

Parricide: Children and Adolescents who Murder their Parents – New Theoretical Insights

Arnon Edelstein*

Department of Criminologist, Ashkelon academic college. Israel.

ABSTRACT:

Parricide is a form of familicide, constituting 2-4% of all murders in the U.S. and Europe. Although the phenomenon is not new, academic interest in it began only in the 1990s. While most cases of parricide are perpetrated by adult children, this article addresses killing by minor sons. Most of the cases are those of boys killing their father. Academic literature has generally cited mental illness as a risk factor in the murder of a parent. I suggest a new insight according to which parental abuse and child neglect are the main motives in killing a parent, resulting from the fact that the child can no longer tolerate abuse towards himself or another family member. Because of the differences in physical strength between father and son, most of the cases of parricide occur when the father is distracted and the child uses the father's gun to do the deed. After viewing risk factors and the results of research, I propose a new model that enables us to view the paths to parricide as well as non-violent alternatives, such as substance abuse and flight.

Keywords: Parricide, psychosis, child abuse, anti-social personality disorder.

INTRODUCTION

The commandment to honour one's parents is as old as humanity itself and is emphasized in different cultures and religions. One of the main reasons for the injunction has been to maintain the social hierarchical structure according to age and gender. In post-modern societies, however, this structure has been upturned for moral reasons, and growing secularity, in keeping with the technological and computer revolutions. My claim is that these changes have caused, among other factors, a collapse in parental authority, mostly that of the father. Erosion of the most common known psychedelics are mescaline, LSD, psilocybin, and MDMA. The father's authority is a salient phenomenon among immigrants from patriarchal cultures moving into more equalitarian ones (Agnew R. 1984). The common definition for parricide is the murder of a father, mother or both, a definition that includes biological as well as adoptive parents. A kind of familicide, parricide was once seen among extended families although today it is associated with the nuclear family. The murder of parents by their children is rare, and even rarer among children and teenagers (Aguilar C. 2019). Nevertheless, it is a phenomenon that should not be ignored since it symbolizes the end of the old social order in general, and family authority

in particular. Although the psychological explanation for this phenomenon is uppermost, I claim that sociology may also have an important role to play, such as a decrease in family coherence, a decline in moral values in post-modern society, violence in the family, and substance abuse (Barber M, 2012).

INTERNATIONAL DATA: According to data, parricide is a rare phenomenon worldwide, but is universal nevertheless. The crime constitutes 2-4% of all murders in the U.S. and Europe, being 13% of all familicide events. In the U.S. alone there are 200-300 incidents every year, following a growth in the past decade. The phenomenon is known in countries in Eastern Asia as well, although differences there exist in the victim's gender: in Japan most of the victims are mothers, while elsewhere most are fathers. Only 25% of those arrested for parricide and 17% of those arrested for matricide were juveniles and children aged 12-18 years. In addition, most of the killers were boys (Bojanic A L, 2020).

It is interesting to note that in the U.S. most parricide cases were perpetrated by juveniles from middle-upper class SES families – Whites without any criminal background. As regards older murderers, these were women and men aged 30 years or more, who were single or divorced, unemployed, and living with the victim (Bourget D B, 2007). They were suffering from mental illness with no recourse to medication, or were practicing substance abuse. One of the problems encountered in the study of parricide is the lack of accurate data for various reasons: e.g. the body was not found or there was no suspect (Bowlby J, 1969). Many young children who murder their parents will not face any criminal charges, while some will be declared insane. Thus, many killers will not be included in the statistics of crime even though they did commit murder (Brown J, 2017) (Figure1).

