

Mentality of Women Who Kill Their Children and Filicide's Effect on Sentencing and  
Prevention Mechanisms

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An issue brought up repeatedly in society today that does not fail to perplex the public continuously is the tragic cases of mothers who kill their children. Whether it is a newborn baby or a walking three year old, children's lives are abruptly ended by the one person who brought them into this world. Every now and then, news channels focus on another mother who has committed this heinous act. For example, one mother in Houston, Texas, killed not only one but five of her children by drowning them in the bathtub of her own home (Sweetingham, 2006). Another mother drugged her two toddlers before suffocating them to death (Wright & Martin, 2010), and one mother even took her own life and the lives of her three children by driving straight into the Hudson River (Mann, 2011). Most women cannot imagine the possibility of harming one of their children and, in fact, cherish the moment of giving birth as the highlight of their existence. Recently, numerous television channels have provided commentary and heavy debate over a child who recently went missing and was found dead. This case—regarding Casey Anthony, which occurred in 2008—has received heavy news attention for the last few months, and, as she goes through trial, there has been much speculation about whether or not this mother had anything to do with her child's death. Casey Anthony is repeatedly made to be seen as a bad mother, and, as her testimony is reviewed, she is caught in lie after lie while photos of her partying the whole month after her daughter had gone missing are put on display. Even her demeanor in court—her blank stare—is, at times, engulfed by laughing fits, making it hard to believe that she is innocent. If she did commit the crime, then why did she do it and what mental problems might have lead to this? Although Casey Anthony was found not guilty, there is no

doubt that this verdict brought shock to everyone who followed this story and desired justice for the little girl that left this world too early.

My focus on filicide focuses on discussing the mentality of the mothers who commit this crime and focusing on the aspects of sentencing and the methods needed to prevent these crimes from occurring all together. What are the motives, the reasons, the psychological illnesses, and the desires that drive the women who commit filicide to such extreme measures? With murder already being serious, filicide takes murder to a new heart-wrenching level with the death of young children who cannot defend themselves. With examining this issue, I investigate how the women are sentenced and how the women, who have mental illnesses, use their illness as their defense in a court of law. Are the women put on trial actually mentally ill or just callous monsters that use this idea as a cover up to save themselves? There needs to be a clear line to distinguish the sick from the selfish in order to pass the proper sentence.

To implement prevention methods, it is important to understand the profile of a mother who would commit filicide. The crime of filicide is the “murder of a child up to the age of eighteen years by his or her parent(s) or parental figure(s)” (West, 2007, p. 1). Focusing on mothers who commit filicide and studying the similarities between cases, I can get straight to the heart of this problem and understand how to fix it before irrational decisions, such as the death of a child, are made. If women are driven by an illness that eats away at them daily until they have no choice but to kill their child, then maybe early warning signs exist.

I will also discuss how how mentally ill mothers that commit filicide are treated in a court of law and how their illness is taken into consideration with their sentencing. This will also lead to the further investigation of how their mental state is affected when they are sentenced to prison and whether or not it is detrimental to their mental health. If the women are ill, then how

are their illnesses perceived in a court of law in regards to sentencing and how does it justify their actions enough to be used as a legitimate defense? The differences in the aspects of a defendant's mental state that are considered by the court of law include a "person's competence to stand trial" and an individual's "mental status at the time of the offense [which] relates to a defendant's plea" (Meyer & Oberman, 2001, p. 70). There are concerns about proper punishment mechanisms for mothers who commit filicide because there is a desire for justice to be served for the deaths of the children whose lives have been taken away. Although it is difficult to give leniency on individuals who commit such horrible crimes, we have to remember that prison may not be the best way to serve this justice, considering it is a harmful environment for the mentally ill.

