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Fathers Who Kill Their Children: An Analysis of the Literature

ABSTRACT: Roughly half of filicidal acts are committed by fathers, though the majority of the literature focuses on maternal filicide. This paper reviews the existing literature on paternal filicide with the goal of identifying characteristics common among these fathers. Fathers who killed their children were, on average, in their mid thirties. The mean age of their victims was five. They may have multiple victims. Sons and daughters were killed in equal numbers. Reasons included death related to abuse, mental illness (including psychosis and depression), and revenge against a spouse. The method often involved wounding violence. Suicide following the act occurred frequently. After being tried for their crimes, filicidal fathers were more frequently incarcerated than hospitalized. Given the range of those capable of this act, mental health professionals must be alert to the possibility of filicide in a variety of fathers. Considering this risk, clinicians should inquire about thoughts of harming children, partners, and themselves.

KEYWORDS: forensic science, forensic psychiatry, filicide, infanticide, neonaticide, paternal, father, child murder

In ancient times, fathers practiced filicide regularly and without repercussions. According to Roman law, the father had absolute authority over the lives of his children (*patria potens*) and was encouraged to destroy those who were deformed. It was a Greek custom to have infants examined by the elder men of the community, who ordered the death of the deformed or weak. Both Aristotle and Plato believed this practice was a form of preserving the integrity and size of the population (1).

In 374 AD, Constantine, the first Christian emperor, decreed that the murder of a child was equivalent to all other homicides (2). Interestingly, the Bible itself contains an account of a father contemplating filicide due to deific decree. This is the story of Isaac and Abraham, in which Abraham was poised with a knife over a bound Isaac, his only child, ready to slash his throat as a sacrifice to God, until an angel intervened on Isaac's behalf (3).

Over the course of time, mothers were often blamed and punished for these crimes. In the 16th and 17th centuries, France and England both established laws that made filicide a crime punishable by death. Both countries also presumed that the parent (most often the mother) was guilty until proven innocent, having responsibility for proving to the court that she was not to be blamed for her infant's death (4).

Early in the 20th century, the tide turned yet again. In 1927, Hopwood defined "lactational psychosis" as the strong relationship between maternal filicide and the effect of childbirth and nursing on the mother's mental state (5). England established the Infanticide Acts of 1922 and 1938, which outlawed the death penalty for mothers who killed their children within the first 12 months of life, instead making their punishment similar to that for manslaughter (6). Over two dozen nations, with the notable exceptions of the United States and Scotland, subsequently adopted similar laws. While these laws often do not necessarily require the presence of a

psychiatric diagnosis in the perpetrators, the women convicted may be mentally ill (7).

While men appeared to avoid prosecution for child murder in earlier epochs, they now do not benefit from the development of infanticide laws that fundamentally hold the female perpetrator less accountable for the crime due to the stress of caring for an infant. This may be problematic as psychiatric symptoms can certainly also present in men following the birth of a child. In a recent community sample, 4% of fathers ($n = 8431$) of 8-week-old infants screened positive on the Edinburgh Postnatal Depression Scale (a scale designed to screen for maternal postpartum depression). The fathers' scores were highly correlated with those of their partners (8). Additionally, men with bipolar disorder have more frequent exacerbations of their symptoms during the postpartum period (9).

Paternal filicide can also be examined in terms of evolution. In comparison to biological fathers, stepfathers are more likely to kill their stepchildren (10,11). One study revealed that a child under the age of 5 was eight times more likely to be killed by a stepfather than by a biological father (11). From an evolutionary standpoint, one theory for this elevated rate of filicide in stepfathers is that they have no vested interest in maintaining the child's genetic material, as it is not their own (12,13).

In the current literature, *filicide* often refers to the murder of a child up to the age of 18 that is committed by the natural parent. It may also include child murder by parental figure(s), such as guardians and stepparents. The term *infanticide* commonly applies to the murder of a child under the age of 1 year by the parent. *Neonaticide* refers to the unique circumstance in which a newborn is killed by the parent within the first 24 h of life (14).

Reasons for filicide, which have occurred throughout time, include disability, questionable paternity, the child's gender, and a lack of resources available to care for the child. Researchers have identified various ways of classifying filicide; perhaps the best known of these was created in 1969 by Resnick (15), which is based on the motive of the perpetrator:

- 1 Altruistic filicide—the parent kills the child because it is perceived to be in the child's best interest, which may be secondary to either psychotic or nonpsychotic reasoning.

