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## Filicide and Familicide



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### Introduction

Domestic homicides in which children are victimized are deemed as exceptionally cruel acts, and lead to shock in society at large, particularly when multiple victims, including (ex) spouses, are involved. This chapter focuses on two types of domestic homicide: Filicide and familicide (Parts of this chapter are taken from prior publications that include Liem, M. (2021) ‘Familicide: The Killing of Spouse by Men’ *The SAGE Handbook of Domestic Violence*. Shackelford, T. (ed.) Thousand Oaks: Sage; and the chapter ‘Destruction of Descendants’ in Liem, M. & Koenraadt, F. (2018) *Domestic Homicide*. Abingdon: Routledge). In what follows, I will first pay attention to the prevalence of such cases, followed by a discussion on victim and perpetrator characteristics, and subtypes that can be distinguished. In closing, I will briefly reflect on the implications for prevention.

### Filicide

#### Definitions

The term filicide refers to the killing of one’s child. Subcategories include *neonaticide*, when

the victim does not survive the first 24 h of life (Resnick, 1970), and *infanticide* when the child is under one year at the time of death. Although some authors apply an upper age limit of the child victim, in this contribution I use the term as most authors have done, to refer to the killing of a child of any age with whom the perpetrator has a parental relationship. This includes the killing of biological, step, foster, and adoptive children.

#### Prevalence

Historically, filicide was a crime predominantly committed by women (Kramar, 2005). Nowadays, however, men have become increasingly likely to be convicted of these crimes (Alder & Polk, 2001; Bourget & Bradford, 1990; Campion et al., 1988; Malmquist, 1980; Somander & Rammer, 1991; Vanamo et al., 2001). In the past when contraception was primitive, overpopulation was problematic, and unmarried women were sexually abused, unwanted babies were born—but also killed—on a regular basis (Broder, 2002).

In recent years, the rate of child homicide has ranged from 0.29 per 100,000 children in Sweden to 5.5 per 100,000 in South Africa (Mathews et al., 2013; Sturup & Granath, 2014). The South African rate mirrors the high rates in sub-Saharan Africa, which are, together with the Americas, among the highest in the world. Globally, the homicide rate of boys aged 0–14 is around 2 per 100,000, for girls 1.9 per 100,000 (UNODC, 2014). On a global level, this translates into 36,000 child victims under the age of 15 per

year. The lowest rates of child homicides, according to WHO estimates, are found in high-income countries (Pinheiro, 2006). Rates in these countries, including the United States (BJS, 2010), Finland (Lehti et al., 2012), Hungary (Törö et al., 2010), Norway (Ottesen, 2012), and Sweden (Sturup & Granath, 2014) have seen a decline since the 1960s. A recent study in Finland, for example, revealed a significant decrease in child homicides over a 50-year period, from an annual average homicide mortality of seven per million in the 1960s to five per million in the 2000s for children aged 1 to 14. This drop mostly occurred among infanticides committed by mothers (Lehti et al., 2012). To explain this decline, the authors pointed out that the majority of Finnish filicides were committed by very young mothers; and, that a substantive proportion were experiencing substance abuse problems. The role of contraceptives, legalization of abortion, changed attitudes to corporal punishment, and improved economic situations for single mothers may have been contributing to the decline in filicide rates. Another reason may be found in the improvement of public childcare services; the children of violent alcoholic mothers are better protected by society today than 50 years ago, as they may be separated from their mothers and placed in foster homes (Lehti et al., 2012). Another recent study, based on Swedish data, attributed the decline in child homicides to the decline in filicide-suicides. Here, contextual factors such as the improved treatment of mentally ill parents, and increased levels of interventions from social and mental health services, may have contributed to the decline (Sturup & Granath, 2014).

While interpreting these figures, we should note that filicides suffer from a so-called *dark number* or *dark figure*: a substantial number of cases may go undetected (Razali et al., 2019). This is particularly relevant in the case of neonaticide, where women typically give birth unassisted, kill the neonate, and dispose of the body immediately after birth (Debowska et al., 2015). The younger the child, the higher the likelihood that this young person will not be missed in the direct personal environment of the parents, especially when birth of the newborn remains

unregistered. Also, filicide cases may be mis-categorized as death by another cause leading to an overall underrepresentation of the actual filicide rate.

