

St. Catherine University

SOPHIA

Master of Social Work Clinical Research Papers

School of Social Work

5-2012

Protective and Risk Factors of Women who have Killed their Children in the State of Minnesota

Roxxane Peyton
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/msw_papers



Part of the [Social Work Commons](#)

Recommended Citation

Peyton, Roxxane. (2012). Protective and Risk Factors of Women who have Killed their Children in the State of Minnesota. Retrieved from Sophia, the St. Catherine University repository website:
https://sophia.stkate.edu/msw_papers/73

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact amshaw@stkate.edu.

Protective and Risk Factors of Women Who Have Killed Their Children
in the State of Minnesota

by

Roxanne Peyton
B. S. W. Saint Catherine University, 2004

SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

AT THE

SAINT CATHERINE UNIVERSITY/ST. THOMAS UNIVERSITY

© Roxanne Peyton, 2012. All rights reserved.

The author hereby grants to SCU/UST permission to reproduce
and to distribute publicly paper and electronic
copies of this thesis document in whole or in part.

Signature of Author
Department Social Work
May 2012

Certified by
Valandra
Assistant Professor of Social Work
Thesis Chair

Accepted by
Carol Kuechler
MSW Program Director

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Saint Catherine University/St. Thomas University, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Roxanne S. Peyton
Department of Social Work
Saint Catherine University/St. Thomas University

Protective and Risk Factors of Women Who Have Killed Their Children
in the State of Minnesota

Submitted by Roxanne Peyton
May 11, 2012

School of Social Work
St. Catherine University & University of St. Thomas
St. Paul, Minnesota

Committee Members:
Valandra, ABD., Chair
Colin L. Blunt, Psy. D
Jennifer Schnarr, LICSW

Abstract

This study examined the protective and risk factors of filicidal mothers in the State of Minnesota. Case studies of women incarcerated for filicide (N=19) were studied to identify what factors were prevalent when they committed their crimes. The researcher predicted that the women with the most risk factors would be filicidal. Case studies of the women were developed using multiple sources of material to include: legal indictment documents, legal pleadings, legal motions, legal court orders, trial transcripts, jury verdicts, associated legal materials, court trial transcripts, newspaper articles and other research and media documents. After obtaining those documents the case studies were applied to the Meyer and Oberman (2001) maternal filicidal classification system and cross-analyzed with Hill-Collins (2000) Intersectionality framework. The Intersectionality framework was used to identify the potential risk and protective factors. It has been shown that a majority of the women had a mental illness that was either diagnosed or undiagnosed, at the time of the crime. Additionally, many of the women had histories that included, poverty, abuse, divorce, single parenthood, special needs children and unemployment.

Acknowledgments

This thesis would not have been possible without the guidance and help of several individuals who in one way or another contributed and extended their valuable assistance in the preparation and completion of this study.

First and foremost, my utmost gratitude to Valandra, my committee chair whose encouragement and support I will never forget. Valandra has been an inspiration and role model as I continue on my academic journey.

Colin L. Blunt Psy.D, for his willingness to be a committee member for a student he never met before. His advice and commentary has further solidified my desire to complete my doctorate in clinical forensic psychology.

Jennifer Schnarr, LICSW, for her unselfish and unfailing support as a committee member.

A special thank you to my mother Janet Saunders; who has always been my number one fan. Because of you I am. I love you!

Last but certainly not least, my daughter Imani. Thank you for allowing me to continue to strive towards greatness for myself and for you.

Table of Contents

Abstract.....	iv
Acknowledgments.....	v
Table of Contents.....	vi
List of Tables.....	7
List of Figures.....	8
Introduction.....	9
Literature Review.....	12
Conceptual Framework.....	24
Application to Research.....	25
Method.....	26
Data Collection/Analysis.....	27
Participant Vignette.....	30
Strengths and Limitations.....	30
Discussion.....	39
Implications.....	39
References.....	40
Appendix A.....	44
Appendix B.....	46
Appendix C.....	49
Appendix D.....	51

List of Tables

Table 1.....	18
Table 2.....	36

List of Figures

Figure 1.....24

Figure 2.....25

Introduction

Filicide has been in existence since the beginning of time. Historically, children from many cultures were murdered for countless reasons: “poverty, overpopulation, laws governing inheritance, customs relating to non-marital children, religious and/or superstitious beliefs regarding disability, eugenics and maternal madness” (Meyer & Oberman, 2001). In early Roman civilization the law of *Patria Potestas* gave fathers the right to commit patricide regardless of the child’s age, but the act was illegal for mothers (*patria potestas*, 2012). Stern (1948) created the term The “Medea Complex” to describe child murder committed by the mother in order to get back at the father. The story of Medea and Jason was first told in Greek mythology when Jason left Medea to marry king of Corinth’s daughter (medea, 2012). In an act of revenge Medea killed their two sons to get revenge on Jason (medea, 2012).

Many societies have killed children with birth anomalies to ensure the longevity and strength of the race (Daly & Wilson, 1988). Many other societies have killed unwanted female children as a form of sex selection. In China, male children are considered more important and many families feel the cultural pressure to have male heirs. During the 1970s, Chinese officials estimated a population of 1.25 billion Chinese by 1998 (Skala, 2005). China’s “One Child Rule” was instituted in 1979 as an attempt to manage the population explosion (Skala, 2005). The implementation of this rule further exacerbated this cultural quandary. Kane and Choi (as cited in Skala, 2005) report that “female babies are expendable and selective abortions and infanticide have become commonplace for eliminating girl children.”

Historically, filicide was viewed as normal in many cultures; as many societies progressed; they began to implement laws to deter filicide. Unfortunately, there were still

situations where filicide from the mother's view appeared to be the only recourse. In 1856, Margaret Garner escaped from a Kentucky plantation with her husband and four children (Gates & Brooks-Higginbotham, 2008, vol. 3, p. 452 ; Hine, 2005, vol p. 146). Garner and her family made it to Ohio, which was a free state. Although the family made it to freedom, the Fugitive Slave Act of 1850 gave owners the right to pursue and apprehend runaway slaves across state lines (U.S. Const. art. IV, § 2, cl. 3). The Garners found themselves surrounded by slave hunters and Margaret Garner decided to take the life of herself and her children rather than be returned to slavery. Garner slit the throat of her youngest child before they were captured, imprisoned, and returned to slavery (Gates & Brooks-Higginbotham, 2008, vol. 3, p. 452 ; Hine, 2005, vol p. 146).

Maternal filicide occurs more frequently in the United States than in other developed nations (Hatters-Friedman, Horwitz, & Resnick, 2005).

Hatters-Friedman et al., reported the following:

Among children under age 5 years in the United States who were murdered in the last quarter of the 20th century, 61% were killed by their own parents: 30% were killed by their mothers, and 31% by their fathers. Estimates by the Centers for Disease Control and Prevention for 1994 indicated that homicide was the fourth leading cause of death for preschool children and the third leading cause of death among children from ages 5–14 years. In the United States, the incidence of homicide of children less than 1 year old has increased over the past quarter-century. Compared to other developed nations, the United States has the highest rate of child homicide: 8.0/100,000 for infants, 2.5/100,000 for preschool-age children (age 1–4 years), and 1.5/100,000 for school-age children (age

5–14 years). In contrast, Canada's reported rate for homicide of infants was less than half that of the United States: 2.9/100,000.

When a mother kills her child it is defined as Maternal Filicide (Resnick, 2007). If a child is murdered under one year of age it is defined as Infanticide (Resnick, 2007). Neonaticide was a term created by Resnick (2007) to describe a newborn killed within the first 24 hours of life.

Contemporary society has created its own rationale for child murder, and, more specifically, maternal filicide. Huckerby (2003) contends that the media defines women as “mad or bad” when these tragedies occur. He also states that more often it is White women who are portrayed as mentally ill and the media looks for justification to mitigate or rationalize how such a thing could happen. The researcher goes further to conclude that women of color are more often vilified in the media and efforts are made to describe them in terms of poverty, immigration status, promiscuity, and a lack of morals to justify their acts.

