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# A case report of paternal filicide covered up as a fall

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#### Abstract

**Background:** Filicide is the murder of a child by one of the parents. We report a case of filicide covered up as an accidental fall.

Case Report: First year male child was beaten to death by his father. This latter reported the incident as an accidental fall. Postmortem examinations revealed skin bruises with bites marks, brain subdural hematoma and subarachnoid hemorrhage. The cause of death was head trauma, and the manner of death was criminal act.

**Conclusion:** Forensic pathologist should verify any information reported by the parents and compare it with the postmortem examinations to determine the circumstances of death.

Keywords: filicide, infanticide, paternal crime, head trauma, autopsy, forensic pathology

# Introduction

While infanticide is the murder of a child in the first year of life, filicide is defined as the murder of a child by one of his parents, the most heartbreaking crimes <sup>[1, 2]</sup>. The rate of filicide remains unknown, due to the fact that many perpetrators were succeeded in hidden their crimes <sup>[3]</sup>. Parents are the first to be suspected in two-thirds of cases of child murder <sup>[4]</sup>. The mother is often the perpetrator of the filicide during the neonatal period while the father is the perpetrator in the later stages of child's life <sup>[5, 6]</sup>.

In the literature, filicide represent two-thirds of fatal child abuse cases <sup>[7, 8]</sup>, which the socio and the economical status were the main factors that contributed to child murder in many developed countries around the world <sup>[9,10]</sup>.

We report here a case of paternal filicide where the father tried to hide his criminal act by reporting falsely that the accident was a fall.

# **Case Report**

A one year old male child was admitted to the hospital lifeless. In order to know the true history of such death, we interviewed his parent. The father reported that his son was playing on top of a sofa then he accidentally fell from it. He added that he tried to move him, but he was unresponsive and not breathing. The child was subsequently transferred to the hospital by ambulance, and his death was confirmed at the emergency room.

The child was the only son of his parent and he was presumed to be healthy at the time that incident occurred. The mother's pregnancy and delivery (vaginal birth) was normal and the Apgar score was within normal limit. The body showed evidence of good nutrition.

A medico-legal autopsy was requested by the attorney to clarify the manner and cause of death.

External examination of the body revealed the following lesions:

- Multiple hematomas at the facial level, the anterior part of the thorax, the right arm, the left shoulder, the left thigh, and on the back of the left foot.
- Scraps lesions at nasal level and around the eyes.
- A bite mark at the level of the anterior face of the upper part of the right leg (Figure 1).
- A bite mark on the anterior face of the upper part of the left leg (Figure 1).

After opening the body cavities, the internal examination revealed hematoma at the left parieto-occipital level of the internal face of the head scalp, subdural hematoma at the right parieto-occipital and left occipital cerebral hemispheres, with moderate cerebral edema and subarachnoid hemorrhage.

No remarkable abnormalities were found of other organs on the macroscopic examination.

Toxicological screening was performed for blood, gastric contents and urine samples, which were negative for any chemical compound.

Samples from lung, heart, liver, spleen, and kidney were obtained for histopathological examination. The results showed non-specific passive congestion without any abnormalities.

Bite marks swab specimen was taken doe genetic identification.

The autopsy report concluded that death was due to fatal head trauma, and the manner of death was determined as criminal death

The father was arrested and later on, he confessed his voluntary crime, reporting that he banged his son against the wall several times and knocked him down while biting him. He admitted that his criminal act was due to his jealousy towards his son and it was part of his revenge against his wife. This latter testified on the court that she also was a victim of domestic violence several times. Due to the father's confession the court did not ask for genetic test of the bite mark taken on post-mortem.

The court called a clinical psychiatrist expert to perform psychological assessment. The purpose of this expertise is to evaluate the risk of aggression, mental disorder or other untoward behaviour which may have a major influence on the death of the child within the family, before the court give the final decision. Psychological testing analysis was normal, and the court sentenced the father's behaviour to twenty five years in prison for intentional homicide.

# **Discussion**

In the literature, almost 95,000 children are killed each year around the world <sup>[11]</sup>. The rate of infanticide in developed countries (England, Scotland, Wales, United States, Canada, and New Zealand) ranges from 2.4 to 8.0 per 100,000 births, while the rate of neonaticide ranges from 0.07 to 8.5 per 100,000 births <sup>[12, 13]</sup>. However, infanticide's incidence is probably underestimated, due to the fact that children's bodies are easy to be disposed and the manner of death is sometimes very difficult to be established <sup>[14]</sup>. Other studies show that an average of three children per week die from abuse <sup>[15, 16]</sup>.