### Perpetrators and Victims

Even though mothers have long been overrepresented as perpetrators of filicide globally (Bourget et al., 2007; Putkonen et al., 2016), the gender gap has been narrowing, with recent studies finding that men are increasingly more likely to be the perpetrator (Dawson, 2015). This change may be attributed to changes in parenting and childcare responsibilities, where fathers spend more time with children than in the past, arguably increasing their time at risk. Also, with increasing divorce rates throughout Western countries, custody and access disputes may have become more common, resulting in a higher prevalence of vengeful or jealous fathers (Dawson, 2015). Fathers are also the most frequent perpetrators of filicide in later childhood (Bourget & Gagné, 2005; Marks & Kumar, 1996), and filicide in the context of “familicides” (Wilczynski, 1997)—a topic I will turn to later in this chapter. The killing of younger children, particularly newborns, is almost exclusively committed by mothers (Herman-Giddens et al., 2003; Koenraadt, 2003; Spinelli, 2001). The majority of filicide perpetrators are biological parents (Flynn et al., 2013). In terms of the risk of being killed by a stepparent, results are mixed: While some studies do not find an increased risk among stepfamilies (Temrin et al., 2011), other studies show that stepparents pose a significantly greater risk of filicide than biological parents (Daly & Wilson, 1988; Harris et al., 2007; Weekes-Shackelford & Shackelford, 2004). The latter is also termed the “Cinderella Effect.” This pattern bears similarity with non-human primates, where a newly dominant male kills his predecessor’s offspring, due to greater parental investment associated with raising non-genetic offspring (Debowska et al., 2015). Other differences between biological parents and stepparents who kill are reflected in modus operandi, criminal background, and motive: While biological parents are more likely to choose methods of killing which produce quick and painless death, filicides

by stepparents are more often the result of physical abuse, such as beating (Debowska et al., 2015). Filicidal fathers, and particularly filicidal stepfathers, are seen as more antisocial, have more criminal convictions, and a history of substance abuse, suggesting that lethal aggression may be pointing to underlying patterns of antisocial behavior (Debowska et al., 2015). Further, stepfathers are more likely to be motivated by sexual motives and antisociality (Harris et al., 2007). These motives, combined with maltreatment as a method of killing, are considered as indicative of feelings of bitterness and resentment typically found in stepparental filicides.

In terms of gender differences, filicidal fathers are generally older than filicidal mothers (Bourget et al., 2007; Debowska et al., 2015). Some studies report mothers to be more likely to kill girls and fathers to be more likely to kill boys (Myers et al., 2021; Daly & Wilson, 1988; Wilczynski, 1997). Other gender differences are found when it comes to motive, where fathers more often than mothers kill their children after abuse, in retaliation (Bourget & Bradford, 1990; Bourget & Gagné, 2002; Lewis & Bunce, 2003; Rohde et al., 1998) or in filicide-suicides (Eriksson et al., 2016; Byard et al., 1999; Cooper & Eaves, 1996; Marzuk et al., 1992; Shackelford et al., 2005). Although the role of serious mental disorders such as depressive and psychotic disorders has been noted in both maternal and paternal filicide, these disorders appear to be more pronounced among female filicide perpetrators when compared to male filicide perpetrators (Bourget & Bradford, 1990; Bourget & Gagné, 2002, 2005; Lewis & Bunce, 2003; Stanton & Simpson, 2002).

In terms of victims, in Western countries, boys run a higher likelihood of being killed in a filicide compared to girls (Bourget & Bradford, 1990; Cummings & Mueller, 1994; Lehti et al., 2012; Marks, 2001; Makhoul & Rabaud, 2014; Mathews et al., 2013). It has been suggested that this effect may be related to the increased physical vulnerability of boys compared to girls. Also, it may be a consequence of parental attributions about the infant's behavior, as male infants are perceived as more aggressive and require harsher discipline than female children.

In some parts of the world, such as in South Asian countries, the sex ratio among victims of child homicide is reversed. Here, the killing of female infants is perceived to be a result of pressure on the mother to produce a boy, particularly when there are already female children in the immediate family (Gavin, 2014).

Further, with regard to victim age, filicide is more common in the first year of life (Debowska et al., 2015; Flynn et al., 2013). While homicide rates among children aged between one and five are still high, throughout Western countries the risk of dying in a filicide decreases with age (Debowska et al., 2015).

### Categories

Over the years, several filicide classification systems have been advanced. While the first typologies were based exclusively on maternal filicides (e.g., Resnick, 1969; Scott, 1973; D'Orban, 1979), more recent classifications also acknowledged the role of male perpetrators (Bourget & Bradford, 1990; Guileyardo et al., 1999; Bourget & Gagné, 2002; Putkonen et al., 2016). Here, I will discuss the most common subtypes, including altruistic filicide, extended suicide, psychotic filicide, retaliating filicide, fatal abuse, neonaticide, and finally, so-called "other" filicides that include honor killings and the killing of older children.

