The National Institute of Health offers the following information on filicide in

**An Overview of FILICIDE**

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**ABSTRACT**

Filicide, or the murder of one’s own child, is an unfathomable crime. With Andrea Yates’s return to trial in the summer of 2006, filicide once again came to the forefront of psychiatric issues in the media. One positive outcome that may be derived from this tragedy is practitioners’ heightened awareness that parents may, for a variety of reasons, be compelled to kill their children. This article aims to educate mental health providers about the concept of filicide by presenting a broad overview of the topic, including a discussion of its history, definitions, classifications, outcomes, and the research surrounding it. This knowledge will hopefully bring about clinicians’ increased exploration of patients’ thoughts of harming their children, which may ultimately lead to the prevention of these senseless crimes.

**FILICIDE IN THE PRESS**

On June 20, 2001, Andrea Yates drowned her five children, who ranged in age from six months to seven years, in a bathtub in her home. Prior to this, she had manifested symptoms of depression with psychosis, which were exacerbated in her postpartum periods. She had been hospitalized four times and was catatonic and mute during one admission. In statements made following the crime, she indicated that she believed that she was a bad mother and that she had concerns that her children would not grow up properly secondary to her shortcomings. She noted that she killed them to save them from eternal damnation.

In early 2002, she went to trial in Harris County, Texas, and entered a plea of not guilty by reason of insanity (NGRI). The jury hearing her case was death qualified, meaning that all jurors supported the philosophy of the death penalty and would be willing to use it in sentencing. Though she ultimately was not sentenced to death, she was found guilty and sentenced to life in prison, making her eligible for parole in 40 years. In 2005, due to an error made by the prosecution’s expert witness, the conviction was reversed, and the case was remanded back to the trial court. In June, 2006, Andrea Yates returned to trial and again entered a plea of NGRI. On July 26, 2006, the jury handed down a verdict of NGRI.

This decision marked a surprising change in the course of events. A number of theories have been posited as to why the plea of NGRI was accepted the second time around. The most obvious is that five years had passed since the commission of the crime, and the passage of time may have allowed the community to forgive her for her crime. Another theory involves the idea that the jury was not death qualified and may, therefore, have been more liberal. There were also two other women found NGRI for harming their children in Texas between the time of her first and second trials. Regardless of the reason, Andrea Yates will now spend the duration of her confinement in a maximum security hospital in northern Texas until she is deemed to no longer pose a risk to herself or others.

**THE HISTORY OF FILICIDE**

Filicide has existed since the dawn of mankind. In ancient Greco- Roman times, a father was allowed to kill his own child without legal repercussions.¹ Despite the later rise of Christianity
and its greater respect for life, filicides continued, often perpetrated by the mother, who may have claimed the child accidentally suffocated in bed. Reasons for wanting to end the life of a child, particularly a newborn, included disability, gender, lack of resources to care for the child, or illegitimacy. These reasons still hold true today. However, without our current systems of documentation, including records of birth and death, it was far easier to succeed in completing a filicidal act in earlier times without the knowledge of authorities, who may have turned the other cheek regardless of the laws in order to strike a balance between population growth and resources available in impoverished areas.

In 16th and 17th centuries, a drastic change in the opinion on child murder occurred in Europe. France and then England established laws that made filicide a crime punishable by death. Both countries also presumed that the mother who was on trial for the crime was guilty until proven innocent, meaning that she was responsible for proving to the court that her child was not the victim of murder. The tide changed again with the establishment of the Infanticide Acts of 1922 and 1938 in England. These laws recognized the effect that birthing and caring for an infant can have on a mother’s mental health for up to 12 months after the event. These acts outlawed the death penalty as punishment for maternal infanticide, making the punishment similar to that of manslaughter. Several other Western countries have adopted similar laws, with the exception of the United States.

Filicide has a presence in literature from all eras. Perhaps the most famous is also the oldest, and that is the story of Medea, a woman who killed her children to punish her husband for his affair. To him, she says, “Thy sons are dead and gone. That will stab thy heart.” Even fairy tales meant for children, such as Snow White and Hansel and Gretel, are filicidal in nature, telling of evil (step) parents who cast their children out into the world with the hope of eradicating them.

DEFINITIONS OF FILICIDE
A number of terms have been used somewhat interchangeably in the description of child murder (Figure 1).

