

Forensic Analysis and Psycholegal Implications of Parricide and Attempted Parricide*

REFERENCE: Weisman AM, Sharma KK. Forensic analysis and psycholegal implications of parricide and attempted parricide. *J Forensic Sci* 1997;42(6):1107-1113.

ABSTRACT: In a retrospective archive study, 64 adjudicated adult cases involving the murder or attempted murder of at least one parent, referred for forensic evaluations are described. Biographic, demographic, diagnostic, crime scene, psycholegal opinion, and disposition data are presented. Results indicated a 40% rate of insanity acquittes. Attempted parricide subjects were more likely to have inpatient psychiatric histories, witnesses present during the criminal act, nonresponsiveness towards their actions, competency raised, and a hospital disposition. Gender and ethnicity were found to have a significant effect on ultimate disposition. Fifty-four percent of the sample opined psychotic were sentenced to prison, suggesting other factors considered by judge and jury. Profile characteristics and typologies are presented. The findings are compared to studies involving parricide and legal strategies involving similar cases.

KEYWORDS: forensic science, forensic psychiatry, parricide, matricide, patricide, murder, intrafamilial violence

Parricide, the killing of one's father or mother by an offspring, was considered to be a cultural taboo which historically occurred only in bizarre and isolated instances. In recent years, however, the popular media's focus on high publicity cases has given the impression that parricide is increasing. Despite such a magnification, published crime data indicate this form of intimate homicide is rare. United States Governmental data (1) indicate that parricide accounts for less than 2% of all homicide cases, or the equivalent of approximately 300 deaths annually. The rate of matricides (mother victims), as a percentage of all murders, range between 0.6 and 0.8%. Similarly, the rate of patricide (father victims) range between 0.7 and 1.1% of total annual murders. Over 80% of parricides involve a son who kills his parent, primarily his father. The rarest instance involving a daughter who kills her mother (2). European data indicate that parricides account for 2-5% of annual homicides (3-5). Crime statistics from California are similar to national data; between 0.9-1.1% of all homicides involve parents (6). In a study which examined the FBI database regarding parricide rates and

criminal street violence, between 1977 and 1988, parricide rates correlated negatively ($r = -0.59$) with the rate of violent crime and increased availability of handguns (7). Such stability of parricide rates suggests this form of intimate violence may be distinctly different and should be examined separately (8).

Despite the relatively small incidence of parricide, forensic mental health professionals are appointed by the justice system to address a number of psycholegal questions (e.g., insanity, competency, diminished capacity, criminal responsibility) in far greater proportions than other murder or aggravated assault cases. In addition, forensic experts and mental health professionals have begun to recognize unique characteristics among parricide offenders with respect to their premorbid characteristics, circumstances surrounding the instant offense, and judicial disposition. Research has only begun to explore the premorbid features of adult perpetrators and psycholegal implications of such cases.

With the exception of the literary analyses of works containing real or symbolic parricidal themes, forensic literature on parricide may be found in two areas: case studies (9-15) and group studies involving captive prisoners or psychiatric patients (4,5,16-18). Case studies on juvenile samples suggest that the criminal act is a response to long-standing child abuse (19-23). Heide (21) stated, that "the severely abused child is the most frequently encountered type among adolescent parricide offenders." Case histories often reveal an abusive parent, typically the father or step-father, coupled with a depressed and suicidal male perpetrator. Heide acknowledged adolescent parricide offenders also include the severely mentally ill and dangerously antisocial, but in smaller frequencies compared to severely abused children.

Adult samples have been described as falling within similar subgroups as adolescent literature, although with different distributions. In contrast with the adolescent analyses, adult perpetrators who kill their parents in retaliation for physical or mental brutality are relatively rare (22). More often than not, adult perpetrators have a history of severe mental illness with little or no history of parental abuse (24). In the adult case studies, sons are the more likely offenders, killing their mothers more often than fathers. The clinical literature portrays the adult son as possessing a recognizable mental illness, such as paranoid schizophrenia. The immature son is often embroiled in a hostile-dependent relationship with a dominant mother. This develops into what has been described as "catathymic homicide," with chronic emotional tension caused by traumatic experiences, projection of responsibility for the internal tension state onto the external situation, and the perception of violence as the only way out of the situation (25,26). Here, the criminal act is perpetrated in a sudden rush of emotional tensions, with little premeditation or deliberation, and thus often leads to judicial verdicts of insanity, involuntary manslaughter, or simple

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*This is a revised version of a paper presented at the 47th Annual Meeting of the American Academy of Forensic Sciences, Seattle, WA, 13-18 February 1995.

