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MOTHERS WHO KILL CHILDREN THEY HAVE ADOPTED

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

KATHERINE E. SUNDER, M.A.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

JULY 2015

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WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

July 15, 2014

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **KATHERINE E. SUNDER** ENTITLED **MOTHERS WHO KILL CHILDREN THEY HAVE ADOPTED** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Cheryl L. Meyer, J.D., Ph.D.
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Abstract

A mother killing her child is a disturbing and puzzling crime. While extensive research has been conducted on mothers who kill their biological children, little information is known about mothers who kill children they have adopted. Previous research has suggested specific typologies and characteristics of mothers who kill their biological children. The current research reviews these typologies and investigates whether they can be applied to the mothers who kill adopted children. A review of the cases in the United States from 1993 through 2013 that involved mothers who killed children they had adopted was conducted. The similarities and differences between mothers who kill their adopted children and mothers who kill their biological children are described. The common factors and general patterns that exist among these mothers are examined to help create a new typology and propose a theory for why a mother decides to kill her adopted child.

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Mothers Who Kill Children They Have Adopted

Fewer crimes generate greater public reaction than that of a mother who murders her child. Filicides such as those committed by Susan Smith, Andrea Yates and, more recently, Casey Anthony, leave individuals with varying reactions that range from compassion and empathy to rage and anger toward the mother. The death of a child is appalling yet it raises interest. Many are morbidly curious about how anyone, especially a mother or a mother figure, could destroy the supposedly strong bond she has with her child. There are many misconceptions and false pretenses that exist surrounding these women.

While the research and focus on mothers who kill their children has concentrated on biological children, another group has not been thoroughly researched, mothers who kill children they have adopted. While the prevalence rate of children killed by their adoptive mothers is not entirely known, there have been several cases in recent years that have raised concerns. In 2005, Risky Holland, a 7-year-old adopted boy, died in Michigan after being bludgeoned by his adoptive mother. The severely injured boy was left without medical care for days while his parents followed their daily routines. When the boy finally died from head injuries, his adoptive father tossed his decayed body into a swamp near the house (Kresnack, 2007; Barth & Hodorowicz, 2011). In 2008, adoptive mother Renee Bowman made headlines when her bloodied 7-year-old daughter was found wandering outside. After investigations were made, police found the bodies of

Bowman's 9-year-old and 11-year-old adopted daughters hidden in a freezer at the location (Salsman, 2010; Barth & Hodorowicz, 2011). More current is the story of Hana Williams, the 13-year-old girl who was adopted from Ethiopia and was tortured and abused as a form of discipline. She died of hypothermia, compounded by malnutrition and gastritis at the hand of her adoptive fundamentalist Christian mother. While Hana died in 2011, her parents were found guilty of manslaughter and homicide by abuse in October of 2013. The adoptive mother, Carri Williams, is currently serving 37 years in prison.

While an average of four children die every day from child abuse and neglect in the United States (Child Welfare Information Gateway, 2012), adoption is often enlisted as a way to try and prevent such tragedies from occurring. Generally, parents who adopt domestically and also internationally are recognized as extremely devoted and committed to family, who will literally "lay everything on the line" to parent a child. Prospective parents frequently wait for months or even years to complete their adoptions. Procedural delays and setbacks are common, particularly in international adoption, due in part to the complex requirements of United States and foreign government bureaucracies (Miller, Chan, Reece, Tirella, Pertman, 2007).

The adoption process can differ greatly depending on the type of adoption, agency or person to facilitate the adoption, and location of prospective parents. However, there are some general procedures that are guided by federal and state laws. The Child Welfare Information Gateway (2010) describe that the laws of every State and the District of Columbia require all prospective adoptive parents (no matter how they intend to adopt) to participate in a home study. The purpose of the home study is to educate and prepare the

adoptive family for adoption, evaluate the fitness of the adoptive family, and gather information about the prospective parents that will help a social worker connect the family with a child whose needs they can meet. Specific home study requirements and processes vary greatly from agency to agency, State to State, and (in the case of intercountry adoption) by the child's country of origin. However, a home study is typically conducted by trained social workers and can involve orientation, training, interviews, home visits, health statements, income statements, background checks, an autobiographical statement, and references. With the exception of the background check, which is required by all states for all adoption types and agencies, the other elements of the home study are left up to interpretation. Regardless, Miller et al. (2007) describe the process as intensive and indicate that there are multiple opportunities for agencies and persons to appraise and educate prospective parents.