In altruistic filicides the parent commits the act to relieve the child to relieve of real or imagined suffering. Rather than speaking of *altruism*, I prefer to speak of *pseudo-altruism*, since the perpetrator alone considers to act out of altruistic motivation. Such motivation may, in rare cases, arise from a child's actual unbearable suffering associated with physical impairments or illness, but is more frequently linked to mental illness in the perpetrator, who may believe that the child is better off dead.

Such pseudo-altruistic filicides frequently occur in the context of extended suicides, where the child is considered as an extended part of the self that is taken along in the death of the suicidal parent. In such cases, the relationship between parent and child is often symbiotic, as the perpetrator does not consider the child(ren) as separate

identities, and hence cannot envision a life for them after their own suicide (Liem, 2010). From the perpetrator's perspective, there would be no one else to care for the child(ren) after having committed suicide (Marleau et al., 1999; Messing & Heeren, 2004; Milroy, 1995; Somander & Rammer, 1991; West, 1965).

Even though perpetrator mental illness is pronounced in most filicides, it stands out in so-called psychotic filicides, where parents are primarily driven by a psychotic motive (Lewis & Bunce, 2003; Liem & Koenraadt, 2008a; Putkonen et al., 2016). This includes the perpetrators' psychotic or irrational motivations, such as "inner sounds" which require the perpetrator to kill the child. Such psychotic episodes may take place in the context of schizophrenia, drug-induced psychosis, or, not infrequently, in mood disorders including psychotic features.

A fourth category of filicides consists of retaliatory filicides, committed out of revenge toward the partner, also known as the "Medea complex" (Babatzanis & Babatzanis, 1991), referring to the ancient myth in which Medea sought revenge against her unfaithful husband Jason by killing their children. In these cases, children are being used as a retaliation instrument. Not infrequently, children are killed as pawns in custody battles, in a deliberate attempt to "keep" the children, and cause the partner to suffer (Holden et al., 1996; Sedumedi & Winter, 2020; Wilson et al., 1995). Research points out that fathers more often than mothers kill their children in retaliation (Bourget & Bradford, 1990; Bourget & Gagné, 2002; Lewis & Bunce, 2003; Rohde et al., 1998).

While the above-described filicides are intentional, a subtype of filicide consisting of fatal abuse cases are not. In such cases, the death of the child is rather an unwanted result of excessive physical maltreatment or neglect. These include so-called "battered children," who die as a result of repeated, or prolonged serious assaults. Prior studies show that fathers (including stepfathers), more often than mothers, kill their children in fatal abuse cases (Bourget & Bradford, 1990; Bourget & Gagné, 2002; Lewis & Bunce, 2003; Liem & Koenraadt, 2008a). A possible exception to this gender division concerns filicides resulting from

Munchausen by Proxy, where the perpetrator—typically the mother—purposefully makes up or causes an illness or injuries in her child, with the primary motive of gaining attention or sympathy from others. Child homicides occurring in the context of this syndrome are usually not the intended outcome: Mothers seek to cause an illness, not deliberately kill the child. When the child dies, so does the attention she obtained when the child was ill and still alive.

A sixth category of filicide consists of neonaticide, or the killing of a child within the first 24 h of birth (Koenraadt, 2003). It is difficult to establish the rate of neonaticides, as the death of a newborn is often unreported and bodies may occasionally be found in garbage disposals or sewers (Alder & Polk, 2001). Few cases ever reach the courts and, often, the birth mother is never located. Hence, prevalence rates are likely underestimated. Among known cases, the core motivation is cited as an unplanned and unwanted child (Bourget et al., 2007; Putkonen et al., 2007). This type of homicide is primarily committed by women—due to their access to the child immediately after birth, and due to the unique (hormonal) stressors associated with giving birth (Koenen & Thompson, 2008; Resnick, 1970; Shelton et al., 2010). In the Western world, women committing neonaticide are often young, unmarried, primiparous, and low educated (Ciani & Fontanesi, 2012; d'Orban, 1979; Mendlowicz, et al., 1998). In the majority of known cases, the relationship with the father of the newborn has ended or is dissolving, and most neonaticidal women live at home with parents or other relatives at the time of the birth (Riley, 2006; Shelton et al., 2010). These women tend to keep the pregnancy concealed (Tanaka et al., 2017), and neglect prenatal care (Beyer et al., 2008; Putkonen et al., 2007). Also, they typically deny that they are pregnant and are afraid of discovery of the pregnancy (Haapasalo & Petäjä, 1999; Herman-Giddens et al., 2003; Koenraadt, 2003; Spinelli, 2001). The denial is rooted in an intense fear of rejection, abandonment, or anger by parents or a boyfriend (Putkonen et al., 2007). In some cases, deeply held religious beliefs about abortion, or the taboo associated with premarital sex, may have

