Filicide is an unthinkable crime. It has been in existence since newborn by his or her parent(s) within the first 24 hours of life. Neonaticide refers to murder of a child under the age of one year by his or her parent(s) or parental figure(s), including guardians and stepparents. Infanticide commonly applies to the murder of a child under the age of one year by his or her parent(s). Neonaticide refers to murder of a newborn by his or her parent(s) within the first 24 hours of life. Filicide is an unthinkable crime. It has been in existence since mankind and in all eras. It is a multifaceted phenomenon with various causes and characteristics. Many types of classificatory systems have been proposed and characters of both maternal and paternal filicides have been investigated.

Abstract: A case report of maternal filicide in a 33-year-old woman who suffering from schizophrenia. Filicide refers to any murder of a child up to the age of 18 years committed by his or her parent(s) or parental figure(s), including guardians and stepparents. Infanticide commonly applies to the murder of a child under the age of one year by his or her parent(s). Neonaticide refers to murder of a newborn by his or her parent(s) within the first 24 hours of life. Filicide is an unthinkable crime. It has been in existence since mankind and in all eras. It is a multifaceted phenomenon with various causes and characteristics. Many types of classificatory systems have been proposed and characters of both maternal and paternal filicides have been investigated.

Case report: Mrs. X, a 33-year-old married, well-educated female, housewife from urban background and upper middle Socio Economic Status belonging to Hinduism by religion, was brought by husband for psychiatric services after she was released on sufficient security pending trial u/s Cr.P.C of 329 and 330(1) for murdering two of her children and was charged u/s 302, 309 I.P.C. She had a 9 years history of suspiciousness that others are talking about her, watching her, taking photos of her, hearing voices many male and female voices talking to her as well as among themselves that some harm will occur to her and her family, preoccupied, difficulty in concentration and decreased work performance. 8 months back she killed 2 of her children, 4 years 6-months old boy and 1-year 6-month old boy smothering with pillow. She was arrested and sent to prison charged u/s 302, 309 I.P.C. After murdering her children she expressed sad mood, sleep disturbance, easy fatigability, suicidal ideas which continued for the next 8 months. As she previously had multiple psychiatric consultations and was on drugs but with poor compliance, Magistrate had ordered for an observational report and from observation she was certified as a case of post schizophrenic depression. The certified psychiatrist gave expert evidence in the court of law and her trial was suspended. She was brought by husband for treatment. There were no significant past medical or other psychiatric illness. There was a family history of alcohol dependence in father whose whereabouts were not known since 46 years of age. Pre morbidity she was an introvert, not much socializing with others and was adamant. Her general and systemic examination were within normal limits. Her mental status examination reveals a cooperative, well-dressed female with normal motor activity, her tone and rate of speech were decreased and reaction time prolonged, mood sad, affect-depressed, thought form and stream were normal and content had ideas of referen ce, ideas of guilt, ideas of hopelessness, worthlessness and helplessness and suicidal ideas, no auditory hallucinations, had adequate cognitive functions. She admitted that on the day of incident she had been hearing voices of a female continuously telling her that some harm would occur to her and her family. She felt fearful and restless and after her son returned from school, she made both of her children sleep on bed and smothered them with a pillow. She made a call to her husband that she had killed their children and that she is going to commit suicide. Before she could complete the act of self-immolation by pouring kerosene over her, her husband arrived and stopped her from completing the act but she sustained few burn injuries. Her routine investigations were within normal limits and CT-Scan, EEG were within normal limits. Psychological assessment done revealed adequate cognitive functions with symptoms suggestive of schizophrenia and depressive features. She was admitted and was started on antipsychotic T. olanzapine 15mg and anti depressant T. sertraline 150mg. She was given 4 ECTS for her severe suicidal ideas. After a month’s stay in hospital, she showed improvement and at discharge her HAM-D score was 4. She was discharged and advised for treatment compliance.

Discussion: Maternal filicide
Prevalence of filicidal thoughts:
In a study by Jennings et al on thoughts of harming infants in depressed and non-depressed mothers it was found that 41% of depressed mothers with children under age of 3 had thoughts of harming a child, compared with 7% of mothers in the control group. In a study by Levitzky in 2000, it was found that 70% of mothers with colicky infants experienced explicit aggressive thoughts.
thoughts toward their infants, and about 26% of them had infantilical thoughts during colic episodes (2). An Indian study by Chandra et al in 2002, of hospitalized severely mentally ill postpartum women found that 43% had infantilical ideation and 36% of these women engaged in some type of infantilical behaviour (3). In developing countries it should also be noted that the preference for male infants may lead to sex-selective killings.

**Neonaticide:**
Neonaticides are mostly committed by mothers. Neonaticidal mothers are often young, unmarried women with unwanted pregnancies who receive no prenatal care. In Resnick's review on maternal filicide it was found that filicidal mothers have frequent depression, psychosis, prior mental health treatment, and suicidal thoughts. According to him Maternal filicide perpetrators have five major motives: altruistic, acutely psychotic filicide, fatal maltreatment filicide, unwanted child filicide and spouse revenge filicide among which the most common motive was altruistic (4,5).

