Master of Arts in Liberal Studies

Graduate Program in

Liberal Studies

written under the direction of

Michelle Meloy, PhD

and approved by

---

Professor Stuart Charmé, PhD

Camden, New Jersey May 2013

# ABSTRACT OF THE CAPSTONE

## A REVIEW OF FATAL CHILD MALTREATMENTS BY PARENTS

BY ROBIN CHERIE WONER

Capstone Director:

Michelle Meloy, PhD

Child homicide is a horrific crime and it is even more devastating when it occurs at the hands of a parent. According to empirical studies, most children are killed as a result of neglect or abuse. Data also indicate that parents are the most likely perpetrators of this crime. In attempt to present the most comprehensive understanding of lethal child maltreatment, this review discusses the prevalence and risk factors of child maltreatment in all of its forms, including lethal acts of neglect and abuse. The most common victim offender relationship for crimes of child maltreatment and the high-risk situations for lethal child maltreatment are also discussed. The dynamics associated with maternal and paternal filicide are reviewed in detail, as are the costs and consequences for child maltreatment. Finally, policy responses and recommendations are offered.

TABLE OF CONTENTS

Title Page-----	i
Abstract-----	ii
Table of Contents-----	iii
Introduction-----	1
Typologies/Terms of lethal child maltreatment-----	2
Prevalence-----	4
Risk Factors of Fatal Child Maltreatment -----	6
Perpetrators of Fatal Child Maltreatment-----	9
Maternal Fatal Child Maltreatment-----	11
Paternal Fatal Child Maltreatment-----	14
Policies and Policy Recommendations -----	17
Prevention-----	19
References -----	23-24

## Introduction

Child homicide has a long history. An enduring question regarding child homicide is the issue of deaths committed by parents. Studies show that children are at higher risk of being murdered by their parents than by strangers (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). As a result, a child murder by a parent is increasingly an area of interest and research. Literature generally uses the terms neonaticide, infanticide, filicide and/or fatal child maltreatment to describe child homicide by parents. Furthermore, this paper examines the key variables that provoke this criminal behavior from parents.

Historically, research has focused on the role of the mother when a child dies from maltreatment (Koenen et al., 2008; Liem et al., 2008). However, in recent years, research has shown that fathers also kill their children, albeit in different ways (Koenen et al., 2008; Liem et al., 2008; Ragan, 2011). Because both mothers and fathers are identified as the perpetrators in lethal child maltreatment (in some cases with similar offending rates) one can argue that it is a gender-neutral crime. In other words, men and women are equally likely to engage in the criminal behavior (Ragan, 2011). Although lethal child maltreatment is the most serious form of abuse or neglect, millions of children will experience lesser forms of victimization. Studies indicate that the most common forms of child maltreatment are neglect, physical abuse and sexual abuse (Miller-Perrin et al., 2007; Karmen, 2010; Ragan, 2011).

The goal of this paper is to examine empirical research on lethal child maltreatment by parents and provide readers with a good understanding of how

maltreatment can lead to child death. Additionally, I will identify public policy issues concerning child homicide and provide recommendations that offer promise to reduce the rates of fatal child maltreatment. First, however, I will discuss the different types of child killing by parents.

### Typologies/Terms of lethal child maltreatment

#### *Neonaticide and Infanticide*

Neonaticide refers to the killing of a newborn child within 24 hours (Resnick 1969). Infanticide refers to killings of a child under one year of age (Resnick, 1969). Studies show that mothers are usually the perpetrators when an infant is killed (Liem et al., 2008). Studies indicate that most neonaticides are characterized by unwanted pregnancy and/or unwanted child (Resnick, 1969, Wilczynski, 1995). As such, these crimes appear to have different motivations than the killing of older children (Koenen et al., 2008). Furthermore, studies argue that infanticide may be due to a lack of maternal concern and desire for the child (Bourget et al., 2007; Schwartz & Isser, 2007; Wilczynski, 1995). Collectively, most evidence points to infanticide being caused by the birth of an unwanted child (Bourget et al., 2007; Schwartz & Isser, 2007; Wilczynski, 1995). However, some case study data linked infanticide to maternal substance abuse, psychotic illnesses, and severe depression (Koenen et al., 2008; Schwartz & Isser, 2007).