Received: 04-Jul-2023, Manuscript No: ijemhhr-23-108615;

Editor assigned: 06-Jul-2023, Pre QC No. ijemhhr-23-108615(PQ);

Reviewed: 20-Jul-2023, QC No. ijemhhr-23-108615;

Revised: 24-Jul-2023, Manuscript No. ijemhhr-23-108615(R);

Published: 31-Jul-2023, DOI: 10.4172/1522-4821.1000589

*Correspondence regarding this article should be directed to: arnonede@gmail.com

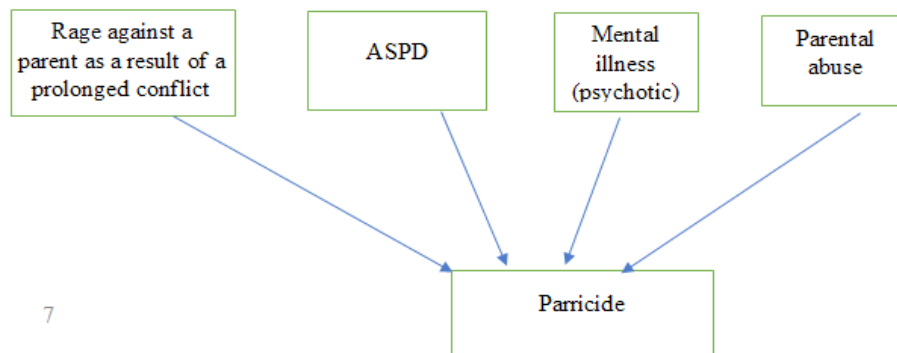


Figure 1. Risk factors for parricide.

RISK FACTORS FOR PARRICIDE : Was the first and the most famous researcher to study parricide developed a typology for a phenomenon that was new to academic research, so it was only natural for her classification to include certain shortcuts, to which I aim to draw attention (Bumby K M, 1994). Heide suggested a parricide typology comprising four categories: 1) Killers who suffer from parental abuse; 2) Killers who suffer severe mental illness (psychosis); 3) Killers with anti-social personality disorder (ASPD); and 4) Killers who feel rage towards the parent. Her conclusion is the existence of mental illness in all four categories (Darbi, J.P., R, 2015).

My criticism of her classification, as well as that of others is that the claim of mental illness is self-contradictory. If mental illness exists in all four categories, they are not unique or different from one another. For example, if abuse is a trigger, Heide's argument that mental illness is the cause of all cases of parricide precludes the possibility of seeing abusive behaviour as a direct or indirect risk factor. If all parricide can be attributed to mental illness, there is nothing left to study and other risk factors can be ignored (Costa G M, 2015). In addition, the fourth category cannot stand by itself: rage towards a parent does not arise out of the blue but is the result of past experiences – recurrent abuse against the child or other family members. An interesting point is that while Heide did not believe in parricide without mental illness, she chose to add a special category in her typology for psychopathy, which is not defined as mental illness, as is psychosis. Yet another criticism of Heide's typology is that it is based on only a few cases and does not enable any generalization (Darbi J P, 1998).

I would like to add two categories that were not included in former typologies. The first is financial, where a child murders one or both of his parents in order to inherit their property or that of the father's. These cases are exceedingly few and hard to expose. In addition, they are more common among older children of a deceased. The second category is mercy killing, where the parent suffers from a terminal illness and the child, in wanting to put an end to the suffering, either kills the parent or helps him commit suicide. The killer may claim mercy killing in order to render the deed less

punishable (Davis C A , 2003). Naturally, murders of this kind, usually perpetrated by older children, are rare and are less relevant for the present article mentions three causes of parricide, while emphasizing the existence of a prolonged conflict between the child and his parent, including violence, prior to the murder (Dutton D G, 1995). Other factors are: mental illness (psychosis), abuse and neglect of the child, and other psychological disorders such as ASPD (Edelstein A, 2011). Following is a brief review of each of the above causes, showing the connection between them and parricide (Elion, A A, 2011).