**Infanticide:**
Infanticide in infanticide studies in the general population found a predominance of young, unemployed mothers. Many cases occurred in the context of child abuse though some mothers had associated suicide attempts. 36 to 72% experienced psychiatric disorders (4,5,6).

**Characteristics of mothers committing filicide:**
The general population studies reveal that the mothers were often poor, socially isolated, full-time caregivers, victims of domestic violence or had other relationship problems. They had disadvantaged socioeconomic backgrounds and primary responsibility for the children were common. Persistent crying or child factors acted as precipitants in some of the cases. Some of them had history of abusing the child earlier, some had mental illness and few were devoted to child. History of substance abuse was also seen in mothers who were abusive and neglectful. Many of the perpetrators had psychosis, depression or suicidality.

The correctional population studies showed that filicidal mothers were frequently unmarried, unemployed, abuse victims with limited education and social support. Some of them had decreased intelligence and considered the child victim abnormal. They were frequent cases of depression, psychosis, substance abuse, suicidality & prior mental health care utilisation and multiple stresses in these mothers.

The psychiatric population studies infer that there were frequent cases of psychosis, depression, suicidality and prior mental health care. Most of them were young and some were diagnosed to have personality disorders and some with low intelligence. They often experienced significant life stressors. The perpetrators were often depressed and frequently experienced auditory hallucinations, of commanding voices and derogatory comments. More than one third of the homicides occurred during pregnancy and in postpartum year and almost all mothers had altruistic or acutely psychotic motive.

The strongest general risk factor identified in these studies by Friedman et al, 2005 was the history of suicidality, depression or psychosis and past history of use of psychiatric services. In a study by Laursen et al, 2010 it was found that Children of parents previously admitted had a higher risk of being homicide victims, and risks were especially high in young children whose mothers were hospitalized with affective disorders or schizophrenia (8).

Based on these studies certain general characteristics of the perpetrator were given. Average age of mothers committing filicide was 29years of age, average age of the victim was 3.2 years, commonly had psychiatric diagnosis, 36.5% committed suicide. Most common methods of murder were head trauma, drowning, suffocation and strangulation. These mothers were socially isolated, unemployed and had a personal history of abuse.

Based on Resnick's data about 67% of the filicide is committed by mothers. The average age was 31years, most common age of victim was 24hrs to 6 months (30%)with drowning (17%) being the most common method of filicide. Most common psychiatric diagnosis was psychosis (54%) and most common motive was filicide-suicide: 16 to 29% of filicides end in completed suicide by the mother. Filicide-suicides have much in common with filicides committed by severely mentally ill mothers. It was found from studies that maternal filicide-suicide perpetrators killed older children more often than infants. The mothers often had evidence of depression or psychosis and these mothers often take the lives of all their young children (4). Paternal filicide: Based on the Friedman et al’s research, the average age of fathers committing filicide was 29.5years, the average age of victim was 5 years, psychiatric diagnosis was common among them, 35.5% committed suicide. They used more active methods to murder the child like shooting, stabbing, shaking, etc. These people were usually socially isolated, unemployed, poor and familiar were more common. Based on Resnick’s data, 33% of filicide were committed by fathers. Average age of father was 31years, most common age of victim was 24hrs to 6months, most common psychiatric diagnosis is psychosis (30%) and the most common motive is altruistic (4,5,6).

The following are the characteristics in the case which has been reported here: Female, 33yrs of age, educated, socially isolated, psychiatric diagnosis with multiple psychiatric services and history of substance abuse was seen in the mothers who were abusive and neglectful. The perpetrator had psychosis, depression or suicidality. The method of murder was suffocation, the motive being both altruistic and acutely psychotic. These characteristics being similar to that mentioned by both Resnick’s data and Friedman’s data.

**Legal insanity:**
Legal insanity: Insanity comprises a degree of mental disturbance, so menacing and so disabling, that the person may be considered to be legally immune from certain responsibilities. The trial for the mentally takes place in the same way as other offenders but consideration is given to the mental state and the possibility of psychiatric treatment before sentence is passed. Psychiatrists are usually requested to opine for the following issues:

1. Fitness to stand trial
2. Mental state at the time of offence, before and during trial and imprisonment
3. Diminished criminal responsibility
4. Psychiatric management of offenders

To determine whether a person is guilty or not it is necessary to consider his mental state at the time of act. Therefore anyone can be convicted of murder, or any other criminal offence, if at the time of the crime, the defendant must prove that he carried out an unlawful act (Actus reus) i.e the intent and that he had a certain guilty state of mind at the time (Mens rea) i.e the guilty mind. When a mentally ill person is charged with an offence, the defence can be raised in various ways:

1. Not guilty by reason of insanity (under Mc. Naughton’s rule)
2. Diminished responsibility (not guilty of murder but guilty of man slaughter, which requires a lesser degree of criminal intent)
3. Incapacity to form an intent because of automation It is crucial for the psychiatrist to establish unsoundness of mind at the time of commencement of act. Many patients are brought after months or years after committing the act when the present mental status can be established. But a retrospective mental state at the time of act is possible with a reliable history which becomes distorted after such long intervals.
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