Received 15 Dec. 1995; and in revised form 20 Nov. 1996, 31 March 1997; accepted 19 May 1997.

assault. Daughter offenders are very rare, with a ratio to sons ranging between 5 and 10-to-1 (5,19) and they often choose their mother as the victim (27,28). Double parricides are almost the exclusive domain of sons. The second most frequent subgroup involves adults killing their parents for sociopathic reasons such as monetary gain (e.g., insurance benefits) or in the commission of robbery to avoid arrest. This dangerously antisocial offspring has only recently been brought to the forefront by both researchers and the media. In such cases, there is no mental illness or impairment present. Any abuse history present is not correlated with the offense. Other circumstances surrounding parricide, include the adult perpetrator in a situation in which the parent is dependent upon them for support (e.g., elder abuse), or the adult killing as a result of the ingestion of substances of abuse. An extremely rare variant of parricide, involves "mercy killings" and attempts at euthanasia. While the outcome of the event is the death of the parent, the intent does not meet the legal criteria for murder and will not be addressed in this paper.

Legal Review

Legal review articles have covered parricide in terms of criminal responsibility and self-defense claims (29–37). Articles dwell primarily upon publicly available juvenile cases, which address the "battered child syndrome," where the child killed in some combination of fear, revenge, or self-defense. This creates the view of raising a defense strategy of "justified homicide," analogous to the self-defense claim inherent in cases where a battered woman kills.³ Here, prior abuse is used as a complete defense or mitigating factor by which to reduce the charge. This points to an involuntary or voluntary manslaughter as opposed to first- or second-degree murder conviction. This defense strategy has been successful, principally in juvenile cases, and has been attempted in non-confrontational situations when the victim is sleeping or passive at the time of the killing. In contrast to minors, the defense of an adult perpetrator rests primarily upon the mental condition prior to and at the time of the offense. Either insanity is raised or the defendant's mental condition is used as a mitigating factor to modify the sentence (e.g., hospitalization, treatment in lieu of incarceration, reduced incarceration term). For adult parricide cases, the abuse or self-defense strategy has been used as an "exotic" or uncommon strategy and, to date, has a poor acquittal rate. This may be because the trier of fact considers "older" children as having the ability to independently leave the abusive relationship, as compared to younger children who are often economically or emotionally dependent upon the parents.

In sum, although the discussion of parricide has recently been accelerated by the popular media, research has been limited to small captive populations and limited governmental data summaries based upon police arrests. The published legal treatments of parricide cases have tended to focus on adolescent cases and self-defense claims. The clinical literature regarding parricide cases and resulting legal treatments are limited because: (1) cases exist in which neither arrests nor charges are made, (2) cases are not reported to the press unless they rise to the appellate level or involve public figures, and (3) a majority of the cases are resolved through the plea bargaining process with the consultation of forensic examiners. Because many cases remain unknown, one is left

³Under California Penal Code 198, Justifiable homicide; sufficiency of fear, indicates that the circumstances must be sufficient to excite the fears of a reasonable person, and the party killing must have acted under the influence of such fears alone.

relying on sensational or biased cases with which to discern parricide. In recent years, researchers have attempted to collect multicenter data from subjects convicted of similar crimes, to develop and validate profile subtypes. Unfortunately, such studies have been limited due to the data source (anecdotal, governmental summaries). No studies, to date, have examined the parricide cases from a comprehensive viewpoint, looking at background variable, forensic impression, and following the cases through the adjudication process. Additionally, as a subgroup of parricide, cases of attempted parricide have been ignored in the literature, despite the observation that in many of the parricide case studies, mention is made of prior violent attacks upon the victim. Developing a large data set of parricide and attempted parricide cases, including biographic, crime scene, and legal treatments, would expand and enhance the limited knowledge base.