- Often, *filicide* refers to any murder of a child up to the age of 18 years committed by his or her parent(s) or parental figure(s), including guardians and stepparents.
- *Infanticide* commonly applies to the murder of a child under the age of one year by his or her parent(s).
- *Neonaticide*, a term coined by Phillip Resnick in 1970, refers to the unique circumstance in which a newborn is killed by his or her parent(s) within the first 24 hours of life. It is important to recall that filicide can be committed by both men and women, though far less literature exists on paternal filicide than maternal filicide.

CLASSIFICATION SYSTEMS OF FILICIDE
In an effort to aid in understanding a parent’s motivation for killing his or her child, multiple classification systems of filicide have been devised based on the type of crime and the gender of the perpetrator. The systems serve to better delineate the motives behind these crimes. The first classification system identified in psychiatric literature was published in 1927 and divided mothers who committed filicide into two groups: Those who perpetrated the act while lactating and those who did so after the end of lactation. Of the 166 cases the author reviewed, he believed that 70 percent were related to exhaustion or lactation psychosis. Though this system has fallen out of favor, it is founded on the important idea that filicide may be motivated by the hormonal changes and stressors associated with childbirth and caring for an infant.
A 1957 study established two groups of homicidal mothers who killed their illegitimate infants in the first day of the infants’ lives. Group one was identified as young, immature primiparas who submit to sexual relations and have no history of legal trouble, while group two consisted of women with strong primitive drives and little ethical restraint. The large majority of women who commit neonaticide fall into the first of these categories. This study made significant strides in identifying neonaticide as a distinct crime involving very different circumstances when compared to other filicides.

One of the most influential classifications of child murder was created in 1969 by Phillip Resnick. He reviewed 131 cases of filicide committed by both men and women that were discussed in psychiatric literature dating from 1751 to 1967. He developed five categories to account for the motives driving parents to kill their children:

1. Altruistic filicide—The parent kills the child because it is perceived to be in the best interest of the child.
   a. Acts associated with parental suicidal ideation—The parent may believe that the world is too cruel to leave the child behind after his or her death.
   b. Acts meant to relieve the suffering of the child—The child has a disability, either real or imagined, that the parent finds intolerable.

2. Acutely psychotic filicide—The parent, responding to psychosis, kills the child with no other rational motive. This category may also include incidents that occur secondary to automatisms related to seizures or activities taking place in a post-ictal state.

3. Unwanted child filicide—The parent kills the child, who is regarded as a hindrance. This category also includes parents who benefit from the death of the child in some way (e.g., inheriting insurance money, marrying a partner who does not want stepchildren).

4. Accidental filicide—The parent unintentionally kills the child as a result of abuse. This category includes the rarely occurring Munchausen syndrome by proxy.

5. Spouse revenge filicide—The parent kills the child as a means of exacting revenge upon the spouse, perhaps secondary to infidelity or abandonment.

6. The most common motive in Resnick’s study was altruism. In total, this category accounted for 49 percent of the cases reviewed. The least common motive was spousal revenge, which accounted for only two percent of the murders. This comprehensive classification system can be applied to both female and male perpetrators.

In 1973, Scott devised another classification system based on the impulse to kill. This was the first classification system in the literature based solely on the actions of fathers. The system was derived from his research involving 46 fathers who killed their children (Table 1). In 1999, Guileyardo published a classification system based on Resnick’s system, which was enhanced to reflect a broader range of motives (Table 2). In 2001, Meyer and Oberman created a classification system identifying the causes of maternal infanticide (Table 3). While there certainly exists some overlap between the classification systems proposed over the last several decades, the development of these systems contributes some important points to the growing body of knowledge related to filicide.

AN UNTHINKABLE CRIME
Since 1950, child homicide rates have tripled, and homicide is within the top five causes of death for children ages 1 to 14 years old. In 2004, 311 of 578 (53.8%) children under the age of five were murdered by their parents in the US. Between the years of 1976 and 2004, 30 percent of all children murdered under the age of five were killed by their mothers and 31 percent were killed by their fathers. Male and female children appear to be killed in equal numbers, though one study did find that fathers are more likely to kill sons while mothers more frequently kill daughters. See Table 4 for an overview of characteristics associated with filicidal parents.