led to an unwanted newborn. Neonaticidal women often give birth to the babies without any assistance outside a hospital, where the secret delivery is followed almost immediately by the killing of the newborn, actively or passively (Tanaka et al., 2017). Active neonaticide refers to a suffocation, strangulation or drowning, while passive neonaticide is characterized by neglectful killing such as abandonment and the absence of medical care (Overpeck, 2003; Porter & Gavin, 2010). Labor tends to be accompanied by a great deal of anxiety (Bonnet, 1993), and takes these women by surprise, culminating in feelings of extreme panic. Once the child is born, they may experience intense panic and become focused on silencing the baby and finding a way to “get it away” from them (Riley, 2006; Shelton et al., 2010). The only way to continue the denial of the pregnancy is by doing away the only evidence of pregnancy, namely, the newborn. Not infrequently, mothers assume that the child is stillborn (Putkonen et al., 2007). When the infant is discovered, perpetrators attempt to obscure their culpability by attributing the death of the child to a heavy menstruation, miscarriage, and accident, or natural causes (Stanton & Simpson, 2002). Neonaticidal mothers hardly ever commit suicide and rarely have a history of mental illness (Ciani & Fontanesi, 2012; Liem & Koenraadt, 2008a). Some studies report these women to suffer from postnatal depression and other psychological disturbances, including intellectual disability (Friedman, et al., 2005), and personality disorders (Putkonen et al., 2007; Resnick, 1970; Spinelli, 2001). In previous studies, these women are characterized as immature, timid, and below average intelligence. Passivity is described as important in distinguishing neonaticidal women from those who seek abortions, particularly as this attitude tends to result in pregnancy denial and an anticipation that the child will be stillborn, thereby avoiding the need to prepare for the birth (Beyer et al., 2008).

A final category of filicide includes a range of motives and dynamics, such as filicides in the context of sexual abuse, honor-related filicide, and filicide of older children. Though very rare, in our prior empirical work on filicide we encountered a number of filicides resulting from sexual

abuse (Liem & Koenraadt 2008a, 2018). Here, stepfathers abused their girlfriend’s small child, misusing the opportunity of the proximity and dependency of the child for their personal sexual pleasure. Honor-related filicides tend to occur in close-knit traditional communities, where female sexuality and public behavior is closely tied to family honor and reputation. When such honor is severely damaged by a teenage daughter’s actual or insinuated behavior, and other means to restore family honor—such as asking for redemption or finding a suitable partner—have failed, girls may be killed by their father, mother, or both in order to restore the family honor. The killing of older boys, finally, tends to be perpetrated by stepfathers. Such cases resemble non-familial killings, in that the relationship between parent and child is of minor importance. Such homicides are the result of types of conflict also observed between friends and acquaintances. In the cases we encountered, alcohol and drugs played a predominant role, as well as antisocial personality characteristics in the victim, the perpetrator, or both.

## Familicide

### Definitions

Closely related to filicide is the phenomenon of familicide, referring to the killing of multiple family members. Most commonly, familicide includes the killing of an (estranged) intimate partner and child(ren) (Karlsson et al., 2021; Wilson et al., 1995). Other forms of multiple family homicides, such as killing of parents and/or siblings, are much less common, and are left outside the scope of this contribution. In what follows, the focus lies on the most prevalent type of familicide, namely, cases involving the killing of spouses and children by men. Some studies group multiple family homicides together with other forms of multiple murder (e.g., Aho et al., 2017; Bowers et al., 2010), i.e., the killing of two or more victims in one event (DeLisi & Scherer, 2006). Multiple family homicides, however, are believed to originate and evolve from largely independent etiologies. Due to the intimate relationships between the perpetrator and victims, and given

the motives underlying these crimes, familicides stand apart from other forms of multiple homicides. Further, even though some studies also regard the killing of multiple children (i.e., multiple filicide) as familicide (e.g., Densley et al., 2017; Sidebotham & Retzer, 2019), in this chapter, familicide is considered as the killing of multiple family members from separate family categories, specifically spouse and child(ren).

