

RAISING CAIN



The Role of Serious Mental Illness in Family Homicides



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The Role of Serious Mental Illness in Family Homicides

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EXECUTIVE SUMMARY

Most individuals with serious mental illness are not dangerous. However, a small number of them, most of whom are not being treated, may become dangerous to themselves or to others. Some of these individuals may assault or even kill family members. This problem has received insufficient attention.

- Although there have been previous studies of particular types of family homicides, such as children killed by parents, this is the first study of the role of serious mental illness in all family homicides.
- For a sample of the nation's homicides, local law enforcement agencies voluntarily submit Supplementary Homicide Reports (SHRs) to the FBI that include the relationship between the person committing the homicide (offender) and the victim. In 2013, 25% of homicides detailed in SHRs involved the killing of one member of a family by another.¹
- The National Vital Statistics System (NVSS) is the most comprehensive source of homicide data in the United States. The NVSS reported that in 2013 there were 16,121 total homicides in the nation.² Applying the SHR prevalence rate for family relationships, 4,000 of these deaths would have been family homicides.
- The role of serious mental illness in these homicides is not identified by any federal database, including the SHRs. However, studies of family homicides consistently find psychiatric diseases such as schizophrenia and bipolar disorder to be vastly overrepresented among people who commit family homicides. Based on a review of the relevant literature from 1960 to 2015, the role of serious mental illness in family homicides is estimated to be a factor as follows:
 - 50% when parents kill children
 - 67% when children kill parents
 - 10% when spouses kill spouses
 - 15% when siblings kill siblings
 - 10% for other family relationships

THE NUMBERS

- **16,121: Total homicides in 2013 in the United States**
- **4,000: Homicides in which one family member killed another family member**
- **1,149: Family homicides in which the offender was reported to have a serious mental illness. This is 29% of all family homicides and 7% of all homicides.**

- Based on these estimates, there would have been 1,149 family homicides in 2013 in which the offender had a serious mental illness. This would have been 29% of family homicides and 7% of all homicides. These 1,149 homicides outstrip the number of deaths attributed to meningitis, kidney infection or Hodgkin's disease in 2013.³
- Although there has been a marked decrease in the overall homicide rate in the United States in recent years, there has been no decrease in family homicides in which parents kill children or children kill parents.⁴ These are the family homicides most strongly associated with serious mental illness.
- Women are responsible for only 11% of all homicides in the United States. However, they commit 26% of family homicides.⁵
- Family homicides identified in the independent Preventable Tragedies Database in 2015 illustrate the statistics.⁶ All the homicides in this database were reported in the media to be associated with serious mental illness. In 2015, the database reported 100 family homicides. Among the 141 victims of these 100 family homicides, 25 (17.7%) were people 65 and older, including 13 (9.2%) who were 75 and older. In contrast, among all homicides in the United States, only 5.1% of the victims are 65 and older, and 2.2% are 75 and older. Thus among family homicides associated with serious mental illness, elderly individuals are victimized three to four times more frequently than would be expected among homicides in the general population.
- Knives and other sharp objects are used as weapons more often than guns in family homicides.
- Abuse of alcohol or drugs and failure to take medication prescribed for serious mental illness are major risk factors for committing a family homicide.
- Family homicides are merely the most visible of the problems associated with having a seriously mentally ill family member who is not being treated.
- In order to decrease family homicides, it will be necessary to provide adequate treatment for individuals with serious mental illness, focusing especially on those with the greatest risk factors. Clozapine, long-acting injectable antipsychotics and assisted outpatient treatment are especially useful in this regard. If the offenders had received such treatments, the majority of these 1,149 family homicides could have been prevented.

1. INTRODUCTION

**Cain said to Abel his brother, "Let us go out to the field."
And when they were in the field, Cain rose up against his
brother Abel, and killed him. (Genesis 4:8)**

Family homicides are not a new problem. Indeed, if Cain and Abel were the first children of Adam and Eve, then family homicide was among the first human crimes. Family killings, found in the mythology of many cultures, intrigued the ancient Greeks, as illustrated by Euripides' *Medea* and Sophocles' *Oedipus Rex*. The theme has been carried forward by many writers, including Voltaire, Dryden and, of course, Freud.

Despite the antiquity of family homicides, they have been little studied by contemporary researchers, especially in their relationship to psychiatric disorders. According to a recent paper by Labrum and Solomon, "Family violence perpetrated by persons with psychiatric disorders is a highly underresearched area, so much so that it is impossible to even approximately estimate the extent of the problem."⁷ This lack of research on family violence, including homicides, stands in contrast to the more abundant research on community violence by persons with psychiatric disorders.

Homicides committed by family members with serious mental illness are likely to be one of the many consequences of the closing of state mental hospitals and subsequent failure to provide adequate community treatment for the discharged patients.

Why are family violence and its relationship to mental illness so underresearched? According to Solomon and colleagues, "Violence against family caregivers by their adult relatives with severe mental illness is a taboo area of public discourse and scientific research out of fears of further stigmatizing this population."⁸ It is, in short, politically incorrect to study the relationship of family homicides to serious mental illness, especially in the United States, where the concept of "recovery" is the dominant theme in writing about individuals with mental illness. As will be discussed in the final section of this report, it is not discourse about family violence and homicides that is a major cause of stigma against all people with mental illness; rather, it is the family violence and homicides themselves. Until we confront the causes of family violence

and homicides directly, as discussed in the final sections, the stigmatization of persons with serious mental illness will continue to be an enormous problem.

Homicides committed by family members with serious mental illness are likely to be one of the many consequences of the closing of state mental hospitals and subsequent failure to provide adequate community treatment for the discharged patients. Often referred to as *deinstitutionalization*, this well-meaning but ultimately disastrous shift in federal policy a half-century ago has spawned a plethora of societal ills. According to one estimate, at least 10% of all homicides in the United States are committed by individuals with untreated serious mental illness;⁹ family homicides are one part of this total. For mass killings – such as were seen at Virginia Tech, Tucson, Newtown, Aurora and the Washington Navy Yard – an even higher percentage are

carried out by individuals with untreated serious mental illness. Individuals with serious mental illness now occupy at least 20% of the beds in our jails and prisons.¹⁰ Others, who are homeless, have become permanent denizens of our city streets, subway tunnels, parks, public shelters, public libraries and train stations.¹¹ Family homicides should be regarded as merely one aspect of what has been referred to as psychiatric “mayhem du jour,”¹² but it is this aspect of the mayhem that is the least known and least documented.

Given studies dating back three decades on the relationship of untreated mental illness to family violence, it should not surprise us to find that family homicides committed by persons with serious mental illness have become a major problem. In 1986, Binder and McNeil reported that 15% of the patients admitted to a university psychiatric hospital had assaulted another person within the previous two weeks; in more than half the cases the person assaulted was a family member.¹³ In 1993, Straznickas and colleagues reported in a similar study that 19% (113 of 581) of people admitted for psychiatric care had physically assaulted someone within the previous two weeks; in more than half of these cases, the victim was a family member.¹⁴

Studies of people discharged from psychiatric hospitals tell a similar story. A study of violence and mental illness funded by the MacArthur Foundation followed 1,136 psychiatric patients for one year after their discharge. During that time, 18% of those with a serious mental illness who did not have co-occurring substance abuse became violent, with family members being the targets of violence in half the cases. For those with serious mental illness plus substance abuse, the prevalence of violence was 32%. The authors of the study drew this conclusion:

The data on both targets and locations of violence clearly indicate that public fears of violence on the street by discharged patients who are strangers to them is misdirected. The people at the highest risk are family members and friends who are in their homes or in the patient’s home.¹⁵

Another way to assess this problem is from the viewpoint of the family. In a 1991 survey of 1,401 National Alliance on Mental Illness (NAMI) families, two-thirds reported having a family member diagnosed with schizophrenia and one-third a family member with bipolar disorder or major depression. Eleven percent of the families reported that their mentally ill family member had physically harmed a family member or another person in the past year; another 12% of the loved ones had threatened to do so.¹⁶ Similarly, Estroff and others asked 169 individuals with serious mental illness and their families about violent behavior. One-third of the mentally ill individuals (56 of the 169) had threatened or committed a violent act within the previous 18 months; “more than half of the targets of violence were respondents’ relatives, particularly mothers living with the respondent.”¹⁷

Eleven percent of the families reported that their mentally ill family member had physically harmed a family member or another person in the past year; another 12% of the loved ones had threatened to do so.

The most recent such study was an online survey carried out by Labrum and Solomon in 2014–2015.¹⁸ Using a variety of recruiting organizations including NAMI and the Depression and Bipolar Support Alliance, these authors obtained 573 completed questionnaires from families with an adult relative with a psychiatric disorder. In 84% of cases, the diagnosis of the relative was schizophrenia, bipolar disorder or major depression. In 22% of the cases, respondents had been the victim of violent acts by their mentally ill family members within the previous six months. In 14% of cases, the violent act was categorized as minor (e.g., battery without the use of a weapon, not resulting in injury); in 8% of cases, the violent act was categorized as serious (e.g., battery resulting in injury or involving a weapon). In viewing the results of their own as well as previous studies, the authors concluded the following:

The results of this study, in combination with sparse research previously conducted, suggest that 20% to 35% of persons with high levels of contact with a relative with psychiatric disorders have been the victim of violence committed by their relation with psychiatric disorders in the past six to 12 months.

In view of the above, *Raising Cain: The Role of Serious Mental Illness in Family Homicides* was undertaken to quantify and describe the role of serious mental illness in these tragedies. The authors are aware of no similar effort in the literature.

2. METHODS

In order to quantify the role of serious mental illness in family homicides, data on both the total number of family homicides and the percentage associated with serious mental illness are needed. Two federal systems track homicides in the United States.¹⁹ The Centers for Disease Control and Prevention (CDC) maintains the National Vital Statistics System (NVSS). This system collects homicide data from death certificates filed by medical examiners or coroners. Because the states require these officials to determine and report the cause of all deaths, the NVSS is considered to produce a virtually complete count of homicides.