Upon taking a closer look, maternal filicide is much more nuanced. Mothers and fathers kill their children for many reasons, among them being revenge, mercy killing, child abuse, mental illness, and poverty (Resnick, 2007).

There is scarce research on Social Workers and their interaction with pre or post-filicidal mothers. The bulk of the research has been completed by forensic psychologists and legal researchers. These researchers primarily focus on motive, culpability, media coverage and other factors. Very little has been written about prevention and intervention prior to the filicidal act with Social Workers. Stanton and Simpson (2002) have argued that police and forensic psychologists deduce motive at the time of arrest to determine what type of charges will be filed. Operating from that premise does not lead to prevention strategies, rather it bolsters conviction rates. Instead, social workers would benefit from understanding the protective and risk factors

that can contribute to filicidal behaviors. Additionally, there has been no specific research on filicidal mothers specifically in the state of Minnesota.

The purpose of this study is to identify the protective and risk factors of women who have killed their children in the state of Minnesota by looking at the multiple psycho-social factors present before a child was killed.

Literature review

Typologies

There have been several studies that identify the motives of women who kill their children. Resnick (1969,1970) looked at 131 case reports from around the world on child murder by mothers and fathers from 1751-1967. Resnick (1969, 1970) created five categories: “altruistic” filicide, (64 cases, 48.9%), “acutely psychotic” filicide (28 cases, 21.4%), “unwanted child” filicide (18 cases, 13.7 %), “accidental” filicide (16 cases,12.2%) and “spouse revenge” filicide (5 cases, 3.8 %). Resnick (1969) defined neonaticide (24 out of 131 cases) in a separate category from the other definitions. Resnick described filicide committed out of an act of love as “altruistic” filicide. When a mother kills a child through aggression or neglect due to reasons of illegitimacy or paternity it is defined as “unwanted child” filicide (Resnick, 1969). Mothers who killed out of a need for revenge is defined as “spouse revenge” filicide (Resnick 1969). When the parent killed while experiencing extreme mental illness or psychotic episode it is defined as “acutely psychotic” filicide (Resnick, 1969).

Stanton and Simpson (2002) argue that Resnick’s use of motive is problematic because the information is being gathered by police and forensic psychologists, when the perpetrator is

the most vulnerable. The researchers further argue that the motive developed and deduced by police and forensic psychologists at the time of arrest also determines what type of charges will be filed and thus complicates the validity of motive.

Scott (1973) felt that previous systems focused on motive. Scott described other researchers as “being subjective, over-determined, or defensive”. Scott felt that the perpetrators were functioning at a primal level and to attach motives such as “revenge or altruism were inappropriate.” Scott’s system was developed to highlight the impulse to kill rather than a criterion of motive. Scott felt that the impulse to kill better addressed what appeared to him as anger displacement which would then be directed to the child instead of the actual cause. Scott suggested five categories for his classification system: (1) Eliminating an unwanted child by assault or neglect; (2) Mercy killing in which there is a real degree of suffering in the victim and an absence of secondary gain for the parents; (3) Aggression attributable to gross mental pathology including organic, toxic, epileptic psychosis, paranoid psychosis, manic-depressive psychosis, and retardation; (4) Murder as a result of a stimulus arising outside the victim including displacement of anger with or without revenge, prevention of loss of a love object or status; and (5) Victim constitutes the stimulus which leads to exasperation, loss of temper, and battering by the parent.

D’Orban (1979) contends that there are six categories to classify filicidal mothers. D’Orban incorporates Scott’s system (1973) in his categorization model (Cyle, 2005). D’Orban’s system appears to be the first to begin looking at more than just motive and impulse in his typology. D’Orban (1979) includes “social and psychiatric characteristics, their offense patterns, and court disposals.”

The most comprehensive filicidal categorization matrix was created by Meyer and Oberman 2001. They looked at 219 cases of women in the United States. The authors hypothesized that one must look at the interaction of psychosocial environment within each category to arrive at a more clear understanding of maternal filicide rather than motive or intent.

Meyer and Oberman (2001) suggest that it is incorrect to view the typology of maternal filicide based on motive, but instead look at the intersection of socio-economics, culture and individual variables. They identified five typologies that these crimes fit into: “Filicide Related to an Ignored Pregnancy;” “Abuse-Related Filicide;” “Filicide Due to Neglect;” “Assisted/Coerced Filicide;” and “Purposeful Filicide and the Mother Acted Alone.”

There are different factors that determine the culpability of parents who kill their children; these factors determine whether these parents are incarcerated and for how long, as well as if they are institutionalized. There are also differences due to gender and race. Resnick (1969) states that mothers were twice as likely to kill their children as fathers and that 30% of the victims were under six months old. In contradiction to Resnick’s findings, The Department of Justice (2004) found that during the period between 1976-2002, male and female parents were about equal in killing their children. There was not a distinction made regarding whether the parents were biological or step-parents (Department of Justice, 2004). Ferguson, Miller-Stratton, Heinrich, Fritz, and Smith (2008) state that the differentiation between male and female perpetrators may be based on gender stereotypes. In criminal situations that were identical, male perpetrators were judged more harshly in domestic violence and sexual abuse crimes (Negy, Ferguson, & Orooji, 2005). The authors further contend that juries may use the demographics of the defendant to judge and determine sentencing and culpability.

Victims

If a child is killed it is more likely that the perpetrator is a parent or stepparent (Friedman & Resnick, 2007). The Bureau of Justice Statistics shows that risk of being a homicide victim is highest during the first year of life and the “United States has the highest rates of child homicide 8.0/100,000 for infants, 2.5/100,000 for preschool-age children, and 1.5/100,000 for school-age children” (Freidman & Resnick, 2007). They also feel that the infanticide rates are higher than reported due to bodies never being recovered or flawed coroner reports.

More often than not, mothers are the perpetrators in cases of neonaticide (Isser & Schwartz, 2008). In a compilation of 120 cases of neonaticide from 1990-2005 by Isser and Schwartz, mothers were responsible for the newborn’s death in 116 cases, whereas couples were responsible in the remaining 4 neonaticides.

Until the age of one-year old, children are more likely to be killed by a male (Isser & Schwartz, 2008). Postpartum depression is more likely a factor for mothers who kill their children from birth up to one year of age (Isser & Schwarz, 2008). Smithey (1998) as reported in Isser and Schwarz (2008) which infants are more likely to be fatally harmed as the relational intimacy level decreased between the infant and the caregiver. As stated in Bourget, Grace and Whitehurst (2007), Kuhn explains that “mothers are overrepresented in cases of infanticide; filicides that occur after the first week of life are often committed by the father or stepfather, with fathers being the most frequent perpetrators of filicide in later childhood.” Bourget, Grace and Whitehurst (2007) state that there are conflicting studies identifying mothers or fathers as the primary perpetrator of filicide. They argue that the statistics point to women more often due to the inclusion of neonaticide statistics in some studies.

It is not clear whether gender plays a role in filicide in the United States. Bourget, Grace et al., (2007) state that neonaticide impacts male and female victims equally. However, boys between the ages of 4 and 15 years of age are overrepresented as victims of filicide Bourget, Grace et al., (2007) The authors go further and state that the studies are inconsistent which may be due to sample size and other variables.

A study completed with 20 British and Canadian filicidal woman found that “70% of the offenders used manual methods, including shaking or manual battery (25%), suffocation (25%), or beating with a blunt object (20%); for the remaining 30%, including all three cases of multiple child victims, the mother used more indirect methods, namely arson (20%), or drowning (10%), while the victims were asleep or sedated” (McKee & Shea, 1998).

Palermo (2002) reported that suffocation, drowning and strangling appear to be most common when killing newborns.