#### *Filicide*

Filicide is the murder of a child by a parent. Phillip Resnick's (1969) typologies of filicide are the most oft-cited and constructed by motive. These motives for filicide include altruism, acute psychosis, unwanted child, accident and spousal revenge (Resnick, 1969). Altruism filicide is defined as the motive of relieving the child of

suffering (Resnick, 1969). Altruism filicide often consists of murder associated with suicide (Resnick, 1969). Acutely psychotic filicide includes parents who kill under the influence of mental illness (Resnick, 1969). Unwanted-child filicide is stipulated as an act that is committed by parents who no longer desire to parent the victim (Resnick, 1969). Accidental filicide is an unintentional death that is typically caused by child abuse and connected with acts such as battered child syndrome (Resnick, 1969). Both mothers and fathers commit filicide (Bourget & Bradford, 1990; Resnick, 1969).

### Child Maltreatment

In the United States, there is no single accepted definition of child maltreatment (Ragan, 2011). According to the National Child Abuse and Neglect Data System (NCANDS) 2011 report, the minimum standard of child maltreatment, established by the Child Abuse Prevention and Treatment Act (as amended in 2003), is defined as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or, and act or failure to act which present an imminent risk of serious harm” (p. vii.). However, since there is not universal agreement regarding what exactly constitutes child maltreatment, definitions and estimates are highly variable. For instance, the conceptualization of “neglect” and “abuse” and “sexual assault” are defined and measured differently across studies (Miller-Perrin et al., 2007). The National Incidence Study of Child Abuse and Neglect (NIS) gives a primary example of difference in measurements of child maltreatment. The NIS measures incidences of child abuse and neglect based on two standards: The Harm Standard and the Endangerment Standard (Sedlak et al., 2010). The Harm Standard identifies abuse or neglect based on acts of omission by parents or caregivers that result

in substantiated harm (Sedlak et al., 2010). The Endangerment Standard includes all children who meet the qualifications of the Harm Standard but have not been abused or neglected (Sedlak et al., 2010).

### Prevalence

There are two primary data sources on child maltreatment. The annual reports are compiled and published by the National Child Abuse and Neglect Data System (NCANDS) (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). NCANDS gathers case-level data on children who received Child Protective Services agency (CPS) responses (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). These data contain CPS substantiated cases only (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). The National Incidence Study of Child Abuse and Neglect (NIS) is a data source that is published approximately every ten years and is composed of data that includes CPS statistics and non-CPS statistics (Sedlak et al., 2010). The NCANDS and the NIS are used to reflect the current status of child maltreatment and the overall trends of child abuse and neglect over time.

There were 3.4 million reports of child abuse to Child CPS in 2011 (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Recent data indicate that these estimates are lower than previous years and that child maltreatment is

on a decline. Based on the most recent NIS estimates of child maltreatment, nearly 1.25 million children experienced maltreatment during 2005-2006 (Sedlak et al., 2010). In comparison, the 2011 NCANDS report showed that 681,000 children had CPS substantiated maltreatment victimization (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). These numbers are slightly lower than their all time high of 702,000 substantiated cases of child maltreatment, which occurred in 2009. Although prevalence estimates vary across these two primary data sources (due to their methodological differences), both reflect a downward trend in child maltreatment, both substantiate that most frequent forms of child maltreatment are in the form of neglect and abuse, and both confirm that most child maltreatment is committed by at least one of the biological parents (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012; Sedlak et al., 2010).

More specifically, the NCANDS 2011 report indicates that 78.5 % of children suffered from neglect, 17.6% of children suffered from abuse and 9.1% of children suffered from sexual abuse (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). The report showed that 87.6% of child abuse and neglect was committed by at least one biological parent (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012).