The battered child syndrome is evident in a conflict between the child and an abusive parent. In referring to the connection between rage and the child's feeling that he cannot stand the abuse any longer, the literature claims that murder of the parent by the child is not premeditated (Elion A, 1999). Courts of law, on the other hand, do view the case as such. A particular aspect of abuse is dysfunction in the family or maltreatment. In these families the safety and well-being of a child are at risk because of the abusive or neglectful behaviour of the parents claim that there is a prolonged conflict between a battered child and his abusive parent (Fazel S, 2009). Addresses this issue when he describes how children become abusive parents, not only because of what they saw and learned from their own parents, but because they lack a safe attachment to the abusive parent (F.B.I, 2019). This phenomenon is repeated in the next generation, with battered children suffering from an attachment fraught with anxiety instead of one that is safe. In my opinion this claim is overly deterministic, for it is well-known that many battered children become loving parents (Fox H.A, 1998).

While abuse is a commonly accepted state, some researchers argue that parental neglect is far worse. The child feels that he does not deserve to be loved and becomes more vulnerable to abuse (Hale R A, 1997). Less deterministic claim is that certain people may be more vulnerable than others to stressful situations possibly causing them to abuse or neglect their children. Researchers found that in such cases children may suffer damaged development, manifested in psycho-social problems, driving them to kill the abusive parent (Hammersley O, 2007).

ABUSED / BATTERED CHILDREN AND

PARRICIDE: Most teenagers who murder their parents do so in order to stop their parent’s abusive behaviour towards them (Hart J, 2003). At times, rage on the part of the child impels him to avenge recurrent humiliation or other form of violence against him (Heide K M, 1994). The murder may occur a long time after the onset of abuse, the reason being the reluctance on the part of the child to complain about the situation outside the family and hurt his parent. It could also be a case of identifying with the abuser (Stockholm syndrome) (Heide K M, 2013). Thus the child may direct his rage towards somebody else, weaker than himself. It is only when the abusive child feels trapped without any outlet that parricide becomes the only solution) argues that the abusive child may attack “out of the blue” without any provocation (Heide K. M, 2017). In addition, most cases of parricide occur when the abusive parent is busy or asleep and cannot defend himself. In summation, the main causes of parricide in childhood and adolescence are abuse and neglect. Loss of trust in the primary caregiver and a feeling of betrayal, as well as other triggers, may be aroused in the abused child, who is overcome with rage and despair vis-à-vis the abusive parent – feelings that will culminate in a decision to free himself from the parent (Heide K M, 2010). This scenario may be typical of one in which an abusive parent hurts his spouse, life partner, or other members of the family, and the killer takes responsibility to stop. It is true that many children suffer from abusive behaviours without resorting to murder (Hillbrand M, 2007). The differences in reaction depend on many variables, such as the personality of the child and the

absence or presence of other caregivers (Hilbrand M, 1999).

MENTAL ILLNESS: Mental illness is the second cause mentioned in parricide although this refers mainly to individuals older than 18. Murder by children under the age of 12 is very rare and in cases where it exists it has been attributed to insanity. In most countries juveniles under 12 do not bear criminal responsibility, regardless of mental state (Holmes R M, 1988). Parricide among adolescents is also very rare and citing insanity in such an event is even rarer. When speaking of mental illness in parricide, the reference is to paranoid schizophrenia, in which delusions and hallucinations, together with persecution complex, have a damaging effect on the sufferer. One of the reasons for its appearance is the attempt to deal effectively with an injurious environment (Holmes R.M, 1998). It is important to note that schizophrenia in a child is different from the illness among adults, and that only 1% of adolescents aged 15-18 may suffer from it. While these data may explain a very small number of teenagers who murder their father, schizophrenia may be traced to problems in mother-child relations, which explains matricide at an older age do not agree to the theory that mental illness causes parricide during childhood or adolescence (Holt A, 2017). The researchers claim that schizophrenia may begin at the end of adolescence (Holt A, 2018). In addition, they claim that besides hallucinations and delusions there are other symptoms, such as problems in psychological effect, anti-social behaviours and apathy, which did not appear in cases of parricide or matricide (Figure 2).

