

Filicide

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1. Core Definition and Scope

Filicide refers specifically to the intentional act of a parent, or a parent equivalent, taking the life of their own child. This definition is crucial in differentiating filicide from other forms of child homicide, where the perpetrator is not the biological or adoptive parent, or from infanticide, which in some legal contexts refers exclusively to a mother killing her newborn. The term encompasses the killing of children of any age by their parents, from infants to adolescents, emphasizing the unique and profound breach of parental responsibility and the inherent societal expectation of protection. The intentionality of the act is a defining characteristic, distinguishing it from accidental deaths of children, though the degree of premeditation can vary significantly and impacts legal and psychological assessments.

The concept of a "parent equivalent" extends the definition beyond biological or adoptive parents to include stepparents, guardians, or other primary caregivers who hold a de facto parental role and responsibility. This broadens the scope to capture situations where the perpetrator functions as a primary caregiver with a parental bond and duty. Understanding filicide requires a multi-faceted approach, integrating insights from psychology, sociology, criminology, and forensic psychiatry to unravel the complex motivations and contributing factors behind such devastating acts.

2. Etymology and Historical Context

The term **filicide** is derived from Latin roots, offering a direct linguistic insight into its meaning. It combines "filius," meaning **son**, and "filia," meaning **daughter**, with the suffix "-cide," which denotes **murder** or **kill**. Thus, filicide literally translates to the killing of one's own child. This etymological foundation underscores the familial relationship at the core of the crime, distinguishing it from broader categories of homicide.

Historically, the killing of children by parents has been recorded across diverse cultures and eras, albeit with varying social, moral, and legal interpretations. In some ancient societies, certain forms of child killing, such as exposure of infants or ritual sacrifice, were tolerated or even sanctioned under specific circumstances. However, as societies evolved, particularly with the advent of Judeo-Christian ethics and later secular human rights frameworks, the protection of children became a paramount social and legal concern. The modern understanding of filicide reflects a profound shift towards recognizing the inherent value of every child's life and the fundamental duty of parents to protect them. The legal and medical communities began to differentiate between various forms of child homicide, recognizing the unique psychological and social dimensions when a parent is the

perpetrator.

3. Typologies and Motivating Factors

Research into filicide has identified several typologies based on the primary motivating factors, which often overlap but provide a framework for understanding these complex crimes. One significant classification, often attributed to forensic psychiatrist Phillip J. Resnick, includes several categories that encapsulate the general reasons identified in the source content. These categories help to delineate the psychological and contextual underpinnings of filicidal acts.

Among the primary motivations, "**spousal revenge**" involves a parent, typically during a contentious separation or divorce, killing their children as a means to inflict ultimate pain upon the other parent. This act is often premeditated and driven by extreme anger, resentment, and a desire for control or retribution. Another significant category is related to "**child maltreatment**," where filicide occurs as an extreme culmination of ongoing abuse, neglect, or punitive discipline, often fueled by parental frustration, anger, or a severe lack of coping mechanisms. The child's death, in these cases, may be the unintended consequence of severe physical violence or the direct result of a final, fatal act of aggression.

"**Psychosis**" is a critical motivating factor, wherein a parent suffering from severe mental illness, such as schizophrenia or postpartum psychosis, kills their child due to delusional beliefs or command hallucinations. In these tragic instances, the parent's perception of reality is severely distorted, leading them to believe that killing the child is necessary, perhaps to protect them from imagined harm or based on irrational directives. "**Unwanted newborns**" pertains to cases, often termed neonaticide, where mothers kill their infants shortly after birth, typically within the first 24 hours to a week. This is often associated with concealment of pregnancy, lack of social support, extreme fear, shame, and a desperate attempt to avoid parental responsibility for a child perceived as unwanted. Lastly, the "**perception that the child will stop suffering if his or her life would end**" describes altruistic filicide, where a parent, often severely depressed or experiencing a distorted sense of reality, believes they are acting in the child's best interest by ending their life to spare them from a perceived future of pain, suffering, or a life deemed unbearable. This can sometimes be part of a parent-child suicide pact where the parent believes taking their child with them is an act of love.