The most extreme forms of child maltreatment can result in child fatalities (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). The National Child Abuse and Neglect Data System (NCANDS) 2011 report showed a national total of 1,570 children died from abuse and neglect according to the most recent data. These data also indicated that about 78.3 % of the child fatalities were committed by at least one biological parent (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Although the overall trends for child maltreatment indicate a decline in the number of victims, the data on lethal child abuse has been more uneven. For example, studies show that the number of reported child fatalities due to child abuse and neglect has fluctuated during the past five years from 1,608 in 2007 to a high of 1,685 in 2009 to a low of 1,545 in 2011" (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Therefore, lethal child maltreatment numbers are lower in 2011 than previous years. However, because the absolute numbers are so small, the reduction in cases may be real (i.e., fewer children died as a result of maltreatment) or merely a statistical artifact (i.e., same number of children died or more children died by maltreatment but changes in counting or reporting indicate a reduction). Lethal child maltreatment prevalence requires further investigation.

#### Risk Factors for Fatal Child Maltreatment

Studies indicate that there are several risks factors for lethal child maltreatment victimization (Sedlak et al., 2010; U.S. Department of Health and Human Services,

Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). The demographics among victims of lethal child maltreatment include age, gender, race, socioeconomic status, family size, location of residency, disability status, intimate partner violence and family structure (Sedlak et al., 2010; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). However, according to the NCANDS, the most common influential risk factors for fatal maltreatment are race, gender and especially age of the victim. More specifically, younger children face the highest risk of fatal maltreatment (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). According to NCANDS (2011), in 2011, 81.6% of children who died from abuse and neglect were younger than 4 years old. Younger children may be at greater risk for child maltreatment due to their dependency and vulnerability (Ragan, 2011).

Gender and race are also significant factors in lethal maltreatment. According to one major data source, boys experience higher rates of fatal maltreatment than girls (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). However, the role of gender as a risk factor for child maltreatment is not entirely understood. For example, the NIS indicated that girls (not boys!) experience higher rates of child maltreatment (Sedlak et al., 2010). However, when specifically examining lethal child maltreatment, data for 2011 showed that 59.1% of victims were boys compared with about 41% of female victims (U.S. Department of Health and Human Services,

Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012).

Race and ethnicity are also risk factors for lethal child maltreatment. According to the NCANDS (2011) 28.2% of the children were African-American, 17.8 % of the children were Hispanic and 40.5 % of the children were White. Studies show that African American children had the highest rate of child fatalities (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). More specifically, Black children are 3 to 4 more times more likely than White children to be the victims of lethal child maltreatment (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Thus, black victims of lethal child maltreatment are overrepresented.

However, some evidence suggests that when poverty, socioeconomic status and location of residence are statistically controlled for, race is no longer predictive of lethal child maltreatment (Ragan, 2011). Other risk factors of lethal child maltreatment victimization include children who live in poverty-stricken environments and household with an unemployed parent (Sedlak et al., 2010). Children residing with single parents who have live-in partners experience high levels of abuse and neglect (Sedlak et al., 2010). Children living in large sized families experience more neglect and abuse than those living in smaller sized families (Sedlak et al., 2010). Residence in a rural area is consistent risk factor, across time and data source, for lethal child maltreatment (Sedlak et al., 2010). Perhaps a lack of resources, lack of training, and lack of oversight by authorities or other mandated reporters in rural areas explains this troubling relationship.

### Perpetrators of Fatal Child Maltreatment

As previously stated, parents are the primary perpetrators of fatal maltreatment. According to one major data source, 15.3% of children were killed by their father, 1.7 % were killed by their father and other, 26.4 % were killed by their mother, 13.0% were killed by their mother and other and 22.0% of the cases reflected a homicide by both parents (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). However, specific gendered offending patterns emerge. For instance, when mothers kill their children it's generally associated with lethal acts of neglect (Ragan, 2011; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). When fathers kill their children it's most often as a result of physical abuse (Ragan, 2011; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). The increased likelihood for a mother to be the perpetrator of fatal child maltreatment is related to gendered offending patterns and gendered nature of child care taking. Let me elaborate. Over seventy percent of children killed by a parent died from neglect (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Most children die by neglect (versus abuse). Most neglect related child deaths are committed by mothers, in part, because gender norms stipulate that mothers (compared with fathers) are typically responsible for child rearing and thus have more opportunities to neglect

their children. Therefore, these patterns are likely to explain why females (at least slightly) outpace males as perpetrators of lethal child maltreatment (see Ragan, 2011).