The theory of evolution allows for a more objective and less emotionally charged evaluation of filicide. The goal of any species, including humans, is to procreate, and those factors that allow for the creation of the next generation are advantageous. In a world with limited resources, the offspring who are weaker (those with obvious physical deformities) or are not created by the careful selection of a mate (those that are the product of rape) are more likely to be sacrificed in favor of stronger candidates. Younger offspring are more likely to be eliminated because less time and energy has been invested in their care. Finally, younger females are more willing to sacrifice offspring with the understanding that they have a longer period of fertility remaining in comparison with older females. It has been suggested that mental illness and the disorganization that it creates may be the main factor that causes parents not to follow the trends predicted by evolution.

**Maternal filicide.**

Most research concerning filicide has focused on the mother and has looked at the crime from a variety of different perspectives. In 2005, Friedman, et al., published an extensive analysis of the existing literature on maternal filicide. While they were able to reaffirm characteristics common to those women who committed neonaticide, it was unfortunately much harder to define the type of women who murders her infant or child. There are a number of reasons for this. Most importantly, circumstances vary greatly among the different populations of women assessed in each of the studies, depending on whether the information was gathered from general, psychiatric, or correctional populations. Also, the studies analyzed were all retrospective, and some contained a small number (n) of participants. The age of the child changes the potential for filicide as well. Despite these limitations, some general conclusions were reached.

The strongest general risk factor that was identified through an analysis by Friedman, et al., was a history of suicidality and depression or psychosis and past use of psychiatric services. In the general population studies (those that used administrative records including coroners’ reports or national statistics), it was determined that mothers at highest risk of filicide were often socially isolated, indigent, full-time care providers who may have been victims of domestic violence themselves. Overall, those from the psychiatric population were married, unemployed, used alcohol, and had a history of being abused.

Women from the correctional population were more often found to be unmarried and unemployed with a lack of social support, limited education, and a history of substance use. See Table 5 for a synopsis of this data. Although no specific study exists, the literature also supported the idea that younger children are at greater risk for fatal maltreatment (accidental filicide) while older children are more often the victims of purposeful homicide.

Two studies in the literature highlighted the importance of the mother’s own childhood as a factor in her crime. A number of women who went on to commit filicide received inadequate mothering secondary to their own mothers being unavailable to them due to a variety of reasons including alcoholism, absence, physical or verbal abuse, or mental health
problems. In another study, Friedman, et al. reviewed the developmental histories of 39 women who were adjudicated insane following charges of filicide. They found that 38 percent had a history of physical and sexual abuse (5% were incest victims) and 49 percent were abandoned by their own mothers. These figures may represent low estimates given that some of the information about these women was unknown.

Several studies have identified certain characteristics found in mothers who commit filicide. The number of women evaluated in each study ranged from 17 to 89. The average age of the women was 29 years. Two thirds of the women were married. The victim was, on average, 3.2 years old. Many of the women had psychiatric diagnoses. A separate study indicated that those mothers who are mentally ill were generally older when they committed the filicidal act, and the children killed by these women were typically older as well. Based on the six studies, an average of 36.4 percent of filicidal women attempted or committed suicide. Another study showed that 16 to 29 percent of all mothers successfully commit suicide following a filicidal act. The most common methods of murder identified in the six studies were head trauma, drowning, suffocation, and strangulation. In addition, Rouge-Maillart, et al., made the connection that women who accidentally killed their young children during an episode of abuse shared many characteristics with mothers who commit neonaticide, including being young, poor, unemployed, single, and without a suicide attempt following the act.

Paternal filicide.
Fathers are less often considered as the perpetrators in filicide cases, and consequently, there is much less focus on them in the literature. However, they are responsible for a large portion of child murder and worthy of independent investigation. Six pertinent studies were identified in the literature. The number of men evaluated ranged from 10 to 60. According to the literature, it appears that most men were in their late 20s when the crime occurred. On average, the children were typically older than those killed by mothers. It is important to note that fathers are rarely responsible for neonaticides. It is difficult to delineate a common motive because, as with maternal filicide, the data for these studies originated from different locations. It was striking, however, that a few of the studies noted that the murder was based on the father’s interpretation of the child’s behavior (e.g., a father becomes jealous because the child prefers the mother).