The current study represents an effort to add to the paucity of literature on the psycholegal implications of parricide and attempted cases and serves to provide a more extensive description of factors which influence the dispositions of such cases. An archival design permits analysis of the perpetrators' biography, including pre-offense, crime scene, and legal record data. This study reflects an examination of sixty-four cases in which an offspring was charged with the murder or attempted murder of at least one parent, and was referred to a forensic examiner for an evaluation within the trial process. A discussion of the patterns and profile characteristics follows.

Methods

Design

The present clinical archive study is based on 64 parricide and parricide attempt cases occurring between 1978 and 1996, evaluated by a forensic psychologist or psychiatrist. The evaluations involved a variety of forensic issues, including criminal responsibility, insanity, competency to stand trial, and pre-sentencing mitigation matters. Cases were drawn from Southern California, where the examiners are members of the Superior Court expert witness panel.

Parricide was defined as the murder of a father, mother, step-father, step-mother, adoptive parent, or both parents. The definition of attempted parricide was an aggravated assault on the parental figure(s), where the victim(s) survived through immediate medical care, witness intervention, or good fortune. This condition was included in the study because in each case the offense was carried out with the specific intent to kill the victim.

Archival data were initially drawn from examiner case files and forensic reports. This included other forensic examiners' reports, hospital records and arrest reports. Following the review, additional information was sought in court files, death records, and telephone interviews with defense counsel.

Data were collected and coded by the senior author and trained undergraduate assistants. Each sample file consisted of information regarding demographic, historical, crime scene, and legal proceeding information. Variables were based upon previous literature on parricide, family violence, and psycholegal disposition.

When applicable, Pearson's goodness-of-fit Chi-squared test was used for statistical analysis (38), with the $p = 0.05$ level as the criterion for statistical significance.

Results

A total of 64 subjects were examined in the study. Forty-five were in the parricide group and 19 were in the attempted parricide

group. Of the 64 subjects, 87% were male ($n = 56$). With regards to racial information, 58% were Caucasian ($n = 37$) and 25% African-American ($n = 16$). Caucasians tended to be more frequently represented in parricide (62%) than attempted parricide (47%) condition. The African American subjects were present in both groups in fairly equal numbers: 22% in parricide ($n = 10$) and 32% in attempted parricide ($n = 6$).

Of the 64 subjects, the mean age was 30.09 ($SD = 9.86$) with a range of 17 to 56. The mean age for the parricide group was 29.96 ($SD = 9.84$, range 17–54) and for attempted parricide 30.42 ($SD = 10.17$, range 19–56). A t -test performed on ages showed no significant difference between the two groups. Of the 68 victims for whom information on age was available, the mean age of the mothers ($n = 40$) was 59.83 ($SD = 12.96$, range 35–85), and for fathers 61.32 ($SD = 11.27$; range 41–84). A t -test performed on ages showed no significant gender or group differences.

Forensic Analysis

Comparison of the two offense types (parricide, attempted parricide) is presented in Table 1. The two groups were similar along a variety of historical, demographic, crime scene and legal proceeding variables. Significant groups differences were found with respect to prior inpatient history ($X = 19.45$, $df = 8$, $p < .05$). In the parricide condition, 23 (51%) had a history of inpatient treatment, with a mode ($n = 8$) of “4–6 times.” Twenty (44%) had no history of inpatient treatment. In contrast, 15 (79%) attempted parricide subjects had been hospitalized for a mental disorder with a mode ($n = 9$) of “2–3 times,” and three (16%) had no history. With respect to the crime scene data, the presence of a witness differed among the two groups ($X = 10.05$, $df = 2$, $p < .01$). Witnesses were either present or nearby in only 18 (40%) parricide cases. In contrast, 15 (79%) subjects attempted parricide with a witness present or nearby. In many cases the victim was instrumental in preventing the act or attending to the victim’s medical needs. The response of the subject to their act differed among the two groups ($X = 11.87$, $df = 5$, $p < .05$). Most parricide subjects (44%) fled the scene, followed by some remaining (24%), or acting suicidal (13%). In contrast, a majority of attempted parricide subjects (53%) remained and stood around the crime scene, followed by those fleeing or assaulting others (16%), and calling for medical assistance (10%). In terms of the legal proceedings, of the entire group, 44 were charged with murder, 1 voluntary manslaughter, 13 attempted murder, 1 voluntary attempted manslaughter, and 5 with felony assault. In the parricide conditions, 11 subjects were charged under special circumstances, which carried the potential for the death penalty. The groups differed in terms of competency being raised by the court system ($X = 8.49$, $df = 1$, $p < .01$). Eighteen of the 19 (95%) attempted parricide subjects were ordered to be evaluated as opposed to 26 (58%) parricide subjects. Group differences were found among the ultimate disposition ($X = 11.15$, $df = 5$, $p < .05$). Twenty-five parricide subjects (56%) were sentenced to prison, followed by 17 (38%) placed in a psychiatric hospital, and 6% placed on state juvenile detention or probation. In contrast, 9 (48%) attempters were placed in a psychiatric hospital, followed by 4 (21%) sentenced to prison, and 4 (21%) placed in state juvenile detention or probation. Only one case was an acquittee. Due to the relatively small size of the parricide ($n = 45$) and attempted parricide ($n = 19$) samples, any comparisons between the two groups may be viewed as preliminary.