The age and race of the perpetrator is also a factor in lethal maltreatment. For example, according to NCANDS (2011) 84.6% of perpetrators were between the ages of 20 and 49 years: 36.4% were between the ages of 20–29 years, 32.3 % were between the ages of 30–39 years and 15.9 % were between the ages of 40–49 years. Studies indicated that the greatest constellation of risk is when the perpetrator is between the ages of 20-29, has a low economic status, low education level and live in highly stressful situations (Ragan, 2011).

In regards to race, 20.2% of perpetrators were African-American, 19.2% were Hispanic, 48.4 % were White, 1.1% were American Indian or Alaska Native, 1.0% Asian and 1.0 % were multiple races (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2012). Other risk factors to perpetrators of fatal child maltreatment include alcohol abuse, domestic violence and drug abuse (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2012). According to Karmen, in regards to the backgrounds of physically abuse children, “beatings are more likely to occur in dysfunctional families racked by a combination of symptoms of marital discord: the parents fight viciously; one or both of the parents are currently drug abusers and/alcoholics; and the mother was raised by a substance-abusing parents” (Karmen, 2010, p. 240).

In summation, of the documented cases of child abuse and neglect there are many common risks factors. Children are most at risk when exposed to parental figures under certain circumstances, such as stress, alcohol or drug abuse, socioeconomic status, age and gender. These factors are present in a large percentage of studied cases. However, they are not the only factors in child abuse and neglect. Ultimately, there are many reasons and circumstances under which a child can be abused and/or neglected.

### *Maternal Fatal Child Maltreatment*

This section of the paper will further explain the risk factors and characteristics of female perpetrators of lethal child maltreatment. The primary risk factors associated with fatal child maltreatment by women include age, socioeconomic status and psychological state. Studies suggest that these factors are associated with a mother's inability to bond with her child or understand child development, high levels of stress, and a history of child abuse and neglect when the mother was young (Ragan, 2011).

Research shows that younger women and single women are at greater risk of killing younger children (Schwartz & Isser, 2007). These women are disproportionately the offenders of neonaticide and infanticide (Bourget et al., 2007; Schwartz & Isser, 2007). Additional risk factors among young women include low socioeconomic status, level of education, little or no prenatal care and no desire to parent a child (Bourget et al., 2007; Schwartz & Isser, 2007). However, many recent and high-profile cases of neonaticide and infanticide involved white college students from middle class backgrounds (Schwartz & Isser, 2007). These situations have been linked to motives of maintaining their "perfect girl" image with their families and friends. Bourget et al. (2007) found that women who commit neonaticide and infanticide show lower levels

of depression, psychotic illnesses, and have fewer suicide attempts than women who kill older children. This may be due to the fact that younger and unmarried women typically have fewer life stressors and obligations than their older or married counterparts.

Mothers who kill older children are known to struggle with depression, and/or have a psychotic illness and/or postpartum psychosis (Bourget et al., 2007; Schwartz & Isser, 2007). Typical risk factors among women who have killed their older children include marital stress, family strain, depression and psychotic illness (Bourget et al., 2007; Koenen & Thompson, 2008; Schwartz & Isser, 2007). Furthermore, mothers who kill their children have little or no spousal support and limited or no social support. Also, these mothers often experience high levels of psychological stress (Koenen and Thompson, 2008; Schwartz & Isser, 2007). Furthermore, Bourget et al. (2007) note married women who commit fatal maltreatment have a long history of substance abuse, psychiatric hospitalizations and suicide attempts.

Postpartum depression is a depression disorder that some women develop after pregnancy (Schwartz & Isser, 2007). Literature indicates that postpartum depression may be one of the most common forms of psychiatric disorders that generally develop after childbirth (Brockington, 2004). Schwartz and Isser (2007) note that postpartum depression is a type of depression that can be associated with genetics, social isolation, dysfunctional relationships and the presence of other/previous depression order. Publications on postpartum depression suggest that it has major effect on the family (Brockington, 2004). In many cases, the mother-infant relationship is disconnected; there is limited or no interaction between the mother and her child (Brockington, 2004). Post

partum depression can also cause a mother to form “detrimental” emotional reactions towards her child such as hatred, anger, irritability and resentment (Brockington, 2004).