4. Contributing Triggers and Risk Factors

While motivating factors provide the 'why,' specific triggers and broader risk factors often precipitate the act of filicide. These elements can interact in complex ways, pushing an already vulnerable parent towards the ultimate transgression. **Mental illnesses**, particularly severe depression, bipolar disorder, and psychotic disorders, stand out as critical triggers. Postpartum

depression with psychotic features, for instance, can drastically impair a mother's judgment and lead to delusions that justify harming her infant. Untreated or inadequately managed mental health conditions significantly increase the risk.

Drug use, encompassing both illegal substances and prescription medication misuse, can severely impair a parent's cognitive functions, emotional regulation, and impulse control, leading to reckless and violent behavior. The disinhibiting effects of drugs, coupled with withdrawal symptoms or drug-induced psychosis, can contribute to a loss of control that results in fatal child abuse or intentional killing. A history of **domestic violence** within the household is another profound risk factor. Children living in environments characterized by chronic abuse and violence are at heightened risk, both directly from the violence and indirectly through the severe stress and psychological damage inflicted upon the primary caregivers. Filicide can sometimes be an extension of this pre-existing pattern of violence and control.

Furthermore, **suicidal tendencies** in a parent are a strong indicator of elevated risk. In some instances of altruistic filicide, the parent intends to kill themselves after killing their child, viewing it as a combined act of ending perceived suffering for both. This often stems from profound despair and a distorted belief that the child cannot survive without them or would suffer immensely if left behind. Finally, intense **marital conflicts** and severe relationship breakdown can act as potent triggers. The emotional turmoil, stress, and feelings of abandonment or betrayal associated with marital discord can severely impact a parent's psychological state, sometimes escalating to acts of revenge-motivated filicide where the child becomes a tragic pawn in adult conflicts. Socio-economic stressors, lack of social support, and a history of personal trauma can further exacerbate these individual vulnerabilities.

5. Legal and Forensic Aspects

The legal classification and treatment of filicide vary significantly across jurisdictions, reflecting differing societal views and legal frameworks regarding child protection and parental responsibility. In many legal systems, filicide is prosecuted as a form of homicide, often specifically as murder, with severe penalties. However, some jurisdictions recognize specific mitigating circumstances, particularly concerning mothers who kill their infants shortly after birth. For example, the Infanticide Act 1938 in the United Kingdom allows for a reduced charge of infanticide (rather than murder) if a mother kills her child under the age of 12 months while her mind is disturbed by reason of not having fully recovered from the effect of giving birth or of the effect of lactation. This legislative nuance acknowledges the profound physiological and psychological impact of childbirth and postpartum mental health conditions.

Forensic assessment plays a critical role in filicide cases. Expert witnesses, typically forensic psychiatrists and psychologists, are crucial in determining the perpetrator's mental state at the time

of the offense, assessing factors such as intent, sanity, and the presence of severe mental illness or psychosis. These assessments help courts understand the complex motivations and contributing factors, which can influence sentencing, legal defenses (e.g., insanity defense, diminished responsibility), and the overall disposition of the case. Challenges in forensic evaluation include the often-retrospective nature of assessments, the potential for malingering, and the difficulty in distinguishing between genuine psychological impairment and rational, albeit heinous, decision-making. The legal process aims to balance accountability for the child's death with an understanding of the profound psychological and social complexities that may underlie such acts.

6. Psychological and Social Dimensions

The psychological dimensions of filicide are deeply disturbing and complex, often revealing severe underlying pathologies or extreme situational distress in the perpetrator. While not all parents who commit filicide suffer from diagnosable mental illnesses, a significant proportion do, particularly in cases involving psychosis or severe mood disorders. For instance, postpartum psychosis, a rare but severe mental health emergency, can lead mothers to experience delusions or hallucinations that compel them to harm their infants. Beyond clinical diagnoses, extreme stress, chronic depression, feelings of hopelessness, and profound isolation can erode a parent's capacity to cope, leading to a distorted perception of reality or an inability to control violent impulses.