TABLE 1—Parricide/attempted parricide variables.

	Parricide N = 45 (percent)	Attempted Parricide N = 19 (percent)
Sex		
Male	40(89%)	16(84%)
Female	5(11%)	3(16%)
Ethnicity		
White	28(62%)	9(47%)
Black	10(22%)	6(32%)
Hispanic	3(7%)	1(5%)
Other	4(9%)	3(16%)
Marital Status		
Single	36(80%)	12(63%)
Married	3(7%)	2(11%)
Prev Married	5(11%)	4(21%)
Unknown	1(2%)	1(5%)
Family Psychiatric History	21(47%)	10(53%)
Family Criminal History	8(18%)	2(11%)
Family Drug History	19(42%)	7(37%)
Education		
Some H.S.	8(18%)	5(26%)
H.S. Graduate	7(16%)	5(26%)
Some College	26(58%)	7(37%)
Unknown	4(9%)	2(11%)
Experience	7(16%)	2(11%)
Inpatient History*		
Never	20(44%)	3(16%)
Once	2(4%)	3(16%)
2–3 times	4(9%)	9(48%)
4–6 times	8(18%)	1(5%)
7–10 times	1(2%)	1(5%)
11–15 times	3(6%)	0(0%)
16–20 times	2(4%)	1(5%)
over 20 times	3(7%)	0(0%)
Unknown	2(4%)	1(5%)
Juvenile Violent History	3(7%)	3(16%)
Adult Violent History	14(31%)	9(48%)
Living Situation		
With parent	35(78%)	12(63%)
Spouse/children	2(4%)	2(11%)
Alone	4(9%)	3(16%)
Girlfriend/peer	3(6%)	1(5%)
Unknown	1(2%)	1(5%)
Employment History		
No work hx	11(24%)	7(37%)
Unskilled labor	26(58%)	9(48%)
Skilled labor	3(7%)	2(11%)
Unskilled	5(11%)	1(5%)
Prior Threat	16(36%)	11(58%)
Prior Assault	11(24%)	7(37%)
Victim		
Mother	23(51%)	11(58%)
Father	16(36%)	7(37%)
Both Parents	6(13%)	1(5%)
Location		
Victim home	41(91%)	17(90%)
Defendant home	1(2%)	0(0%)
Public place	2(4%)	2(10%)
Unknown	1(2%)	0(0%)
Witnesses*		
Directly	8(18%)	10(53%)
In vicinity	10(22%)	5(26%)
Not present	27(60%)	4(21%)
Predominant Method Type		
Firearms	11(24%)	3(16%)
Stabbing	19(42%)	11(58%)
Beating	13(29%)	2(10%)
Strangle	1(2%)	3(16%)
Suffocation	1(2%)	0(0%)
Under Influence of Drug	7(16%)	7(37%)
Motive		
Quarrel	11(24%)	1(6%)
Money	2(4%)	4(22%)

TABLE 1—Continued.