Postpartum psychosis is the one of most severe forms of mental illness that occurs after childbirth (Brockington, 2004). Approximately one or two incidences of postpartum psychosis occur per 1,000 births (Brockington, 2004). Symptoms of postpartum psychosis include hallucinations, severe depression, mania, confusion, hyperactivity and mood swings (Brockington, 2004). Studies show that common risk factors for postpartum psychosis are bipolar disorders and psychotic illnesses (McLellan, 2006). The case of *Texas vs. Andrea Yates* illustrates how maternal infanticide is associated with postpartum psychosis (Spinelli, 2004). In 2001, Andrea Yates drowned her five children in a bathtub (Spinelli, 2004). According to studies, Yates had a severe case of postnatal mental illness (postpartum psychosis), which led her to kill her five children (McLellan, 2006). Studies note that after the birth of her fifth child she became “catatonic” and psychotic and informed authorities that Satan ordered her to kill her children (McLellan, 2006). Andrea was charged with capital murder, ultimately pleading the insanity defense and was given a life sentence (McLellan, 2006). The Andrea Yates case has become symbolic and influenced the development of medical and legal knowledge on postpartum mental illnesses, which will be further discussed in the policy section of this paper (Spinelli, 2004).

As mentioned in the earlier section, when mothers are involved in lethal child maltreatment the cause of death is usually neglect (Miller–Perrin et al., 2007; Ragan, 2011; Sedlak et al., 2010; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and

Families, Children's Bureau, 2012). In addition to the gendered child rearing norms of our culture, which increase the risk for women to be perpetrators of this form of lethal child maltreatment, having children at a young age, low levels of educational attainment and a lack of social support are also believed to increase the likelihood of maternal filicide (Barnett et al., 1997; Miller-Perrin et al., 2007). Some psychological characteristic of women who kill their children include intellectual deficits, behavior deficits, poor problem-solving skills and inappropriate development expectations for their children, depression, low self-esteem and parental stress (Barnett et al., 1997; Miller-Perrin et al., 2007). The discussion now turns to the risk factors associated with fathers who kill their children.

#### *Paternal Fatal Child Maltreatment*

There are general conclusions that can be made about fatal child maltreatment by fathers. As previously discussed, fatal child maltreatment is more likely to be committed by mothers than by fathers. However, fathers are certainly present as the offenders in these crimes. And there are distinctive patterns and risk factors associated with a father killing his child. More specifically, when fathers kill their children the cause of death is generally physical abuse (rather than neglect as with mothers who kill) (Sedlak et al., 2010; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012). Some common risk factors associated with paternal fatal maltreatment include low socioeconomic status, low education levels, marriage problems, financial strains and lack of understanding child development, social isolation and/or lack of social support (Bourget et al., 2007). Many of these risks are predictive of mothers who kill their

children as well. Spousal revenge, separation and infidelity are also risk factors for paternal filicide and appear to be specific to male offenders (Alt & Wells, 2010).

Research suggests that socioeconomic factors and family stressors are the most common factors associated with fatal maltreatment by fathers (Marleau et al., 1999; Schwartz & Isser, 2007). These factors usually include: unemployment at the time of the offense, living below poverty levels or financial instability (Alt & Wells, 2010; Bourget et al., 2007; Marleau et al., 1999). For example, many men who committed filicide lived in poverty and in isolation from social support groups (Schwartz & Isser, 2007). In addition to living in poverty and in isolation, most men offenders of child maltreatment also have substance abuse problems (Schwartz & Isser, 2007).

However prevalent, paternal fatal maltreatment is not exclusively a crime for poor fathers. Fathers of all socioeconomic statuses are represented as killers. In these instances of paternal filicide, the fathers are the primary breadwinners for their families and appear to be struggling with financial problems (Bourget et al. 2007; Marleau et al., 1999). Therefore, financial stress seems to be predictive of paternal filicide irrespective of socioeconomic status. This could be related to gendered expectations of males to be “good providers” for their families. Thus, as men struggle financially they may equate this with being a failure in their domestic responsibilities. This stress and perception of failure could help explain lethal violence among financially struggling fathers. Men who kill their children also tend to have a history of emotional problems such as psychotic illness, depression and personality disorders (Bourget et al., 2007; Marleau et al., 1999).