Considering the rigorous and demanding process these parents go through in order to adopt a child, it raises the question of *why* would a mother kill the child or children she adopted? In order to understand the impact and risk for filicide by mothers who adopt their children, a discussion about filicide and the original research concerning mothers of biological children is necessary.

Filicide: Definition and Historical Perspectives

Filicide defines the murder of a child by a parent, regardless of genetic relationship. In traditional research, filicide pertains to the killing of older children, over a year of age. However, the killing of one's child can actually be categorized in a total of three ways. The two other categorizations are infanticide and neonaticide. Infanticide refers to the homicide of children who have not yet had their first birthdays while

neonaticide is reserved for children who are murdered on their first day of life, typically within moments of being born (Resnick, 1969). For the purposes of this research, the general term filicide will be used to refer to the killing of any age child by his/her parent.

According to Meyer and Oberman (2001), it is important to understand the manner in which cultural norms have shaped the crime of filicide throughout history and why it continues to exist today. It is not an arbitrary or unpredictable crime. Instead, it can be viewed and experienced as imbedded in and a reflection of the societies in which it occurs. “The crime of infanticide is committed by mothers who cannot parent their child under the circumstances dictated by their unique position in place and time.” (Meyer & Oberman, 2001, p. 2). The crime can be viewed as a response to the societal construction of and constraints upon mothering. Throughout history, filicide is a reflection of cultural norms of a given time period. In some time periods, filicide was legal and justified under the provisions of population control, eugenics and illegitimacy (Meyer & Oberman).

The earliest mention of filicide can be found in ancient Greek and Roman eras (Palermo, 2002; Spinelli, 2004). Records dating back to 4,000 to 2,000 B.C. refer to disabled newborns as a sign or omen from the gods that something bad was to come. Particularly, the Greeks would engage in the killing of children to dispose of the unwanted or disabled children as a way to control the population. Even though the ancient Greeks did not experience extreme deprivation, small family size was encouraged and filicide was seen as a civic duty (Meyer & Oberman, 2001). There are indications of this practice from the various fictional stories during this era from Plato, Seneca, and Pliny. For example, the most familiar story is that of Medea. This Greek tragedy tells of

Medea murdering her sons she had with Jason as a way to avenge his marital abandonment (Wertham, 1949; Messing & Heeren, 2004). Another culture plagued by a history of filicide was the early Muslim and Hindu culture.

Meyer and Oberman (2001) indicate there are periods within the Muslim and Hindu history that demonstrate filicide practices but also periods when there is an absence of filicide practices. Prior to the arrival of Islam in seventh-century Arabia, men owned women as they would own any other property. Mothers would dispose of their female babies to spare them a life of misery as a piece of property. However, with the beginning of Islam in Arabia, women were given more rights and freedom. The act of filicide was almost nonexistent at this time according to historical records. Then the pendulum swung again around the thirteenth and fourteenth centuries with the Muslim invasion of India, thus blending Muslim and Hindu cultures. There was pressure to provide a dowry to the groom by the bride's parents. Even today, this costly dowry system results in the persistence of female filicide and sparing a family from having to provide a dowry they possibly cannot afford (Meyer & Oberman).

Similarly, the Chinese culture has a long history of filicide. Female children have always been considered less valuable than males as they could not make offerings to the family's ancestral sacrifice, could not glorify the family name by taking public office, and could not continue the family line. A son is a necessity in all of these and will support his parents in old age. This is something a daughter cannot do since she will be married out of the family. When the one child policy came into effect in 1979 to slow population growth, the issue of son preference became particularly salient. A surge in

abandoned and dead female babies, as well as intentional adoption, was a result, (Meyer & Oberman, 2001).

Lastly are the Judeo-Christian and Westernized cultures. Anglo-Saxon traditions, which emerged in the fifth century, contributed to the social acceptability of violence against children (Williams, 1976). However, after the conversion of the Roman Empire to Christianity in 400 A.D., filicide was declared a crime that could be legally punishable if caught. Yet all indications are that filicide remained commonplace throughout early Christian society until the eighteenth century. The underlying cause of filicide in Judeo-Christian Europe was due to the profound and religious hostility of pregnancy out of wedlock. These children were seen as illegitimate and were denied right to family name as well as a right to be supported by and to inherit from their families (Meyer & Oberman, 2001). From 400 A.D. to the eighteenth century, children were smothered, strangled or drowned in such countries as England, France and Russia (Dobson & Sales, 2000; McKee & Shea, 1998; Palermo, 2002). These acts against children were justified within the Judeo-Christian texts. A few examples are the sanctioning of stoning children to death (Deuteronomy), burning children (chronicles) and having disobedient children torn apart by bears (Kings 2; Williams, 1976).