Psychosis seems to be common in men who commit filicide. Two studies from psychiatric populations found the rate of psychosis was 40 percent, while two studies from general populations found it to be about 30 percent. The rate of suicide or attempted suicide was also quite high, usually around 60 percent. In 40 to 60 percent of paternal filicide cases, men who murdered their children were also likely to kill or attempt to kill their spouses (familicide). Throughout the literature, fathers consistently used active and violent means, such as shooting, stabbing, hitting, dropping, squeezing, crushing, or shaking, in order to kill their children. Finally, these men were often determined to be poor, uneducated, unemployed, and lacking a social support network. In Resnick’s 1969 study, he compiled data on both paternal and maternal filicide, and this data is summarized in Table 6.

Filicide by stepparents.
Parenting can be challenging, and it may be even more so if the child is not the parent’s own. As mentioned before, in evolutionary terms, the reward for investing the energy in raising a biological child is the opportunity to advance one’s own genetic information. Given that stepparents do not share any genes with their stepchildren, they may be less tolerant of them.
This may explain why two studies found that stepparents kill children at a much higher rate than biological parents.\(^6,32\) More specifically, stepfathers were roughly eight times more likely than biological fathers to kill their children, and stepmothers were almost three times more likely than biological mothers to kill their children.\(^32\) In addition, stepparents were found to be more likely to beat or bludgeon their stepchildren, whereas biological parents often shot or asphyxiated their children. The more violent actions of the stepparents may be explained as a manifestation of the hostility, resentment, and rage that they may feel toward their stepchildren.\(^6,32\)

**Infanticide.**

Despite the frequent use of the term *infanticide* in the literature, few studies have focused solely on child murders in the first year of life. In 1998, Overpeck, et al.,\(^33\) reviewed 2776 child homicides that occurred during the first year of life between 1983 and 1991 in the US. This study is particularly potent given the large number of cases reviewed. However, the perpetrator of the crime was not often specified in the data. The mother of the infant was often young, single, lacking prenatal care, and poorly educated. One quarter of the crimes were committed prior to the end of infant’s second month of life, one half by four months and two-thirds by the end of the sixth month. Battering or assault was the most common means of death, occurring in about 60 percent of the cases.

Later that year, Brewster, et al.,\(^34\) published a smaller but more comprehensive study of infanticide. The results were based on the analysis of 32 cases of filicide followed by the United States Air Force, which were perpetrated by both mothers and fathers between 1989 and 1995. Presumably, secondary to the extensive records maintained by the military, much previously unattainable and unexplored data was presented. Nearly all (97%) of the households were composed of two parents who were living together and married (unusual and most likely a reflection of the military population). Three quarters of the crimes were committed by the biological fathers, while 17 percent were committed by the biological mothers. The average age of parent was 23.8 years old. Half of the perpetrators were first time parents. One quarter had a personal history of childhood abuse.

On average, the victim was five months old, and there was an even division between male and female children. Pediatricians noted that around one third of these infants had colic; whereas, interestingly, the mothers only felt that was the case 10 percent of the time. These infants were documented to be on the low end of normal in regard to their heights and weights. A little more than half (55%) of the children had been abused before. The most common cause of death was head injury, and on average, the infant survived approximately 8.5 days following the trauma.

Three quarters of the time, the acts were committed in the home. The perpetrator was alone during the commission of the crime 86 percent of the time. On average, the act occurred around noon. They were perpetrated equally on weekends (Saturdays and Sundays) and weekdays (Tuesday through Thursday); no crimes were committed on Monday or Friday. The incidents were evenly distributed across the months. Slightly more than half (58%) of the crimes were precipitated by the infants crying.

**Neonaticide.**

In the literature, neonaticides stand out as very different crimes from other filicides. In 1970, Resnick\(^6\) presented the most well-known set of data regarding the murder of newborns. This was based on his evaluation of 37 cases in the world literature between 1751 and 1967. He found that the crime is most often perpetrated by a young mother who is acting alone. Frequently, the mother is unprepared for the birth of a child. She rarely has a history of mental illness. The
mother is most often motivated to commit the crime because the child is unwanted, perhaps because she is not married or is married to a man who is not the father of the child. Suffocation is the most common method of death. Unlike filicide, in which 40 percent of murdering mothers come to the attention of a physician, mothers committing neonaticide rarely seek medical assistance, including prenatal care.6 See Table 7 comparing Resnick’s statistics on neonaticide and filicide.