Because lethal child maltreatment is most often associated with physical abuse, it has been speculated that the death is related to attempts to discipline the

child(Wilczynski, 1995). Wilczynski (1995) noted that men (and women) kill their children as a result “of attempts to discipline a child for behavior regarded as annoying or disobedient” (p. 368). However, case study data by Marleau et al. (1999), reflected that stabbing was the most common form of killing by fathers and that father committed more violent types of child killings than mothers. Another prevalent form of fatal assault by men involves beatings, violent shakings and the shaken baby syndrome (SBS) (Schwartz & Isser, 2007). Like women and neglect, some of common risk factors associated with male child abuse offenders include stress, demographic factors, socioeconomic conditions, behavior deficits, psychological status (Schwartz & Isser, 2007).

Since there is less empirical data on men who kill their children (compared with mothers who kill) there are more questions than answers. However, some theories focus upon social definitions of masculinity as a possible explanation (Alder & Polk, 2001). In other words, being violent and aggressive with children presents an opportunity for the father to demonstrate his strength and power, which are facets of our conceptions of masculinity. In many case studies, fathers are trying to uphold a sense of power that has been taken away by the “hardships of societal obligations” (Alder & Polk, 2001, p. 11). Still, some fathers seem to kill their children and family to eliminate financial debt and to start a new; a life that is debt and family-free. Financially strapped fathers are humiliated by this failure and as the primary breadwinner; their only perceived solution is to kill. Theorist Messerschmitt noted, “crime by men is a form of social practice invoked as a resource, whether resources are unavailable, for accomplishing masculinity” (As cited in Alder & Polk, 2001, p. 11).

Recent literature raises the issues of why this type of stress is so prominent among fathers, and not mothers. Alder and Polk (2001) illustrate how the conflicting demands and expectations of fatherhood and the ways in which men negotiate their status as a “good” or “bad” father remain somewhat hidden (p. 167). And when reassessing the role of fatherhood, there are certain expectations that exemplify the nature of fatherhood. Therefore when those societal expectations aren’t met within the family dynamics, the father may search for a way to affirm his masculinity. Through homicidal acts of a family, a father is able to re-establish a sense of control over himself and his family. He has the final say in determining the fate of his family. Adherence to narrow roles of “fatherhood” as being equivalent to “financial providers” and the antithesis of femininity (i.e., caretaking and nurturing) may have explanatory value in understanding why fathers kill their children and especially why they kill their entire families. The theories discussed show how sociological, psychological and situational factors play an essential role in how fathers perceive their primary roles as fathers. Society has constructed specific roles for fathers and when those expectations are not met, fathers turn to killing.

#### Policies and Policy Recommendation

With regard to policies on child homicide, the first government to enact a law distinguishing infanticide from murder was Russia in 1643 (Koenen & Thompson, 2008). According to Koenen and Thompson (2008) by 1922 all European nations had adopted similar statutes, indicating penalties for persons who committed filicide. In the US, the state maintains legal responsibility for the well being of its children (Koenen & Thompson, 2008). The US has also legislated statutes that hold parents accountable for their failure to protect their children (Koenen & Thompson, 2008). Not all states have

passed such laws but those that have pass them have allowed states to prosecute parents for failure to care for their children and subjected them to criminal penalties (Schwartz & Isser, 2007).

More recently, several countries including the United States and Canada have enacted legislation to empower child protective agencies to intervene when suspicions arise that the child is at risk of abuse or neglect (Bourget et al., 2007). There are many approaches to address the issue of child maltreatment. Most literature on child maltreatment suggests tougher mandatory reporting laws, community notification laws and criminal sanctions are still needed (Miller-Perrin et al., 2007). Mandatory reporting laws require professionals such as doctors, social workers and teachers to report suspected acts of child neglect and abuse (Miller-Perrin et al., 2007). In the U.S. each state has a Department of social services that is responsible for child protection, this department is also referred to as Child Protective Services (CPS) (Miller-Perrin et al., 2007). However, CPS only deals with cases that are reported. Even with mandated reporting laws, many cases of child abuse and neglect go undetected due to the lack of awareness and other issues (Miller-Perrin et al., 2007).

