

# WHY DO PARENTS KILL THEIR CHILDREN? A COMPREHENSIVE ANALYSIS OF FILICIDE

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## Abstract

*This literature review will uncover the history of filicide, including the courts' views and laws, throughout the centuries, and explain why filicide is considered a crime separate from homicide. Data is drawn from case studies to try to explain filicide, and both hypothesized and proven prevention methods are explored.*

## Introduction

Men are responsible for an outstanding 87.5% of all homicides and the majority of serious violent crimes, yet women are the primary offenders in cases of child abuse and homicide (Manchester, 2003). Experts have estimated that over two-thirds of all child homicide cases are committed by women (Axtman, 2001).

In 1998, Melissa Drexler was attending her high school prom when she excused herself to go to the ladies room. She gave birth to a baby boy while in one of the stalls. Melissa severed the umbilical cord on the edge of a metal feminine hygiene disposal box, wrapped the newborn in plastics bags, and left him to die in the trash receptacle while she rejoined her friends on the dance floor. When a janitor was called to clean up the large amount of blood found on the bathroom floor, he noticed the unusually heavy weight of the garbage and discovered the dead infant. Melissa Drexler was dubbed 'Prom Mom,' and pled guilty to aggravated manslaughter. She received a 15 year prison sentence but was released in 2001 at the age of 23 (Sable-Burns, 2005).

In Texas, 2001, a mother of five named Andrea Yates drowned her five children in the bathtub after her husband had left for work. Shortly after the murders, she called the police and her husband to inform them that "something was wrong with the children," (Manchester, p.713, 2003). She was reported to have been quiet and calm as she spoke of her dead children. Andrea Yates was sentenced to life in prison in March 2002.

Several studies covering the United States, England, and Wales were consistent in finding that the first 24 hours is the most dangerous time of a human being's life (Alder, 2001), and an Australian study concluded that a child less than one year old is "at most risk of homicide than any other" (Alder, p2, 2001) usually due to high levels of "maternal postpartum depression and psychosis" in the offender (Mugavin, p66, 2005).

## HISTORY

Unfortunately, killing one's own children is nothing new in our society. In fact, the citizens of Ancient Greece and Rome considered destruction of newborn children to be the most effective form of population control. Ancient Greece upheld a law demanding that all newborns be examined for weaknesses or birth defects, and if found, the child was to be destroyed. On the other hand, Roman law gave absolute control of the baby's fate to the biological father. The mother was not allowed to show the baby until the father approved, that is, if he did (Schwartz, 2000).

During the Chinese Revolution, China adopted a one-child-per-family policy. It is suspected that thousands of baby girls were murdered as a result of this policy because China, at the time, viewed females as no more than a burden, unless they were able to climb the social ladder through marriage. Males were able to work and bring money into the family, thus making them the 'preferred' sex (Schwartz, p.26, 2000).

A study by Hardy conducted in 1992 compared the likelihood of humans and primates, specifically langur apes, to commit filicide. He observed numerous incidents of a male primate killing another male's infant in order to couple with the infant's mother. Hardy theorized that males are driven to take these sorts of violent actions in order to "maximize their reproductive needs," (Schwartz, p.19, 2000). To further support his theory, Daly and Wilson concluded from a study conducted in Canada and Great Britain "that statistically infants . . . are 60 to 70 times more likely to die at the hands of a stepparent than a natural parent, confirming evolutionary biologic analysis that stepparent homicide is the pattern observed in other creatures such as insects, birds, primates, and other mammals," (Schwartz, p25, 2000).

Filicide has not only been documented in cultures around the world, but it was, in the words of one anthropologist, "the most widely used method of population control during much of human history," (Manchester, p.717, 2003).

### Classification

An intensive review of over 100 filicide cases from around the world dating back to 1751 by Dr. Phillip Resnick, a forensic psychologist, resulted in separating the crime of filicide from general homicide. Resnick found evidence

that there is a correlation between the age of the victim and the motive and mental status of the offender at the time of the crime (Mugavin, 2005). Resnick thus used the victim's age to categorize the crime of killing one's child into three subfields using the terms neonaticide, infanticide, and filicide (Pinker, Nov. 2, 1997). He defined filicide as the murder of one's child who is over one year old; infanticide as the killing of one's child who is older than 24 hours but younger than one year; and neonaticide as the killing of an infant within the first 24 hours of life (Schwartz, p1, 2000). Neonaticide quickly became recognized as different from filicide due to the differences in motive and modus operandi as compared to infanticide and filicide. Yet Resnick's definitions of filicide and infanticide are often used interchangeably due to the fact that most research on child victims between the ages of one year and eighteen years show very similar findings in response to motive and modus operandi. Therefore, in this review, the term neonaticide will refer to the killing of a child less than twenty-four hours old, and filicide will include both Resnick's filicide and infanticide definition to refer to the killing of a child older than twenty-four hours.