Two hundred women kill their children in the U.S. each year (Seifert, 2006). Filicide is present in our society and is continuously occurring regardless of the steps that have been taken to prevent it, such as filicidal thought detection and family support services. It seems as though we need to take a step in a new direction by not only modifying but also intensifying prevention mechanisms to put a stop to this crime; to do so, we need to develop a better understanding of the women. This research on the psychology of women who commit filicide would be an extreme benefit to society. While deaths continue to occur, it may be likely that everyone may have a grandchild, neighbor, student, or even family member one day who could be a victim, meaning that these deaths will be much more personal than a news story seen on TV. To think that if it were your grandchild who lost its life because of its mother, you would not only be losing your grandchild but also losing your daughter, and you would be left with a mother facing a prison sentence or hospitalization. Death is already a tender subject to society, but the death of a child really pulls at the heartstrings of everyone. By exploring this issue and stepping into the problem

of mother's who commit filicide, we can formulate a better understanding of these individuals and can inspire new solutions in hopes of decreasing the rate of filicide.

In this research paper, I will first discuss the profile of the type of mother that commits filicide and the pressures and motives that lead her to doing so. Following this, I will describe the different mental illnesses that are common in the individuals that have been involved in previous cases and how the illnesses lead them to kill their children. By discussing these topics, I hope to form a better understanding of why an individual commits filicide so that the reader can view, with an open mind, the aspects of sentencing, prevention, and rehabilitation. I will discuss sentencing and will explain how the court determines if a mother is suffering from a legitimate mental illness that deems her clinically insane. Also, research on the effectiveness of prison and hospitalization pertaining to the mentally ill will be examined to better discover how to properly treat mentally ill women. After reviewing the type of mothers who commit these crimes, the specific cases, and the aspects of law and sentencing, I will go into detail about previous attempts to prevent and to rehabilitate women charged with this crime, and I also propose new solutions to help prevent these tragic events from occurring in the future. By raising awareness in society of the facts and details of filicide, we will be one step closer to realizing this abundant, irreversible tragedy that needs to be prevented. The fascination that society has about filicide cases today needs to be positively channeled so that we can work towards a safer environment and future for our children.

There are numerous categories that exist about filicide that result in numerous reasons as to why mothers commit this type of crime. Whether the mother's intention is for the child to be killed or if the death is accidental due to result of child abuse or neglect, all instances of filicide fall under the same murder category. Meyer and Oberman (2001) analyzed a data set that

included 219 cases, of which 79 were purposeful cases that carried a wide range of what they consisted of a motive (p. 38). A high degree of the women suffered from a mental illness including specific forms of psychosis, clinical depression, anxiety, and substance abuse disorders, while others also suffered from a type of personality disorder. Reviewing purposeful filicide allows for the opportunity to learn about the reasons why mothers resort to purposely murdering their children rather than allowing them to be placed in a different home under safer conditions, giving the children the opportunity to receive clinical help.

Clinical disorders, such as depression and anxiety, are common factors in filicidal crimes. While under the tremendous stress that comes along with raising a child, women start to suffer from these illnesses as they become overwhelmed. In fact, Levy (2002) states that “up to 80% of new mothers experience mild depression within a year of giving birth” (para. 1). Although having a child is considered a moment of joy in a woman’s life, this high incidence of depression increases the risk of harm being done to the child. Dr. Resnick, an expert on the issue and a witness during the popular Andrea Yates trial, even claims that about 40% of depressed mothers have thoughts about harming their children (Minerd, 2006, para. 6), and these thoughts can be difficult to detect without proper clinical attention to the needs of mothers. In fact, had the proper attention been given, Dr. Resnick states, from a recent study, that he found that 75% of depression symptoms could be detected before the filicide occurs (Minerd, 2006, para. 8). This gives hope that depression can be treated with adequate help so that mothers can live at ease and keep their children out of risk of being affected or hurt. If we have the capability to improve the lives of these women and children, then society needs to take on that responsibility.