Fathers who commit filicide are often elderly, unemployed with criminal record or violence history [17,18], which it was the case in our study. Filicide is often associated with family instability, jealousy, unemployment, illiterateness, low socioeconomic status and mental disorders [19].

Mariano [20] in his study shows that fathers were more likely to kill male children compared to mothers, which it was similar in our case.

Fathers are more likely to use violent methods, including sharp blade. Besides, they are more likely to beat their children to death [21, 22], like in our case.

Men are often motivated by anger and / or jealousy and have a history of committing domestic violence <sup>[23]</sup>, as part of their revenge against their spouses. Several men kill their children to make their partners suffer psychologically, while others kill them if they go against them <sup>[24, 25]</sup>. In our case, the mother of the deceased was victim of repetitive domestic violence and she feared her husband, which kept her silent without reporting it to the police.

Most perpetrators were sentenced to life prison of different duration for committing voluntary homicide in several countries (United States, Finland, Canada) [26-28], such in our case report.

Resnick [29]: classified the filicide into five categories:

- Altruistic filicide: in this case, the father kills his sick child out of pity to save him from his suffering. Usually the father commits suicide afterwards.
- Filicide with a strong psychotic component: the father goes through a psychotic phase with imperative hallucinations in the form of a command.
- Filicide of an unwanted child: from an illegitimate pregnancy or too different from the expected imaginary child.
- Accidental filicide: mainly occurs in case of a child who has been frequently abused.
- Filicide to take revenge on the spouse: in case of jealousy or conflict, which it was the fact in our case report.

The main causes of death following infanticide are [30, 31]: Head trauma, mechanical asphyxia (suffocation, strangulation or drowning), blunt trauma, burns often used to conceal corpses, poisoning were rare, neglect or mistreatment.

Etzold [19] cites four criteria to differentiate between accidental injuries and those related to abuse or mistreatment:

- Location: typical locations for falls are: the protruding parts of the face such as the forehead, nose and chin; elbows; the palms of the hands; the knees and the anterior part of the legs. The typical locations of injuries related to abuse are: eyes, lips; the oral mucosa; ears; the back; buttocks; the lateral and posterior part of the thighs fight the feet.
- Form of injury: the wounds give information about the weapon used. Sometimes we find the impact of the weapon used on the skin in case of blunt trauma.
- Age of injuries: multiple lesions with different ages, for example the different colors of bruises are referring to different injuries occurred in different times.
- Multiples lesions: more than one injury in the same area of the body. These are the result of a fall or multiple accidents.



Fig 1: bites marks of both legs

# Conclusion

Through this observation, forensic pathologist should perform good external and internal examination of the body and compare the obtained results to the crime scene investigation, to determine the manner of death.

# **Conflict of interest**

The authors have no conflict of interest related to this article.

# References

- Lattanzia GM, Provinib L, Williams R, Acetia F, Giacchettia N. Personality structure and attachment models of women who kill their children. A systematic review on maternal filicide. Child Abuse & Neglect 2020;106:104532
- Bourget D, Grace J, Whitehurst L. A review of maternal and paternal filicide. J Am Acad Psychiatry Law 2007;35:74-82.
- 3. Stanton J, Simpson A. Filicide: a review. Int J Law Psychiatry 2002;25:1-14.
- 4. Dawson M. Canadian trends in filicide by gender of the accused, 1961–2011. Child Abuse & Neglect 2015;47:162-174.
- 5. Koenen MA, Thompson JW. Filicide: Historical review and prevention of child death by parent. Infant Mental Health Journal 2008;29:61-75.
- Osborne S, Lau I, Britton A. Home Office Statistical Bulletin: Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales 2010.
- 7. West SG, Friedman SH. Filicide: A Research Update. In: Browne, RC., editor. Forensic psychiatry research trends. New York: Nova Science Publishers 2007 ixp. 146
- 8. Office for National Statistics (UK). Focus on: violent crime and sexual offences, 2011/12. Newport, England 2013.
- 9. Lambie I. Mothers who kill. The crime of infanticide. Int J Law Psychiatry 2001;24(1):71-80.
- 10. Pitt SE, Bale EM. Neonaticide, infanticide, and filicide: a review of the literature. Bull Am Acad Psychiatry Law 1995;23(3):375-86.
- UNICEF. Hidden in Plain Sight: a Statistical Analysis of Violence Against Children. New York: United Nations International Children's Emergency Fund 2014.
- 12. Tanaka CT, Berger W, Valença AM, Coutinho ES, Jean-Louis G, Fontenelle LF *et al.* The worldwide incidence of neonaticide: a systematic review. Arch Womens Ment Health 2017;20:249-56.
- 13. Bennett MD Jr, Hall J, Frazier L Jr, Patel N, Barker L, Shaw K. Homicide of children aged 0-4 years, 2003-04: results from the National Violent Death Reporting System. Inj Prev 2006;12(Suppl 2):ii39-ii43.
- Tang D, Siu B. Maternal Infanticide and Filicide in a Psychiatric Custodial Institution in Hong Kong. East Asian Arch Psychiatry 2018;28:139-43 | DOI: 10.12809/eaap1830
- 15. Etzold S, Tsokos M. Kindesmisshandlung erkennen Dtsch Med Wochenschr 2016;141:362-365.
- Putkonen H, Amon S, Weizmann-Henelius G, Pankakoski M, Eronen M, Almiron MP et al. Classifying filicide. Int J Forensic Ment Health