In addition, the FBI maintains the Uniform Crime Reporting Program to collect and publish statistics from state and local police agencies on all criminal offenses and arrests, including homicides, which are the most completely reported offense. Beginning in the 1960s, the FBI began soliciting more detailed information on homicides through voluntary Supplementary Homicide Reports (SHRs); SHRs typically are filed for 85% to 90% of the homicides reported to the FBI. SHR forms elicit information on the relationship of the person killed (victim) to the person doing the killing (offender) and specifically whether the victim was a family member, acquaintance, friend, boyfriend, girlfriend, neighbor, employee, employer or stranger. The SHR also includes an “unknown” category if the relationship between the victim and the offender is not known; in the majority of such cases, it is assumed this is because the offender has not been identified.

Family members are categorized separately as follows: *husband, wife, mother, father, son, daughter, brother, sister* and *other family*. *Husband* and *wife* include common-law and former spouses. The categories for parents, children and siblings include stepparents, stepchildren and stepsiblings, respectively. To estimate the percentage of family homicides in which the offender had a serious mental illness, the published literature on the following subjects was reviewed for the years 1960 to 2015:

- *Filicide*: the killing of a child by a parent
 - *Neonaticide*: the killing of a newborn less than 1 day old
 - *Infanticide*: the killing of a child less than 1 year old
- *Parricide*: the killing of a parent by a child
 - *Patricide*: the killing of one’s father
 - *Matricide*: the killing of one’s mother
- *Siblicide*: the killing of one’s sibling

The number of published American studies on these subjects is surprisingly low. The studies will be reviewed in the following chapter.

For anecdotal evidence on the role of mental illness in family homicides, incidents collected to populate the Treatment Advocacy Center’s Preventable Tragedies Database were analyzed for 2015. The database is populated from a weekday online survey of US media to identify stories containing the terms *schizophrenia, bipolar (disorder)* or

mental illness in the context of a homicide, attempted homicide or suicide, among other incidents. Because the media do not report every homicide, and the role of mental illness may not be known or reported in those homicides that are reported, the Preventable Tragedies Database is inevitably incomplete. Additionally, because the media tend to focus on more unusual stories, the database is inherently biased away from less sensational homicides.²⁰ Nonetheless, the database remains the only systematic effort to track the role of mental illness in homicide and, as such, provides a valuable anecdotal illustration of national homicide data.

The amount of information reported by the media on each case varies considerably. When Christian Costello, diagnosed with schizophrenia, was charged with stabbing his father to death in an Oklahoma City restaurant in August 2015, the event generated multiple lengthy media stories, presumably because Costello's father was the state labor commissioner and was expected to be a candidate for lieutenant governor. Similarly, when Thomas Gilbert Jr., diagnosed with schizophrenia, was charged with shooting his father to death in New York City in January 2015, *The New York Times* and other media treated it as a major news story. Gilbert was a 2009 graduate of Princeton University, and his father was a prominent hedge fund director.

3. RESULTS

According to the CDC’s National Vital Statistics System, there were 16,121 total homicides in the United States in 2013, the last year for which complete data are available.²¹ Since it peaked in the early 1990s, the overall homicide rate in this country has been steadily declining.

According to the FBI, family members were victims in 1,664 of the 6,681 homicides in which a victim-offender relationship was identified in a 2013 Supplementary Homicide Report (SHR).²² Thus, 25% of the victims for whom relationship information was available were family members. (The other homicides in which the relationship was identified were committed by friends, acquaintances and strangers.) Applying this ratio to the homicide data reported to the CDC by coroners and medical examiners suggests that slightly more than 4,000 individuals were killed in 2013 by a family member (see Table 1). Because of government statistical practices, no data exist to verify that the SHR subsample is representative of the total homicide population.

Table 1.
**Breakdown of family homicides for 2013 from the FBI’s
Supplementary Homicide Reports (SHRs)**

| | NUMBER OF FAMILY HOMICIDES AMONG THE 6,681 HOMICIDES WITH SHR RELATIONSHIP INFORMATION | PERCENTAGE OF SHR FAMILY HOMICIDES | NUMBER OF FAMILY HOMICIDES, ASSUMING THE SHR SAMPLE IS REPRESENTATIVE OF ALL HOMICIDES |
|---------------------------|--|------------------------------------|--|
| Parents killing children | 378 | 22.7% | 908 |
| Children killing parents | 270 | 16.2% | 649 |
| Spouses killing spouses | 642 | 38.6% | 1,544 |
| Siblings killing siblings | 129 | 7.8% | 310 |
| Other family combinations | 245 | 14.7% | 589 |
| Total | 1,664 | 100% | 4,000 |

Incidents in the Preventable Tragedies Database from 2015 contained 100 family homicides in which serious mental illness was reported in the underlying news story. These 100 incidents involved the following family members (see Table 2):

- *Parents killing children*: 25 parents killed 38 children; in addition, four of the men who killed their children also killed their wives.
- *Children killing parents*: 34 children killed 39 parents; in addition, children killed six other family members and five non-family members.
- *Spouses killing spouses*: 18 individuals killed their spouses; in addition, they killed one other family member and one non-family member.
- *Siblings killing siblings*: Nine individuals killed 10 of their siblings.
- *Other family combinations*: 14 individuals killed 17 other family members and two non-family members.

Table 2.

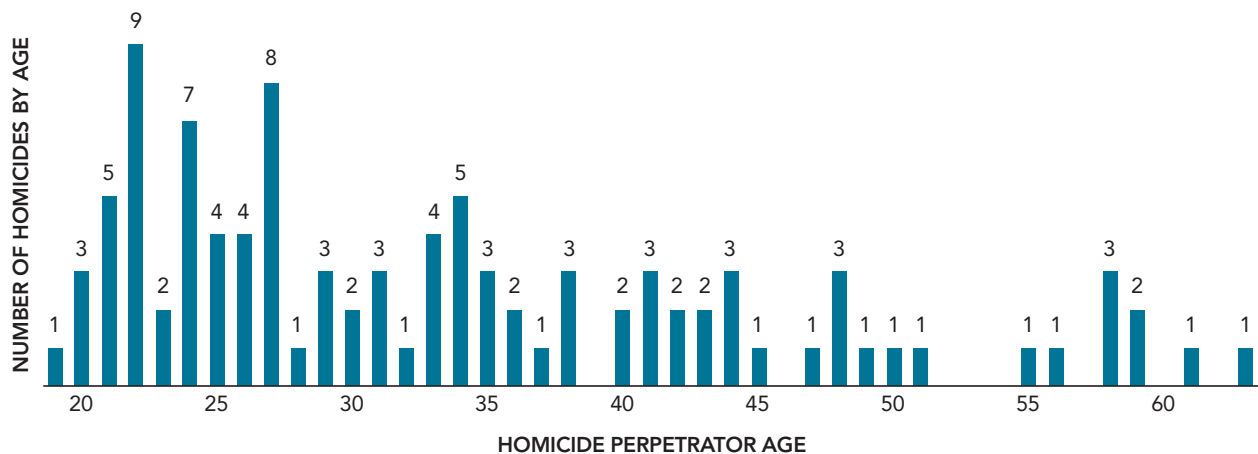
Family homicides attributable to serious mental illness, 2013

| | TOTAL NUMBER OF FAMILY HOMICIDES BY RELATIONSHIP | ESTIMATED PERCENTAGE ATTRIBUTABLE TO SERIOUS MENTAL ILLNESS | APPROXIMATE NUMBER OF FAMILY HOMICIDES ATTRIBUTABLE TO SERIOUS MENTAL ILLNESS |
|---------------------------|--|---|---|
| Parents killing children | 908 | 50% | 454 |
| Children killing parents | 649 | 67% | 435 |
| Spouses killing spouses | 1,544 | 10% | 154 |
| Siblings killing siblings | 310 | 15% | 47 |
| Other family homicides | 589 | 10% | 59 |
| Total | 4,000 | | 1,149 |

In total, 100 family members killed 133 other family members plus eight other persons. The ages of the 100 offenders are shown in Figure 1. The offenders included 70 men and 30 women.

Figure 1.

Ages of the 100 mentally ill offenders who killed other family members as described in a 2015 media sample



3.1 Parents Killing Children

The idea of a parent’s killing a child has horrified people at least since Euripides shocked Athenians with the staging of *Medea* more than 2,000 years ago. In this country, Andrea Yates became the modern face of *Medea* when she drowned her five children in 2001. The killing of children of any age by their parents is called *fili-cide*, a category that includes *neonaticide* (killing a child less than 24 hours old) and *infanticide* (killing a child less than 1 year old), but these terms are not official and are sometimes defined differently.

Modern American studies of filicide date to Adelson's 1961 study of 46 cases in Cleveland.²³ Adelson reported that 17 of the 46 parents who killed their children (36%) "were patently mentally ill." In 1969, Resnick collected 131 cases from the world's literature and suggested that they fell into five categories.²⁴ With some modification, these categories have continued to be commonly used.

- *Unwanted child*: For example, in countries where males are valued much more highly than females, the latter may be killed at birth.
- *Mercy killings*: For example, an elderly parent may kill a severely disabled child out of concern about what will happen to the child after the parent's death.
- *Accidental*: For example, a parent who is severely abusing a child may accidentally kill the child.
- *Spousal revenge*: For example, Medea killed her two children by Jason to get revenge on him for leaving her for another woman.
- *Psychiatric*: This is the category into which Andrea Yates, who drowned her five children, falls.

It is the fifth and final category that is the focus of this report.