Mothers who kill their children also suffer from particular personality disorders, such as dependent, antisocial, or borderline personality disorder. Meyer and Oberman (2001) describe

each of these disorders and relate them to cases in the findings of their study. Dependent personality disorder is “described as a pattern of submissive and clinging behavior related to an excessive need to be taken care of” (Meyer and Oberman, 2001, p. 72). In the case of Erika Arroyo, which occurred in 1998, this mother attempted to kill her three-year-old son by feeding him a drug cocktail, and when that failed, she drowned him in the bathtub due to the fact that the man she was in love with did not want to raise a child from a different father (p. 82). To prove her devotion and love for him, she killed her child, feeling as if it was the last resort to remain with this man. This clearly displays her extreme dependency on her lover that this personality disorder created. Another personality disorder is the antisocial personality disorder, which consists of “a pattern of disregard for, and violation of, the rights of others,” as shown in the case of a woman by the name of Debora Green (p. 72). While suffering from depression due to her divorce and receiving threats from her husband declaring that he would take custody of their three children, Green decided to set fire to her home, killing two of her children (p. 74). Overcome with her depressed state, she cared about herself and about what would happen to her after losing custody. This personality disorder led her to selfishly take the lives of her children, not even considering her husband’s rights to custody or even her children’s rights to live. The final extremely influencing personality disorder, borderline personality disorder, is when the mother suffers from “a pattern of instability in interpersonal relationships, self image, and affects and marked impulsivity” (p. 72). Lamont (2006) states that borderline personality disorder affects the process of raising a child greatly because mothers with this disorder suffer from “difficulty controlling intense, inappropriate anger” and are “often classified as ‘high risk’ parents at risk of child abuse and/or drastically overprotecting behaviors” (para. 9 & 13). These personality disorders have a great impact on how mothers live their lives and how they behave.

When a child is placed in a living situation where these disorders are present, often times the child is negatively affected. These disorders are dangerous and uncontrollable, and the results are often out of the hands of the mother who suffers from them.

Altruistic filicide is another category that fits into the purposeful acts of filicide. West (2007) discusses this as the mother taking the life of her child because it is in the child's best interest (para. 12). Altruistic filicide can consist of "acts associated with parental suicidal ideation," such as the parent "believing that the world is too cruel to leave the child behind after her death," or acts aiming to relieve "the suffering of a child" because the parent finds a "disability" in the child that could be "either real or imagined," and this impairment is too much for the child to handle and live life with (para. 12). While filicide is common with suicide ideation, there should be a method to prevent both since suicide usually has very obvious signs displayed through a depressive state that close family and friends are exposed to. By detecting this depressive state in mothers, we would not only potentially be able to save a life, but also, in fact, save two lives—the life of a mother and her child.

One similarity between mothers who commit filicide is the pressures that society places on them. Society tends to put extremely high expectations on mothers to love and to provide for their children, often failing to consider the difficulties of raising a child. For example, single mothers raising children on their own take on the extra financial struggles of taking care of themselves and their child alone. This constant struggle to provide can often lead mothers to feel overwhelmed and can result to drastic measures, such as Del Frances Bennet whose "overwhelming financial pressures apparently led her to kill her daughters to protect them from a lifetime of poverty" (Meyer & Oberman, 2001, p. 87). While women struggle to obtain a stable job and to put food on the table, they may, at times, even doubt their capability as a mother.



Societal pressures on women being married rather than being a single mother is a big issue, and in cases where mothers are going through the process of a divorce, “fear about the qualities of their lives after divorce” becomes extremely stressful, especially when you have more than yourself to worry about (Meyer and Oberman, 2001, p. 88). It is hard enough attempting to survive with no support and being left to manage all on your own, but when a child is added to the responsibilities, their lives are only made more difficult.

Most mothers suffering from a clinical illness also suffer from filicidal thoughts about harming their children. Since society’s perception of a good mother revolves around the idea of a happy and nurturing individual, women who do suffer from these harmful thoughts about their children “suffer in silence, coping with the shame and guilt that often accompany such feelings” all on their own (Meyer and Oberman, 2001, p. 79). Being looked down upon by a society that rejects these types of symptoms to be viewed as those that belong to a bad mother, they do not seek help or support, and in numerous cases, this can lead to very dangerous situations, including irreversible ones, such as the death of a child. Our society does not welcome struggling mothers and, instead, puts immense pressure on them to not make any mistakes. Mothers should not be afraid or shameful to seek help in their community; they should feel the confidence of having a support system to help in times of need.