In a study conducted by Lewis, Baranoski, Buchanan, and Benedek (1998) as stated in Palermo (2002) with 60 psychotic and non-psychotic mothers:

They defined a weapon as a knife or a gun and reported that “weapons were used by one of four womenGuns were used by 13% of filicidal women and knives by 12%” (p. 613). They also reported that psychotic mothers were more likely to kill their offspring with a weapon than were non-psychotic, but “the use of a weapon was mostly restricted to older children . . . [and] younger children were less likely to be killed with weapons. The mothers who killed their children with a knife were all psychotic, whereas only 7 of the 8 women who killed their children with a gun were psychotic. Reporting a sample of filicidal parents from the world literature, including the United States, the authors stated,

Mothers killed their children with guns as frequently as fathers (in 9% of cases); knives were used in 9% of maternal filicides and 14% of paternal filicides. (p.130)

What appears to be a constant in filicide is that the parent who spends more time with and is in the closest physical proximity to the child consistently is more likely to be the perpetrator of murder.

Mental Health

When a child is killed by a parent there is often the assumption that the parent must have been crazy to commit such a heinous act. The prevalence of mental illness among mother's that kill their children has been noted by many researchers (Lewis & Bunce, 2003). The researchers stated that depression and psychosis are the most common diagnoses. If a woman has been arrested for killing her child she will not necessarily receive a mental health evaluation unless it is raised by her attorney and she receives a referral to a forensic psychiatrist (Lewis & Bunce, 2003). In a study of 55 filicidal women from 1974-1996 at the Center for Forensic Psychiatry in Ann Arbor, Michigan conducted by Lewis & Bunce (2003), 29 women were identified as psychotic and 26 women were "non-psychotic." The authors defined psychosis as having "delusions, hallucinations, and disorganized thinking and behavior" at the time of the filicide. Of the 29 women in the psychotic category, the authors found that Schizophrenia and Major Depressive Disorder with Psychotic Features were the most prevalent diagnoses. The researchers also identified that of the total group almost 70% of the women had been hospitalized for psychiatric reasons and 60% of the women were receiving ongoing outpatient treatment.

In recent years there has been more discussion regarding post partum depression and its legitimacy, especially if there is an act of filicide. Kauppi, Kumpulainen, Vanamo, Mrikanto, & Karkola (2008) identified three postpartum adjustment disorders: "postpartum blues, postpartum

depression, and postpartum psychosis.” O’Hara, as cited in Kauppi et al., defined postpartum blues as a milder form of depression that affects 39-85% of women and normally improves in a few months without treatment. Sit, as cited by Kauppi et al., defines postpartum psychosis as “occurring within 1-4 weeks after childbirth and is suggested to be an overt presentation of bipolar disorder that is timed to coincide with hormonal shifts after delivery.” Postpartum depression mimics traditional depressive symptoms, but also includes a “preoccupation with the baby’s well-being and self doubt about the mother’s caring abilities” (Brockington, 1996; Andrews-Fike 1999; Templeton et al. 2003; Buist 2006; and Gjerdingen and Yawn 2007 as cited in Kauppi et al., In a study of 10 Finnish women with postpartum depression that killed their child multiple symptoms and stress factors were reported and identified in table 1.

Table 1. Symptoms And Stress Factors Of The Mother.

Symptoms	Case Number										% or mean
	1	2	3	4	5	6	7	8	9	10	
Depressed Mood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Anxiety	✓	✓	✓	✓	✓	✓		✓	✓	✓	90%
Crying Spells				✓							10%
Emotional lability	✓						✓				20%
Inability to have warm feelings	✓		✓		✓						30%
Fatigue							✓	✓	✓	✓	40%
Preoccupation with worries about the baby's well being	✓		✓	✓	✓	✓					50%
Preoccupation with own ability to be a mother	✓	✓	✓	✓	✓	✓					60%
Obsessional thoughts about harming the baby				✓		✓					20%
Poor concentration	✓								✓		20%
Insomnia	✓	✓	✓	✓	✓	✓					60%
Psychotic thoughts	✓		✓	✓	✓		✓			✓	60%
Suicidal thoughts	✓	✓		✓	✓	✓	✓	✓	✓	✓	90%
Filicidal thoughts		✓			✓						20%
Onset of symptoms after birth (months)	4	1	0	0	0	6	0	3	6	6	2.6 months
age of victim (months)	5	2	5	0	1	7	1	4	7	8	4 months
previous depression	✓			✓			✓				30%
ongoing treatment for depression	✓	✓	✓	✓	✓		✓				60%
difficult birth		✓	✓	✓			✓				40%
marital crises and difficult family relationships								✓	✓	✓	30%

childhood trauma and emotional abuse	✓	✓		✓	✓	✓	✓	✓	80%
traumas and losses in adult life	✓		✓		✓	✓		✓	50%

Note. From “Maternal depression and filicide—case study of ten mothers,” by Kauppi, A., Kumpulainen, K., Vanamo, T., Merikanto, J., Karkola, K., , 2008, *Archives of Women's Mental Health*, Vol. 11, No. 3. (1 July 2008), pp. 201-206. Copyright 2006 by Copyright Holder. Reprinted with permission.

In all cases the motive was considered altruistic and in six cases the mothers attempted suicide (Kauppi, Kumpulainen, Vanamo, Mrikanto, & Karkola, 2008). One of the mothers was diagnosed with postpartum depression, two were diagnosed with major depression, one diagnosis of chronic depression, four of the women were diagnosed with psychosis and all had a general depressive diagnosis (Kauppi et al., None of the mothers were convicted in a court of law; eight were deemed not responsible by reason of insanity and one was deemed to have diminished responsibility; there was no information on the tenth mother Kauppi et al., As the role of mental illness is questioned for perpetrators of filicide the issue then becomes who has access to the adequate representation to obtain a forensic evaluation and who is being criminalized.

Definition of Motherhood

Women are treated differently in the criminal justice system than their male counterparts. When you add the layers of race, language, immigration status and class the treatment becomes even more disparate (Austin, 1989).

Women portrayed as “mad” have been characterized as morally “pure” women who by all accounts have conformed to traditional gender roles and notions of femininity. These women are often viewed as “good mothers,” and their crimes are considered irrational, uncontrollable acts, usually the direct result of mental illness. In contrast, women characterized as “bad” are seen as the complete antithesis of the “mad” woman. They are

depicted as cold, callous, evil mothers who have often been neglectful of their children or their domestic responsibilities. Viewed as not having conformed to societal standards of “proper” female behavior, these mothers are often portrayed as sexually promiscuous, nonremorseful, and even nonfeminine (p.69).

Bassin, Honey and Kaplan (1994); Glenn, 1994; and Risman (1998) state that the idea of motherhood is socially-and-historically-constructed. Motherhood is romanticized and idealized in American culture through the media which tells us the ideal is “full-time, at home, middle class, and White” (Boris, 1994).

Thurer (1994) goes further to state that society teaches women that motherhood is the best and most important aspect of their lives. Douglas and Michael (2004) add that unless a woman “bears and raises children,” she can never be complete. Bassin, Kaplan, and Honey (1994) go further and claim that “marriage, pregnancy and mothering are a moral requirement.” With these ideas as the baseline society has set up for women there are also racial implications.

The author contends that the portrayal of Black women as “mammies, matriarchs, breeders, welfare recipients, and hot mommas” assists in the oppression of these women in the United States. She also says that the mammy definition was used to legitimize the economic disenfranchisement of Black women. As long as Black women performed in a caretaker role and for White women’s children to the detriment of her own, she is accepted in White society (Hill-Collins, 2000). She further adds that “even though the mammy wields a certain amount of authority, she still knows her place within the White male dominated power structure and has accepted it.” The welfare mother label was created in retaliation to the increasing access of Black women to government “entitlements” (Hill-Collins, 2000). As Black women gained some political clout to gain access to these services due to the worsening economy in the 60s, 70s and

80s the label became more pronounced (Hill-Collins, 2000). During slavery, Black women were defined as breeders to serve the purposes of creating more slaves, which benefitted the slave owners whereas the welfare mother was defined as lazy, unwilling to work and willing to pass on her bad moral values to her children in order to collect her benefits (Hill-Collins, 2000). Another image that Black women have to contend with is the “hoochie, whore or jezebel” label. Hill-Collins sites Gomez to state that, during slavery, Blacks were seen as “sexually aggressive wet nurses.” By labeling Black slaves as oversexed and having an excessive sexual appetite, the slave masters could justify the rape of slave women and their increased fertility (Hill-Collins, 2000). She said these labels were used to justify the exploitation and economic disenfranchisement of Black women during slavery and currently. These definitions of motherhood will ultimately play out in society’s explanation of why and how women kill their children.