### Prevalence

In spite of considerable media attention devoted to cases of familicide, compared to other types of domestic homicide, such as filicide and intimate partner homicide, the prevalence of familicide involving spouses and children is very low. Here, it should be emphasized that the vast majority of epidemiological studies on this phenomenon have been conducted in the Western world, with specific data being available on Australia, Belgium, England and Wales, Italy, Finland, the Netherlands, Norway, and the United States (US). One should keep this Western bias in mind when interpreting the presented characteristics and dynamics. Further, it should be noted that, while some studies adhere to a “strict” definition of familicide (i.e., distinguishing the killing of spouse and children from multiple filicides), others (e.g., Densley et al., 2017; Sidebotham & Retzer, 2019) do not make such a strict distinction and also include multiple filicides in their study sample.

In Canada, Wilson et al. (1995) reported an average of four cases per year nationwide, which equates to about one of every 69 homicide victims. In England and Wales, the same authors reported an average of three cases per year (Wilson et al., 1995). In Norway, a total of 14 cases nationwide were reported in a 22-year period (Vatnar et al., 2021) and in Switzerland, 20 familicides were counted in a 43-year period (Frei & Ilic, 2020). In the Netherlands, familicide occurred up to four times per year between 1992 and 2016, with an overall average of one case per year, equating to about 1% of all homicides (Liem & Haarhuis, 2016). In the United States, Liem et al. (2013) found that familicide consisting of an intimate partner and at least one child occurred

on average 23 times annually. Prior studies report the US rate of familicide to have increased considerably over the last five decades (Websdale, 2010). Such an upward trend is thought to be consistent with the general increase in the US rate of “multicide,” the killing of more than one person in a single instance (Websdale, 2010). Shifting our gaze to non-Western countries, Densley et al. (2017) reported on 31 Chinese familicides ending in the suicide of the perpetrator, occurring in a time span of 15 years.

### Perpetrators and Victims

Familicides that include (estranged) spouse and child victims are almost exclusively committed by men (Somander & Rammer, 1991; Ewing, 1997; Byard et al., 1999; Karlsson et al., 2021; Marleau et al., 1999; Frei & Ilic, 2020; Friedman et al., 2005; Liem & Koenraadt, 2008a, b; Liem & Reichelmann, 2014; Vatnar et al., 2021). One of the explanations for the relative overrepresentation of male perpetrators may lie in gender attribution styles. From this point of view, men would be more likely than women to ascribe the locus of causality in response to negative life events to their (estranged) partner (Vollum & Titterington, 2001). Psycho-evolutionary perspectives offer another explanation for the relative overrepresentation of male perpetrators. Here, the emphasis lies on the perpetrator’s sense of loss of control over his spouse and family life (Ewing, 1997; Wilson et al., 1995): A woman’s threat of withdrawal or estrangement constitutes a loss of control over her reproductive capacity (Daly & Wilson, 1988; Wilson et al., 1995). Consequently, violence—including lethal violence—may be used as an attempt to re-establish patriarchal rights under threat (Daly & Wilson, 1988; Wilson et al., 1995). In such cases, the primary target is the perpetrator’s (ex) spouse, and in this dynamic the children are only pawns. Anger and revenge can motivate someone to “get even” with their (ex)partner, killing her and “her” children (Levin & Fox, 1985; Dietz, 1986).

Prior studies further show that the majority of male familicide perpetrators are in their 30s or 40s (Ewing, 1997; Liem & Koenraadt, 2008a, b; Karlsson et al., 2021; Densley et al., 2017). The

vast majority of familicide perpetrators, as found in American and European studies (Liem & Koenraadt, 2008b; Liem et al., 2013), are Caucasian men. Factors specifically associated with familicide include the perpetrator's loss of a job, continuous unemployment, and subsequent inability to support his family (Levin & Fox, 1985; Palermo, 1997). Further, though findings differ, prior studies report perpetrators exhibiting violence prior to the event, including violence directed toward the children (Johnson, 2006), intimate partner (Johnson, 2006; Liem & Koenraadt, 2008a, b), or others (Aho et al., 2017). With regard to mental illness, prior empirical studies show a high prevalence of personality disorder, depression, psychotic disorders, and substance-abuse disorders (Johnson, 2006; Liem & Koenraadt, 2008a, b; Websdale, 2010). Further, prior studies report that familicide perpetrators sought help for mental health problems in the period preceding the familicide, although findings differ in terms of the degree of help-seeking behaviors (Aho et al., 2017).

In terms of victim characteristics, child victims of familicide tend to be older than children who are killed in filicide-only cases (Wilson et al., 1995), with mean ages ranging between seven and 12 years (Wilson et al., 1995; Liem et al., 2013). Prior research further shows that the sex ratio of child victims in familicides is more evenly balanced, whereas in filicides, as outlined above, there is a slight male preponderance (Wilson et al., 1995). A review of 67 empirical studies on familicide revealed a relatively high proportion of stepchildren as victims (Karlsson et al., 2021). This finding corresponds to research indicating that parents do not invest in stepchildren to the same degree as in biological children. From a psycho-evolutionary perspective, stepchildren run an overall higher risk of becoming physically and sexually abused by a stepparent than by a biological parent (Karlsson et al., 2021).