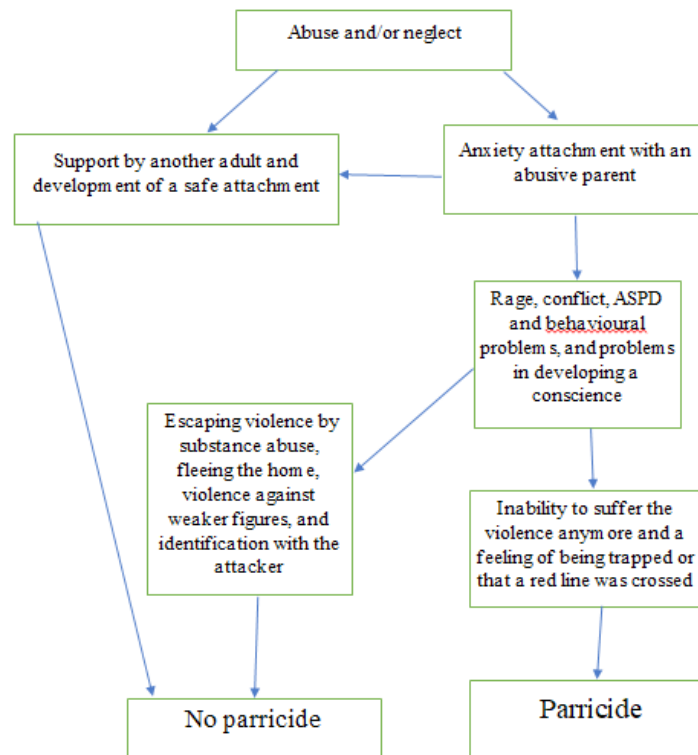


Figure 2. Explaining parricide by minors.

A study of the literature reveals the claim made by most researchers – that abusive parental behaviour can lead to and indeed does cause mental illness in their children, although it expresses itself only in adulthood (Kashani J.H, 1998). However, these researchers did not find a direct statistical connection in which abuse causes mental illness. Although among those who murder one or both of their parents, or with violent people in general, characteristics are seen of parental abuse in their childhood (Laing D.R, 1998). This is also true of another form of behaviour, namely, youth prostitution. Not every girl who suffered from sexual abuse becomes a prostitute, although it is true that most prostitutes suffered sexual abuse in their childhood (Lalor K, 2010). In summation, there may be a connection between abuse, mental illness and parricide, with childhood abuse possibly being a forerunner of mental illness in the future. do not agree with this thesis (Marleau J.D, 2006). They found that among a large number of those who were diagnosed as schizophrenic, only 66 actually committed murder (Miles C, 2022).

ANTI-SOCIAL PERSONALITY DISORDER (ASPD):

In any discourse on parricide or matricide among children and youths, it would be more pertinent to refer to personality disorder rather than mental illness (Mones P, 1994). Although many kinds of personality disorders exist, the main one relevant to parricide is anti-social personality disorder, once referred to as psychopathy or sociopathy (Myers W.C, 2012). Today some differences are recognized between ASPD and psychopathic personality, but these are not significant. In contrast to the psychotic, the psychopath knows to differentiate between reality and imagination and understands the consequences of his behaviour; the fact is, however, that he just doesn't care (Palermo B, 2010). The psychopath cannot experience the normal range of feelings, and the problem arises in his being able to fake feeling. He knows what is expected of him in a given situation and plays the part accordingly argued that the hunger of a child for his parent's (mother's) love is greater than the hunger for food (Perry P, 2012). If the child has problematic access to his main caregivers, he develops means that allow him emotional survival, but with social damage in the future. If the question of fight or flight does not arise, the child learns to disconnect emotionally from a parent or from the pain a parent inflicts on him, serving as a basis for non-empathy in him for other human being (Perri F, 2008) agrees with these claims and states that abuse in childhood, together with problems in the parent-child attachment, may manifest itself in psychopathic behaviour that can appear in childhood or adolescence (e.g. cases of school shooting, violent behaviour in the form of gang rape, etc.) (Read J, 2003).