What little information is known about prosecutions of lethal child maltreatment focuses on female killers. Many of these cases concerned issues of postpartum depression (or psychosis) the use of the insanity defenses, or severe emotional disturbance on the part of the mother (Schwartz & Isser, 2007). The Andrea Yates case brought more awareness to the issue of postpartum mental illnesses being used as a defense of insanity (Spinelli, 2004). Therefore, court proceedings use manyevaluation methods to measure the competency of mentally ill defendants (Spinelli, 2004). For

example, many U.S jurisdictions use the M'Naughten Test and the Model Penal Code/American Law Institute Test as two main formulations of the insanity defense (Spinelli, 2004). Spinelli illustrates how the M'Naughten Test was used in the context of the Yates cases by stating:

According to this test, a defendant is judged insane only if she can prove that, because of a mental disability, she either did not know right from wrong at the time she committed the ultimately criminal act or did not understand the nature and quality of that act. This archaic ruling is the basis for a finding of insanity in the state of Texas, where Andrea Yates was prosecuted (Spinelli, 2004, p. 1552). Additionally, each state has different child protection directives and standards and their own criminal laws (Alt & Wells, 2010). Alt & Wells (2010) give an example how the criminal justice system works with regards to the court process:

Ultimately there are the charges to be filed and the punishment assigned against a woman, man or other caretaker is determined by a number of factors. These include the beliefs of the legislators as the proper writing of the statutes, the thoroughness of police investigations, the charges brought by the prosecutors, and ultimately the defense lawyers, jury member and judge in the cases. A verdict can be swayed by the political aspirations for the legislators and lawyer, the sympathy or lack thereof of the jury members and the interest of the presiding judge (p. 104).

Alt & Wells (2010) continue to note that even though child homicides seem similar in nature among mothers, father and caregivers, sentencing varies for each particular case. Most states have not attempted to try to allow classifications such as infanticide, neonaticide and filicide as reasonable defenses (Alt & Wells, 2010). Ultimately charges of child homicide are based on the type of crime committed (Alt & Wells, 2010).

### Prevention

Most prevention aims towards eliminating the risk of child homicides through parenting education, psychological evaluations and child protective agencies (Schwartz & Isser, 2007; Bourget et al., 2007; Koenen & Thompson, 2008). Research suggests that these prevention measures are necessary and can reduce child homicide rates overall

(Bourget et al., 2007; Schwartz & Isser, 2007; Koenen & Thompson, 2008; Miller-Perrin et al., 2007). Ultimately, identifying the different characteristics and risks that are associated with men and women who commit child murder can provide the basic structure needed to better tackle and prevent these conditions.

According to Schwartz and Isser (2007) parenting education is one of the most crucial elements in preventing child homicides among parents. As we discussed, most parents who kill their children are young and lack social support (Bourget et. al., 2007; Koenen & Thompson, 2008; Schwartz & Isser, 2007). Schwartz and Isser (2007) argue that parenting classes will help parents understand child development and ultimately develop mature parents. They note that many women and men who kill their children are not fully mature adults:

They lack the discipline and dedication that it takes in order to raise children. Studies show that parents, especially fathers or those in that role must be shown the value and effectiveness of alternative disciplinary strategies to shaking and beating children. Classes for parents and caregivers should be available at no charge as a community service; the media as well should contribute information and samples of appropriate disciplinary techniques (Schwartz & Isser, 2007, p. 209).

Schwartz and Isser (2007) point out that some of the men and women who commit child homicides are not aware that the death of a child could be an outcome of negligent actions. Yet, parental neglect is the single greatest killer of children. Increased awareness and education could be beneficial. (As cited in Koenen & Thompson, 2008).

Other forms of prevention include advocacy groups such as crisis nurseries where parents can drop off their children, as a safe haven, when risk factors such as emotional distress and financial stress are present (see Karmen, 2010). Another effective prevention program is the Child Visiting Nurse Program, which targets at risk young mothers living in poor inner city neighborhoods. These programs provide quality nursing care to

children, donate resources, and provide health and education initiatives to vulnerable parents.