As with most homicide rates, the United States is known to lead the industrialized world in homicides of children under the age of 15, although it is not known why.²⁵ Beyond that, there is surprisingly little hard information on filicides in this country, most studies having been done in other countries.

Among American victims of filicides from 1976 to 2007, approximately one-third were children less than 1 year old, one-third were children between 1 and 5, and one-third were children 6 and up, including adults who were killed by their parents.²⁶ Sons are killed more frequently than daughters, although in most studies the difference in frequency is not large. Despite a public perception that filicide is a woman's crime, most studies have reported that men and women kill their children in approximately equal numbers. A recent study of filicides in Canada reported that men now commit more than half of filicides, and the proportion attributable to men has been increasing over time.²⁷ Women are more likely to kill very young children, and men are more likely to kill older children. The most common combination is fathers killing sons (30% of filicides); mothers killing sons, fathers killing daughters, and mothers killing daughters each account for approximately 20% of cases. Stepparents killing stepchildren make up the remaining 10% of cases.²⁸ In approximately one-quarter of cases in which a mother kills a child, and half of cases in which a father kills a child, the parent then commits suicide.²⁹

What percentage of filicides is attributable to serious mental illness in the parent? Resnick noted that in his collection of 131 cases from all over the world, "three-quarters of the parents showed psychiatric symptoms prior to the filicide."³⁰ A study of 55 women who murdered their children in Michigan between 1974 and 1996 reported that

“A study of 55 women who murdered their children in Michigan between 1974 and 1996 reported that 53% were actively psychotic at the time of the crime; many had “expressed homicidal thoughts and/or concerns about their children to psychiatrists and/or family before the filicide.”

53% were actively psychotic at the time of the crime; many had “expressed homicidal thoughts and/or concerns about their children to psychiatrists and/or family before the filicide.”³¹ Researchers conducted detailed studies of filicide offenders in Canada, concluding that 85% of the mothers and 62% of the fathers had a “psychiatric motive” for their crimes.^{32,33,34} In contrast, a recent study from

England reported that 40% of filicide offenders “had a recorded mental disorder,” including 23% with “severe mental illness (affective disorder or schizophrenia).”³⁵ Several studies have noted the high prevalence of command hallucinations in mothers who kill their children.^{36,37}

In a review of the published literature on filicide, Bourget and colleagues concluded that “numerous studies indicate an association between filicide and parental psychiatric illness, with major depression with psychotic features most common.”³⁸ In the absence of any definitive American data, and given the fact that public mental health services in the United States are significantly inferior to those in Canada, where the most detailed studies have been carried out, *it seems reasonable to estimate that in at least half of filicide cases in the United States, the parent had a serious mental illness.* Assuming there were 908 cases of filicide in 2013 in the United States (Table 1), that means approximately 454 were associated with a parent who had a serious mental illness.

The trend of such homicides is of interest. According to a 2011 Department of Justice report, “These homicides increased from 15% of all family homicides in 1980 to 25% of all family homicides in 2008.” Although the overall homicide rate in the United States has been decreasing significantly in recent years, there has been no decrease in the number of children killed by their parents.³⁹

Regarding the 25 filicides in the 2015 Preventable Tragedies Database, the ages of the children and sex of the offenders are consistent with those in the published literature (the victims were evenly divided between infants, young children and older children; 11 of the offenders were fathers and 14 mothers). In most cases, the children were killed by beating, asphyxiation or drowning; guns were used in only four cases and knives in two. The probable diagnoses of the offenders, as identified in the media accounts, were schizophrenia (nine), bipolar disorder (five), major depression (one), postpartum depression (one) and unspecified mental illness (nine). In four of the 25 cases, the father killed the mother in addition to killing the children. A brief description of the cases follows.

ARIZONA

- Mireya Lopez, 22, diagnosed with schizophrenia, was charged with drowning her 2-year-old twin boys and trying to drown their 3-year-old stepbrother. She had recently been released from a hospital where she was being treated for her mental illness.

CALIFORNIA

- Elvira Farias, 26, said to be mentally ill and homeless, was charged with the murder of her newborn son by beating. Farias had delivered the child in an alley.
- Stepfon Jones, 21, who was said to suffer from mental illness, was charged with killing his 4-month-old son by beating.
- Algernon Rieux, 26, diagnosed with bipolar disorder, was charged with killing his wife and 2-month-old son. The precise causes of death were pending, but the crimes did not involve guns or knives.
- Teresa Reed, 38, diagnosed with schizophrenia and homeless, was charged with giving birth and then discarding the newborn girl in a parking lot in below-freezing weather. The deceased child was found the following day.

COLORADO

- Matthew Ogden, 29, said to have schizophrenia, was charged with killing his 4-week-old daughter by trauma resulting in a skull fracture.
- Delonta Clark, 36, said to have bipolar disorder, was charged with killing his 2-year-old son. Clark had a history of violent behavior and had been sent to prison for felony menacing. The cause of death was thought to be beating and burning.

FLORIDA

- Jessica McCarty, 33, who had a history of treatment for mental illness, was charged with having strangled her three children, ages 7 years, 6 years, and 5 months, to death. She had previously threatened to kill them and herself.
- John Jonchuck, 25, diagnosed with schizophrenia, was charged with killing his 5-year-old daughter by throwing her off a bridge. He believed that there was a conspiracy against him and was found to be not competent to stand trial.

GEORGIA

- Jokeera Morgan, 26, diagnosed with schizophrenia, was charged with having drowned her two daughters, ages 8 months and 18 months.

LOUISIANA

- Michelle McCullum, 25, suffering from major depression, shot and killed her 3-year-old and 5-year-old children and herself.

MARYLAND

- Sean Crawford, 48, said to have had multiple psychiatric hospitalizations, was charged with stabbing to death the 14-year-old son of the woman with whom he was living. Crawford had a history of not taking his medication.
- Romechia Simms, 24, diagnosed with paranoid schizophrenia, was charged with homicide in the death of her 3-year-old son. He died from hypothermia and dehydration after being pushed for two days in a swing.

MICHIGAN

- Timothy Fradeneck, 38, diagnosed with bipolar disorder, was charged with having strangled to death his wife, 8-year-old daughter and 2-year-old son.

MINNESOTA

- Shwe Htoo, 22, was charged with the murder of her 5-week-old son by smothering him. She was found to be incompetent to stand trial because of mental illness.

MONTANA

- Augustine Bournes, 59, said by a daughter from his previous marriage to have had an undiagnosed mental illness, shot to death his wife and three children, ages 5, 4, and 1, and then killed himself. Before doing so he told a friend that his wife had been continually mocking him.

NEW YORK

- Tenisha Fearron, 27, said to be mentally ill, was charged with killing her 6-month-old daughter by throwing her out of a sixth-floor apartment window, saying, "the devil is in her."
- Latisha Fisher, 35, diagnosed with paranoid schizophrenia and claiming responding to commands from the devil, was charged with killing her 1-year-old son by smothering. In the past she had been charged with setting fire to her mother's sleeping boyfriend and stabbing her aunt. During one period when she was mandated to take antipsychotic medication her illness was said to significantly improve.

OHIO

- Austin Morris, 22, diagnosed with a mental illness, pleaded guilty to having killed his 9-month-old son by beating.
- Deasia Watkins, 20, diagnosed with postpartum depression but not taking her medication, was charged with killing her 3-month-old daughter by decapitation.

OHIO (continued)

- Andrea Bradley, 28, diagnosed with bipolar disorder, was charged with the beating death of her 2-year-old daughter. Bradley had a history of abusing her children.

OREGON

- Dianne Davidoff, 42, said to have a history of mental illness, was charged with shooting her 17-year-old son to death.

PENNSYLVANIA

- Johnsha Perry, 20, diagnosed with paranoid schizophrenia, was charged with the murder of her 2-year-old son by throwing him off a bridge into a river. Perry then jumped into the river but survived.

TEXAS

- Justin Chisun, 29, diagnosed with schizophrenia, was charged with beating his 4-year-old daughter to death. Two weeks earlier he had sought but was denied psychiatric hospitalization; he had had seven previous hospitalizations. He had apparently stopped taking his medication.
- David Conley, 48, diagnosed with bipolar disorder, was charged with shooting to death the woman with whom he had been recently living and their 13-year-old son. He also killed five stepchildren, ages 6, 7, 9, 10 and 11, as well as the father of the stepchildren – eight persons in all. Conley had a history of threats and assaults, and an extensive criminal history.

3.2 Children Killing Parents

Just as the killing of children by parents is associated with Euripides' *Medea*, so the killing of parents by children is associated with Sophocles' *Oedipus Rex*. In the latter, however, the killing is accidental. The killing of parents by children is officially called *parricide* or, depending on which parent is killed, *matricide* (mother killed) or *patri-cide* (father killed).

The killing of parents by children is regarded as so deviant from the natural order that it is rarely discussed publicly except for occasional high-profile cases covered by the media. In 1983, for example, Marguerite Miller, the wife of President Ronald Reagan's personal tax adviser, was raped and bludgeoned to death by her son, Michael, who had schizophrenia. Two years earlier, the couple's other son, also diagnosed with schizophrenia, had committed suicide.^{40,41} In 2006, William Bruce, diagnosed with schizophrenia, was discharged from a Maine state psychiatric

The case of Virginia State Senator Creigh Deeds received wide publicity when he was stabbed repeatedly by his son, who was diagnosed with schizophrenia and who then committed suicide.

My Son Killed My Wife

Robert D. (Joe) Bruce

Will is the eldest of the three sons my wife and I raised in a small town in Maine. He had had some problems in high school, but my wife and I were not prepared for his diagnosis of paranoid schizophrenia at age 24. Will denied anything was wrong and refused medication.