Huckerby (2003) contends that there is a vocabulary which categorizes White filicidal mothers as mad in order to preserve the “White, middle class myth of motherhood.” Huckerby (2003) goes further to state that the “mad” definition is used for White women to explain their acts through a “biological” rationale which deflects the event and prevents the White woman from being accused of performing a criminal act. In order to preserve traditional patriarchal importance of marriage and family, the “mad” definition is used in order to protect the husband so he can legitimately support her without appearing to condone the acts (Huckerby, 2003). In contrast, the “bad” mother is most often judged by marital status, socio-economic status, number of children, and religion (Huckerby, 2003). An example of the contradictory justification or vilification of filicide was the story of a 14-year-old Latina who strangled her newborn after secretly delivering the infant at home. This girl had been sexually assaulted by an adult male

living in the home that began molesting her at the age of 12. The media accounts describe this girl as having a boyfriend and the adult man was charged with sexual misconduct (First Coast News, 2004). The media's inference that this was a consensual relationship shifts the focus from this event stemming from the acts of a traumatized child to the act of a promiscuous or sexually active young person who did not want to be saddled with a child. That is not to say that some White mothers were not be labeled as "bad;" however, they were more likely to be given the benefit of the doubt until further explanation of the events unfurl or if the media portrayal appeared to move towards vilification of the mother.

Conceptual Framework

If maternal filicide was simple there would not be a reason for this research. However, looking at the 19 women in this study that have been convicted of killing their child it is clear that it is not a simple. These women come from many different backgrounds, ages, ethnicity, socioeconomic status, and there is even a distinction between biological and adopted children. Additionally, none of the research completed on these women investigates how oppression may impact the factors that bring them to kill. The constant variable is that they are all women. To look at why these women kill solely through a feminist lens would be doing them a disservice. *Webster's Dictionary* 2011 defines feminism as the theory of the political, economic, and social equality of the sexes. For middle class, heterosexual, White women the definition and theory are adequate. For women who experience multiple, overlapping and intersecting layers of oppression it is not sufficient.

The conceptual framework used for this study is Intersectionality Theory.

Intersectionality is a term first coined by legal professor and Black feminist legal theorist, Kimberlé Crenshaw (1989). Intersectionality grew out of trying to conceptualize the way the law responded to issues where both race and gender discrimination was involved.

Crenshaw stated in an interview with Perspectives magazine the following:

What happened was like an accident, a collision. Intersectionality simply came from the idea that if you're standing in the path of multiple forms of exclusion, you are likely to get hit by both. These women are injured, but when the race ambulance and the gender ambulance arrive at the scene, they see these women of color lying in the intersection and they say, well, we can't figure out if this was just race or just sex discrimination. And unless they can show us which one it was, we can't help them. (p. 2)

Patricia Hill-Collins (2000) further expanded the Intersectionality theory by recognizing other forms of oppression that also impact individuals. Rather than looking at Intersectionality or any oppression from a binary perspective e.g., Black/White, male/female, rich/poor, straight/LGBT, she made it more inclusive. When looking at oppressed populations systems of economic, political, religious, and ideological conditions affect them differently (Collins-Hill, 2000).

Replacing additive models of oppression with interlocking ones creates possibilities for new paradigms; the significance of seeing race, class, and gender as interlocking systems of oppression is that such an approach fosters a paradigmatic shift of thinking inclusively about other oppressions, such as age, sexual orientation, religion, and ethnicity.” (p. 1)

This adding of different forms of oppression evolves to explain the *Matrix of Domination* (Hill-Collins, 2000).

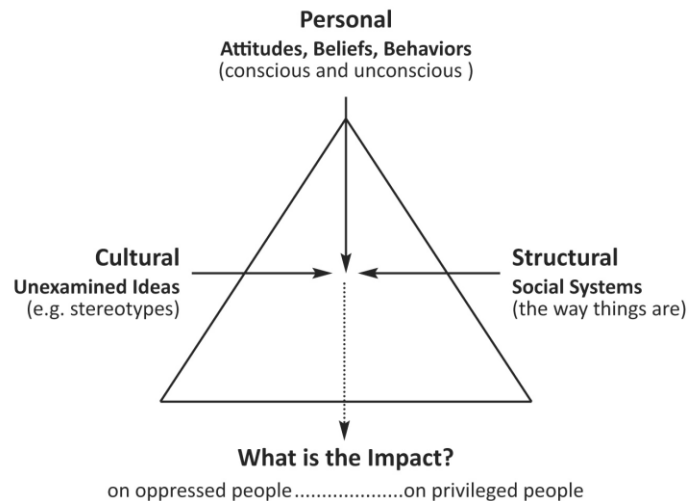


Figure 1. Matrix of Domination.

Reprinted from “An Overview of Filicide” by Sara G. West, 2007, *Psychiatry*, 4(2): 48–57.

Reprinted with permission.

For the purposes of this study the elements of Intersectionality will include the following:

1. Identity is made up of multiple social locations, or identities (Crenshaw, 1989)
2. All facets of identity are separate, yet joined simultaneously (Crenshaw, 1989)
3. Multiple oppressions are compounding in nature. The more identities of oppression one occupies - considering the barriers of racism, sexism, heteronormativity, classism (among others) - the more difficult it will be to cross the intersection, or exist free of impediment (Crenshaw, 1989)
4. Power differentials are associated with different aspects of identity (Hill-Collins, 1990)
5. Power differentials are based on systemic processes, as expressed through Hill-Collins (1990) Matrix of Domination

Intersectionality theory has evolved to include the wider array of social problems.

Crenshaw, Hill-Collins and others have stressed that Intersectionality lays out how the human condition is constructed because social problems play out within a historical, political, and

cultural context; which cannot be separated without recognizing additional variables which although are not inclusive, will minimally include, race, class, ethnicity, gender, religion and orientation (Crenshaw, 1989).

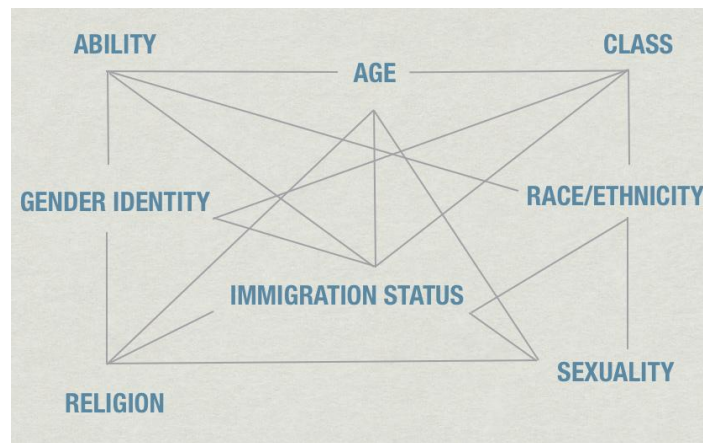


Figure 2. Interlocking forms of oppression.

Adapted from California Coalition Against Sexual Assault <http://calcasa.org/campus/addressing-sexual-violence-on-campus-in-atlanta/>

Application to Present Research

In trying to understand why some women kill their children, it is important to understand the systemic context from which they came and which they will go back into upon release. All of the women in this study are currently incarcerated in the State of Minnesota with varying sentences, number of children killed, the way that children were killed, types of trials, mental health diagnosis, media coverage and family background. They all have one thing in common: at some point in their life they took a step that resulted in the murder of one or more of their children. This study seeks to identify the protective and risk factors of women who kill their children and are currently incarcerated in the State of Minnesota and, more importantly, to assist clinical social workers in helping to reduce the number of filicides in the state.