Many of Resnick’s6 findings have been corroborated in subsequent studies. Four other studies targeting neonaticide were identified in the literature.35-38 The number of women evaluated in each study ranged from 7 to 53. Three of these studies were derived from data concerning the general population, while one was based on women seen secondary to court referrals for psychiatric evaluation. The average age of the women was 21.2 years old. Few were married (11.3–20.6%), and most were nulliparous prior to the birth (65–81%).35,37 Asphyxiation, drowning, and exposure were identified as the most common means of completing the act.35,38 Three quarters to 100 percent of the women concealed or were in denial of their pregnancies.36,38

Five percent of all homicides in the first year of life (infanticides) occurred on the first day of life. Of those newborns killed, 95 percent of those were not born in a hospital.33 Given the secrecy surrounding the occasion of the child’s birth, it is highly likely that some instances of neonaticide remain hidden. Denial or concealment of pregnancy is quite common in women who commit neonaticide. Passivity appears to be a trait that clearly differentiates mothers who commit these crimes from those who seek to terminate the pregnancy.39 These neonaticidal mothers expect that the problems created by the pregnancy will simply disappear, perhaps by having a miscarriage or a stillbirth. They neither make plans for the arrival of the baby nor do they anticipate harming the child.6 Once they have unexpectedly birthed a live child, the harshness of reality sets in and causes them to silence the infant’s intrusion into their lives forever.

THE AFTERMATH
The justice system. Society’s opinions about parents who kill their children are often strongly held but quite ambivalent. On one end of the spectrum, society feels justice must be served for the senseless loss of innocent lives. On the other end, even without having a full understanding of the complexities of mental illness, society believes, on some level, that something must be terribly wrong with a parent who kills his or her own child. This presents some explanation for society’s mixed emotions regarding the use of the insanity plea in filicide cases.

The NGRI plea varies significantly from state to state, with some states going so far as to abolish it. All states that allow this plea require the defendant to be mentally ill. This mental illness must then cause the defendant to not be aware of the wrongfulness of the act. This can refer to legal wrongfulness, moral wrongfulness, or both. More lenient states allow the defendant to qualify for the insanity plea if they meet another criterion, the volitional arm, which means that the defendant, due to mental illness, could not resist the impulse to commit the crime. Mothers who were adjudicated NGRI were more likely to have attempted suicide and had psychotic symptoms.40

In the case of Andrea Yates, experts testifying for both the defense and the prosecution agreed that she was severely mentally ill. However, the point on which they disagreed was the issue of wrongfulness. The prosecution’s expert believed that Ms. Yates was aware of the wrongfulness of the act, whereas the defense’s expert stated that although she was aware of the legal
wrongfulness, she had an overriding moral justification for her actions (e.g., to save the souls of her children).

**Disposition.** The placement of filicidal parents depends upon the outcome of their legal proceedings. Those who were determined to be NGRI are technically acquitted of the charges, though they are almost always committed to a forensic psychiatric unit until their mental illness has been properly treated. Those found guilty of murder will most likely serve their sentence in a prison. Mothers who commit filicide are much more likely to be shown mercy by the courts when compared to fathers. Men are more frequently sent to prison and executed when compared to their female counterparts.9

**Treatment.** Given all the variables that play a role in a parent’s decision to kill a child, no clear treatment plan can be proposed. If the parent is mentally ill, treatment of the underlying illness is certainly warranted. Often after this occurs, the parent who committed the crime has a very difficult time emotionally processing the devastating event that has occurred and may require extensive counseling and/or psychotropic medications. Filicide is irreversible, and this is why prevention is so crucial.

**Prevention.** Various efforts had been made in the United States to decrease the number of filicides that occur, particularly those involving newborns and infants. Safe Haven laws allow parents to anonymously surrender unharmed infants to the custody of the state without legal repercussions, including being charged with child abandonment. Since the first law was proposed in Texas in 1999, safe haven laws have been introduced in 46 other states.

In 1970, Resnick hypothesized that more liberal abortion laws would decrease the occurrence of neonaticide. This became a reality when the Supreme Court, in the 1973 Roe v. Wade decision, struck down a law banning first trimester abortions. Though not conclusive proof of this theory, one study showed that fewer neonaticides occurred in the 10 years following the decision when compared to the 10 years preceding it.42

Though it is certainly not always the case, the prevention of filicide may be achieved by physicians who interact with a patient prior to his or her commission of this devastating act. Psychiatrists have one of the best opportunities to do this when caring for mentally ill parents, and this is particularly true when psychiatrists are caring for women in the postpartum period. Andrea Yates received regular psychiatric care just prior to the murder of her children. Because of her psychotic beliefs at the time, Ms. Yates did not disclose her recurrent thoughts of harming her children. However, other patients may be willing to confide in their physicians.