### Neonaticide

An article in *Holistic Nursing Practice*, 2003, stated that there is "an estimated 150 to 300 cases of neonaticide" in the United States per year (Vallone et al., p223, 2003). It also brought to attention the incredible number of teen pregnancies that occur annually in the U.S.: 97 of every 1000 women who become pregnant are teenagers (Vallone et al., 2003).

Resnick once stated, "Although it is not uncommon for fathers to murder older children, it is rare for a father to kill a newborn infant. Fathers have neither the motive nor the opportunity of mothers." (Alder, p45, 2003). A study by Green in 1990 categorized neonaticide offenders into two groups: 1) an emotionally underdeveloped woman who panicked during delivery, and 2) a mature and competent woman who, during her pregnancy, conspired to destroy the baby once it was born (Schwartz, p73, 2000). Most neonaticide offenders fall under the first category of Green's observations.

Many girls who become pregnant are afraid to admit it to not only their friends and family, but to themselves. Some women who deny their pregnancy conceal their physical condition by wearing large, loose fitting clothing, and attributing weight gain to stress or bloating (Schwartz, 2000). There have been reports of women who actually lost weight during their pregnancy, which only reinforced their denial (Alder, et al., p35, 2001).

"[T]he suggestion that a woman's self-denial may be so strong that she convinces others she is not pregnant remains an interesting feature of these cases. In some cases, this denial was so strong that it was maintained right up until the actual birth of the child. When labor pains began, several of the women failed to associate such pain with the impending birth." Wallace, 1986, p118 (Alder, et al., p37, 2001).

Investigators have determined that pregnancy denial and neonaticide are highly correlated (Vallone, 2003). Resnick believed that the most common motive for neonaticide was fear of rejection by society for giving birth to an illegitimate child (Schwartz, 2000; Alder et al., 2001). Many researchers, such as Meyer and Oberman, have agreed that the most common motive for neonaticide is that of desperation and fear felt by young mothers who are mentally stable and healthy (Resnick et al., 2003). Some women feel the need to be rid of their illegitimate baby because of religious beliefs or being shunned by their family. Meyer and Oberman stated:

[N]eonaticide may be seen as a "mothering" decision. Typically, these cases involve young pregnant women, who determine, correctly or not, that they would be completely cut off from their social support network were they to disclose their pregnancies. More importantly, they are convinced that they would be exiled from their families, their homes, and their communities were they to attempt to parent their child alone. The terrifying thought of parenting with no money, limited education, few job options, and no one to love and care for them, surely contributes to the panic and denial of pregnancy typically manifested by this population. (Oberman, p710, 2002).

Meyer and Oberman also concluded that neonaticide is not only a cause of the mother having denied her pregnancy throughout the entire term, but the fear and panic she experiences when she unexpectedly gives birth (Vallone et al., 2003). Some neonaticide offenders claimed to have mistaken their labor pains for the need to defecate or urinate, and were shocked when they delivered a baby. This would explain why so many women who deny their pregnancy give birth in a bathroom or bedroom (Alder et al., 2001; Manchester, 2003) and are alone and isolated both during and after delivery (Schwartz, 2000). This also explains why ninety percent of all neonaticide victims are not born in a hospital (St. Gerard, 2003).

## Filicide

A study by the University of South Carolina School of Medicine included a sample of convicted female filicide offenders who were tested for mental illness and instability. The results showed that 80% of the women had been suffering from some sort of mental illness, such as schizophrenia or depression, at the time of the murder, and only 20% of those who were mentally ill were being treated through either counseling, medication, or another form of treatment. The majority of the sample was overwhelmed with stress at the time of the crime, struggling with financial difficulties and emotional instability. Many of the offenders also shared a common history of abuse and attempted suicide (USA Today, Dec. 1996; St. Gerard, 2003). Resnick argued that women who kill their older children are typically suffering from psychosis, depressed, and suicidal (Pinker, Nov.2, 1997, New York Times).