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- 2 Acutely psychotic filicide—the parent, responding to psychosis, kills the child with no rational motive.
- 3 Unwanted child filicide—the parent kills the child, who is regarded as a hindrance.
- 4 “Accidental” filicide/fatal maltreatment—the parent unintentionally kills the child as a result of abuse or neglect.
- 5 Spouse revenge filicide—the parent kills the child as a means of exacting revenge upon the spouse/other parent.

In 2005, Friedman et al. (16) published a critical analysis of extant literature regarding maternal filicide. They divided the studies into three categories based on the type of population:

- 1 The *general population* consisted of women whose information was collected from administrative records, such as coroners’ reports or law enforcement data. These women tended to serve as their child’s primary caregiver, to have a personal history of abuse, and to experience financial difficulties. While some of these mothers were abusive and/or neglectful, others were dedicated to parenting but suffered from mental illness.
- 2 The *psychiatric population* included women who were psychiatrically evaluated and/or had psychiatric dispositions. These women often were unemployed and married, used alcohol, and had a personal history of being physically abused. As anticipated, mental illness was pervasive, and these mothers often experienced psychosis, depression, and suicidal ideation.
- 3 The *correctional population* included women incarcerated after killing their children. They were generally unemployed and unmarried with little social support, limited education, and a history of substance use. Some were also mentally ill.

There is no equivalent analysis regarding filicidal fathers. In response to this void, the authors surveyed the current literature on paternal filicide with the goal of identifying commonly occurring characteristics of fathers who kill their children.

Method

Data Collection

All the articles reviewed in this analysis met the following criteria:

- 1 The study contained data related to fathers who killed their children (if data were presented in conjunction with data on filicidal mothers, it must have been separated in a meaningful way so that it could be examined independently).
- 2 The number (*n*) of fathers in the study was six or greater, and the information provided was quantitative or qualitative in nature. Case reports were excluded.
- 3 The studies were written in English and published in peer-reviewed journals over the last 50 years (1957–2007).

Medline was searched using the key words “father,” “paternal,” and “men” combined with “filicide,” “infanticide,” “neonaticide,” and “child murder.” These 12 possible combinations yielded seven appropriate articles. Upon examination, these articles revealed five other pertinent references.

Data Organization

The data from the 12 relevant articles (see Table 1) were analyzed based on 16 predefined categories, including: number (*n*) of fathers and stepfathers, population types (general vs. psychiatric vs. incarcerated), study types (filicide vs. infanticide vs. neonaticide), mean and range of ages of both the fathers and victims,

number of victims, victims’ gender, additional victims (e.g., wife), putative motives and precipitating factors, methods, presence and type of psychiatric illness, attempted or completed suicide following the acts, history of substance use, social situation of the fathers (e.g., employment and marriage status), personal history (i.e., childhood), disposition of the fathers, and existence of comparison groups. The population type was defined by the categories used by Friedman et al. (16) in their critical analysis of maternal filicide (as described above).

Results

Population Size (*n*), Type, and Location

The number of filicidal fathers in each study ranged from 6 to 84 (15,17–27). Across the 12 studies, three studies identified the inclusion (or lack of inclusion) of stepfathers in their analysis, whereas the remainder did not discuss the specific paternal relationship of the perpetrator to the victim. In one of the three aforementioned studies, stepfathers accounted for more than half of the perpetrators. Ten of the 12 studies reviewed the crime of filicide, while the other two focused specifically on infanticide. No studies of paternal neonaticide met the study criteria.

A majority (8/12) of these paternal filicide studies were based on a general population. This indicates that the data came from administrative records, including coroners’ reports, law enforcement records, or national statistics. Of the three psychiatric studies, two were based on populations housed in forensic hospitals following their crimes, while the other investigated world psychiatric literature over a 200-year span. The final study was based on a prison population. The countries that generated these studies included Canada, England, Fiji, Finland, Scotland, Turkey, the United States, and Wales; Fiji distinguished itself as being the only developing nation on the list.

Ages of the Fathers and Victims

The weighted mean age of the fathers who committed filicide (excluding the infanticide studies) was 35 years, with a range from 15 to 76 years. One of the two infanticide studies did not identify the ages of the fathers, and the other cited the median age as 22 years, younger than the mean ages from the other studies.