Shifting from societal constraints of poverty, population control, government, and religion, it wasn't until the start of the twentieth century that filicide was understood as a crime committed by illness. In the late 1800's, two French doctors proposed a relationship between pregnancy, birth, and mental illness. England was the first country to recognize filicide as a distinct form of homicide due to the impact of pregnancy, birth, and childcare upon the mother's mental status. In 1922 and 1938, England developed

filicide statutes indicating that mothers who can demonstrate they suffered from a postpartum mental disorder can be charged with manslaughter, rather than murder. While these statutes have been replicated and adopted by twenty-two other nations, the United States does not have any federal or state laws governing filicide. Also, there is not a consensus between medical experts on the relationship between postpartum and filicide (Meyer & Oberman, 2001).

Recent Perspectives on Mothers Who Kill Biological Children

Mothers kill their children for many different reasons and under a variety of circumstances, such as mental illness, social factors, or a combination. Given the variety of different case characteristics and the risk factors that accompany them, filicide cannot be explained under a single construct. In an effort to understand why mothers kill their children, researchers have developed typologies, or classification systems, to clarify similarities and differences among these cases. These typologies are helpful in understanding, assessment and treatment (McKee, 2006). While several typologies have been proposed throughout research and literature about filicide, the current typologies as developed by Meyer and Oberman (2001) and McKee (2006) are the most relevant to expand upon.

Resnick (1969, 1970) proposed the first classification system of filicide perpetrated by either parent, which was followed by several other researchers from different countries, such as Britain, Canada, and Australia (Baker, 1991; Bourget & Bradford, 1990; Scott, 1973; Wilczynski, 1997). Other classifications were developed that focused exclusively on filicides perpetrated by mothers. The first one was developed by British psychiatrist d'Orban (1979) and was followed by Alder and Polk (2001), who

also resided in Britain. Meyer and Oberman (2001) were the first to examine filicide in the United States and create a typology, with several categories, that reflected their findings.

Meyer and Oberman's research and typology is based on the largest number of cases and is the most widely used in terms of identifying maternal characteristics for filicide. The cases were compiled from years 1990 to 1999 and information about them was extracted from the LEXIS/NEXIS news database. The 219 cases were divided and organized into five categories: ignored pregnancy, abuse-related filicide, neglect, purposeful filicides, and assisted/coerced filicides. These categories are not based on motive or intent but instead are based on the interaction between a wide array of social, cultural, environmental, and individual variables (Meyer & Oberman, 2001).

The first category in Meyer and Oberman's typology is related to an ignored pregnancy. This is also known more specifically as neonaticide. Mothers in this category either outwardly denied being pregnant or went to great lengths to conceal the pregnancy. While other researchers, such as Resnick (1970), limited his typology to denial only, Meyer and Oberman expanded upon this to include concealing the pregnancy. The denial associated with this category is attributed to the tremendous fear surrounding the repercussions of the pregnancy. On the other hand, some of the women may have been conscious of their pregnancy but unable to make decisions about how to proceed or what to do about it. As a result, these women would hide the pregnancy by limiting their exposure to others or wearing baggy clothing. Whether the pregnancy was denied or concealed, these women are likely to experience little of the bonding with the fetus that other women experience during wanted pregnancies. In light of this, it can become easier

for these women to forget the baby once she has given birth to it. Typically, her act is one of confusion and panic, not one of anger. Overall, these women are young, averaging 19.3 years old, single, lack resources, and have limited social support (Meyer & Oberman, 2001).

The second category is abuse-related. It consists of mothers whose purposeful physical assault unintentionally led to the child's death. The purpose was not to kill the child but to provide harsh discipline. Meyer and Oberman found that none of the women in their sample purposefully killed their child and discovered that even the courts recognized this fact, often charging these women with involuntary manslaughter instead of murder. These women acted alone and were the one primarily responsible for the child's death. On average, these women were older, around 27 years of age, several had substance abuse issues, and few of the fathers of the child appeared to reside with the mother. Additionally, 80% of the cases involved child welfare services (Meyer & Oberman, 2001).