McKee and Shea performed a study in 1998 on 20 adult females who had been charged with filicide and compared their sample findings with others from previous studies (Schwartz, 2000). They found that “80% of their subjects had a diagnosable mental disorder, and 35% were mentally retarded or diagnosed with Borderline Intellectual Functioning” (Schwartz, p41, 2000). In 1997, Crimmins et al. found in their sample of 42 incarcerated women that most had a history of abuse and lack of protection during their own childhood. Many claimed that their poor parenting resulted from abuse they had suffered as children themselves (Schwartz, 2000).

In her article “Why Women Kill Their Kids and Why We Let Them,” Pat Brown wrote that women are inclined to victimize children because “they are smaller and weaker” than the average female (2005). Physical beating and asphyxiation are found to be the most common methods of filicide for women (Lewis et al., 2003). Resnick established the first categorical list of motives for filicide in his 1970 literature review. He grouped them into six categories: altruistic; acutely psychotic; unwanted child; accidental; spouse revenge; and neonaticide (Mugavin, p66-67, 2005).

Because nearly half of the cases Resnick studied were motivated altruistically, he claimed that it was the most common motive for the filicide. The parent that kills his or her child altruistically believes that the child will have a better life after death. Two sub-types of altruistic filicide are: 1) filicide associated with suicide, in which the parent also kills him- or herself; and 2) filicide to relieve suffering, usually occurring because of an ill or mentally disabled child.

The acutely psychotic parent suffers from hallucinations, delusions, and epilepsy, whereas the unwanted child is destroyed exactly for that reason: the parent doesn't want it. Accidental filicide is usually the result of extreme battery, in which case the parent did not intentionally kill the child. This usually occurs with men if they lose control of their temper and kill the child during a violent outburst or when using excessive force to punish or discipline the child.

Spousal revenge filicide is driven by jealousy and/or anger towards one parent by the other. It typically occurs when parents are either in the process of or have recently finalized a separation. Whether it's spurred by one parent becoming involved in a new relationship or gaining custody over the children, the other parent will kill the children to 'punish' him or her, to inflict pain and suffering upon him or her, or to keep him or her from having the children. Resnick finishes his list with neonaticide which, as discussed earlier, is the killing of a newborn child usually by a young woman who panics during the delivery.

In 1997, over two decades after Resnick published his categorical list of motives, Ania Wilczynski created a more extensive list that overlaps some of

Resnick's motives but also reaches out to areas of which he failed to touch upon (Schwartz, p92, 2000):

- 1) retaliating killings (one parent kills the child to "get back at" the other parent)
- 2) jealousy of or rejection by the victim (typically a step-father angry that the child was fathered by another man)
- 3) the unwanted child (primary motive for neonaticide)
- 4) discipline (excessive disciplinary force that results in an unintentional death)
- 5) altruistic (the offender feels the need to send the child to a 'better place')
  - a) primary – "mercy killing" of a very ill or retarded child
  - b) secondary (offender possibly suffering from postpartum depression)
- 6) psychotic parent (suffering from delusions about the child)
- 7) Munchausen Syndrome by Proxy (parent intentionally poisons or harms the child strictly to gain attention)
- 8) secondary to sexual or ritual abuse
- 9) no intent to kill or injure (neglect in the absence of criminal intent)
- 10) not known

Michelle Oberman and Cheryl Meyer published the most recent study of women who killed their children in the United States, and divided the over 200 cases into five categories of motives. Their goal by creating this list was to prove that postpartum psychosis, a defense used in court by many female filicide offenders, is not the only cause of filicide (Manchester, 2003). Several of these categories overlap but also combine motives from both Resnick's 1970 list and Wilczynski's 1997 list. They include 1) filicide related to an ignored pregnancy; 2) abuse-related filicide; 3) filicide due to neglect; 4) assisted/coerced filicide; and 5) purposeful filicide and the mother acted alone (Manchester, p719, 2003).

### Men and Filicide

As Resnick stated, men are rarely involved in neonaticide simply because they are not present when the baby is born (Alder, p45, 2003). Research has shown that men who commit filicide typically are driven by one of three motives: Ania Wilczynski's "jealousy of or rejection by the victim," which also relates to Hardy's biological evolutionary theory; Resnick's spousal revenge or Wilczynski's retaliating filicide; or unintentional death using excessive force while punishing or disciplining the child (Alder, 2001). It is not uncommon to see that a man who goes so far as to kill his children will go on to commit familicide, which includes killing his spouse and finally himself.