The weighted mean age of the victims described in eight of the 10 filicide studies (that gave information regarding age) was 5.5 years, ranging from 1 day to 35 years (not all studies used the age of 18 as a cutoff in their definition of filicide). In the infanticide study that gave victims’ ages, the average was 3.7 months.

The Number and Sex of the Child Victims

Fathers sometimes killed more than one victim. The average number of child victims killed per father was 1.2, with a range of 1–5 victims. In other words, for the 371 fathers identified in the studies, there were 458 victims. Of the five filicide studies that specified particular age ranges of the victims, infants under 12 months old, exclusive of neonaticide, represented, on average, one-fifth (19%; 46 of 236) of the children killed. Based on the 10 studies that clearly identified the presence or absence of neonaticide, the number of newborns killed by their fathers was quite small (1.5%; 5 of 334 victims). In three of the five paternal neonaticide cases, the father acted in conjunction with the mother.

TABLE 1—Study data.

Author and Year	n, (number of stepfathers)	Type of Study	Population Type	Mental Illness	Suicide
Bourget & Gagne, 2005 (27)	60	Filicide	General	52% with depression 10% with schizophrenia or other psychosis	60% attempted or completed suicide (10% survived)
Friedman et al., 2005 (26)	20 (0)	Filicide	General (filicide-suicide)	75% with mental illness 50% depressed 25% psychotic 20% clearly delusional	All 5% had a previous suicide attempt
Karakus et al., 2003 (25)	41	Filicide	General	Unknown	Unknown
Adinkrah, 2003 (24)	6	Filicide	General	Unknown	None
Vanamo et al., 2001 (23)	23	Filicide	General	Unknown	Unknown
Marleau et al., 1999 (22)	10 (1)	Filicide	Psychiatric	100% had psychiatric diagnosis 40% psychotic 40% had mood disorders 80% had personality disorders	60% attempted suicide
Marks & Kumar, 1996 (21)	20	Infanticide	General	No murders involved the father's mental state	Unknown
Marks & Kumar, 1993 (20)	84	Infanticide	General	Unknown	Unknown
Campion et al., 1988 (19)	12	Filicide	Psychiatric	75% had significant neurological or psychiatric disorder 44% psychotic 25% cognitively impaired	Unknown
Scott, 1973 (18)	29 (15)	Filicide	Incarcerated	No mental illness at the time of the offense	3.4% attempted suicide
Rodenburg, 1971 (17)	35	Filicide	General	Unknown	66% attempted or completed suicide (6% survived)
Resnick, 1969 (15)	43	Filicide	General	30% with schizophrenia or other psychosis 23% nonpsychotic 14% melancholia 12% with character disorder 5% mentally retarded	30% attempted suicide (86% survived)

In total, data from the six studies indicating the sex of the victim found that 50.3% of the children killed were boys, and 49.7% were girls (119 boys and 110 girls).

Additional Victims

Based on the five studies that reported on this, 18–65% of fathers who committed filicide also assaulted, attempted to kill, or killed their wives.

Motives and Precipitating Factors

From the eight studies that discussed motive, a number of common themes could be identified. Two studies noted that the murder resulted from the father's (mis)perception of the child's behavior (e.g., the father became jealous because he believed that the child preferred the mother) (18,19). A small study ($n = 6$) stated that half of the filicides followed domestic quarrels (24). Another study ($n = 20$) noted that rage played a role in 60% of the homicides (21).

The remaining five studies broke down the motives by percentages. Four of the five studies listed child maltreatment filicide (or fatal child abuse) as a cause of death. This occurred when the father did not intend to kill the child, but rather the death was a consequence of physical abuse or neglect. Mental illness was described as a precipitating factor in four of the five studies and played a role in two circumstances: (1) the father was either

psychotic, holding a false belief concerning his children or (2) he was severely depressed and believed the world to be too cruel a place for his children (often associated with his own suicidal thinking). Though more rare, revenge against a spouse was also noted in four of the five studies.

Method of Death

One study noted that over four-fifths of paternal filicides resulted from "wounding violence" (20). Five studies described battery as a cause of death. This would be expected in fatal battered children cases. The two studies that delineated bodily areas frequently injured both noted that head injuries were most common (52–59%) (18,23). Another study also described head injuries as the most common cause of death. Four studies listed stabbing, while firearms were the most common method in three. In all of the previously mentioned studies, strangulation, suffocation, or asphyxiation was noted in six of them and drowning in three.