In summation, children and youths with ASPD or other severe personality disorders can murder a parent without feeling guilt or remorse. Perhaps the main reason for this dysfunction is the absence of attachment or a problematic attachment, and the child grows up lacking a conscience –

one that could not be developed under the given conditions (Australian Government, 2014) (Read J, 2005). Model 1 show the claims of and her peers, who argue that there is a direct connection, even a cause and effect one, between several independent variables and parricide (dependent variable). In order to propose a new and more accurate model to explain parricide, we should check to see which of the former theoretical explanations were found to be effective (Reid J A, 2012). In a large study of individuals who murdered their parents, identified different groups. One group, 42% of the sample, included youths and young adults who murdered abusive parents. This group included most of the teenagers in the sample (Reid J A, 2013). Some of them did substance abuse as a way of escaping abuse at home. Support for these findings comes from other studies as well. Found that adolescents who suffer from parental abuse may murder the abusive parent. The same result was found by the second group, constituting 40% of the sample, included killers who suffered from severe mental illness. This group included no teenagers, perhaps because they had not yet developed a mental illness. If this is true, it supports my theory that mental illness is only a mediating variable and not a direct variable explaining parricide (Schissel B, 1999).

In the latest study on parricide and matricide show a connection between mental illness and murder. However, the researchers used a sample of 55 mentally ill teenagers who murdered their parent. In addition, the data do not exhibit a direct connection of cause and effect between the two variables. In support of my theory, only two of the teenagers who were mentally ill murdered their parent. I reiterate my statement that the possibility exists for developing mental illness as a result of an abusive childhood .Other studies show that parricide is a rare phenomenon when it comes to youth, but if it did occur it was after severe abuse from the father and feelings of helplessness .In light of the above, there does not appear to be any direct connection between abuse/ neglect and mental illness among children and youths (Thomas M.E, 2005). The conclusion is that parricide among youths may occur for different reasons, but not because of psychopathy – in opposition to murder of parents by older children. We may conclude that among children and youth, the main reasons for parricide are ASPD and other personality disorders that developed as a result of abuse and neglect towards them (Vronsky P, 2007). In conclusion as well as other researchers emphasize the role of the dysfunctional family as a main factor in causing children and youths to kill their parents. Different terms have been used to describe similar phenomena: dysfunctional family, abuse, neglect and maltreatment. They may express themselves in different ways, but they all damage children badly, preventing them from feeling a safe attachment and causing several problems in their normal development. The result, without any alternative support outside the family, may be multiple personality problems, including ASPD and a lack of awareness. While many researchers claim that parricide

does not occur during a conflict, e.g. an argument or some form of violence, data show that one-third of parricide cases among children and youths took place during a quarrel or other kind of disagreement. It may be said that the dynamic between children and parents is the most important factor underlying parricide, since it is the source of so many behaviours and emotions in children. However, explaining a rare phenomenon in terms of such a broad-based concept is being overly simplistic (Westm S.G, 2010).

A NEW MODEL FOR EXPLAINING PARRICIDE BY CHILDREN AND YOUTHS: We have seen that many earlier notions and explanations of parricide are fraught with theoretical and methodological problems. Above all, we find that psychosis is very rare in teenagers, so that it cannot be the main explanation for the phenomenon, appealing as it may seem. We have also seen that parricide by adolescents has not been studied in the past to any appreciable extent, and most explanations for parricide focus on individuals who have reached the age of majority or do not differentiate between old and young killers. My theory in this article is that the abuse that parents inflict on their children and the dynamic between father and son from birth are the most important factors predicting parricide.

My model does not supersede other models, e.g. Model 1, but is rather proposed as an alternative or complementary one. This model (Model 2) suggests that in adolescence, parricide occurs mainly because of severe parental abuse, with the child and his personality suffering the consequences. Most children will not hurt their parents in return. They may run away, start substance abuse and display other behaviours. Some may admire their tormentor while others may blame themselves – these being part of a dynamic that could be set in motion. Summarize the issue when they say that most cases of parricide are the result of child abuse, but the fact is that most victims do not murder the abuser. They add, contrary to my opinion, that post-traumatic dysfunction plays a role in the murder whereas psychopathic traits do not. In their opinion there is “a sum of abuse” the child can take, so the greater the abuse, the higher the possibility of parricide.