Because of his psychotic thinking, he sometimes became violent. In 2005, after pointing a loaded gun at two of my friends, he was psychiatrically hospitalized. They released him after only three weeks, even though I told the psychiatrist that he was dangerous and might kill someone. In early 2006, he attacked his mother and threatened to break her neck, and he punched me in the face. He was therefore involuntarily hospitalized at Riverview Psychiatric Center, a Maine state hospital, for 90 days. His psychiatrist also thought he was dangerous and wrote, "Mr. Bruce is a high risk for violent behavior if released into the community without the benefit of pharmacotherapy." Altogether four psychiatrists who had been involved in Will's treatment agreed that he was potentially dangerous if he was not treated.

Unfortunately, Riverview Hospital, like almost all state psychiatric hospitals, participates in a federally funded program called Protection and Advocacy for Individuals with Mental Illness (PAIMI). This program uses federal money to pay lawyers to defend the legal rights of psychiatric patients, including their right to refuse medications. Two PAIMI advocates, attorneys Helen Bailey and Trish Callahan, defended Will's right not to take medicine and coached him on what to tell the doctors so that they would release him when his 90-day commitment order expired. And that is what happened in late April despite the objections of the psychiatrists.

Still unmedicated, Will came home sicker than we had ever seen him. He believed the CIA had implanted a device under his skin to track his movements. He spent hours talking to people who weren't there and hid steak and butcher knives in his bedroom. The town constable told us that everyone in town was locking their doors at night because they were afraid of Will. Two months after being released from the hospital, Will attacked his mother with a hatchet and killed her. He said the Pope told him to do it because she was involved with al Qaeda and Saddam Hussein.

After killing his mother, Will was finally medicated, and for almost eight years he has had almost no symptoms of his schizophrenia. He has taken online courses in criminal justice and hopes to eventually attend law school. He remembers the PAIMI lawyers who helped him get out of the hospital, but as he told a Wall Street Journal reporter, "Unfortunately the advocates didn't protect me from myself." To have lost my wife has been a great tragedy for my whole family. The fact that the tragedy was caused by the misuse of federal funds – my own tax money – has made it much more bitter.

hospital against the advice of his psychiatrist and promptly killed his mother with a hatchet. The killing received wide publicity, including coverage in *The Wall Street Journal*, when it was revealed that Bruce's untimely hospital discharge had been facilitated by a federally funded program, the Protection and Advocacy program.⁴² More recently, in 2013, the case of Virginia State Senator Creigh Deeds received wide publicity when he was stabbed repeatedly by his son, who was diagnosed with schizophrenia and who then committed suicide.

What do we know about such cases? Heide and Petee examined 5,781 homicides of parents by their children in the United States between 1976 and 1999.⁴³ Fathers (54%) were killed slightly more often than mothers (46%). The mean age was 55 for the fathers and 58 for the mothers. The vast majority of the offenders were sons, who killed 84% of the mothers and 87% of the fathers. The mean age of the children who killed their fathers was 25, and of those who killed their mothers, 30. Fathers were usually killed with guns, whereas mothers were more likely to be stabbed or beaten to death.

Studies of children who kill their parents have consistently shown them to have a high rate of serious mental illness. Weisman and Sharma examined 45 cases of parricide in California and reported that 35 of the offenders (78%) were either psychotic or depressed.⁴⁴ Significantly, 25 had had previous psychiatric hospitalizations, eight of them having had more than 10 past admissions. In New York, among 15 men referred for psychiatric evaluation because they had killed their mothers, nine were diagnosed

In England, two studies of individuals referred for psychiatric examination because they had killed their mothers reported psychosis in 52 of 58 cases and 16 of 16 cases.

with schizophrenia and four others with psychosis secondary to alcohol or drug abuse.⁴⁵ Similarly, among 10 men referred for psychiatric evaluation because they had killed their fathers, nine were diagnosed with schizophrenia.⁴⁶

Studies in other countries confirm the high rate of serious mental illness among children who kill their parents. A Canadian study of 64 parricides reported that 64% of the individuals who killed their mothers and 70% of those who killed their fathers were psychotic.⁴⁷ In England, two studies of individuals referred for psychiatric examination because they had killed their mothers reported psychosis

in 52 of 58 cases and 16 of 16 cases.^{48,49} Indeed, in England, it has been said that “matricide is the schizophrenic crime.”⁵⁰

Hillbrand and colleagues in 1999 reviewed studies of parricide that had been conducted up to that time. They reported that “threats of harm and assaultiveness toward the victim prior to the crime were reported in most studies” and that command hallucinations were a common symptom. Importantly, “few perpetrators were actively involved in psychiatric treatment at the time of the crime.” Regarding the mental status of the offenders, they noted that “a great proportion, but not all adult parricidal offenders, indeed suffer from a major psychiatric disorder.” They concluded that 79% of the offenders “suffered from major psychopathology” but cautioned that this might be an overestimate.⁵¹

Based on the existing studies, *it seems reasonable to estimate that at in least two-thirds of homicides in the United States in which a child kills a parent, the offender had a serious mental illness.* Assuming there were 649 cases of children killing parents in 2013 in the United States (see Table 1), approximately 435 of these crimes would have been committed by children with serious mental illness.

The trend of such homicides is similar to the trend for children killed by parents. According to a 2011 US Department of Justice report, “Parents killed by one of their

children have been an increasing proportion of family homicides, rising steadily from 9.7% of all family homicides in 1980 to 13% in 2008.”⁵²

Hillbrand and others, who reviewed studies of parricide in 1999, also noted that “the rate of parricides by adults has increased.”⁵³

The 34 instances of children killing parents collected in the Preventable Tragedies Database in 2015 appear to be similar to previously reported cases. Sons committed 28 of the crimes and daughters the remaining six. In 16 cases, the father or stepfather was killed; in 13 cases, the mother was killed; in five cases, both parents were killed. Guns were used in nine cases; sharp objects (including a sword and an axe) were used in 11 cases; and in 13 cases, the parent was beaten to death with one of a variety of objects including a golf club, hammer, tire iron, baseball bat and teakettle. The diagnoses of the offenders as stated in the media accounts were schizophrenia (18), bipolar disorder (five) and unspecified mental illness (11). A brief description of the cases follows.

ALABAMA

- Brent Bolar, 33, who was said to be mentally ill and had been psychiatrically committed several times, was charged with beating his father to death with a golf club.

ARIZONA

- Christopher Carrillo, 25, diagnosed with schizophrenia, shot his mother, his father, his brother and a niece to death before killing himself. His recent Facebook postings suggested that he was actively psychotic and not taking his medications.

CALIFORNIA

- Steven Minamoto, 59, diagnosed with paranoid schizophrenia but not being treated, was charged with the murder of his 81-year-old mother, who died from blunt force trauma.
- Dominique Zazueta, 31, diagnosed with mental illness but not consistently taking her prescribed medication, was charged with stabbing her 66-year-old mother to death.
- Nathan Wilson, 34, said to have a long history of severe mental illness that included delusions, was charged with having killed his mother and father with a sword.
- Matthew Roberts, 34, diagnosed with paranoid schizophrenia, was charged with the murder of his father by breaking his neck. In 2005 Roberts had been convicted of shooting his stepfather and sentenced to six years in prison.

COLORADO

- Omar Martinez, 24, diagnosed with bipolar disorder, stabbed his 69-year-old father to death and badly wounded his mother before stabbing himself to death. Martinez had a history of not taking medication and prior to this incident had been acting in a bizarre manner, including calling himself the “son of God.”

FLORIDA

- Jason Rios, 24, diagnosed with paranoid schizophrenia, was charged with having beaten his mother, who used a wheelchair, and his 9-year-old niece to death with a tire iron. He had been involuntarily committed for psychiatric care several times.
- Christian Gomez, 23, diagnosed with schizophrenia, was charged with murder for having decapitated his mother with an axe. It was reported that he was angry over his mother’s request to put some boxes in the attic. He had been psychiatrically committed at least once during the previous year.
- Patrick Clarke, 22, diagnosed with schizophrenia, was charged with having shot his father to death.
- Thomas Schnieders Jr., 49, diagnosed with schizophrenia, was charged with beating his 83-year-old mother to death with a crowbar and trying to kill his father. Schnieders, a trained lawyer who had worked for three years as a county prosecutor, said that he was trying to rid his parents of demons. He was found incompetent to stand trial.
- Cheyanne Jessie, 25, diagnosed with bipolar disorder, was charged with shooting her father to death and then stabbing her 6-year-old daughter to death. She is alleged to have then put their remains in containers and stored them in a shed.
- Nicole Nachtman, 21, who was said to continuously hear screaming voices in her head, was charged with having shot her mother and stepfather to death. Nachtman was a student at Florida State University at the time.

INDIANA

- Todd Walters, 36, diagnosed with schizophrenia, was charged with beating his mother, age 72, to death. He was not taking his medication and believed that his parents were laughing at him.
- Darren Cave, 33, said to have a long history of mental illness, was charged with the beating death of his father by kicking him.

MASSACHUSETTS

- Mikhail Young, 24, diagnosed with bipolar disorder, was charged with stabbing his mother and father to death. Young had a lengthy history of violence toward his family and had threatened to kill them at least twice. The murders took place in the Virgin Islands, where the family had gone on vacation.

MICHIGAN

- Jeffrey Maurer, 58, who had a history of mental illness, was convicted of the murder of his mother and father, ages 83 and 87, by beating them with two hammers and a teakettle. Maurer had been convicted of assaulting his parents in 2000.

MISSOURI

- Shane Harrelson, 23, diagnosed with bipolar disorder, beat his mother with a baseball bat, cut her with a knife, and shot her to death. Family members had sought to have Harrelson involuntarily committed to a psychiatric hospital but the judge denied the request.