### Categories

Familicide constitutes a heterogeneous phenomenon. In a prior study based on American homicide data, we sought to determine the existence of various subtypes of familicide (Liem &

Reichelmann, 2014). In establishing these clusters, we made use of US Federal Bureau of Investigation Supplementary Homicide Report data, as well as information retrieved from newspaper articles (for details, see Liem & Reichelmann, 2014). Based on the perpetrator's age, the relationship between perpetrator and victims, and the perpetrator's suicide, we can distinguish the following two main categories involving the killing of a spouse and children, also known as *despondent husbands* and *spousal revenge* familicides.

#### Despondent Husbands

The first category of familicides are motivated by perpetrators who seek to "protect" their family from the fate that would befall them without their (financial) support. Factors associated with this type include the perpetrator's loss of a job, bankruptcy, continuous unemployment, debilitating illness (Auchter, 2010), and/or subsequent inability to support his family (Fox & Levin, 2012; Palermo, 1997). This type of familicide is also referred to as *anomicide*, to reflect the importance of stress resulting from drastic economic change that leads to a sense of desperation (Mailloux, 2014). In such cases, against a background of strong beliefs regarding patriarchal privilege (Mailloux, 2014), the male perpetrator perceives that only he can satisfy the needs of his victims (Liem, 2010). Faced with overwhelming (financial or relational) threats to their role as provider, controller, and central figure in the lives of their families, these men become desperate, homicidal, and—not infrequently—suicidal (Marzuk et al., 1992). What many of these perpetrators have in common is a belief that they either created or "own" the family unit, and that their spouses and children are their possessions, rather than independent human beings (Mailloux, 2014). Control over their family members, the desire to maintain control, and the shame associated with loss of control, are among key features in this type of familicide (Websdale, 2010). In some cases, familicides are altruistically motivated, as the perpetrator aims to protect his loved ones from what he perceives to be a catastrophic future. Typically, such familicides are followed by the suicide of the perpetrator (Wilson et al., 1995; Cooper & Eaves,

1996; Liem et al., 2013). Particularly if the perpetrator suffers from depression or other mental illness, the perpetrator may act out of a wish to immortalize the family and keep everyone together (Johnson, 2006). Here, death is not regarded as an end, but rather as a transition to the afterlife, where the family can be together, undisturbed. Based on a recent analysis of more than 200 familicidal killers in the United States, Websdale (2010) classified these perpetrators as “civil reputable.” He found that these men do not have a history of violence, and the killings are carefully premeditated over a considerable length of time. He points to a common and persistent theme that perpetrators and their families are typically responsible and respectable citizens. Those who knew the male offenders saw them as loving their children and as either loving or liking their intimate partner, or being willing to raise children together, despite their differences, animosities, or disappointments. Yet, Websdale (2010, p. 176) points out:

Civil reputable hearts may be neither satisfied nor fulfilled by their family life. In fact, the evidence suggests many of these men and women lived lives full of tension and apprehension about the future, often quietly worrying away their days.

The offenders in his sub-sample of “civil reputable” offenders perceived their family life to be disintegrating or under grave threat. They went to extreme lengths, Websdale describes, to prevent the disclosure of information on mortgage problems, foreclosure, or other types of (financial) problems to their family members as well as to those outside the family. In the perpetrators he studied, he found evidence of emotional alienation, not only immediately prior to and during the familicide, but also long before the killings. When they killed their family members, these offenders “killed with care” (Websdale, 2010, p. 209), referring to the care used at the crime scene, for example, by killing victims as they slept, or cleaning up their bodies post-mortem. One of the reasons why such events shock communities is not only because they used *lethal* violence, but because they used violence in the first place.