	Parricide N = 45 (percent)	Attempted Parricide N = 19 (percent)
Robbery	4(9%)	1(6%)
Relations	3(7%)	0(0%)
Delusions	23(5%)	12(67%)
Rage	2(4%)	0(0%)
Response*		
Suicidal	6(13%)	1(5%)
Homicidal	2(4%)	0(0%)
Assault/combat	1(2%)	3(16%)
Nothing	11(24%)	10(53%)
Fled	20(44%)	3(16%)
Called 911	5(11%)	2(10%)
Confession		
Unresistant	30(68%)	12(63%)
Resistant	8(18%)	2(10%)
No confession	7(16%)	5(26%)
Blaming Others	7(16%)	0(0%)
Concealing Guilt	10(22%)	4(21%)
Competency Raised†	26(58%)	18(95%)
Forensic Diagnosis		
Psychotic	26(58%)	16(84%)
Depressed	9(20%)	1(5%)
Drug User	3(7%)	2(10%)
Personality Dis.	7(16%)	0(0%)
Guilt Verdict‡		
Guilty	28(65%)	9(50%)
NGRI	15(35%)	8(44%)
Not Guilty	0(0%)	1(5%)
Disposition*		
Prison	25(56%)	4(21%)
Jail/Fine	0(0%)	1(5%)
CYA	1(2%)	1(5%)
Probation	2(4%)	3(16%)
Psych Hospital	17(38%)	9(48%)
Dismissed	0(0%)	1(5%)

* $p < .05$.† $p < .01$.

‡Note that 3 matricidal subjects (two females and one male) were found incompetent to stand trial, never restored to competency, and placed on conservatorship in the county of the instant offense.

Psycholegal Implications

Two forensic groups comprised 86% of the sample: prison felons ($n = 29$), and psychiatric hospital acqutees ($n = 26$). A significant gender difference was exhibited ($X = 4.76$, $df = 1$, $p < .05$). Only 1 (3%) female was sentenced to prison as opposed to 6 (23%) insanity acqutees. The ethnic composition of the two groups differed ($X = 8.76$, $df = 3$, $p < .05$). In examining the prison group, Caucasian and African-Americans were similarly represented (49 and 41%, respectively). However, Caucasians were over eight times more likely to be placed in a hospital than African-Americans (73 and 8%, respectively). Group differences were found in terms of a family criminal history ($X = 9.05$, $df = 2$, $p < .05$). No hospitalized subject had a family criminal history as compared to 28% of the prison condition. The primary motive behind the criminal act was extremely consistent with the adjudicated disposition ($X = 27.19$, $df = 5$, $p < .0001$). Ninety-six percent of hospitalized subjects were acting predominantly upon a delusional system, involving the victim. In contrast, among the prison subjects, 38% were quarreling with the victim, followed by 28% delusional or involved in fiduciary issues, and 7% acting upon pure rage. The groups differed significantly in their response to the act, ($X = 13.03$, $df = 5$, $p < .05$). Prison subjects mostly fled (48%), followed by doing nothing (21%) or calling for medical assistance (17%).

TABLE 2—Psycholegal disposition.