The most common given reason of men that killed a child by excessive force during punishment is that the child wouldn't stop crying, and they were

unable to control their anger and frustration. There is often evidence in cases such as these of a history of physical abuse (Alder, 2003).

Campion, Cravens, & Covan performed a 1988 study on men who committed filicide and found that many of them had experienced violence within the family during their own childhood, as well as having suffered from physical and emotional abuse and neglect (Schwartz, 2000). The study also linked poverty, lack of education, unemployment or low-paying jobs, and substance abuse to men who kill their children (Schwartz, 2000).

### Filicide and the Legal System

The laws surrounding filicide have not seen much change over the centuries, nor have cultural viewpoints of the subject. The vast majority of cultures look at the act of filicide as disgraceful and sinful, unto which punishment should be endured by the perpetrator. In Corsica, for example, the Law of 1810 ordered those who committed filicide to be put to death, whereas all other homicide cases were punishable by life in prison (Schwartz, 2000).

In 1834, Victorian England passed the Poor Law which lifted the responsibility of an illegitimate child off the father and placed it solely upon the mother (Schwartz, 2000). In essence, the law intended to “make girls realize the harsh consequences of sexual delinquency so they would guard their chastity and bastardy would decline,” though filicide was primarily motivated by poverty during the era (Schwartz, p.31, 2000).

Beginning with the French in 1156, the “Proper” law and its many variations traveled across Europe and to several areas of North America (Schwartz, 2000). These laws were also intended to force young women to consider the consequences of deviant sexual behavior (Schwartz, 2000). Since many women found themselves alone and without aid when giving birth, the Proper laws presumed that any woman who gave birth without a witness and the child was found dead was immediately guilty of filicide (Schwartz, 2000). Other variations of the law included the immediate accusation that should a woman fail to declare her pregnancy and the newborn were found dead, she too, would be charged with filicide (Schwartz, 2000).

The colonial era of England and New England also followed laws which severely punished women for having “bastard” children (Manchester, p.721, 2003). This proved to be reason enough for some women to rid themselves of their child, yet filicide was still a crime punishable by hanging. In 1624, a law called the “Act to Prevent the Destroying and Murdering of Bastard Children,” was passed by the English Parliament to prevent women from masking the birth of an illegitimate child (Manchester, p.721, 2003). It was later repealed and replaced by the England Law of 1803, which continued to carry out capital punishment upon those accused of filicide (Schwartz, 2000). By this time, it was

believed that women who killed their newborns were suffering from a severe mental disturbance, since it was seen as so “unnatural” for a mother to kill her own child (Schwartz, p.37, 2000).

Since the last woman to be hanged for filicide in 1849, England composed a group of laws known as the Infanticide Act (Manchester, 2003). The first set of laws was composed in 1922 but was updated in 1938. These laws have “established that women who commit infanticide within a year after childbirth are potentially suffering from postpartum psychosis and automatically reduced the charges for neonaticide and infanticide from murder to manslaughter,” (Manchester, p.721, 2003). (This was the defense that Meyer and Oberman were challenging with their compilation of motives.) The law was influenced by the belief that after childbirth, a woman is likely to slip into a temporary mode of insanity due to the fluctuation of hormones and trauma endured during childbirth (Manchester, 2003). This idea parallels the postpartum depression defense.

Postpartum depression is probably the most commonly used defense of neonaticide and filicide by mothers. Researchers have broken down postpartum depression into three levels of severity: 1) postpartum blues; 2) postpartum depression; and 3) postpartum psychosis (Manchester, p716, 2003). Postpartum blues are a somewhat mild depression which occurs “within a few days of delivery and last from a few hours to a few days,” (Manchester, p716, 2003). Between 25% and 85% of new mothers suffer from this depression, and experience such symptoms as loss of appetite, crying, anxiety, and sudden changes in mood, and are easily irritated (Manchester, 2003). Postpartum depression is experienced by 5% to 20% of women who have just delivered a child (Manchester, 2003). It is usually evident during the first six months after childbirth, and includes typical symptoms of depression ranging from diminished appetite to suicidal thoughts and an overwhelming sense of guilt (Manchester, 2003). Some studies have shown that postpartum depression also is to blame for “an absence of feelings for the baby,” (Manchester, p717, 2003). Postpartum psychosis is only found in about 0.2% of new mothers in which they suffer from delusions and relentless depression and typically call for treatment in a hospital (Manchester, 2003).