NEW YORK

- Steven Alicea, 33, diagnosed with schizophrenia but not taking his medication, was charged with beating his father to death with a metal bar.
- Bernette Singleton, 34, diagnosed with schizophrenia and released from the hospital three days earlier, was alleged to have stabbed her stepfather to death because she had been denied a can of soda.
- Paul Bumbolo, 21, diagnosed with schizophrenia, stabbed his mother, sister and uncle to death because he believed they had the devil inside them. He then placed mirrors around the bodies because he believed the devil could not see in mirrors. On the day of the homicides he had been taken to a hospital but released.
- Susan Grossman-Kerner, 56, said to have a very serious psychiatric history, was charged with stabbing her 79-year-old mother to death.
- Thomas Gilbert Jr., 31, a 2009 graduate of Princeton University who had various diagnoses, including schizophrenia and schizoaffective disorder, was charged with shooting his father, a prominent hedge fund millionaire, to death.

NORTH CAROLINA

- Christopher Davis, 43, diagnosed with schizophrenia, shot his 68-year-old mother to death and then killed himself.

OHIO

- Nikole Flagg, 41, diagnosed with bipolar disorder, was charged with stabbing her mother to death. Flagg had a previous conviction for involuntary manslaughter for which she served eight years in prison.

OHIO (continued)

- Burley Blakenship, 34, diagnosed with schizophrenia, was charged with having stabbed his mother to death. Blakenship had recently been released from jail after serving 17 months for threatening his parole officer.

OKLAHOMA

- Samuel Harman, 20, diagnosed with schizophrenia, was charged with the murder of his disabled father by kicking him in the head.
- Christian Costello, 26, diagnosed with schizophrenia, was charged with the stabbing death of his father in a public restaurant. Costello had had multiple run-ins with the police, at least one psychiatric hospitalization, and a history of not taking his medication. His father was the state labor commissioner and was expected to run for lieutenant governor.

OREGON

- Michael Bryant, 31, was charged with attacking his parents with a baseball bat, killing his father. He then took his family's car and ran over three random pedestrians, killing two of them. Bryant's lawyer said he planned to present evidence of severe mental illness in his defense.
- Jeffrey Holmes, 41, diagnosed with paranoid schizophrenia, was charged with killing his 80-year-old stepfather. Details of the killing were not provided.

SOUTH CAROLINA

- Bryan Malonis, 22, diagnosed with schizophrenia but with poor medication compliance, was charged with the shooting death of his stepfather. He had been involuntarily hospitalized three weeks earlier and had talked about hurting his family. He was subsequently found not guilty by reason of insanity.

TEXAS

- Jeremy Pimm, 22, said to have a history of mental illness and multiple psychiatric hospitalizations, was charged with shooting his stepfather to death.
- Jamie Lee Walter, 27, said to have a well-documented history of mental illness and psychiatric hospitalization, was charged with having killed his father and three other men. Two of the men were killed with hammers; the cause of death of the other two was not yet announced. Previously, Walter had been charged with fracturing the skull of a girlfriend with a hammer and spent two years in prison for beating a man with a pipe.

WISCONSIN

- Matthew Skality, 40, said to be afflicted with a severe mental illness that caused him to see people as clones, was charged with killing his mother by beheading her with a sword. He said he believed she was a clone.

3.3 Spouses Killing Spouses

Husbands killing wives or wives killing husbands is the most common form of family homicide. In recent decades, much attention has been focused on such homicides and their relationship to the abuse and battering of women by men. By some estimates, one out of every five married women in the United States experiences some form of intimate partner violence each year.⁵⁴ Wives are killed by husbands five times more often than husbands are killed by wives, and by some estimates, a married woman has a six times greater chance of being killed by her husband than by a stranger.⁵⁵

Although spouses can kill each other for other reasons, such as the mercy killing of a spouse with a terminal illness, most spousal killings are carried out in the context of abuse or jealousy, especially at the time of separation or divorce. Two-thirds of such killings are carried out with guns. Predisposing factors, in addition to abuse, include unemployment of the man, substance abuse and access to guns.^{56,57}

Serious mental illness plays a much smaller role in spousal homicides than it does in other forms of family homicide. A study of intimate partner homicides in the United States reported that “13% of perpetrators [11% of males, 15% of females] had a history of mental illness.”⁵⁸ In many cases, the mental illness was exacerbated by substance abuse. A study of spousal homicides in Canada reported that 21% of offenders had a “psychiatric motive.”⁵⁹ A study from England reported that 20% of the offenders were mentally ill, 7% with psychosis and 13% with depression.⁶⁰

In view of the above, *it seems reasonable to estimate that only about 10% of spousal homicides are primarily motivated by serious mental illness in the offender.* Assuming there were 1,544 cases of spousal homicide in 2013 in the United States, this means that approximately 154 of them were committed by a husband or wife with a serious mental illness. The trend of spousal homicides in the United States has been downward for the last two decades, mirroring the downward trend for homicides in general.⁶¹

In the 18 examples of spousal homicide identified in the 2015 Preventable Tragedies Database, the offenders were 13 husbands and five wives. Seven of the perpetrators used guns, eight used knives, two strangled their spouses, and one wife beat her husband to death. The diagnoses of the offenders as mentioned in the media accounts were schizophrenia in six cases, bipolar disorder in six cases, and unspecified mental illness in six cases. The following is a brief description of these cases.

ARIZONA

- Kenneth Wakefield, 43, said to have severe mental illness, was charged with killing his wife by stabbing and decapitation. After killing his wife, he cut off part of his own left arm and gouged out one of his eyes. Wakefield had been convicted in 2003 of attempting to kill his mother and had been released from the state hospital 10 months prior to killing his wife.

CONNECTICUT

- David McKeever, 47, who had a history of psychiatric hospitalizations, was charged with stabbing his common-law wife to death. McKeever was said to be off his medication.

FLORIDA

- Johan Chiri, 44, seriously mentally ill with a least five past involuntary hospitalizations, was charged with killing his wife by cutting her throat. He then jumped off a bridge, saying that God ordered him to do so, but survived. He had a history of not taking his medication.
- Nicholas Morris, 27, diagnosed with paranoid schizophrenia, killed the woman with whom he had been living by slitting her throat. Morris was said to have had multiple psychiatric hospitalizations and said that voices told him to kill her.
- Jeremiah Johnston, 32, diagnosed with paranoid schizophrenia, shot his wife to death and then killed himself. He had been involuntarily hospitalized for psychiatric care numerous times.
- Josue Castro, 38, diagnosed with schizophrenia, was charged with shooting his estranged wife to death in front of her mother and their two daughters.

ILLINOIS

- Kimberly Beasley, 34, diagnosed with schizoaffective disorder, was found unfit to stand trial on charges of having strangled her live-in boyfriend to death. She had previously been charged with aggravated battery in 2003, 2006 and 2009.

MAINE

- Herman DeRico, 42, shot to death the woman with whom he was living, her sister and the sister's boyfriend, and then killed himself. DeRico was being treated with antipsychotics for paranoia and was also being treated for drug addiction.

MASSACHUSETTS

- Axel Scherer, 45, confessed to having strangled his estranged wife to death. Three days earlier he had been discharged from a psychiatric hospital and had been prescribed drugs used to treat bipolar disorder.

MICHIGAN

- Jamal River, 30, diagnosed with bipolar disorder, was charged with shooting his wife to death during an argument.
- Yvonne Cortis, 58, was charged with beating her husband to death with a metal rod. According to her daughter, Cortis had been treated for mental illness and became violent when she did not take her medication.
- Julie Chimelak, 61, diagnosed with bipolar disorder, was charged with shooting her husband to death. Chimelak claimed that her husband had been abusing her.
- Michael Rode, 51, said to have long-standing mental illness, was charged with killing his wife with a knife.
- Albert Sanchez, 50, diagnosed with paranoid schizophrenia, shot his wife to death and then killed himself. He had previously been arrested for domestic violence.

NORTH CAROLINA

- Ray Edmund Matheson, 23, diagnosed with mental illness with paranoid delusions, was charged with stabbing his wife to death. Matheson subsequently pleaded guilty.

OREGON

- Carolyn DiMatteo, 63, was charged with shooting her husband to death. Her mother said that DiMatteo had been diagnosed with bipolar disorder.

SOUTH CAROLINA

- Rene Stroupe, 19, who was diagnosed with bipolar disorder but sometimes did not take her medication, was charged with having stabbed to death the man with whom she was living.

TENNESSEE

- Marcus Slattery, 44, diagnosed with bipolar disorder, was said by police to have stabbed to death the woman with whom he was living and then shot himself in a murder-suicide.

3.4 Siblings Killing Siblings

From the time of Cain and Abel, stories of the killing of one sibling by another have been woven into the fabric of our culture. Shakespeare had Claudius murder his brother, King Hamlet. A Bengali proverb states, "There is no friend like a brother; there is also no enemy like a brother."⁶² Despite its cultural history, the killing of one sibling by another – known as *siblicide* – is markedly understudied. As Walsh and Kriener pointed out in their aptly titled article, "My Brother's Reaper," "Siblicide is an understudied phenomenon perpetuated in one of the most classically conflict-prone, albeit enduring, and complex interfamilial relationships."⁶³

The few studies that do exist on siblicide often contradict one another. It appears that brothers are the killers 80% to 90% of the time and, in approximately 75% of cases, one brother kills another brother. The next most common combinations are brothers killing sisters and sisters killing brothers. The killing of one sister by another is rare. The peak ages for siblicides to occur are the late teens and 20s; guns and knives are the favored weapons in the United States.^{64,65}

Studies of siblings killing siblings include almost no mention of serious mental illness as a factor, suggesting that it is comparatively unimportant. A report by Dawson and Langan, based on 1988 data, suggested that mental illness is an important factor 17% of the time when siblings kill siblings.⁶⁶ *In the absence of more recent data, it seems reasonable to assume that serious mental illness is a factor approximately 15% of the time when siblings kill siblings.* Assuming there were 310 sibling-to-sibling homicides in 2013 in the United States, then serious mental illness would have been a factor in about 47 cases.