In our study of US multiple family homicides, we found that perpetrators in this cluster of “despondent husbands” were men with a mean age of 42, who were predominantly white and committed suicide after the homicide event. Perpetrators typically shared the household with all victims, and were the biological fathers of their children. Previously reported intimate partner problems were frequent, occurring in four out of five cases, while problems related to child custody were present in only about one out of four cases. Insofar as event-specific information was available, these homicides were premeditated in the vast majority of cases. Further analysis of newspaper articles showed the commonality of men who had difficulty supporting their growing families financially (Liem & Reichelmann, 2014). It has been suggested that, in times where the economy softens and the unemployment rate rises, there may be more opportunities for catastrophic losses to precipitate a familicide (Scheinin et al., 2011). When job loss or indebtedness is involved, the motivation may become a lethal solution for the offender to “protect” his family (Fox & Levin, 2012). In analyses based on US data in the period 2000–2009 we showed, however, that the prevalence of familicide motivated by financial problems was unrelated to periods of financial downfall (Liem et al., 2013). Familicides including an intimate partner and at least one child, and motivated by financial problems, occurred only four to five times per year. We found no clustering in time or space of this type of familicide. For example, looking at September 2008, when the global financial crisis came to the forefront of the business world and world media, no markedly higher prevalence of familicide was noted; rather, the prevalence of familicide in the last quarters of 2008 and the beginning of 2009 was on average lower than the previous years when the unemployment rate was relatively low.

Long-term trends have also been studied elsewhere, such as in Finland, where Lehti et al. (2012) found a decrease in familicides over the last 50 years. Whereas between 1960 and 1974, an average of two children were killed in familicides each year, that figure dropped to less than one per year in the period 2003 to 2009. The declining

figure has been attributed to a general decline in non-alcohol-related spousal killings in Finland. Other European research, including a study conducted in Belgium (De Koning & Piette, 2014), suggests that familicide suicides, particularly, have been more prevalent during the past decades compared to before. Fluctuations in prevalence may thus be largely dependent on local contexts (Karlsson et al., 2021).

### Spousal Revenge

The second category of familicides applies to perpetrators who are motivated by anger and revenge following their intimate partner's threat of withdrawal or estrangement. Here, the most common trigger is a breakdown of the intimate partner relationship, often associated with strong feelings of jealousy. Websdale (2010) calls these violence-prone perpetrators "livid coercive," as they operate out of a profound sense of anger and shame. The male perpetrators in this category differ from those in the category of despondent husbands, particularly when considering their emotional drives, referring to internal sources of motivation that force or pressure a person to act (Websdale, 2010). Schematically speaking, Websdale suggests, at the left end of this continuum, we find the so-called livid coercive perpetrators, who frequently resort to coercive violence in their intimate relationships. In such cases, the familicide constitutes an extension of their earlier violence toward their family members. At the right-end opposite of the spectrum, we see perpetrators who exhibit enormous emotional restraint, decorum, and outward conformity with mainstream social values, rarely behaving aggressively, especially in public.

As the label "spousal revenge" suggests, the process of moving through a separation or divorce leaves these perpetrators feeling shaken and alone. In Websdale's (2010) analysis of perpetrators of this type, he found that, in the period immediately preceding the familicide and, in some cases, for a much longer period, men reach a state of *ignominy*. This can be considered as akin to mortification or disgrace, where these men experienced an intense shame over their partner's infidelity, betrayal, or desire to end the

relationship. Child victims, in these cases, can be considered as extensions of the intimate partner. From the perpetrator's perspective, he has been betrayed by his intimate partner and by everything that she loves – namely, the children, who are targeted as a proxy of the intimate partner. From this perspective, familicides resemble intimate partner homicides generally, as the primary object of aggression constitutes the spouse, rather than the children (Liem & Koenraadt, 2008a, b). In such cases, precursors similar to intimate partner homicide can be observed, ranging from increased severity of domestic violence (Johnson, 2006), use of or threats to use a weapon, threats to harm others, or suicidality (Mailloux, 2014). Similar to intimate partner homicides, there is an increased risk of familicide when the at-risk partner ends or threatens to end the relationship (Mailloux, 2014).

What the "despondent husbands" and "spousal revenge" categories have in common is that the perpetrators are motivated by a sense of loss of control over their spouse as well as over their family life (Wilson et al., 1995; Ewing, 1997; Liem & Koenraadt, 2008a, b; Websdale, 2010). Paradoxically, the act of familicide provides an ultimate form of control (Websdale, 2010). It should be noted that such a binary division between despondent husbands and men motivated by spousal revenge is not always straightforward. Cases may present elements of both types. Nevertheless, our analysis of US cases revealed clear differences between the spousal revenge group and the group of despondent husbands (Liem & Reichelmann, 2014). What distinguished spousal revenge cases from the despondent cases was that, in the first category, the perpetrator did not commit suicide following the event. Perpetrators were predominantly male, with an average age of 40 and were more likely than "despondent husbands" to be of non-white descent. A closer look at background characteristics showed that in three out of four cases intimate partner problems were indicated and restraining orders granted in one out of four of them. The perpetrator shared the household with at least one of the victims in two-thirds of the cases. Regarding the preparation of the event, findings differ as while some may think that this type of familicide is a spontaneous act,

case studies show that many perpetrators of this type made prior threats to kill and engaged in careful preparations, indicative of premeditation, including purchasing weapons, restraints, or substances to sedate children (Johnson & Sachmann, 2014). Other studies, however, point to perpetrators who were killed in haste, with vengeful violence, in response to what they thought of as intolerable acts of provocation, betrayal, or abandonment (Websdale, 2010).