Method

Research Questions

How do clinical social workers identify pre-filicidal mothers?

What kind of interventions can clinical social workers utilize after identifying a possible pre-filicidal mother?

Research Design

The study was descriptive and exploratory in nature. The method of analysis was deductive and involved identifying themes from the Intersectionality conceptual framework and the Meyer and Oberman (2001) maternal filicidal classification system.

Sample

The sample consisted of 19 women aged 25-64 currently incarcerated at the Minnesota Correctional Facility-Shakopee. This is the only correctional facility in the State of Minnesota that houses adult women. The 19 participants were all convicted of murder or attempted murder of their child or children. The women's age at the time of offense was 21-61 (Mode age = 30 years). The 19 participants are demographically identified as (57.8% White, 31.5% African American, 5.2% South East Asian Immigrant, 5.2% African Immigrant). The 19 participants' legal relationship to the child or children was identified as (89.5% biological parent, 5.2% adoptive parent, and 5.2% step-parent). The victims include 27 murdered children; two neonaticides, and five attempted murders.

Data Collection/Analysis

This researcher communicated with the Director of Research and Evaluation at the Minnesota Department of Corrections who provided the list of 19 women currently incarcerated with a murder or attempted murder conviction. Case studies of the women were developed using multiple sources of material to include: legal indictment documents, legal pleadings, legal motions, legal court orders, trial transcripts, jury verdicts, associated legal materials, court trial transcripts, newspaper articles and other research and media documents. All of these documents are categorized as public information and will be obtained by access records at the county courthouses where the trial was held and through the Lexus Nexus research engine; Public Access to Electronic Court Records (PACER) database and electronic news media records.

After obtaining those documents the case studies were applied to the Meyer and Oberman (2001) maternal filicidal classification system and cross-analyzed with Hill-Collins 2000 Intersectionality framework. The Intersectionality framework was used to identify the potential risk and protective factors.

The maternal filicidal classification system is as follows:

1. Filicide related to an ignored pregnancy.
2. Abuse-related filicide
3. Filicide due to neglect
 - a. Neglect-omission
 - b. Neglect-commission
4. Assisted/Coerced filicide
5. Purposeful filicide and the mother acted alone

Intersectionality Variables

1. Race/Ethnicity
 - a. Black/African American
 - b. White/Caucasian
 - c. Asian _____(specific area)
 - d. African_____(specific area)
 - e. Hispanic _____(specific area)

- f. Other_____
2. Immigration status
 - a. Immigrant
 - b. Refugee
3. Citizenship
 - a. Citizen (born/ naturalized/visa holder)
 - b. Undocumented person
4. Economic Status
 - a. Working poor
 - b. Middle income
 - c. Upper income
5. Education
 - a. No high school diploma
 - b. High School diploma/GED
 - c. Vocational Degree/Associate Degree/Certification
 - d. Undergraduate Degree
 - e. Graduate Degree
6. Abuse history
 - a. Domestic violence in current relationship
 - b. Domestic violence in previous relationship
 - c. Sexual abuse history
 - d. Physical abuse history
7. Mental Illness
 - a. Depression
 - b. Borderline Personality
 - c. Schizophrenia
 - d. Psychotic
 - e. Postpartum depression
 - f. Co-occurring disorders_____ (explain)
 - g. Disability status
8. Relational/Marital status
 - a. Single
 - b. Cohabiting partners
 - c. Divorced
 - d. Married
9. Sexual Orientation
 - a. Lesbian
 - b. Bisexual
 - c. Transgender
 - d. Other_____
10. Age at time of crime_____
11. Number of children at home_____

Protection of Human Subjects

There was no direct risk to participants. Demographic related data was changed to protect individual privacy of participants' information.

Case studies were identified by number and/or pseudonym of the participant. Additionally, the researcher changed some of the identifying characteristics, county of conviction, ethnicity, and number of children and manner of death to prevent participants from being identified.

Case Number/Pseudonym Television Sitcom Mothers

1. Angela Bower-single mother to Jonathan on *Who's the Boss?*
2. Carol Brady-mother to three boys and three girls on *The Brady Bunch*.
3. Clair Huxtable-mother of five and attorney on *The Cosby Show*.
4. Edith Bunker-mother to Gloria, wife to Archie Bunker on *All in the Family*.
5. Elyse Keaton-mother to Alex, Tina and Mallory, wife to Steven on *Family Ties*.
6. Florida Evans-mother to James Jr., Michael and Thelma, wife to James Sr. on *Good Times*.
7. June Cleaver- mother to Wally and "The Beaver", wife to Ward on *Leave it to Beaver*.
8. Lois Griffin-mother to Meg, Chris, and Stewie, wife to Peter on *Family Guy*.
9. Lorelai Gilmore-single mom to Rory on *Gilmore Girls*.
10. Louise Jefferson-Mother to Lionel and wife to George Jefferson on *The Jeffersons*.
11. Maggie Seaver-mother to Mike, Carol, Ben, and Chrissy, wife to Jason on *Growing Pains*.
12. Marge Simpson-mother to Bart and Lisa, wife to Homer on *The Simpsons*.

13. Marion Cunningham-mother to Joanie and Richie Cunningham on *Happy Days*.
14. Peggy Bundy-mother to Kelly and Bud on *Married With Children*.
15. Roseanne Barr-mother to Becky, Darlene and D.J., wife to Dan on *Roseanne*.
16. Sharon Marsh-mother to Stan and wife to Randy on *South Park*.
17. Thelma Harper-mother to Vinton, grandmother to Sonja and Budd on *Mama's Family*.
18. Wanda McCullough-aunt to Vanessa, Jordan, and Bryana, wife to Bernie on *The Bernie Mac Show*.
19. Wilma Flintstone-mother to Pebbles and wife to Fred on *The Flintstones*.

Strengths and Limitations

The limitations of this research were that the trial transcript, legal documentation and media data were consistent for all 19 participants. The data included in trial transcripts differed due to the type of plea the participant takes or whether they actually go to trial. When the participant went to trial and there was an appeal it was then be sent to the appellate court. In addition media coverage for each participant also varied.

The strength of this research attempted to find prevention strategies and/or a maternal filicide assessment to assist social workers, many whom work with filicidal mothers in a different capacity prior to the actual filicidal act.

Participant Vignette

1. Angela Bower-age 21 sentenced to life in prison for killing two of her children and the attempted murder of a third.
2. Carol Brady-age 30 sentenced to 25 years in prison for the murder of her newborn child.

3. Clair Huxtable-age 29 and suffering from post partum depression sentenced to 25 years in prison for the murder of her two children.
4. Edith Bunker-age 23 sentenced to 15 years for the murder of her 3-year-old special needs daughter by shaking her repeatedly.
5. Elyse Keaton-age 31 sentenced to 12 years for the attempted murder of her two children when she tried to kill them and herself in a closed car in the garage of their house.
6. Florida Evans-age 26 sentenced to 4 years for starving her special needs child to death.
7. June Cleaver- age 24 sentenced to 31 sentenced to 12 years for the beating death of her 3-year-old son.
8. Lois Griffin-age 24 sentenced to 14 years for the murder of one child and the attempted murder of another when she tried to drown herself and her two sons.
9. Lorelai Gilmore-age 25 sentenced to 35 years for the murder of her six children.
10. Louise Jefferson- age 23 sentenced to 12 years when she suffocated her son because he wouldn't go to sleep.
11. Maggie Seaver-age 61 sentenced to 16 years for the attempted murder of her two adopted daughters after she lost her job.
12. Marge Simpson-age 33 sentenced to life in prison for the arson death of her special needs daughter.
13. Marion Cunningham-age 42 sentenced to 25 years for the murder of one child and the attempted murder of another when she tried to kill herself and the children.
14. Peggy Bundy- age 19 sentenced to 25 years for the murder of her newborn child.
15. Roseanne Barr-age 30 sentenced to 40 years for the beating death of her 3-year-old daughter in front of her other 3 children.