Social dimensions also play a crucial role. Lack of adequate social support, poverty, unemployment, domestic violence, and a history of personal trauma (e.g., childhood abuse) can exacerbate psychological vulnerabilities. Parents who commit filicide often come from backgrounds marked by significant adversity, which may contribute to impaired parenting skills, emotional dysregulation, and a propensity for violence. The impact of filicide extends far beyond the immediate tragedy, inflicting profound and lasting trauma on surviving family members, including siblings, the other parent, and extended family. Communities are also deeply affected, grappling with the incomprehensible nature of a parent killing their own child, challenging fundamental societal norms about familial love and protection. Understanding these intertwined psychological and social factors is essential for both prevention efforts and for providing appropriate support to those impacted.

7. Prevention and Intervention

Given the devastating impact of filicide, considerable attention is directed towards prevention and intervention strategies. Early identification of at-risk parents is paramount. This includes comprehensive screening for mental health issues, particularly perinatal mood and anxiety disorders, during pregnancy and the postpartum period. Healthcare providers, social workers, and community support systems are vital in identifying parents who exhibit signs of severe depression, psychosis, or other mental health challenges that could impair their ability to care for their children

safely. Timely access to mental health services, including psychotherapy, medication, and crisis intervention, is crucial for those identified as vulnerable.

Interventions must also address broader social determinants of health and well-being. This includes providing robust family support programs, parent education initiatives, and resources for managing stress, anger, and conflict. Addressing domestic violence is a critical preventative measure, as children living in violent households are at increased risk. Multi-agency collaboration between health services, social services, law enforcement, and community organizations is essential to create a comprehensive safety net for families. Furthermore, public awareness campaigns can help reduce the stigma associated with mental illness and encourage parents to seek help without fear of judgment. Ultimately, a holistic approach that supports parental mental health, strengthens family resilience, and provides accessible resources is necessary to mitigate the complex factors that can lead to filicide.

8. Debates and Challenges in Research

Research into filicide presents numerous challenges and is often subject to ongoing debates. One significant hurdle is the difficulty in collecting accurate and comprehensive data. Filicide is a relatively rare event, and data collection methods vary across countries and jurisdictions, making it hard to establish consistent epidemiological patterns or compare findings reliably. Official statistics may also underestimate the true prevalence, as some child deaths may be misclassified or concealed. There is also the inherent challenge of retrospective analysis, where researchers must reconstruct events and mental states long after the fact, relying on police reports, court documents, and witness testimonies, which can be incomplete or biased.

Another debate centers on the appropriate categorization and differentiation of filicide from other forms of child homicide. While filicide specifically involves a parent as the perpetrator, distinguishing it from cases where a stepparent or other caregiver is involved, or from cases of severe child abuse that unintentionally result in death, can be nuanced. The role of intent is particularly contentious; establishing clear intent versus gross negligence or accidental death in a context of abuse requires careful legal and forensic scrutiny. Furthermore, the immense societal stigma associated with filicide often complicates research efforts. It can be difficult to gain access to perpetrators or their families for in-depth psychological studies due to privacy concerns, legal restrictions, and the overwhelming emotional impact of the crime. These challenges highlight the need for continued, rigorous, and ethically sound research to deepen our understanding of this devastating phenomenon and inform more effective prevention strategies.

Further Reading

[Filicide - Wikipedia](#)

[Neonaticide - Wikipedia](#)

[Infanticide Act 1938 - Wikipedia](#)

[Homicide - Wikipedia](#)

[Murder - Wikipedia](#)

[Postpartum psychosis - Wikipedia](#)

[Domestic violence - Wikipedia](#)

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