Psychiatric Illness and Suicide

As anticipated, mental illness was described in the two studies performed in a psychiatric setting, with 75–100% of the subjects having psychiatric disorders (19,22). In the previous two studies and three others that described the presence of mental illness, psychosis occurred in a weighted mean of 23% (range 10–44%) of fathers. Two general population studies stated that half of the

fathers suffered from depression. A minority of fathers had sought medical attention or been seen by a professional for their mental illness, according to three of these five studies. One study indicated that no fathers had received treatment. In three studies, personality dysfunction was described in the fathers. One stated that half of those with personality disorders had borderline personality disorder. Another described immature, aggressive, and heterogeneous personality pathology. Two studies stated that mental illness was not present in their sample of fathers who committed filicide, while five did not describe the mental health of the perpetrators.

One study was based on a population of parents who committed filicide-suicide. Of six studies (three general, two psychiatric, and one incarcerated population studies), 43% (weighted mean) attempted or committed suicide following the filicidal act. Three of these reported that this occurred in three-fifths (range: 60–66%) of fathers. The other three studies reported that 0–34% of fathers attempted suicide. Five studies did not provide data concerning suicides or attempted suicide following filicidal acts.

Substance Use

Based on six studies, 27% (with a range of 0–58%) of fathers were intoxicated at the time of the crime. In addition, one of these studies noted that 70% of fathers had substance abuse problems. Six studies did not describe the father's substance use history.

Social Situation

Across four of the studies, 59% (range 41–70%) of fathers were unemployed. Three other studies indicated that a majority of the men (87–100%) were employed, but two of these studies noted that these jobs provided low wages. Five did not comment on employment. Based on seven studies, 32% (with a range of 2–67%) of the fathers were no longer living with their partners. Five studies did not make reference to the father's marital status. Additionally, two studies noted that when the crime occurred, the fathers had become isolated and lacked a support network.

Personal History

Two studies indicated that the fathers experienced significant stress during their childhood, including "exposure to violence, parental abuse, separation from parents, and parental death" (19). In one study, 41% of the fathers recalled their own parents being violent. Based on three studies, 21–66% had prior legal charges and/or convictions. According to two studies, 15–27% of filicidal fathers had a known history of repeated violence.

Disposition

If convicted of the crime, filicidal fathers were detained in either prisons or forensic hospitals. Across four of the general population studies, 64% (range: 48–83%) of fathers were incarcerated. Two studies also noted that 14–17% went to a psychiatric forensic hospital. A Turkish study found that 51% of fathers were subject to criminal liability; the other half was diagnosed with mental illness. Four studies did not describe disposition.

Comparison Groups

Seven of the 12 studies contained a maternal comparison group. Three studies indicated that fathers tended to kill older children when compared to mothers, with one finding otherwise. Four

studies noted that fathers were more violent than mothers in the methods used. According to two studies, the putative motive was also believed to be different. One stated that men were more driven by rage, while women were motivated by their mental state (21). Another noted that men were more likely to kill if the child's paternity was in doubt or if the child was a financial burden or an impediment to career goals (15). According to another study, fathers were more likely than mothers to commit suicide following filicidal acts, and fathers, when compared to mothers, were also more likely to kill their spouses (17).

Three studies noted that fathers received harsher sentences than mothers when convicted for their crimes. One noted that, even when the violent nature of the crime was factored out, fathers who committed filicide were still punished more severely (20).

Discussion

This analysis of the paternal filicide literature found that perpetrators were, on average, in their mid thirties, with a range of ages from 15 to 76. The mean age of their child victim was 5, and fathers sometimes killed more than one child. Sons and daughters were killed in equal numbers. Infants, in the studies delineating the ages of the victims, represented about one-fifth of the child homicides committed by fathers. This may be related to the stress of being a new parent. Paternal neonaticide appeared to be a rare event, which seems logical given that mothers have access and motive more frequently than fathers.

The majority of the 12 identified studies used data from a general population and contained a maternal comparison group. The general population studies allow for the examination of a broader segment of men who commit paternal filicide; this is in opposition to, for example, a hospital population, where one expects that all the fathers are mentally ill. Psychiatric and correctional populations also only account for fathers who are alive following the commission of the crime; therefore, those who commit suicide are not included in these studies.