16. Sharon Marsh-age 29 sentenced to 12 years for the death of her infant son when she stopped feeding him.
17. Wanda McCullough- age 34 sentenced to 37 years for the brutal beating and death of her 3-year-old child.
18. Thelma Harper-age 25 sentenced to 14 years for the death of her stepdaughter after she sat her in a scalding bathtub of water.
19. Wilma Flintstone-age 37 sentenced to 26 years for killing her son in anger because he soiled his pants.

Results

There was a change in the initial data set and two of the women assessed in the study were removed. Wilma Flintstone actually was serving as a caregiver for the custodial parent while that parent was away; she was not in a custodial parental role with this particular child when she killed that child. Thelma Harper was the live-in partner and was co-parenting with the biological father who was ultimately charged with the murder of his daughter; Thelma was charged as an accessory.

The revised sample consisted of 17 women aged 21-61 currently incarcerated at the Minnesota Correctional Facility-Shakopee. The 17 participants were all convicted of murder or attempted murder of their child or children. The women's age at the time of offense was 21-61 (Mode age = 30 years). The 17 participants are demographically identified as (10 White women, 5 African American women, 1 Hmong woman, and 1 Sudanese woman). The 17 participants' legal relationship to the child or children was identified as 16 were the biological parent and 1 was an adoptive parent. The victims include 19 murdered children; two neonaticides, and seven attempted murders.

The women represented in this study represent multiple areas of Intersectionality. The analysis of the intersections of oppression that these women have may play a role in the outcome of their cases and the possible interventions that could be used. Further, the intersections of oppression were ultimately identified and categorized as protective factors and risk factors.

This study looked at 11 disparities that could increase the likelihood that these tragedies occurred and further prevent the women from getting much-needed services after the murders. The 11 areas of Intersectionality included: Race/Ethnicity; Immigration Status; Citizenship; Economic Status; Education; Abuse History; Mental Illness; Relational/Marital Status; Sexual Orientation; Age at Time of Crime; Number of Children at Home. The analysis of these areas of Intersectionality will ultimately identify the protective and risk factors for these women.

Immigration Status/ Citizenship

All of the women were citizens or had legal documentation to be in the country; however, two of the women held visas. One of those women was identified as an immigrant and the other as a refugee. The distinction between immigrant and refugee status is that immigrants primarily relocate from their home country of their own volition; for better employment and educational opportunities, although there are a multitude of different reasons. Refugees, however, are defined through the United Nations. They leave their countries due to war or other conflict and usually cannot return to their homeland. They may live in refugee camps for years before being allowed to relocate to a different country.

Education

The education level of the women showed that of the one woman did not receive her high school diploma, one woman attended college, and two of the women had graduate degrees, 13 of the women's education background was unavailable.

Abuse History

Available data identified 3 women as having experienced domestic violence in a previous relationship, the other 14 of the women were unknown and there was no information regarding any history of abuse, either through domestic violence or in their childhood.

Relational Status

Nine of the women were single, 1 was divorced, 1 was in a cohabitating relationship, and 6 were married. There was no information reported in any of the information that clarified any of the women's sexual orientation. One could argue that they were all heterosexual, however that could not be clarified unless it was stated in the women's own words.

Age at time of crime

The mean age for the perpetrators at the time of their crime was 30. They ranged in age from 19 years old to 61 years of age.

Mental health diagnosis

The mental health history of the women identified 9 who had a mental health diagnosis. They were diagnosed previously or at some point after their arrest. Twelve of the women had a Rule 20 exam which is the mental competency exam to determine whether they are fit to stand trial.

Number of children in home

All of the participants had children. The mean number of children was 3.5 and they ranged in number from one child to seven children.

Age of perpetrator

The mean age for the perpetrators at the time of their crime was 30. They ranged in age from 19 years old to 61 years of age.

Sentencing

The women's sentences for the offense varied. One woman received a four year sentence; 3 received 14-16 year sentences; 2 received 35-37 year sentence; 2 received a 12 year sentence; and 2 received a life sentence.

Method of crime

The participants used the following methods to kill their children; 3 suffocation; 3 battery; 3 drowning; 1 arson; 2 stabbing; 1 shaken baby; 2 poisoning; and 2 starvation.

Economic status/Education

The economic status and educational level of the subjects reveal bleak information. Fourteen of the women were identified as the working poor, and three were identified as middle income. There were no women that were in the upper income category. This information is critical because it highlighted an area of disparity.

Plea/Trial

Of the 17 women charged with murder or attempted murder 13 of the 17 women plead guilty rather than go to trial. Of those 13 women that plead guilty rather than go to trial, 11 were the working poor. The economic categories were defined by what women were able to obtain a public defender rather than pay for a private attorney. The courts determine who is eligible for a public defender based on the federal poverty guidelines. Typically, one must be below federal poverty guidelines and not have any major assets e.g., (house with equity, stocks, etc.) This is not a full proof method for assessing income level and there are people who can manipulate the system and be qualified to receive a public defender.

Table 2. Meyer and Oberman Filicidal Matrix Results

Categories	Women
Filicide related to an ignored pregnancy (neonaticide).	2
Abuse-related filicide.	3
Filicide due to neglect.	
Neglect-omission.	2
Neglect-commission.	2
Assisted/Coerced filicide.	0
Purposeful filicide and the mother acted alone.	8

Discussion

It is unfortunate that the results from this study were unable to confirm the primary research hypothesis, namely that identifying the protective and risk factors in filicidal women would help social workers better work with these women to identify mother's at risk and further to prevent the filicide from occurring. It was found in the study that that almost half of the women did have at least eight of the risk factors, but because many of the other women did not have all of the available information it would not be accurate to state any strong correlation between the numbers of risk factors. However, upon looking deeper at the risk and protective factors, despite not having overall complete data there were some striking findings that support the other studies included in the literature review.

Six women killed their children for purposeful or altruistic reasons and also attempted suicide. This substantiates the findings in the Kauppi et al., Further, 8 of the women were classified as purposeful in their filicidal actions based on the filicidal matrix.

Lois Griffin threw her 14 month old twins off of a bridge and then stripped naked and jumped too. In a police interview Lois stated that she wanted to kill herself and didn't want to leave her

children alone in a hostile world. One child survived the other child's body was found a few days later. Lois was sentenced to 14 years in prison.

The data reflected that 9 women in this study had a confirmed mental health diagnosis and 12 of them had a mental health exam requested for trial. Additionally, of the women who had a mental health diagnosis, 6 were hospitalized due to their mental state after the crime and 7 of those women with a mental health diagnosis had recently been released from the hospital prior to the filicidal act. This data corroborates findings in the study done by Lewis & Bounce 2003, where the prevalence of mental illness among mother's that kill their children has been noted by many researchers.

Maggie Seaver had recently been hospitalized for suicidal and homicidal ideations. She reported that she was fearful of hurting her children due to the stress of being unemployed. One of her neighbors reported being shocked when they released her from the hospital. Just a few months' later police received a frantic 911 call from Maggie. "I killed my children, come now!" When the police arrived they found Maggie, a bloody axe and blood. Luckily, Maggie's children survived. She is currently serving a 16 year sentence for the attempted murder of her two children.

In this study, the two neonaticides were completed by drowning, which supports Palermo's (2002) assertion that suffocation, drowning and strangling appear to be most common when killing newborns.

Peggy Bundy delivered her baby in the bathroom of her apartment. She told several people that she drowned the baby in the bathtub and then placed it in a garbage bag and threw the newborn down the garbage chute. She reported that she was in an abusive relationship and that her boyfriend threatened to kill her and the baby if she didn't get rid of it. She is currently serving a

25 year sentence for intentional murder in the second degree. The baby's remains were never found.