The Preventable Tragedies Database in 2015 recorded nine cases of siblings killing siblings. In four instances, brothers killed brothers; in four others, brothers killed sisters (in one case, two sisters). Consistent with the literature, in only one of the nine cases did a sister kill anyone, in this case a half-sister. Guns and knives were used about equally. A brief description of the cases follows.

ARKANSAS

- Jonathan Pollard, 22, diagnosed with paranoid schizophrenia but not taking his medication, shot his brother to death.
- Robert Fryer, 58, diagnosed with schizophrenia but untreated for more than two years, was charged with killing his brother and then burning the body. Shortly after his arrest he was described as being in a floridly psychotic state.

CALIFORNIA

- Jason Paris, 44, diagnosed with schizophrenia, was charged with shooting to death his brother, whom he believed was a demonic power.

GEORGIA

- Marquaris Oglesby, 27, said to have had “a mental breakdown,” was charged with having shot to death his 16-year-old sister. According to media accounts, Oglesby claimed that “somebody was chasing him and the guy was shooting him and he shot back.”

NEW MEXICO

- Joseph Valverde, 21, said to have a history of mental illness and violence toward family members, was charged with stabbing his sister to death.

OHIO

- Matthew Hayden, 22, was charged with shooting his two sisters, ages 16 and 17, to death. The court ordered Hayden to go to a psychiatric hospital for evaluation because he was suspected of being mentally ill and could not understand the charges against him.
- Donald Christon, 24, diagnosed with a mental illness, was charged with having stabbed his half-brother to death.

TEXAS

- Anthony Davis, 41, diagnosed with paranoid schizophrenia, was charged with having stabbed his stepsister to death. He had a history of not taking his medication.
- Brandy Williams, 27, was charged with having stabbed her half-brother to death for no apparent reason. Williams was said to be behaving oddly and talking to herself.

3.5 Other Family Combinations

Family members who are included in the “other” category in the FBI’s SHR data include grandparents, grandchildren, aunts, uncles, nieces, nephews, first cousins and in-laws. These relatives are all categorized together, however, so it is not possible to isolate homicides involving each type of family member. In the 2013 SHR data, “other” accounted for 15% of all family homicides (245 of 1,664). Other than studies of the killing of elderly people (*eldercide*) in general, no published studies on this category could be located.

In 2015, the Preventable Tragedies Database identified 14 cases falling into this category. They included the killings of seven grandparents (six grandmothers and one grandfather), ages 64 to 88, all by mentally ill grandsons, ages 21 to 48. One other man killed his uncle, another killed his uncle and a cousin, and a third killed his nephew. Four women offenders were also included in this category: one killed her mother-in-law; one killed her uncle’s wife; one killed a cousin; and one killed two cousins, an aunt and a visiting social worker. Among the 14 total cases, five each were connected with schizophrenia and bipolar disorder, and four with an unspecified mental illness.

The finding of seven grandparents killed by mentally ill grandsons among the 100 media accounts for 2015 is noteworthy. Though the data may reflect the demographic trend of grandchildren being raised by grandparents, or the tip of a trend, the killing of a grandparent by a grandchild seems highly aberrant and – much like the killing of a parent by a child – is probably strongly associated with serious mental illness in the offender.⁶⁷ Past studies of elder abuse by their adult children have emphasized the importance of alcohol abuse in the offender, with mental illness playing a lesser role.⁶⁸ Whether the finding is a statistical anomaly or represents the tip of a trend will become clear only through additional research on family homicides.

What percentage of the total homicides in the “other” SHR category is attributable to serious mental illness? *In the absence of any definitive data, a conservative estimate of 10% is assumed for the purposes of this study.* However, if our finding that grandparent killings represent half of this category is representative, then the true percentage could be considerably higher. Assuming there were 589 homicides involving other family combinations in 2013 in the United States, then serious mental illness would have been a factor in about 59 cases. A brief description of 2015 examples from the media follows.

ARIZONA

- Cindy Campagne, 35, was charged with stabbing her female cousin to death. Campagne was said to have a long history of mental illness, including three psychiatric commitments to hospitals.

CALIFORNIA

- Raymond Chatterfield, 29, who was on antipsychotic medication and had previously claimed to be Jesus, was charged with stabbing his 78-year-old grandmother and 54-year-old uncle to death. Chatterfield had a history of assaults on his grandmother, two restraining orders and a history of not taking medication.

FLORIDA

- David Corkern, 55, diagnosed with bipolar disorder, admitted to shooting his nephew to death because God instructed him to do so in order to save him.
- Carlos Zuluaga, 30, diagnosed with schizophrenia, confessed to having beaten his uncle and family pets to death while the rest of his family was away on vacation. Zuluaga was said to have not taken his medication for months.
- Patrick Campbell, 27, diagnosed with schizophrenia, was charged with having stabbed his 64-year-old grandmother to death. He was found not competent to stand trial.

INDIANA

- Richard Norris, 21, diagnosed with schizophrenia, was charged with having strangled his 78-year-old grandmother to death. He had been released from a psychiatric hospital five days previously.

MINNESOTA

- Timothy Steele, 35, diagnosed with bipolar disorder, was charged with having killed his 84-year-old grandmother with a hammer. Police had been called to Steele’s house 16 times in the previous five years.

MISSOURI

- Lee Yang, 27, said to have psychosis, was charged with shooting his 88-year-old grandfather to death.

NEVADA

- Julio Angulo, 24, diagnosed with schizophrenia, was charged with stabbing his uncle's wife to death. Angulo had had multiple psychiatric hospitalizations and had threatened to kill his mother.

NEW YORK

- Eric Perez, 48, diagnosed with bipolar disorder, was charged with beating his 87-year-old grandmother to death and injuring his mother and stepfather.

OHIO

- Dalevon Artis, 22, diagnosed with a psychotic disorder, was charged with shooting his cousin, his uncle (age 76), and another woman to death. Artis had a history of violence.

TEXAS

- Julie Peterson, 37, diagnosed with bipolar disorder, was charged with having stabbed her mother-in-law to death.

VERMONT

- Jody Herring, 40, diagnosed with bipolar disorder, was charged with shooting to death two cousins, a 72-year-old aunt and a state social worker.

WASHINGTON

- Shane Hathway, 24, diagnosed with schizophrenia but not taking his prescribed medication, was charged with stabbing his 83-year-old grandmother to death and attempting to kill his grandfather. Hathway had a history of previous attacks against his grandmother.

4. FAMILY HOMICIDES: JUST THE TIP OF THE ICEBERG

The killing of persons by mentally ill members of their own family is an ongoing tragedy. The true tragedy runs even deeper than that, however, because these homicides are merely the visible tip of the iceberg; the other nine-tenths of the consequences of family violence lies below the surface.

Nonfatal injuries caused by mentally ill family members are relatively common. Some of these occur in conjunction with homicides, such as the homicides described in this study. For example, Thomas Schnieders, charged with killing his mother in Florida, also injured his father. Eric Perez, charged with killing his grandmother in New York, also injured his mother and stepfather. Injuries that do not occur in conjunction with a homicide are much less likely to be reported by the media except when the circumstances are unusual. A review of the Preventable Tragedies Database cases identified many such examples. For example, the following headlines all appeared during the month of May 2015. In each case the offender was identified in the report as having a serious mental illness.

- Louisiana: "Arabi man tries to kill mother by burning down home, sheriff says," *Times-Picayune* (New Orleans), May 1, 2015.
- Virginia: "Pittman sentenced for attempted murder of young daughter," *Gazette-Virginian* (South Boston), May 7, 2015.
- Illinois: "Wife wonders if mental illness caused husband to shoot at family," *Peoria Journal Star*, May 19, 2015.
- Missouri: "Family violence highlights concern over mental health treatment," *KSPR* (Springfield), May 20, 2015.
- Florida: "Hollywood man accused of trying to set family members on fire," *WPLG* (Miami), May 26, 2015.
- South Dakota: "My son needs treatment, not jail time," *Argus Leader* (Sioux Falls), May 26, 2015.
- Tennessee: "Man charged with attempted murder after gouging out one of his father's eyes," *WMC* (Memphis), May 27, 2015.

Such accounts raise the question of what it is like to live with an adult with an untreated serious mental illness who is threatening family members. One woman likened it to living in a closet within a closet.⁶⁹ The first closet is having a family member with

An important aspect of family homicides associated with serious mental illness is that they often have effects on family members that last for many years, particularly when the family is facing the release of an individual who has killed family members in the past.

a serious mental illness, which the family is not encouraged to discuss publicly. The second closet is having a mentally ill family member who is violent, which the family is not encouraged to discuss even within the community of other families with a mentally ill family member. Even when family members do speak about it publicly, they may

feel they must do so anonymously, as “Jane Doe” wrote in an op-ed in *The New York Times* titled “My Brother Might Kill Me.”⁷⁰

Occasionally, accounts have been published describing the effects of living with a family member who is both seriously mentally ill and threatening. The most noteworthy of these was a stunning five-part series written by Carolyn Acker and Mary Jane Fine, published in the *Philadelphia Inquirer* in 1989.⁷¹ Titled “Families under Siege: A Mental Health Crisis,” it described families such as the following son with untreated schizophrenia who was living with his mother:

His diagnosis – paranoid schizophrenia – followed a frightening episode when he was about 21 and chased his parish priest with a knife....

He was mentally ill and growing more erratic all the time. He heard spirits talking to him. He imagined bombs in the chimney. He sat on the living room sofa with a knife at his side. He paced in rapid circles around the dining room table, “pulling his hair to get that feeling out of his head, whatever it was. He thought maybe demons were in his head. He would be mumbling something, like he was speaking the Chinese language ...like he’s talking to the demons.” [His mother] felt that she was always waiting for his next outburst, unpredictable and terrifying. One night he went on a rampage, tearing the newel post from the stairwell, smashing the beveled glass in her china cabinet and battering the mahogany dining room table that had been her mother’s. Other times, he yanked doors off their hinges, trashed TV sets, shoved her chair over so that she was wedged between it and a lamp table....