### **Comparisons with Child Homicide and Intimate Partner Homicide**

Given that both children and (estranged) intimate partners die in a familicide, the question arises as to whether familicide is a distinct phenomenon, or whether it shares characteristics with homicides involving only child(ren) or intimate partners. Overall, the findings suggest that men are even more overrepresented as perpetrators of familicide, compared with their overrepresentation in either intimate partner homicides or child homicides (Wilson et al., 1995; Liem & Koenraadt, 2008a, b; Karlsson et al., 2021). Alder and Polk (2001) found that familicidal men tended to be older, compared to men who killed only their children, also known as “filicide-only” perpetrators. In a Dutch study (Liem & Koenraadt, 2008a, b) comparing familicide perpetrators both with perpetrators of intimate partner homicide and with perpetrators of child homicide, familicide perpetrators could not easily be equated with perpetrators of other types of homicide in terms of demographic and psychopathological characteristics. We based these findings on a thorough analysis of the forensic mental health reports of 23 familicide perpetrators, whom we compared to nearly 400 intimate partner homicide perpetrators and more than 130 filicide perpetrators. In this study, familicide perpetrators were more likely than intimate partner homicide perpetrators to be married, less likely to have committed a previous violent offense, and more likely to suffer from a personality disorder. Further, studies (Wilson et al., 1995) showed that perpetrator suicide is much more prevalent in familicide than in either intimate partner homicide or child homicide alone.

In terms of socioeconomic status, familicide perpetrators are generally found to be better educated than child homicide perpetrators. Empirical work by Websdale (2010), for example, based on an American sample of familicide perpetrators, found that those who commit familicide have more economic resources than perpetrators of single intimate homicides. Based on Finnish data, Lehti et al. (2012) argued that familicides may have more in common with intimate partner homicides, compared to child homicides, as the children are usually not the primary victims of the familicide, and the motives involved are often related to suicide or marital problems (see also Karlsson et al., 2021).

### **Implications**

As this overview of both filicide and familicide shows, there is no specific perpetrator or victim profile, due the many different categories that exist in both. Hence, there is no one-size-fits-all prevention package, but rather, prevention efforts should take a diversified approach based on the various motives and background factors that are associated with each subtype. In cases of filicides and familicides motivated by revenge, the degree to which a deeply aggrieved husband might go to avenge what they perceive as betrayal by their unfaithful, deceiving, or rejecting (ex) partner should not be underestimated (Myers et al., 2021), particularly when therapeutic interventions are lacking or ineffective. When it comes to filicides and familicides driven by pseudo-altruistic motivations, prevention efforts may be geared toward the role of depression and psychosis. When treating such mental health problems, attention should be paid to real or perceived threats to family relationships, especially when there are children in the nuclear family (Aho et al., 2017). In such cases, clinicians must incorporate a full assessment of family relationships and the patient’s perception of his family members (Liem, 2010), particularly bearing in mind that now standard risk assessment strategies such as the Danger Assessment (DA), the Spousal Assault Risk Assessment (SARA) and other instruments may not be appropriate for this unusual group. As prior studies have shown,

familicide perpetrators cannot easily be equated with those who only kill their intimate partner, nor only with those who have a history of intimate partner violence. Hence, risk assessment strategies focusing on escalating intimate partner violence fall short in assessing risk for familicides, specifically. In terms of the actors involved, family counseling centers especially may play a key role in identifying families in which individuals are exhausted and feel the everyday strain—on top of financial, relational, and mental health problems—is too much to handle (Aho et al., 2017). Here, particular attention should be paid to depressed and/or suicidal men, and to the role of perceived dependency of their family members on them (Liem, 2010).

Finally, an overarching practical implication, regardless of perpetrator motivation, concerns access to firearms. As has been shown elsewhere (Kellerman et al., 1993; Krug et al., 1998; Liem et al., 2011), gun ownership is strongly and independently associated with an increased risk of domestic homicide, including filicide and familicide. As prior studies show, the use of firearms in family homicides is much higher in the United States compared to elsewhere. One could argue that legislation, particularly US legislation, imposing further restrictions on holding firearms and ammunition in the home could be a step forward to decreasing the lethality and, accordingly, the number of these tragedies.

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