	Guilty/Prison N = 29 (percent)	NGRI/Hospital N = 26 (percent)
Sex*		
Male	28(97%)	20(77%)
Female	1(3%)	6(23%)
Ethnicity*		
White	14(49%)	19(73%)
Black	12(41%)	2(8%)
Hispanic	2(7%)	2(8%)
Other	1(3%)	3(11%)
Marital Status		
Single	22(76%)	20(77%)
Married	2(7%)	1(4%)
Prev Married	4(14%)	5(19%)
Unknown	1(3%)	0(0%)
Family Psychiatric History	14(48%)	13(50%)
Family Criminal History*	8(28%)	0(0%)
Family Drug History	13(45%)	9(35%)
Education		
Some H.S.	8(28%)	2(8%)
H.S. Graduate	5(17%)	5(19%)
Some College	13(45%)	17(65%)
Unknown	3(10%)	2(8%)
Military Experience	6(21%)	3(11)
Inpatient History		
Never	13(45%)	6(23%)
Once	2(7%)	1(4%)
2–3 times	2(7%)	9(35%)
4–6 times	7(24%)	2(8%)
7–10 times	1(3%)	1(4%)
11–15 times	1(3%)	2(8%)
16–20 times	1(3%)	2(8%)
over 20 times	1(3%)	2(8%)
Unknown	1(3%)	1(4%)
Juvenile Violent History	4(14%)	1(4%)
Adult Violent History	13(45%)	6(23%)
Living Situation		
With parent	23(79%)	18(69%)
Spouse/children	0(0%)	2(8%)
Alone	2(7%)	4(15%)
Girlfriend/peer	4(13%)	0(0%)
Unknown	0(0%)	2(8%)
Employment History		
No work history	7(24%)	9(35%)
Unskilled labor	18(62%)	13(50%)
Skilled labor	2(7%)	2(8%)
Unskilled	2(7%)	2(8%)
Prior Threat	13(45%)	10(38%)
Prior Assault	8(28%)	7(27%)
Victim		
Mother	14(48%)	17(65%)
Father	11(38%)	7(27%)
Both Parents	4(14%)	2(8%)
Location		
Victim home	29(100%)	21(81%)
Defendant home	0(0%)	1(4%)
Public place	0(0%)	3(11%)
Unknown	0(0%)	1(4%)
Witnesses		
Directly	4(14%)	9(35%)
In vicinity	9(31%)	5(19%)
Not present	16(55%)	12(46%)
Predominant Method Type		
Firearm	8(28%)	5(19%)
Stabbing	12(41%)	15(58%)
Beating	7(24%)	4(15%)
Strangle	2(7%)	1(4%)
Suffocation	0(0%)	1(4%)
Under Influence of Drug	5(17%)	2(8%)
Motive‡		
Quarrel	9(31%)	0(0%)
Money	3(10%)	0(0%)

TABLE 2—Continued

	Guilty/Prison N = 29 (percent)	NGRI/Hospital N = 26 (percent)
Robbery	5(17%)	0(0%)
Relations	2(7%)	1(4%)
Delusions	8(28%)	24(96%)
Rage	2(7%)	0(0%)
Response*		
Suicidal	2(7%)	5(19%)
Homicidal	2(7%)	0(0%)
Assault/combat	0(0%)	2(8%)
Nothing	6(21%)	12(46%)
Fled	14(48%)	6(23%)
Called 911	5(17%)	1(4%)
Confession		
Unresistant	17(58%)	21(81%)
Resistant	6(21%)	3(11%)
No confession	6(21%)	2(8%)
Blaming Others	47(14%)	2(8%)
Concealing Guilt*	9(31%)	2(8%)
Competency Raised	17(59%)	20(77%)
Forensic Diagnosis†		
Psychotic	14(48%)	23(89%)
Depressed	6(21%)	3(11%)
Drug User	3(10%)	0(0%)
Personality Disorder	6(21%)	0(0%)

* $p < .05$.† $p < .01$.‡ $p < .0001$.

In contrast, hospitalized acquittees primarily did nothing (46%), followed by fleeing (23%) and becoming suicidal (19%).

When they were arrested, prison subjects (31%) were significantly more likely to actively conceal their guilt ($X = 4.67$, $df = 1$, $p < .05$) than hospitalized acquittees (8%). Significant group differences were found for the diagnostic impression given by the expert witnesses ($X = 12.06$, $df = 3$, $p < .01$). For the hospitalized group, 88% were opined as psychotic, in comparison to 48% of those sentenced to prison. Prison detainees were more depressed (21%), as a group, than the hospitalized subjects (1%). Expert witnesses diagnosed only the prison subjects with a primary substance use disorder (10%) or personality disorder (21%).

Discussion

The purpose of this study was to explore the concept of parricide and attempted parricide, within a psycholegal context. By gathering data on a large sample of such cases, the intention was to replicate and broaden the extant literature on parricide and intrafamilial violence. The design of the study was divided into three parts: background information, crime scene details, and judicial proceedings. This is the first study that has examined the background, crime scene, and legal proceeding data of a large sample of parricide and attempted parricide subjects.