- 2016;15:198-210. doi.org/10.1080/14999013.2016.1152616
- 17. Putkonen H, Amon S, Eronen M, Klier CM, Almiron MP, Cederwall JY *et al*. Gender differences in filicide offense characteristics: A comprehensive register-based study of child murder in two European countries. Child Abuse & Neglect 2011;35:319-328.
- 18. Harris GT, Hilton NS, Rice ME, Eke A. Children killed by genetic parents versus stepparents. Evolution and Human Behaviour 2007;28:85-95.
- 19. Gowda GS, Kumar CN, Mishra S, Malathesh BC, Komal S, Bada Math S *et al.* Maternal filicide: A case series from a medico-legal psychiatry unit in India. Asian Journal of Psychiatry 2018;36:42-45.
- 20. Mariano TY, Chan Choon Oliver H, Myers WC. Toward a More Holistic Understanding of Filicide: A Multidisciplinary Analysis of 32 Years of U.S. Arrest Data. Forensic Sci Int. March 2014;236:46-53. doi:10.1016/j.forsciint.2013.12.019.
- 21. Foto-Özdemir D, Balseven-Odabaşi A, Tekşam O, Karadağ F, Akçan R, Yılmaz E. Medicolegal evaluation of a maternal filicide attempt: a case report. The Turkish Journal of Pediatrics 2019;61:622-628. DOI: 10.24953/turkjped.2019.04.025
- 22. Dixon S, Krienert JL, Walsh J. Filicide: A gendered profile of offender, victim and event characteristics in a national sample of reported incidents,1995–2009. Journal of Crime and Justice 2013;37:339-355.
- 23. Bourget D, Grace J, Whitehurst L. A review of maternal and paternal filicide. J Am Acad Psychiatry Law 2007;35:74-82.
- 24. Charatan F. Mentally illmother escapes death penalty but faces life imprisonment. BMJ 2002, 324-694.
- 25. Kauppi A, Kumpulainen K, Karkola K, Vanamo T, Merikanto J. Maternal and paternal filicides: a retrospective review of filicides in Finland. J Am Acad Psychiatry Law 2010;38:229-238.
- 26. Léveillée S, Marleau JD, Lefebvre J. Passage à l'acte familicide et filicide : deux réalités distinctes ? Evol psychiatr 2010;75(1).
- 27. Wilczynski A. Child homicide. London: Greenwich Medical Media Ltd 1997.
- 28. Alder C, Polk K. Child victims of homicide. Cambridge: Cambridge University Press 2001.
- 29. Resnick PJ. Child murder by parents: a psychiatric review of filicide. Am J Psychiatry 1969;126:325-34.
- 30. Mastronardi V, De Vita L, Ronchi Fu. Alcune ricerche italiane sul fenomeno del figlicidio. Supplemento alla Rivista di psichiatria. 2012;47:4
- 31. Gomes HH. Medicina legal Hélio Gomes. 32. Ed., Rev. e Ampl. por Equipe Coordenada pelo Prof. Huggino de C. Hercules Freitas Bastos 1997.