An additional factor common among mothers who commit crimes of filicide or harm their children in other instances of child abuse is the occurrence of childhood sexual abuse or trauma. This trauma continues into their adult lives as they raise their own children, and taking on the role of a mother figure could be fairly difficult when the “personality characteristics observed in survivors of abuse are low self-esteem, poor impulse control, depression, anxiety, and antisocial behavior, including aggression and substance abuse” (Meyer and Oberman, 2001,

p. 14). One study (Friedman, 2005) analyzed 39 mentally ill mothers not guilty of filicide by reason of insanity and found that “38% had a history of physical and sexual abuse and 49% were abandoned by their own mothers” (para. 1). This shows how early childhood trauma can impact women mentally later in instances with their own children. This similarity needs to be addressed to provide support for those suffering from illnesses caused by their experiences, and this should be something that we look for when targeting mothers at risk of committing filicide.

Along with distinguishing the different mental illnesses displayed by women who commit filicide, there are other important issues such as determining the sanity of these women when convicting them for their crime in a court of law. It is very difficult to disregard the seriousness of murdering a child; therefore, many of these cases result in the mother being sentenced with severe punishments. However, all aspects of mental illnesses need to be taken into a broader consideration, and these disorders need to be addressed. Just because a woman is not easily identified as insane does not mean that she is not mentally ill. In other instances, such as cases like that of Andrea Yates—a mother in Texas that drowned all five of her children in the bathtub because she claimed the devil told her to do so—it can be quite obvious that an illness may be present. However, despite Yates’ outrageous testimony, “two suicide attempts, being diagnosed with postpartum psychosis, and being taken off drugs to regulate her psychosis just two weeks before the killings, she received [the verdict of guilty, along with] life in prison under the current insanity test in Texas” (Manchester, 2003, p. 747). Rather than being hospitalized for her depression, Yates was sent to prison where she had no chance for clinical treatment.

In order to determine in a court of law if a woman would be found guilty of murder or would be sentenced accordingly to her mental illness, the M’Nahten test provides a structural basis of what to deem legally insane. Manchester (2003) discusses the construction and use of

this insanity test. This test “was developed within nineteenth century [Victorian era] England and was eventually adopted in the United States as the basis for federal and most state insanity defense tests” (Manchester, 2003, p. 725). However, this method has been criticized as being much too narrow, but despite this criticism, this “less-than adequate method” is still being used (p. 750). Since the M’Nahten test was created with the consideration of male offenders rather than females, it fails to accurately serve its justice. Manchester raises the idea that modifying this insanity test will “allow juries to consider the true complexities of mental illness and reflect upon whether women charged in infanticide [a category of filicide] cases are truly guilty of murder” or whether they are ill (p. 750). Andrea Yates case was overturned three years later after she was sentenced in 2002 (Williams, 2005, para. 1). Yates had been found guilty because the jury thought that she was fully capable of understanding the severity of her crime and that she was wrong for killing her child, regardless of her severe mental illness symptoms (Manchester, 2003, p. 752). This is a perfect example of why the insanity test needs to be recreated to include a broad scope of illnesses. Filicidal cases are very complex, especially when there are issues about the mental state of an individual.

Sentencing is extremely important in filicidal cases because if the mother is suffering from a mental illness, then serving a prison sentence is unbeneficial and detrimental. Not only do prisons “lack treatment settings and programs” for the mentally ill, but also most prisoners, due to outbursts caused by the illnesses themselves, “wind up in supermaximum (confinement) [cells], where the harsh conditions and forced idleness worsen their mental disorders” (Talvi, 2007, p. 134). In addition to this, the mentally ill are being “incarcerated in [these] facilities where personnel have little or no training in mental healthcare” (p. 133). So what good is the purpose of sentencing the women to a place where they do not receive proper treatment and,

rather than get better, worsen before they are reintroduced to society? By viewing them as a threat that requires incarceration, should we not at least put in the effort to properly treat them and to try something productive? The theory that women who have committed filicide will get better by reflecting on what they have done while in prison does not work when the women are mentally ill. In fact, it does the opposite. Rather than trying to sentence mentally ill mothers to prison with a life sentence or the death penalty, we need to help them rather than doing exactly what they are on trial for: killing.