A particularly challenging time in the life of parents involves the arrival of a new child, especially for women. Traditionally, the mother is expected to be the primary care giver, which can be quite difficult when her hormones are fluctuating and may have a deleterious effect on her mood or thought process. In her lifetime, a woman is at the greatest risk of developing mental illness during the postpartum period.42 Despite this, soon after the birth of their child, mothers may have considerable difficulty admitting to symptoms of mental illness given that they are expected to be happy and fulfilled. Another issue that arises in recognizing depression in new mothers is the lack of a clear definition of what postpartum illness actually is. The DSM-IV TR applies the postpartum specifier only to diagnoses made within four weeks of delivery,44 however, most clinicians would agree the postpartum period extends beyond that short period of time.
The Edinburgh Postnatal Depression Scale is a brief rating scale that can be used to quickly screen for depression in a postpartum woman. Because postpartum depression affects 10 to 15 percent of new mothers and recurs after 20 to 50 percent of subsequent pregnancies, screening is certainly warranted. If postpartum illness is particularly severe, a clinician may even recommend to a patient that she consider avoiding future pregnancies, which actually occurred in Andrea Yates’s case. Even mothers who do not suffer from postpartum mental illness may experience stress to the degree that thoughts to harm their children occur. Levitzky and Cooper showed that 70 percent of mothers of infants with colic had “explicit aggressive fantasies” related to their children.

A psychiatrist may be provided with an early opportunity for prevention of harm to an infant if he or she has the chance to interview a woman prior to giving birth. At this point, the clinician may inquire generally about the mother’s attitude toward the baby or more specifically about plans for the baby during and after its arrival. This line of questioning may also include asking about thoughts to harm the baby. This may prove to be especially important if the woman indicates ambivalent or negative feelings about the pregnancy (e.g., if she has some delusional thoughts concerning the baby or if the pregnancy is unwanted).

Psychiatrists may underestimate the prevalence of filicidal thoughts, when in fact greater than 40 percent of depressed mothers with children less than three years old endorsed thoughts to harm them. Even if it occurs to clinicians to inquire about filicidal thoughts, they can be prevented from doing so for a number of reasons. They may feel that it will have a negative impact on the therapeutic alliance or place ideas in the heads of parents who otherwise may not have considered the notion of filicide before. It may simply be that it is a difficult topic to address with a patient secondary to the psychiatrist’s own discomfort with the notion. Given the prevalence of parents who intend to commit filicide prior to their own suicides, it is important to inquire about plans for the children in parents who endorsed thoughts to harm themselves. Much as asking about suicidal or homicidal thoughts has become second nature for psychiatrists over time, so too should inquiring about filicidal thoughts.

**CONCLUSION**

Filicide is a complicated and multifactorial crime. Given its complex nature, it is difficult to establish traits that consistently apply to its perpetrators and victims. However, through careful evaluation of the existing literature, certain trends can be identified. Mothers and fathers who commit filicide are, on average, in their late 20s and typically do so with equal frequency. This differs remarkably from neonaticide, which is almost always committed by young mothers. About 35 percent of filicides committed by both mothers and fathers are associated with suicide attempts. Filicidal men and women are often socially isolated and unemployed. Mothers may have a personal history of abuse, whereas men are more likely to attempt to kill their spouse in addition to their child. Neonaticidal mothers often deny or conceal their pregnancies and usually are not mentally ill, thus they generally avoid contact with medical professionals.

Mental illness, however, clearly plays a role in other filicidal acts. Therefore, psychiatrists may have some exposure to these parents prior to the commission of the crimes. As clinicians, it is important that we ask these patients the difficult and uncomfortable questions that concern their filicide thoughts. If patients are willing to share these thoughts with their care providers, the next step involves safeguarding the parent and child through hospitalizing the parent or linking them to community resources that can provide support to overwhelmed parents. Filicide, tragically, is a permanent act, and the key to avoiding the devastating effects, for the perpetrator, the victim, and the community, is prevention.
REFERENCES