In 1990, Kimberly Waldron testified that the insanity defense was based “on the belief that people who lack the ability to reason and exercise free choice should not be held criminally responsible for their conduct and that society is willing to excuse a person who is not culpable and did not make a meaningful choice,” (Schwartz, p. 103, 2000). The insanity defense is used often in filicide cases when the postpartum depression defense is not acknowledged by the presiding judge. Using the insanity defense, the defendant can either plead ‘guilty but mentally ill’ (GBMI), or ‘not guilty by reason of insanity (NGRI) (Schwartz, p.109, 2003).

Three criteria are required to legally plea the GBMI defense: 1) the defendant is guilty of an offense; 2) the defendant was mentally ill at the time the offense was committed; but 3) the defendant was not legally sane at the time the offense was committed (Schwartz, p.109, 2000). In the result of a GBMI verdict, the defendant will typically receive time in a state or federal psychiatric hospital for treatment along with incarceration (Schwartz, 2000). "According to the courts, to qualify for the insanity defense, defendants must suffer from a 'serious mental disease or defect' that interferes with their understanding of what they did or impairs their controls," (Lally, p. C02, 1997). Those who receive the NGRI verdict are not usually prosecuted but do spend a significant of time in a mental institution (Schwartz, 2000; Lally, 1997).

Judges, lawyers, and researchers are striving to determine whether or not it is justifiable to blame the crime of filicide on postpartum depression. Some are very adamant that the depression defense holds true, yet others feel that it is simply a cop-out. It is difficult to distinguish between who was and was not suffering from mental instability at the time of the offense and to what degree. A generalized test has not yet been established to determine that fact, yet even if one is created, will it accurately measure the level of depression an offender was suffering during the time of the murder and to what degree they should be held responsible? It is hardly likely, just as the insanity defense is facing issues with the generalized M'Naughten test (Manchester, 2003).

Because there is no set of sentencing guidelines to follow when dealing with a filicide case in the United States, room is allowed for bias on behalf of the judge which may influence the offender's trial and conviction, not to mention simply violating the defender's Constitutional rights. The variations in sentencing are so extreme that one person may be sentenced to death whereas another may be given probation for relatively the same crime. The following examples are taken from a 1997 article by Ania Wilczynski:

Dianne, a 41-year old woman, battered her 15-year-old intellectually disabled son with a broom and then repeatedly stabbed him with a kitchen knife when he was slow to obey her instructions. She said she 'snapped' after a heated argument with her husband Carl over the boy. Carl often verbally abused his stepson and told the boy he was stupid. Carl also often argued with Dianne because he felt his wife regarded her son as less able than he was, and was too 'soft' with him. Dianne constantly defended her son. During the course of the fatal assault, Dianne also cried out at her son, 'You're ruining our marriage.' In the years before the killing she had made three suicide attempts and received psychiatric treatment for anxiety caused by domestic stress. Dianne was diagnosed as suffering from a depressive disorder and convicted of diminished responsibility manslaughter. She was

given a three-year probation order with a condition of psychiatric treatment.

Ian repeatedly punched his cohabitee's one-year-old daughter in the stomach when she wouldn't stop crying. He was caring for the girl and her sibling alone for a short period. The child was ill and cried a lot, and there was a history of prior abuse. Ian said he had lost his temper because of 'the tension' caused by the pain of anal warts and the ointment he was applying as treatment, lack of sleep, and the children's difficult behaviour. He and his cohabitee Susan had also been arguing frequently. On the day of the killing Susan had threatened to return to the children's father, an acquaintance of Ian's who lived nearby. Ian said all of this had made him feel 'shattered' and 'depressed', and he hadn't meant to seriously injure the child. Psychiatric reports described Ian as being immature and of below average intelligence, but not suffering from any mental disorder. The anal warts and the excessive application of the ointment had contributed to Ian's excessive irritability, but there was no systemic drug toxicity. At the trial a defense psychiatrist testified that the drug, combined with factors such as stress and irritability, could affect the functioning of the mind. Ian was convicted of involuntary manslaughter, on the grounds that he had not intended to seriously injure the child. He was sentenced to six years' youth custody.