The first step to prevention, especially in circumstances where the mother is mentally ill, is recognizing this issue and understanding what it really involves. There have been previous methods of prevention implemented in the past, with an example being filicidal thought prevention. A mother-to-be can receive medical attention early on from “a psychiatrist that [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” (West, 2007, para. 41) This is extremely important because if the mother confides in her doctor, then information “about the mother’s attitude toward the baby or more specifically about plans for the baby during and after its arrival” may be discovered and “ambivalent or negative feelings about the pregnancy,” such as “delusional thoughts concerning the baby or if the pregnancy is unwanted,” may be detected (West, 2007, para. 41). By increasing filicidal thought detection, we can detect negative signs shared by ill mothers and can implement treatment to make sure the child remains safe. While this type of screening is important before a child’s birth, it is also greatly valuable after a child’s birth. Since “up to 80% of new mothers experience mild depression within a year of giving child birth,” also referred to as the “baby blues,” it needs to be emphasized that filicidal thought detection needs to be made a high priority after childbirth as well (Levy, 2002, para. 1).

Depression cannot only rise to “dangerous levels,” but it can even escalate to cases of filicide (Levy, 2002, para. 1). Seeing that we already have aspects of detecting these signs, we need to do everything in our power to enforce these strategies and to use them to the advantage of society, implementing them whenever the opportunity arises.

Another important part in preventing filicide comes from legislation and community involvement. One example of such legislation are the “Safe Haven laws [that] allow parents to anonymously surrender unharmed infants to the custody of the state without legal repercussions,” such as “child abandonment”; this law was introduced in the state of Texas in 1999 and has since spread to 46 additional states (West, 2007, para. 37). While legislation like this is beneficial, older children who do not qualify for such laws are still at risk; therefore, other prevention tactics are still very much necessary. However, an important thought to keep in mind is that even such legislation requires the mother to have the confidence to realize that her child is at risk and to accept the fact that she needs to do something about it, such as give her child up. This is why community supports, such as education for family; friends; and the mothers themselves on the issue; and community resources, such as more day care availability, are desperately needed. It is not only the responsibility of the mother, but also the responsibility of the individuals closest to her and the community around her so that a “stronger safety net for children whose mothers are suffering from severe mental illness” can receive the best of help (Seifert, para. 10). These methods of prevention are key to identifying early “violent and unstable homes” where “the brutal cycle of family violence” can be put to a stop and parents can receive help in raising their children (Seifert, para. 11). There are programs like these out there, such as the Healthy Families Home Visiting Program, and it is good to see prevention being taken a step in the right direction;

however, if mothers are still suffering without the proper resources to aid them, then it is still not enough. This leaves us with one option: more needs to be done to assist the mothers in need.

The crime of filicide affects both families directly suffering from a loss and society as a whole. It is heartbreaking to see a child's life be taken away before he or she can even experience the beautiful world they have been brought into. However, sometimes it is not always the mother who is at fault, but those around her who failed to help her when she needed it the most. There are many mental illnesses that negatively affect the lives of mothers and their children, such as depression, anxiety, psychosis, and personality disorders. Other stressors from society's construction of the mother as only a nurturing caregiver to her children also puts immense pressure on mothers, especially those suffering from an illness. Our society is not only difficult to live in economically, as many individuals struggle financially, but it is also not accepting to those who are different. Not only do women need to be properly sentenced in our justice system, based on their illnesses and not just their crime, but they also have to be treated rather than locked away to their own death or life of suffering in a confined prison. If we believe so much in the good of humanity, then we need to show it to the mothers, especially those that are ill and need our help. This crime that is frequently occurring needs to be prevented. However, it is on society's shoulders to take the action needed to implement change. We have the power to create programs that educate both the mothers and society. By detecting ill mothers at risk, we would save the lives of both the mothers and the children.

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