This study found a high degree of homogeneity among parricide and attempted parricide groups in terms of biographic information, crime scene statistics, and ultimate disposition. In terms of significant distinctions, the attempted parricide subjects appear more psychiatrically disturbed, as a group, than parricide subjects. Attempters had substantial inpatient psychiatric histories, carrying severe mental disorder diagnoses. They attempted to kill the victim more often with witnesses present. In addition, over half of this group remained at the crime scene. During legal proceedings, their competency to stand trial was almost always raised by the legal

system. In terms of the ultimate disposition, attempters were more likely to be placed in a hospital setting than parricide subjects. These significant group differences suggest that the attempted parricide sample may be classified as a relatively psychologically disturbed group, while the parricide subjects clearly are bifurcated into mentally ill and antisocial subgroups. The third explanation for parricidal behavior, implicating abusive parental relationships with the victim (21), was not found in any substantial quantity in this sample. The lack of significance among such a large sum of variables also provides some support for the conception that attempted parricide and parricide may be studied together.

In collapsing parricide attempters and completers together, the study permitted us to examine the psycholegal dispositions associated with this form of family violence. In examining the two prominent groups, felony prisoners and hospitalized acquittees, a number of significant differences were found. Among biographic differences, only one female was sentenced to prison. Although the sample of females was relatively small, the 7 females (13% of the study sample) is not unlike the 13% arrest rate of females involved in violent crimes (39), nor the 7% rate of California correctional inmates (40). Felony convictions of the prison subjects were related (28%) to prior convictions of other family members. In the 1991 American National Survey of State Prison Inmates (41), 37% of inmates said that an immediate family member had been incarcerated. Offending is strongly concentrated in families and tends to be transmitted from one generation to the next; however, this research does not establish the precise mechanism of transmission nor the relationship between family criminality and family homicide (42).

The ultimate dispositions of each subject was not necessarily determined based upon their psychiatric histories of opined forensic diagnoses. In this entire sample, 54% of the psychotic subjects with long histories of severe mental disorders were ultimately sent to hospitals. Similarly, of those sent to prison, 54% were opined by the experts to have a psychotic condition at the time of the instant offense or evaluation. Regardless of disposition, subjects opined as psychotic commonly claimed delusions regarding the victim and used beating and repetitive stabbing as their primary methods. They also tended to choose only one victim as the focus of their homicidal behavior. The distinction between the hospitalized and imprisoned groups may lie in a combination of the behavior following the crime, nature of the evaluation, and court proceedings.

Following the event, insanity acquittees typically remained at the crime scene and accepted responsibility for their actions, in comparison with prison subjects who fled. In terms of the evaluation, the diagnosis of "psychotic" was often made in a general as opposed to specific context. Examiners simply labeled the defendant as psychotic, whether they performed a competency, insanity, mental state, or dispositional evaluation. There was no specific motive to assign a label of psychosis to a defendant undergoing a sanity or competency evaluation, because a specific mental disorder was not essential to order the subject into a hospital setting.

In terms of the court proceeding, judges and juries are often faced with the brutal manner in which the assaults or murders occurred. The parricidal crime scene often features, what has been described as "overkill," involving excessive beating or stabbing (23). This appears more like first-degree murder, featuring intent, premeditation and deliberation, and may act to reduce the success of insanity pleas. In addition, crime details may indicate that the victim was in a non-confrontational position (e.g., sleeping), which would support a prosecutorial view that premeditation was

involved. The influence of crime scene details, even with exotic circumstances pre-existing between the victim and perpetrator, often leads to a second-degree murder or voluntary manslaughter conviction, as opposed to an insanity acquittal, regardless of the expert's diagnostic impressions. In this sample, the prison group tended to involve a firearms or beating combination more often than insanity acquitees. Such methods may have been judged more brutal to the trier of fact than the use of a knife.

The present study shows the offense can not be classified solely as a schizophrenic act. Although there were a sizable proportion of cases which occurred in the context of a psychotic disorder, other cases were associated with depression, substance abuse, or personality disorders. In such non-psychotic cases, subjects were mostly found guilty and sent to prison. They were more apt to use a firearm and their motives for the act were generally centered around a quarrel or fiduciary issues.

In terms of judicial proceedings, in 70% of the cases an insanity defense was considered. Of the adjudicated cases, there was a 43% overall success rate (9/18 parricide attempt; 17/43 parricide). This insanity success rate is substantially higher than published national rates, which occur in fewer than [one quarter of 1% of felony cases] 1 in every 300–2000 felony cases (43,44).