McKee and Shea 1998 found that 70% of filicidal women in their study killed their children by direct means, which included direct battery, shaking, suffocation or beating with blunt object. This study supports those findings as 13 of the women killed their child by direct means (beating, stabbing etc.) and 4 killed their children by indirect means (arson, poisoning, or starvation).

Wanda McCullough considered abortion and adoption after she discovered she was pregnant with her third child. After giving the baby to foster care after delivering her family convinced her to bring the child home and "give it a try." When police arrived at the home they found the child on the floor with burns, welts, bruises and unable to breathe. Wanda's teenage son told police he had seen his mother throw his three year old sister across the room the night before her death and several times before. Wanda was sentenced to 37 years in prison; at her sentencing her oldest son asked the court to give her the maximum time allowed.

How do we then answer the questions of how clinical social workers can identify pre-filicidal mothers and what kind of interventions can clinical social workers utilize after identifying a possible pre-filicidal mother? We start by looking at risk factors. We need to be cautious of stereotyping because poverty and race do not guide us toward identifying women capable of filicide. A closer look at the data shows that mental illness combined with stressful events and a multitude of additional Intersectionality components create the backdrop for a potential filicide. Elyse Keaton was the model working woman. She was a woman of color and had a graduate degree. She had a thriving career and two great children. She also had a diagnosis of bipolar. Her brother had recently been convicted of a crime and was serving life in prison. She began

selling drugs to help fund his legal defense and she was getting divorced. Elyse called her husband and was incoherent. He was alarmed and called the police. When the police arrived they found Elyse and her two children garage with the car running and the door shut. She is currently serving a twelve year sentence for the attempted murder of her two children.

Discussion

It should be noted that the present research was done only with women that have actually been convicted of a crime. The research is missing the voices of women that were hospitalized and found not culpable for their actions or women who completed their suicide. Additionally, obtaining court records proved difficult and the inconsistent nature of the material found in the files created gaps in the data. If future research is to continue it will be important to gather information from the families of the victims and from the perpetrators to ensure a comprehensive amount of the data.

Implications for Future Research

Although the data did not conclusively identify clear protective factors and risk factors there were some findings that were interesting. It appears as if many of the women in the study were under a great deal of stress. Unemployment, abusive relationships, divorce, poverty, diagnosed and undiagnosed mental illness, the care of special needs children in addition to their daily struggles. The combination and compilation of all the risk factors led them to filicide. There will need to be study with a larger pool of participants that include incarcerated women, hospitalized women, and adolescents. No minors, under the age of 18 were included in this study due to privacy laws.

References

- Allam, H. 2003.(October 7). 14 Year Old Mother Murders Newborn. Pioneer Press. Retrieved October 5, 2011, from <http://www.twincities.com/mld/twincities/news/local/6949459.htm>.
- Bassin, D., Honey, M., & Kaplan, M. (1994). Representations of motherhood. New Haven, CT: Yale University Press.
- Berg, B.L. (1995). Qualitative Research Methods for the Social Sciences. A Simon & Schuster Company, 2, 112-113.
- Bureau of Justice Statistics, US Department of Justice. Homicide trends in the United States: Infanticide.
- California Coalition Against Sexual Assault. Retrieved January 10, 2012 from <http://calcasa.org/campus/addressing-sexual-violence-on-campus-in-atlanta/>
- Crenshaw, Kimberle', Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, 1989 The University Of Chicago Legal Forum 139.
- Crenshaw, K., & Thomas, S. (2001). Intersectionality: The Double Bind of Race and Gender. *Annals of Physics*. Retrieved January 10, 2012 from <http://www.abanet.org/women/perspectives/Spring2004CrenshawPSP.pdf>
- Cyle, Linda. 2005 Villanova University, "Classifications and Descriptions of Parents Who Commit Filicide"
- D'Orban, P., Women who kill their children. The British Journal of Psychiatry, Jun 1979; 134: 560 - 571.

- Douglas, Susan. J., Michaels. Meredith, W., *The Mommy Myth: The Idealization of Motherhood and How it Has Undermined Women*. 2004. New York: Simon & Schuster.
- Ferguson, C. J., Miller-Stratton, H., Heinrich, E., Fritz, S., & Smith, S. (2008). Judgments of culpability in a filicide scenario. *International Journal of Law and Psychiatry*, 31(1), 41-50.
- Glenn, E. N. (1994). Social constructions of mothering: A thematic overview. In E. N. Glenn, G. Chang, & L. N. Forcey (Eds.), *Mothering: Ideology, experience, and agency* (pp. 1–29). New York: Routledge.
- Hatters Friedman S, Horwitz SM, Resnick PJ. Child murder by mothers: a critical analysis of the current state of knowledge and a research agenda. *Am J Psychiatry*. 2005;**162**(9):1578–1587. doi: 10.1176/appi.ajp.162.9.1578.
- Hatters Friedman S, Resnick PJ., Child murder by mothers: patterns and prevention. *World Psychiatry*. 2007 Oct;**6**(3):137-41.
- Hill-Collins, Patricia., *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 1990 Boston: UnwinHyman.
- Hill-Collins, Patricia., *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2000 New York: Routledge.
- Hines, Darlene., *Black Women in America*. Vol. 3 2005 Oxford University Press.
- Huckerby, J., Women Who Kill Their Children: Case Study And Conclusions Concerning The Differences In The Fall From Maternal Grace By Khoua Her And Andrea Yates. *Duke Journal of Gender and Public Policy* 2003.
- Isser, Natalie K.; Schwartz, Lita Linzer., Engendered Homicide. *Journal of Psychiatry & Law*; Winter 2008, Vol. 36 Issue 4, p577.

Kauppi, A., Kumpulainen, K., Vanamo, T., Merikanto, J., Karkola, K., Maternal depression and filicide—case study of ten mothers. *Archives of Women's Mental Health*, Vol. 11, No. 3. (1 July 2008), pp. 201-206.

Lewis, C.F., Bunce, S. C., Filicidal mothers and the impact of psychosis on maternal filicide
J Am Acad Psychiatry Law December 1, 2003 31:459-470.

McKee, G.R. & Shea, S.J. (1998). Maternal filicide: A cross national comparison.
Journal Of Clinical Psychology, 54(5), 679-687.

Merriam-Webster Online Dictionary, 2011. Retrieved October 29, 2011 from
<http://www.merriam-webster.com/dictionary/feminism?show=0&t=1319911380>.

Medea. *Encyclopedia Mythica*. Retrieved January 22, 2012, from *Encyclopedia Mythica Online*.
<<http://www.pantheon.org/articles/m/medea.html>>

Meyer, C.L., Oberman, M., White, K., *Mothers Who Kill Their Children: Understanding Acts of Moms From Susan Smith to the “Prom Mom.”* 2001., New York University Press.

Negy, C., Ferguson, C. J., & Orooji, B. (2005). Judgments about a sexual encounter between an adult and child: Does ambiguity influence how the encounter is perceived? Unpublished manuscript.

Palermo, G.B. (2002). Murderous Parents. *International Journal of Offender Therapy and Comparative Criminology*, 46(2), 123-143.

patria potestas. (2012). In *Encyclopædia Britannica*. Retrieved January 23, 2012 from
<http://www.britannica.com/EBchecked/topic/446579/patria-potestas>

Resnick, Phillip. J., *Child Murder by Parents: A Psychiatric Review of Filicide*
Am J Psychiatry, Sep 1969; 126: 325 - 334.

Resnick, Phillip J. Murder of the Newborn: A Psychiatric Review of Neonaticide

Am J Psychiatry 1970 126: 1414-1420.

Resnick, Phillip. J., Horwitz, Sara. M., Friedman, Susan. H., Child Murder by Mothers: A

Critical Analysis of the Current State of Knowledge and a Research Agenda Am J

Psychiatry, Sep 2005; 162: 1578 - 1587.

Risman, B. (1998). Gender vertigo: American families in transition. New Haven, CT: Yale

University Press.