Research suggests that psychological evaluations and medical evaluations can help identify and treat underlying risk factors for perpetrating child maltreatment (Bourget et al., 2007; Koenen & Thompson 2008; Schwartz & Isser, 2007). Psychological evaluations will allow proper officials to diagnose psychiatric disorders and suggest proper treatment (Koenen & Thompson, 2008). Koenen and Thompson (2008) suggests that social workers, physicians, nurses and other professionals who deal with “at- risk” individuals should be properly trained to identify signs of psychotic illnesses. Bourget et al. (2007) note “depressed parents with suicidal ideation should be asked directly their thoughts on the impact of their suicide on their child’s future and should be provided with the necessary treatment and support” (p. 80). These treatments can bring awareness to child protective agencies that a child may in danger due to his/her caregiver’s mental state.

More interventions that are unique to parental abuse, neglect and sexual abuse are needed to help combat child maltreatment. In addition, once child maltreatment has been reported, the investigation and monitoring by child protective services needs to be more comprehensive with wrap around services and follow through. As studies have demonstrated, child maltreatment has a long-term effect on child victims and their offenders. My overall goal was to demonstrate how child homicide happens in many forms and lethal maltreatment is a result of child maltreatment. Additionally, I wanted to show readers that children are at most risk in the hands of parents and guardians. In summation, children are not expendable; therefore it is our responsibility as a society to

protect them, even from the people responsible for them.

## References

- Alder, C., & Polk, K. (2001). *Child victims of homicide*. Cambridge, UK: Cambridge University Press.
- Alt, B. L., & Wells, S. K. (2010). *When caregivers kill: Understanding child murder by parents and other guardians*. Lanham, MD: Rowman & Littlefield Publishers.
- Barnett, O.W., Miller-Perrin, C. L., & Perrin, R. D. (1997). *Family violence across the lifespan: An introduction*. Thousand Oaks, CA: Sage Publications, Inc.
- Bourget, D., Bradford, J. M. (1990). Homicidal parents. *Canadian Journal of Psychiatry*, 35, 233-238.
- Bourget, D., Grace, J., & Whitehurst, L. (2007). A review of maternal and paternal filicide. *The Journal of the American Academy of Psychiatry and the Law*, 35, 74-82.
- Brockington, I. (2004). Postpartum psychiatric disorders. *Lancet*, 363(9405), 303-310.
- Karmen, A. (2010). *Crime victims: An introduction to victimology*. Belmont, CA: Wadsworth Cengage Learning.
- Koenen, M., & Thompson, J. (2008). Filicide: Historical review and prevention of child death by parent. *Infant Mental Health Journal*, 29(1), 61-75.
- Liem, M., & Koenradt, F. (2008). Filicide: A comparative study of maternal versus paternal child homicide. *Criminal Behavior and Mental Health*, 18(3), 166-76.
- Marleau, J., Poulin, B., Webanck, T., Roy, R., & Laporte, L. (1999). Paternal Filicide: A Study of 10 Men. *Canadian Journal of Psychiatry*, 44, 57-63.
- McLellan, F. (2006). Mental health and justice: the case of Andrea Yates. *The Lancet*, 368(9551), 1951-1954.
- Miller-Perrin, C. L., & Perrin, R.D. (2007). *Child maltreatment: An introduction*. Thousand Oaks, CA: Sage Publications, Inc.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Schwartz, L. L., & Isser, N. (2007). *Child homicide: Parents who kill*. Boca Raton, FL: CRC/Taylor & Francis Group.

- Ragan, K. L. (2011). Fatal child maltreatment: The challenges of identifying the causes and incidence of deaths from abuse and neglect. *The Juvenile Skeleton in Forensic Abuse Investigations*, 7-17.
- Resnick, P. J. (1969) Child murder by parents; a psychiatric review of filicide. *American Journal of Psychiatry*, 126, 73-82.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child Maltreatment 2011*.
- Wilczynski, A. (1995). Child killing by parents: A motivational model. *Child Abuse Review*, 4, 365-370.