A maternal comparison group aids in further distinguishing characteristics specific to paternal filicide. Fathers were far more likely than mothers to kill their spouses during the commission of filicide. Familicide, a crime almost always committed by men, is defined as the annihilation of the entire family. This may be based on the father's proprietary view that he is the head of the family and has control over their destiny and very lives. Following their study of 109 familicides, Wilson and Daly described two different categories of these fathers: (1) the *angry* husband with a grievance against his wife who kills to end his marriage, and (2) the nonhostile, *hopeless* father who kills to save his family from perceived doom (28).

There are a number of other precipitants for paternal filicide (Table 2). The most common are fatal child abuse, factors related to mental illness (including acute psychosis and severe depression) and revenge against a spouse. The methods often involved wounding violence, including battery, stabbing, and shooting. Head trauma was common. Mental illness was evident in some fathers who committed filicide; however, the majority did not previously seek help for their psychiatric symptoms. Suicide following the filicidal act did occur, more so in men than in women. This may be related to men's higher suicide rate in general. Substance use sometimes played a role as well.

Fathers who killed their children tended to be unemployed or in low-paying jobs. Around one-third were separated from their partners. Some fathers suffered significant stress during their own childhood. Prior to the incident, these fathers may have been unable to develop a much-needed support system. After being prosecuted

TABLE 2—Paternal filicide data.

Possible Precipitants for Paternal Filicide

(Mis)perception of the child's behavior
 Domestic disputes
 Rage
 Physical abuse
 Neglect
 Mental illness
 Psychosis
 Depression
 Revenge

Common Methods of Paternal Filicide

Wounding violence
 Battery
 Shooting
 Stabbing
 Head injuries common
 Strangulation, suffocation or asphyxiation
 Drowning

Potential Psychiatric Symptoms in Fathers Who Kill Their Children

Psychosis
 Personality pathology
 Depression

Comparison of Paternal and Maternal Filicide

Compared to mothers, fathers who committed filicide were:

Overall, more likely to inflict wounding violence on victims
 On average, more likely to commit suicide
 In general, more likely to kill their spouses or commit familicide
 Commonly more harshly punished

for their acts, filicidal fathers were more frequently incarcerated than sent to forensic hospitals, especially when compared to their female counterparts' disposition. In fact, Friedman et al. noted that they had intended to study both women and men who were found not guilty by reason of insanity (NGRI) following their filicide, but in their two state sample, they only discovered one man compared to 39 women found NGRI (29).

Given the number of high-profile cases described by the media, such as Andrea Yates and Susan Smith, society is keenly aware of maternal filicide. The data, however, indicate that mothers and fathers commit roughly the same number of filicides (17,30,31). Paternal filicide warrants increased research to fortify the literature concerning the commission of these acts and the potential for prevention.

These fathers are not easily identified in advance. Additionally, uneasiness with the subject may prevent clinicians from asking expressly about thoughts of filicide (32). If a father presents with suicidal ideation, it is important to inquire specifically about his plan regarding his children (26). If it is suspected that a father harbors thoughts of harming his children, it is important to maintain a lower threshold to refer for psychiatric evaluation and potential psychiatric hospital admission.

One limitation of the study was that only 12 studies were identified in the literature that described paternal filicide in detail. Studies were often based on a small sample of fathers and surveyed a variety of populations. Given the large number of variables present in each study, further statistical analysis was not practical. Despite this, some conclusions were reached concerning the crime of paternal filicide.

Conclusion

This analysis of the literature shows a complex pattern of paternal filicide. A wide array of fathers appear capable of this crime in various nations. No single attribute ensures the recognition of these fathers, rather it is a collection of characteristics that may aid in

identifying them. Often, these men kill more than one victim, including other children and spouses. Some fathers commit suicide after the murder. Methods often involved violence that resulted in wounds. The crimes may be fueled by rage in addition to mental illness. Those who are mentally ill may not have sought help or received treatment for their psychiatric symptoms. However, as mental health professionals may be given the opportunity to have contact with these fathers following an exacerbation of either rage or mental illness, it is of great importance that clinicians assess for the presence of thoughts of harming their children in a wide variety of men.

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