One night in 1987 as the weather began to turn warm, terrified by his bizarre behavior, she pried the screen off a second-floor bedroom window and climbed onto her West Philadelphia row house roof, cowering behind the chimney and thinking, “Oh God, if he comes after me, I’ll have to jump off the roof onto the lawn.” But after 20 minutes or so, “things got quiet” and she climbed back into the house....

For one entire winter, she half-slept in her lemon yellow chair by the fireplace, house keys pocketed, the better to escape out of the front door if she had to. Burn marks in the rug testify to the nights she nodded off, cigarette in hand. Upstairs slept her son. She couldn’t trust the silence....

“I know he’s my son and I love him, but it was unbearable,” she said, her voice quavering. “He would look at me, and it would frighten me. I don’t think he knew I was his mother. He would think, maybe, that I was the evil one.”

Crimes involving the killing of one family member by another who is seriously mentally ill are crimes like no others. Families that must live with the threat of such crimes must endure stresses such as few other people experience.

An important aspect of family homicides associated with serious mental illness is that they often have effects on family members that last for many years, particularly when the family is facing the release of an individual who has killed family members in the past.⁷² In Louisiana, for example, a man diagnosed with paranoid schizophrenia remains a patient in a psychiatric hospital for killing his 6-year-old daughter in 2011. He is reported to have called his wife from the hospital and threatened to kill her. "I'm terrified," she said. "He's a dangerous person. He can come and kill us, too."⁷³ Similar fears are often voiced in cases such as that of a man diagnosed with paranoid schizophrenia who has requested his release from a state hospital where he has been held since 1994

after killing and dismembering his mother,⁷⁴ and of an Ohio man diagnosed with schizophrenia and scheduled for a hearing on his release from a psychiatric hospital, where he has been held since 2003 for killing his grandfather.⁷⁵

Crimes involving the killing of one family member by another who is seriously mentally ill are crimes like no others. Families that must live with the threat of such crimes must endure stresses such as few other people experience. Lisa Hamilton, an Oregon mother of a son with schizophrenia, described what it was like when her son's voices told him that "his family and others around him were FBI, CIA, evil and out to get him."

He was so ill at one point that he looked me in the eyes and said, "I am going to kill you. I am going to slit your throat."

Never, then or now, did I accept any of these kind of behaviors as anything but symptoms exhibited by a seriously sick young man. Never did I stop loving or caring about him because of behavior that was often very strange, bizarre, or threatening.

Always, having someone we love so much be so ill has been difficult in the extreme for our entire family. And we are but one of many families.⁷⁶

Another mother, at risk of being attacked by her mentally ill son, described her dilemma as follows.

The thought of being attacked and physically harmed by another is frightening in itself, but when the attacker is your own flesh and blood, it is additional, unspeakable trauma upon trauma as your whole being sways between love and fear.

If a stranger were to be the attacker, you would automatically try to defend yourself, but when it is the one you love, you only try to run because your love would bind your hands.⁷⁷

My Sister Tried to Kill My Mother

E. Fuller Torrey, M.D.

In the mid-1960s, when my sister, Rhoda, had had schizophrenia for about seven years, she tried to kill my mother. Rhoda had severe schizophrenia with delusions and hallucinations, including command hallucinations. At that time, there were fewer antipsychotics available, and she was being inadequately treated.

My mother was living alone and had brought Rhoda to her apartment for dinner. Without warning and saying nothing, Rhoda emerged from the kitchen with a knife and attacked my mother. My mother, who usually was a paragon of femininity, had in fact been raised in difficult circumstances and had learned how to defend herself when necessary. She disarmed my sister and called the police, who took Rhoda to the hospital.

Thereafter, for the rest of her life, my mother always took another person with her when she visited my sister or took her to lunch; she was never again alone with her. In later years, when Rhoda came to stay with me for the Christmas holidays, I always locked the bedroom door at night. And like most families who experience such events, I did not discuss it publicly until both my sister and mother were deceased.

Such situations are often made worse by the way the laws governing the hospitalization and treatment of mentally ill persons have changed in most states. Current laws protect the right of persons who are mentally ill to remain mentally ill. Cheri McNealy, the mother of a man with paranoid schizophrenia and drug addiction, describes the situation as follows:

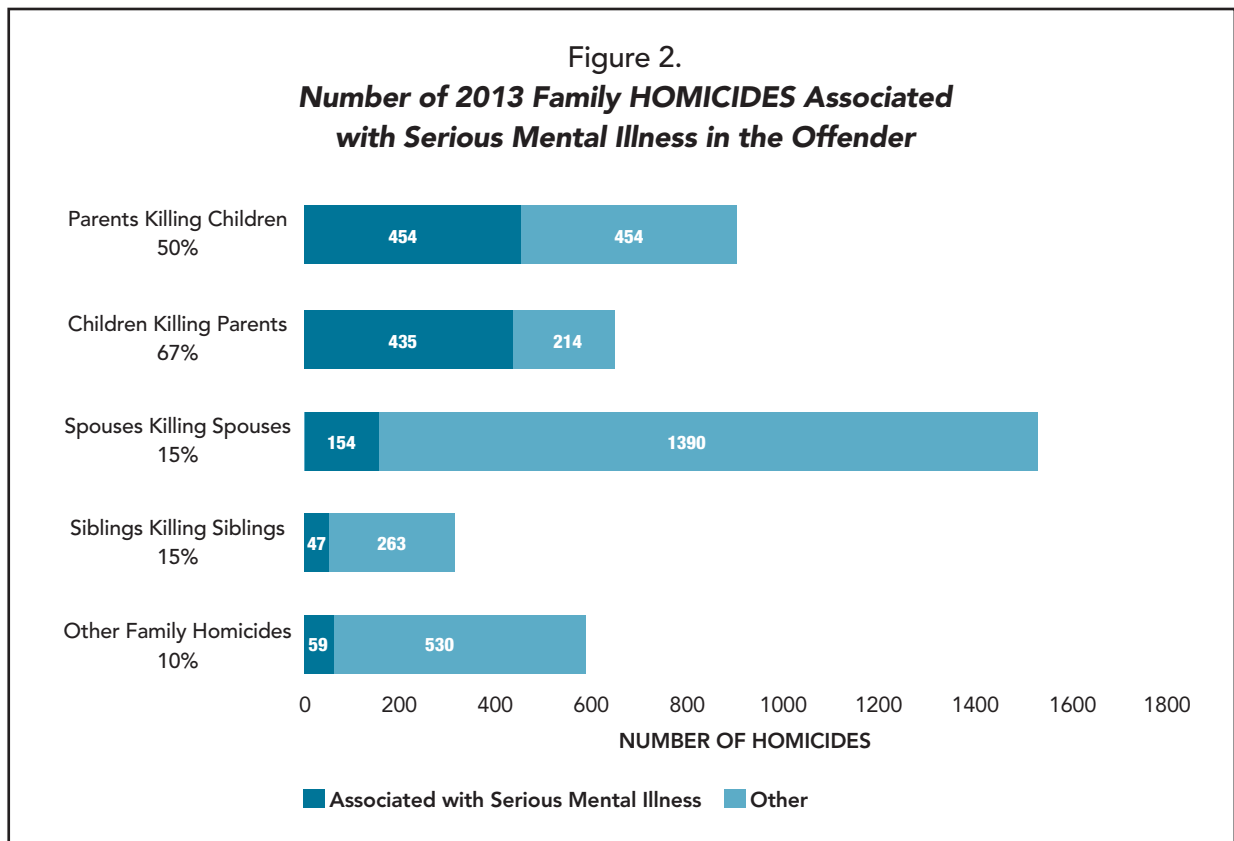
I've been told – a number of times now – that “being crazy isn't against the law” and “he has his rights.” When, pray tell, do MY rights kick in? When does the potential for him to hurt himself – or be hurt by some policeman who fears he's crazy and therefore dangerous – come into play? When do his threats to get even with everyone under the sun mean enough to anyone to finally step up to the plate and take preventative action?⁷⁸

McNealy raises some very important questions. These are questions for which the Treatment Advocacy Center is attempting to find answers in addition to putting out this report.

5. CONCLUSIONS

The goal of this study was to quantify the role of serious mental illness as a contributing factor in family homicides. According to the CDC's National Vital Statistics System, 16,121 individuals died by homicide in 2013. In 6,681 of these cases, law enforcement identified the relationships between the victims and the offenders to the FBI in Supplementary Homicide Reports (SHRs). Of the homicides for which this information was reported, 25% involved one family member's killing another. Applying this factor to the CDC data on all homicides in the United States yields an estimate of 4,000 individuals killed by members of their own families in 2013.

In order to assess the role of serious mental illness in family homicides, the existing literature for each of the family relationships was examined. Using the percentage breakdown by family relationship obtained from the SHR subset, the total number of family homicides for each relationship was projected. The percentage of homicides reported in the literature as related to serious mental illness varied widely, from 67% of homicides in which children kill their parents to 10% of those in which spouses kill spouses (Table 2 and Figure 2). *The total number of family homicides in 2013 in which serious mental illness played a significant role was an estimated 1,149; this was 29% of family homicides and 7% of all homicides.*



What is the magnitude of 1,149 deaths compared with other causes of death in the United States? Compared with leading causes of death, such as heart disease and cancer, it is very few. However, the 1,149 deaths due to homicides committed by family members with serious mental illness is greater than the number of 2013 deaths caused by meningitis, tuberculosis, kidney infection, Hodgkin's disease or pneumococcosis such as black lung disease.⁷⁹

Several other findings of this study were noteworthy.