REFERENCES

Agnew, R. (1984). Goal achievement and delinquency, *Sociology and social research*. 68: 435-451

Aguilar, C. (2019). A comparative study of sons and daughters who commit parricide: A pilot study, California state university. American Psychiatric association (2013), DSM-5-TR: Diagnostic and Statistical manual of mental disorders Australian government (2014). Effects of child abuse and neglect for children and adolescents, Australian institute of family studies

Barber, M.(2012). Parricidal juveniles and young adults: Why do they kill? University of North Georgia

Bojanic, A, L., Flynn, S., Gianatsi, M., Kapur, N., Appleby, L., Shaw, J. (2020). The typology of parricide and the role of mental

illness: Data-driven approach, *Aggressive behavior*. 44(6): 516-522.

Bourget, D.B., Gagne, P., Labelle, M.E. (2007). Parricide: A comparative study of Matricide versus Parricide. *J Am Acad Psychiatry Law*. 35(5): 306-312.

Indexed at , Bowlby, J. (1969). Attachment and Loss, Basic books.

Brown, J., Eckberg, S., Dason, K. (2017). Parricide: An introduction for clinical and forensic mental health professionals, *Forensic scholars today*.3 (2): 1-6.

Bumby, K.M. (1994). Psychological considerations in abuse-motivated parricide: Children who kill their abusive parents. *J Psy Law*. 22 (1): 51-90.

Catanesi, R., Rocca, G., Candelli, C., Carabellese, F. (2015). Matricide By mentally disordered sons: Gaining criminological understanding. *Men Illn*.

Costa, G.M., Barros, A.J. & Talles, L. (2015). Orestes complex revisited. *Aus J Fore Sci Crim*. 2 (3): 1-2.

Indexed at , Darbi, J.P., Allan, d., Kashani, J.H., Hartke, K.L., Reid, J.C. (1998) .Analysis of 112 juveniles who committed homicide: Characteristics and a closer look at family abuse. *J Fam Vio*. 13: 365-375.

Davis, C.A. (2003). Children who kill profiles of pre-Teen and Teenage killers, Allison & Busby limited.

Dutton, D.G. & Yamini, S. (1995). Adolescent parricide: An integration of social cognitive theory and clinical vies of projective-Introjective cycling. *Am J Ortho Psy*. 85 (1): 39-47.

Edelstein, A. (2011). Intimate partner homicide in Israel, Ben-Gurion university publishing.

Elion, A. (1999), Abused children in the family, Sold institution.

Fazel, S., Gulat, G., Linsell, L., Geddes, J., Grann, M. (2009). Schizophrenia and violence: Systematic review and meta-analysis.

F.B.I (2019). Family violence, Washington, D.C.

Fox, H.A., Levin, J. (1998). Multiple Homicide: Patterns of Serial and Mass Murder, *Crime and Justice*.23 (3): 407-455.

Hale, R. & Scott, D. (1997). Sociological jurisprudence for parricide. *J Contem Cri Jus*. 13 (3): 279-293.

Hammersley, O., Read, J., Woodall, S., Dillon, J. (2007). Childhood Trauma and Psychosis: The genie is out of the bottle. *J Psychol Trauma*. (2-3):7-20.

Hart, J. & Halms, L. (2003). Factors of parricide: Allowance of the use of battered child syndrome as a defense, *Aggress Violent Behav*. 8(6): 671-683.

Indexed at , Google Scholar, Cross Ref

Heide, K.M. (1994). Evidence of child maltreatment among adolescent parricide offenders, *Int J Offender Ther Comp*.

Heide, K.M. (2013). Understanding parricide: When sons and daughters kill parents. Oxford University Press.

Heide, K. M. (2017). Parricide encapsulated. In F. Brookman, E. R. Maguire & M. Maguire (Eds.), *The handbook of homicide* (pp. 197– 211).