In examining the posttrial disposition of cases and ethnicity of the perpetrator, Caucasian defendants were significantly more likely (71%) to be hospitalized than African-Americans (8%). No differences were found between the two ethnic groups sentenced to prison. This significant difference may be an artifact of the California sample, or may be indicative of a racial bias among triers of fact or defense attorneys in applying a defense based upon mental illness. This question remains unanswered, based upon the collection, and merits additional sampling across the United States.

Gender groups differed significantly in their choice of victim. Male perpetrators were more likely to offend against their mother or both parents and female perpetrators only chose their mother. When elderly victims (age > 65) were excluded, there was no significant difference. In comparison to a review of 1977–1986 FBI data (19), children killed their father more than their mother (67% compared to 33%). The absence of females who killed their father, found in 9% of the FBI data analysis, points out the caution that should be used in the interpretation of results.

This study gives some evidence to support developmental themes related to parricide. The failure of the entire group to break their dependence upon their parents was well illustrated. Most lived with their parents at the time of the offense. A large proportion had never married, or had been unsuccessful in their married lives. Many were either unemployed or had never held a stable job. In the cases of matricide, there was evidence to support the idea that the perpetrator was locked in a hostile-dependent relationship with the parent figure. Either from a fiscal or emotional standpoint, many of the older perpetrators were often struggling with their mother, because the father had died or left the family unit.

Although a vast majority of the sample had a history of psychiatric disorders, many were not receiving treatment at the time of the murder or attempted murder. Threats or actual assaults on the victim were identified in 30–47% of the sample. Over 73% of the population were living with the victim at the time of the offense. This suggests that cases at risk were overlooked by the legal or social service system in favor of maintaining the family unit.

There are several limitations to this study. First, although the comparison of parricide and attempted parricide was based upon unequal sample size, this marks the first study which has systematically examined the attempted parricide group and a larger future

sample may decrease such sample differences. Second, the retrospective design sample, drawn from the Southern California region, and non-random selection of subject limits the study's generalizability. The authors never conceived this research as a control comparison study, but as a retrospective examination of a specific intimate homicidal group. In terms of representation within the Southern California, between 1987 and 1994, there were 102 parricide cases in Los Angeles and Orange. In the current sample, there were 30 cases, from the two counties during the same period, indicating 30% coverage by the examiners. Although the sample was limited to Southern California, the large number of subjects, objective-based data, and systematized database provide the framework for a larger, national study, to examine a cohort of persons involved in the commission of a parricidal act, on a relative longitudinal plane.

This study represents the first step towards developing comparison studies and integrating databases from other geographic areas utilizing a retrospective archival format. Beyond the limited set of variables found in the FBI Supplementary Homicide Report Coding guide, no study to date has examined the wider range of issues inherent in parricide, including family background, prior convictions, and legal proceedings. This represents an unique subset of the larger subject of murder and lethal violence and has been uncorrelated with the FBI reports regarding crime and violence. This study has attempted to begin to fill this gap of knowledge. Future studies will investigate unique subgroups, including double-parricides and matricidal daughters.

Acknowledgments

The authors acknowledge Callie L. Berry, B.A., Elizabeth Anne Greco, B.A., Mary L. Mahrou, B.A., Mai Xi Lee, B.A., from Pepperdine University, for their assistance in data collection and coding. Special thanks to Millicent Hollingsworth and Brenda Guerra in the preparation of the manuscript. Additional technical support was provided by Michael B. Coburn, M.D., Sandy Gordon, of Valley Psychiatric Medical Center, and William Vicary, J.D., M.D., Jane Yoko Oshita of Forensic Consultants, in Los Angeles.

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ERRATUM

For the paper “Forensic Analysis and Psycholegal Implication of Parricide and Attempted Parricide” published in *J Forensic Sci* 1997;42(6):1107–1113 by Weisman and Sharma, please note the following corrections:

Page 1109 Table 1, Under the “Education” subheading is the Category “Experience” This should read, “Military Experience.” Without this word, the category is meaningless.

Page 1111, first full paragraph, “Prison detainees were more depressed (21%) as a group, than the hospitalized subjects (1%). The hospitalized subject percentage actually was 11%, as displayed at the end of Table 2. While the significant difference is in the correct direction, the difference in magnitude is too large. In addition, 89% of the hospitalized group were opined psychotic, not 88%.