A study including both male and female filicide offenders found that "the criminal justice system responds very differently to men and women who kill their children at all stages of the legal process, in accordance with the view that 'men are bad and normal, women are mad and abnormal' . . . women are less likely than men to be prosecuted; they also predominately use 'psychiatric' pleas and receive psychiatric or non-custodial sentences. Men, however, tend to use 'normal' please and receive prison sentences." (Wilczynski, p419, 1997).

## Prevention Methods

Like any crime prevention method, preventing neonaticide and filicide begins with education. Neonaticide rates would decline dramatically if sex education were more prevalent in our public school system, as many of these offenders are young women attending either middle or high school. Because of the ongoing debate between conservative Christians and liberals of what should and should not be taught with respect to sexual education in public schools, little information if any is being distributed to protect these young students from STDs, unwanted pregnancies, and sexual abuse. When students do learn about sex in school, the focus typically revolves around strict abstinence, which still fails to educate those students who choose to engage in sexual activity (Vallone, et al., 2003). Those teens are still naïve and uneducated, leading to a heightened risk

for unwanted consequences. Students should at least be encouraged and taught how to use contraceptives and protect themselves from STDs should they decide to have sex, and be given an outlet source to ask questions and discuss issues without feeling judged (Schwartz, 2000).

A perfect example of an anonymous outlet program is Project Cuddle, a national 24-hour hotline that helps young pregnant women “connect with resources such as attorneys, health centers, and adoption agencies,” (Vallone et al., p228, 2003). The program has reportedly saved over 400 babies since its services began in 1996 with the intention of preventing newborns from being discarded after birth.

Schwartz (2000) suggested that to prevent neonaticide, we should start with educating women on how to prevent pregnancy in the first place. If a woman should still become pregnant, then she should at least be sure to seek prenatal care, since the vast majority of neonaticide offenders never sought prenatal care during their pregnancy. Social and psychological support, as well as appropriate medical care, are absolutely imperative to the successful delivery and well-being of a newborn and its mother. In a study by Meyer and Oberman, some women charged with neonaticide had visited a doctor during their pregnancy for reasons unrelated, yet the doctor failed to notice that they were pregnant (Vallone et al, 2003). Meyer and Oberman recommended that physicians should pay close attention to their female patients and offer a pregnancy test “to all females between the ages of 11 and 25,” so long as it is “performed with consent,” (Vallone et al., p228, 2003).

A program which proved very successful in the prevention of neonaticide involved a private nurse that made regular visits to the home of a woman during her entire pregnancy and up to two years after the child was born. The program included educating the parent on raising her child, life and communication skills, and medical issues. These single moms benefited by avoiding “welfare dependency, child abuse, drug use, and trouble with the law,” (Schwartz, p148, 2000).

Some communities support “family centers,” (Schwartz, p148, 2000) which are a proven success in educating parents on raising their child, communication and life skills, and providing therapy, much like the personal nursing program,. These family centers even offer the parents a chance to complete their high school education and receive their diploma. A study by Frank Porter Graham Child Development Center and the University of North Carolina at Chapel Hill proved the incredible success of such programs by observing over 100 toddlers and evaluating them when they were twenty-one years old. The group of subjects, as well as their mothers, had benefited tremendously when it came to their level of education and employment (Schwartz, p149, 2000).

Another study through the High/Scope at Perry Preschool in Ypsilanti, Michigan, "showed that for every \$1 spent on child care, taxpayers save \$7, mainly from costs to crime victims," (Schwartz, p149, 2000). The community also saved money from not having to pay for these children to repeat grades, require medical attention from drug-addicted mothers, suffer from malnutrition, or survive off the welfare system.

In 1999, Guileyardo, Prahlow, & Barnard published a study concluding that approximately "60% of parents who committed filicide had been in contact with either a social worker, doctor, or nurse prior to the crime," (Mugavin, p72, 2005). With this information, the states should acknowledge the likelihood of abuse resulting in death and pay more attention to such cases of abuse from the very first time they are reported.

With all the information researchers have supplied to the greater community surrounding neonaticide and filicide, it is unfortunate that more is not done to prevent this crime. Several prevention programs have already tested for success rates and proved very effective for both the parents and children at risk. Though they cost money, as shown in the High/Scope at Perry Preschool study, taxpayers will be saving a significant amount of money in the long run if these programs are implemented into the community.

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