- Heide, K.M., Frei, A. (2010). Matricide: A critique of the literature. *Trauma, violence and abuse*. 11 (1): 3-17.
- Hillbrand, M., Cipriano, T. (2007). Commentary: Parricides-unanswered questions, methodical obstacles, and legal considerations. *Am J Psych*. 351-316.
- Indexed at , Hilbrand, M., Alexandre, J.L., Young, J.L., Spitz, R. (1999). Parricides: Characteristics of offenders and victims, legal factors and treatment issues, Aggression and violent behavior. 4 (2): 179-190.
- Holmes, R.M., DeBurger, J.D. (1988). *Serial Murder*, Sage publications
- Holmes, R.M., Holmes, S.T. (1998), *Serial Murders*, Sage publications
- Holt, A. (2017). Parricide in England and Wales (1977-2012): An exploration of offenders, victims, incidents and outcomes. *Crim Jus*. 17 (5)
- Holt, A. (2018). Parricides, school shooting and child soldiers, In: O'del, Bertisdotter-Rosqvist, H. (Eds). *Different childhoods*, Routledge: 132-145
- Holmes, R.M., Holmes, S.T. (1998). *Serial murders*.
- Kashani, J.H., Allan, W.W. (1998). The impact of family violence on children and adolescents,.
- Laing, D.R. (1998). *Self and others*, Routledge.
- Lalor, K. & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/ high- risk sexual behavior, and prevention/ treatment programs, *Trauma, violence, & abuse*. 11 (4): 159-177
- Marleau, J.D., Auclair, N., Milllaud, F. (2006). Comparison of factors associated with parricide in adults and adolescents. *J Fam Vio*.
- Miles, C., Condry, R. & Windsor, E. (2022). Parricide, mental illness and parental proximity: The gendered contexts of parricide in England and Wales, *Violence against women*. 1-25.
- Mones, P. (1994). Battered child syndrome: Understanding parricide, *Trial*. 30 (2): 24-29
- Myers, W.C. & Vo, E.J. (2012). Adolescent parricide and psychopathy. *Int J Offender Ther Comp*. 56(5):715-29.
- Palermo, B. (2010). Parricide a crime against nature. *Int J Offender Ther Comp*. 5 (1): 3-5
- Perry, P. (2012). Why children kill parents, new directions in rational psychoanalysis and psychotherapy. 68 (2): 7-8
- Perri, F., Lichtenwald, T.G. MacKenzie, P. (2008). The lull before the storm: Adult children who kill their parents, *Foren Exami*. 17 (3): 40-54
- Read, J., Agar, K., Argyle, N. & Aderhold, V. (2003). Sexual and physical abuse during childhood and adulthood as predictors of hallucinations, delusions and thought disorder. *Theo Res Prac*. 76 (1-2):1-22.
- Read, J., Van Os, J., Morrison, A.P. & Ross, C.A. (2005). Childhood trauma, Psychosis and Schizophrenia: A literature review with theoretic and clinical implications, *Acta Psych Scand*. 112: 330-350.
- Reid, J.A. (2012). A girl's path to prostitution linking caregiver adversity to child susceptibility.
- Indexed at , Reid, J.A. & Piquero, A.R. (2013). Applying general strain theory to youth commercial sexual exploitation. *Crim Delinq*. 20 (10): 1-27
- Schissel, B, & Fedec, K. (1999). The selling of innocence: The gestalt of danger in the lives of youth prostitution, *Can J Criminol*. (1): 33-56
- Thomas, M.E., McGovern-Kondik, M., Peric, F. (2005). Juvenile parricide: A predictable offense? *J Forensic Psychol Pract*. 5 (2): 31-50
- Vronsky, P. (2007), *Female Serial Killers*, Berkley Books
- Westm S.G. & Feldsher, M. (2010). Parricide: Characteristics of sons and daughters who kill their parents. *Curr. Psych*. 9 (11): 22-29