Scott, P.D., Fatal Battered baby cases. Med Sci Law. 1973, 13(3):197-206.

Stanton, J., & Simpson, A. (2002). Filicide: A Review. International Journal of

Law and Psychiatry, 25, 1-14.

Stern, E. S. (1948) The Medea Complex: Mothers homicidal wishers to her child. Journal of

Mental Science, 94: 321-331.

Thurer, Shari L., The Myths of Motherhood: How Culture Reinvents the Good Mother. New

York: Houghton Mifflin, 1994.

West, S. G. (2007). An Overview of Filicide, 4(2), 48-57. Matrix Medical Communications.

Appendix A.

Pseudonyms for Participants Case Studies

Case Number/Pseudonym Television Sitcom Mothers

1. Angela Bower-single mother to Jonathan on *Who's the Boss?*
2. Carol Brady-mother to three boys and three girls on *The Brady Bunch*.
3. Clair Huxtable-mother of five and attorney on *The Cosby Show*.
4. Edith Bunker-mother to Gloria, wife to Archie Bunker on *All in the Family*.
5. Elyse Keaton-mother to Alex, Tina and Mallory, wife to Steven on *Family Ties*.
6. Florida Evans-mother to James Jr., Michael and Thelma, wife to James Sr. on *Good Times*.
7. June Cleaver- mother to Wally and "The Beaver", wife to Ward on *Leave it to Beaver*.
8. Lois Griffin-mother to Meg, Chris, and Stewie, wife to Peter on *Family Guy*.
9. Lorelai Gilmore-single mom to Rory on *Gilmore Girls*.
10. Louise Jefferson-Mother to Lionel and wife to George Jefferson on *The Jeffersons*.
11. Maggie Seaver-mother to Mike, Carol, Ben, and Chrissy, wife to Jason on *Growing Pains*.
12. Marge Simpson-mother to Bart and Lisa, wife to Homer on *The Simpsons*.
13. Marion Cunningham-mother to Joanie and Richie Cunningham on *Happy Days*.
14. Peggy Bundy-mother to Kelly and Bud on *Married With Children*.
15. Roseanne Barr-mother to Becky, Darlene and D.J., wife to Dan on *Roseanne*.
16. Sharon Marsh-mother to Stan and wife to Randy on *South Park*.

17. Thelma Harper-mother to Vinton, grandmother to Sonja and Budd on *Mama's Family*.
18. Wanda McCullough-aunt to Vanessa, Jordan, and Bryana, wife to Bernie on *The Bernie Mac Show*.
19. Wilma Flintstone-mother to Pebbles and wife to Fred on *The Flintstones*.

Appendix B.

Definitions/Terms

1. Attempted murder-minimally one direct step taken towards killing another person and the intention to kill that person.
2. Black/African American- citizens who claim partial heritage to the continent of Africa terms can be used interchangeably.
3. Breeders-stereotypically imagery used to identify Black women and their ability to have many children (initially used as a term in slavery for female slaves that were used to have multiple children to assist in providing additional slaves.
4. Female-one part of binary identification system that identifies women by visual genitalia assigned at birth and through familial and societal social construction (for the purposes of this research all perpetrator participants are female unless data identifies another label).
5. Hot Momma-stereotypical terminology to describe hypersexual African American or other Woman of Color.
6. Infanticide-a child murdered under one year of age.
7. Intersectionality- Multiple oppressions are compounding in nature. The more identities of oppression one occupies - considering the barriers of racism, sexism, heteronormativity, classism (among others) - the more difficult it will be to cross the intersection, or exist free of impediment.
8. LGBTQ-Lesbian, Gay, Bisexual, Transgendered or Queer person or people.
9. Mammies-stereotypical typology of subservient African American woman used in slavery and after in domestic care employ for White families.
10. Manslaughter - Unintentional and unlawful killing of another person

11. Maternal Filicide- the act of a mother killing her child or children (for this research the term will include women in a parental role either through adoption or in cohabitation with the biological father).
12. Matriarchs- stereotypical label of “strong Black woman” usually single and often viewed as adversarial or confrontational.
13. Medea- woman in Greek mythology that killed her children after Jason, her partner left her for the King’s daughter. (also known as the “Medea Complex” when referring to present day filicidal women)
14. Munchausen syndrome by proxy- behavior whereby the caregiver fabricates symptoms or makes the child sick in order to gain sympathy and attention. (can lead to accidental death of child)
15. Murder- Killing of another person whilst having either the intention to kill (with "malice aforethought") or to cause grievous bodily harm
16. Neonaticide- a newborn killed within 24 hours of birth.
17. Patria Potestas- law in ancient Roman law whereby husband and father had the legal right to kill any children in his home. Children were viewed as property.
18. Postpartum blues- a milder form of depression that affects 39-85% of women and normally improves in a few months without treatment.
19. Postpartum depression- mimics traditional depressive symptoms but also include a “preoccupation with the baby’s well-being and self doubt about the mother’s caring abilities

20. Postpartum psychosis- occurs within 1-4 weeks after childbirth and is suggested to be an overt presentation of bipolar disorder that is timed to coincide with hormonal shifts after delivery.
21. Welfare Queen-imagery made popular during Reagan Presidency identifying the willingness of Black women (women of color) to have children, remain on public assistance and perpetuate a cycle of laziness.
22. White/Caucasian– citizens that identify as coming from European descent terms can be used interchangeably.
23. Women of color- used to identify collectively multiple populations of non-White minorities. (e.g. Black, Asian, Hispanic)

Appendix C.

Filicidal Classifications Systems

Meyer & Oberman-

- 1) Filicide related to an ignored pregnancy (neonaticide).
- 2) Abuse-related filicide.
- 3) Filicide due to neglect.
 - a) Neglect-omission.
 - b) Neglect-commission.
- 4) Assisted/Coerced filicide.
- 5) Purposeful filicide and the mother acted alone. (often paired with mother attempting or completing suicide)

D'Orban-

1. Battering mothers (a sudden impulsive killing, explosive temper or stimulus arising in the victim).
2. Mentally ill mothers (perpetrators have a diagnosis of psychosis or major Depression).
3. Neonaticides (infants killed in the first 24 hours of life).
4. Retaliating women (aggression against the child was displaced from the spouse).
5. Unwanted children (killed by omission or commission).
6. Mercy killing (cases of true suffering to the victim and no gain for the mother).

Scott-

1. Elimination of an unwanted child by assault or neglect.
2. Mercy Killing.

3. Gross mental pathology
4. Stimulus arising outside the victim.
5. Victim as stimulus.

Resnick-

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 step-children).
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.

Appendix D.*Intersectionality Variables*

- 1) Race/Ethnicity
 - a) Black/African American
 - b) White/Caucasian
 - c) Asian _____(specific area)
 - d) African_____(specific area)
 - e) Hispanic _____(specific area)
 - f) Other_____
- 2) Immigration status
 - c. Immigrant
 - d. Refugee
- 3) Citizenship
 - c. Citizen (born/ naturalized/visa holder)
 - d. Undocumented person
- 4) Economic Status
 - d. Working poor
 - e. Middle income
 - f. Upper income
- 5) Education
 - f. No high school diploma
 - g. High School diploma/GED
 - h. Vocational Degree/Associate Degree/Certification

- i. Undergraduate Degree
 - j. Graduate Degree
- 6) Abuse history
 - e. Domestic violence in current relationship
 - f. Domestic violence in previous relationship
 - g. Sexual abuse history
 - h. Physical abuse history
- 7) Mental Illness
 - h. Depression
 - i. Borderline Personality
 - j. Schizophrenia
 - k. Psychotic
 - l. Postpartum depression
 - m. Co-occurring disorders_____ (explain)
 - n. Disability status
- 8) Relational/Marital status
 - e. Single
 - f. Cohabiting partners
 - g. Divorced
 - h. Married
- 9) Sexual Orientation
 - e. Lesbian
 - f. Bisexual