- Although there has been a marked decrease in the overall homicide rate in recent years in the United States, some family homicides have not decreased. According to the SHR data collected between 1980 and 2008, this is especially true for homicides in which children are killed by their parents and those in which children kill their parents.⁸⁰
- Women play a disproportionate role in family homicides. Although they are responsible for only 11% of all homicides in the United States, women commit 26% of family homicides.⁸¹
- There are indications that elderly people, especially elderly women, are targeted disproportionately in family homicides. Other researchers have also noted the plethora of female victims in family homicides: "Female family members, in particular mothers, were those most likely to die as victims of severe violence."⁸² According to FBI data for 2013 for all homicides in the United States, only 5.1% of homicide victims were age 65 or older and only 2.2% were age 75 or older. In our Preventable Tragedies Database from 2015 media reports, there was a total of 141 victims (133 family members and eight other individuals). Among these victims, 25 (17 parents, six grandparents, one uncle and one aunt) were 65 or older; this is 17.9% of all victims. Thirteen of these (six parents, six grandparents and one uncle) were 75 or older, including nine who were in their 80s; this is 9.2% of all victims. *Thus, among family homicides from our media sample, there were more than three times as many victims 65 and older and more than four times as many victims 75 and older than would be expected in the general population.* Elderly parents and grandparents living with children and grandchildren who have untreated serious mental illness are at increased risk.
- Failure to take prescribed psychiatric medication plays a major role in family homicides. In the vast majority of cases in which such information is available, the offender was noted to be not taking medication. This result is consistent with the literature. For example, a study of family violence found "compliance with medication" to be the most important variable that discriminated violent from nonviolent mentally ill relatives.⁸³
- Co-occurring substance abuse, especially alcohol abuse, in conjunction with serious mental illness also plays a major role in family homicides. In a study of family homicides by the Department of Justice, in 64% of cases the offender was using alcohol at the time of the killing.⁸⁴

- The literature on family homicides suggests that guns are used as the weapon in less than half the cases. Among the 100 instances of family homicide identified in the 2015 Preventable Tragedies Database, guns were used in 27 cases; knives (or other cutting instruments) were used in 31 cases.
- The majority of family homicides are preceded by warnings and threats that are often ignored. In Resnick's study of parents who killed their children, "three-quarters of the parents showed psychotic symptoms prior to their filicide. Some mothers talked openly of suicide and even expressed concern about the future of their children."⁸⁵ In Green's study of 43 children who killed their mothers, "Warnings of intended homicides or previous attacks on the mothers were identified in 24 cases."⁸⁶

Finally, the finding that individuals with serious mental illness are responsible for 29% of family homicides and 7% of all homicides raises the question of what percentage of all homicides, including those of non-family members, are attributable to individuals with serious mental illness. Put another way, if 7% of total US homicides are attributable to mentally ill family members, what percentage are attributable to individuals with serious mental illness who kill friends, acquaintances or strangers, including the multiple victims of mass shootings such as those at Virginia Tech, Newtown, Tucson, Aurora, the Washington Navy Yard and elsewhere? A few small studies estimate that mental illness plays a role in approximately 10% of homicides in the United States.^{87,88,89,90} But if those who kill family members are responsible for 7% of all homicides, then surely the percentage of all homicides attributable to individuals with serious mental illness is more than 10%. Based on the findings of the present study, 12% to 15% would be a more reasonable estimate.

6. RECOMMENDATIONS

The fact that individuals with serious mental illness are responsible for more than 1,100 family homicides each year – 7% of the nation’s homicides – suggests that there is a serious problem. What can be done to decrease these numbers and reduce this deadly phenomenon? The following six recommendations would significantly improve the situation if implemented.

1. **Provide adequate psychiatric treatment.** The linchpin for reducing the numbers of family homicides associated with serious mental illness is to provide adequate psychiatric treatment, especially for individuals who have risk factors making it more likely that they will commit violent acts. Clozapine, the one antipsychotic demonstrated to decrease aggression and violent behavior in individuals with serious mental illness, is woefully underutilized by psychiatrists in the United States.^{91,92} The underutilization of the only drug ever recognized by the FDA for reducing violence is almost certainly one reason that we have so many family homicides committed by individuals with untreated serious mental illness.
2. **Ensure that the prescribed antipsychotic medication is actually taken.** A Swedish study of family homicides found that 48% of the mentally ill offenders had been prescribed antipsychotic medication, but only 4% of them were actually taking the medication.⁹³ Similarly, a review of cases in which parents were killed by their mentally ill children reported “treatment nonadherence to play a crucial role.”⁹⁴ An obvious solution to the nonadherence problem is to switch the individual from oral medication to long-acting injectable preparations, which are now available for six antipsychotics, one of which has two forms:
 - fluphenazine decanoate – generic
 - haloperidol decanoate – generic
 - risperidone (Risperdal Consta)
 - aripiprazole (Abilify Maintena)
 - aripiprazole lauroxil (Aristada)
 - olanzapine pamoate (Zyprexa Relprevv)
 - paliperidone palmitate (Invega Sustenna and Invega Trinza)

Most of these are given by injection once every two to four weeks. However, the two preparations approved most recently by the FDA have a longer duration of action; aripiprazole lauroxil (Aristada) can be given every four to six weeks; paliperidone palmitate (Invega Trinza) can be given as infrequently as every three months.

3. **Use assisted outpatient treatment.** An individual with multiple risk factors for violent behavior against family members or a history of such behavior is an ideal candidate for assisted outpatient treatment (AOT). AOT requires the individual to be compliant with his or her prescribed treatment plan, including medication, as a condition for living in the community. AOT is available by law in all states except

Massachusetts, Connecticut, Maryland and Tennessee, but it is also underutilized in most of the states where it is available. This underutilization is surprising since studies have consistently found that AOT reduces violent behavior in individuals with serious mental illness. In a randomized trial in North Carolina, subjects with a history of serious violence had a reduction in violence from 42% to 27% when AOT was continued for at least six months.⁹⁵ In New York, AOT reduced the proportion of individuals who “physically harmed others” from 15% to 8%, and the proportion who “threatened physical harm” from 28% to 16%.⁹⁶ The use of AOT may increase in the coming months because in 2015, thanks to the work of Representative Tim Murphy of Pennsylvania, Congress appropriated \$15 million in federal funds to support AOT demonstration projects in the states.

4. **Reform the federal HIPAA regulations.** The federal Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996 in an effort to safeguard the privacy of patients’ medical records. Unfortunately, it has been widely overinterpreted to severely restrict family access to basic medical information regarding family members over the age of 18. This has been especially problematic for those with a seriously mentally ill relative living with them, who often are not given basic information such as the person’s diagnosis or list of prescribed medications. In a recent survey for the National Alliance for Caregiving, half of the 1,600 family members caring for mentally ill loved ones reported being unable to obtain basic information about the relative’s condition from health providers. About the same number reported being included in health care conversations less often than they should have been.⁹⁷ Legislation introduced by Congressman Tim Murphy of Pennsylvania would go a long way toward fixing the HIPAA problem and thus would be helpful to families, but the legislation has not yet been acted on by the politically divided Congress.
5. **Focus on the individuals with the most risk factors.** As noted previously, in the majority of cases of family homicides the offender has given clear warning signs. For example, in the review by Hillbrand and colleagues of 237 individuals who had killed their parents, “threats of harm and assaultiveness toward the victim prior to the crime were reported in most studies.”⁹⁸ Too often, state laws regarding the involuntary commitment and treatment of psychiatric patients are interpreted very narrowly, with families being told, “We can’t do anything until he or she demonstrates dangerousness.” All too often such demonstrations have fatal consequences.
6. **Improve data collection and research.** Given the magnitude of the family homicide problem and the fact that a subset of these homicides is preventable by treating the offenders’ mental illness, this would appear to be a promising area for better data collection and research. Some examples follow.
 - Better data should be collected on nonlethal assaults carried out by family members with a serious mental illness. Completed homicides are merely the tip of the iceberg.

- Longitudinal studies should be performed to assess possible relationships between family homicides and indicators of treatment availability such as the number of available psychiatric beds.
- Mental health treatment systems vary widely from state to state. Analysis of data comparing incidence of and statistics surrounding family violence and family homicides by state may reveal whether or not particular policies or treatment gaps can be correlated with the risk of family homicide.
- Since women, especially older women, appear to be disproportionately victimized by sons and grandsons with serious mental illness, studies are needed that focus on the caregiving role of such women and alternative living arrangements for their ill family members.
- Since law enforcement officials are usually the first responders called to domestic disturbances, their training should include information on the rates of family homicide associated with serious mental illness. It is important that officers treat assaultive behavior by a family member with a serious mental illness just as seriously as they would treat assaultive behavior by a non-family member with a serious mental illness.

In addition to saving lives, there is another important reason to try to decrease family homicides. Polls have shown that a majority of Americans believe that violent behavior is a symptom of serious mental illness, especially schizophrenia. A national survey reported that news stories about violent acts by mentally ill individuals “appear to play a critical role in influencing negative attitudes towards persons with serious mental illness.”⁹⁹

Such negative public attitudes are at the core of stigma that affects all persons with any mental illness, making it more difficult for them to socialize, find employment or obtain housing. Studies have also shown that stigma against mentally ill persons is increasing.¹⁰⁰ Currently mass antistigma campaigns try to persuade the public that “people with mental illness make good neighbors.” In contrast, the evening news carries stories such as the following: “In North Park, a mentally ill man is accused of setting his elderly mother’s hair on fire with a blowtorch because she asked him to stop making noise.”¹⁰¹ It is, of course, the latter message that people remember.

Stigma against people with mental illness will not decrease until we decrease the number of mentally ill individuals who commit violent acts, including family homicides. And that will happen only when we begin providing better treatment.

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