The third category is due to neglect. These cases involved mothers who did not purposely kill their children. Instead, the cases under this category can be divided into neglect-omission (75%) and neglect-commission (25%). Neglect omission includes instances where a mother did not attend to the child's basic needs or safety, failing to provide adequate nutrition or a safe environment with proper supervision. Some typical methods that resulted in a child's death included fire, automobile suffocation, bathtub drowning, layover suffocation, failed nutrition, and inattention to safety needs. Neglect-commission includes cases where an irresponsible action caused the child's death. Meyer and Oberman found that all these cases involved the mother's attempt to stop the child's

crying. Deaths resulted from shaking the baby, slamming the baby's head into the side of the bed, throwing the child across the room, hurling the baby out the window, or placing something over the child's head, such as a pillow or plastic bag. The profile of a mother in this category is, on average, 26.38 years for neglect-omission, and 23.21 years for neglect-commission. Around 85 percent of all the mothers in this category were single and lacked financial and emotional resources. Dire economic constraints prevailed in approximately 90 percent of the cases and involved the woman and her children living in poverty. Something also to be considered is family size since the greater number of children in the family leads to fewer privileges for individual family members. Among all the cases, 41 percent had three or more children living in the household. Lastly, 41 percent of the mothers were experiencing some form of psychological problem and 34 percent of the mothers were using or abusing drugs and/or alcohol (Meyer & Oberman, 2001)

The fourth category is assisted or coerced filicide. The women in these cases were involved in abusive relationships with a violent male partner during the period in which they killed their children. The violence perpetrated by the women's partner is usually not isolated to one or two instances. Instead, the men's behavior constitutes the typical domestic violent relationship pattern, which includes multiple types of abuse (physical, emotional, and sexual) that waxes and wanes with frequency and intensity. These mothers killed the child, with the assistance of a partner (active), or if the partner did the killing, the mother was charged with murder due to her other actions, such as her passivity (Meyer & Oberman, 2001).

For the active subcategory, the average age of the woman was 26.2 years old when their children were killed. Another important aspect to this category is the relationship of the partner to the child. In 43 percent of the cases the male partner was not the biological father of the child. Meyer and Oberman found that the literature suggests children are more at risk of being harmed by caretakers who are not biologically related. Many of the children killed were physically abused and the deaths were a result from discipline-related abuse. Lastly, the average age of the child was 27.8 months old, which was consistent with other young children in the categories of abuse and neglect (Meyer & Oberman, 2011).

While the active subcategory is more rare, the passive subcategory is relatively common. Passive women do not behave violently toward their children but are blamed for their inability to protect their children from their abusive partner. Passive women are younger than the previous subcategory and are, on average, 23 years old. Domestic violence was extremely prevalent in these cases and, in all cases within this subcategory; the woman's partner was not the biological parent of the child. Most of the children within this subcategory were beaten to death and the death was more than likely the result of extreme discipline but some cases demonstrated ongoing abuse and humiliation by the partner. Interestingly, the men's jealousy toward their nonbiological children was a salient factor in the children's death. It becomes clear that the violence directed toward the women and the women's subsequent fear were major contributions to the inability to prevent the children's death. Similarly to the active subcategory, the children in this subcategory were 33.25 months old (Meyer & Oberman, 2011).

The fifth and final category is purposeful filicide. Purposeful filicide is broad and includes mothers with mental illness, as well as those without mental illness. Several findings evolved as a result of Meyer and Oberman's research. One discovery, which sets these women apart from the other four categories, was the overwhelming number of cases that involved multiple deaths of children. Around 39 percent of the cases involved more than one child's death. When murder-suicide is considered, the number of cases jumps to 68 percent. Fire was the main method of killing, such as setting fire purposely to homes or cars. Another unique characteristic to this subtype is the fact most of the women were married but around 42 percent of the cases were experiencing a separation or divorce. Lastly, while many of these women have been considered cold-blooded killers, deeper examination demonstrates that these women were actually highly devoted to their children but extremely stressed at the time of the murder(s). Several of the women murdered their children, in addition to taking their own lives, as a way to keep the family together in death, while other women killed their children to spare them a life of pain if abuse by another person was present (Meyer and Oberman, 2001).

The most recent classification system is based on forensic psychological evaluations performed by McKee (2006). There is some overlap with the Meyer and Oberman typology. His classification system includes the following categories: detached mothers, abusive/neglectful mothers, psychotic/depressed mothers, retaliatory mothers, and psychopathic mothers (McKee, 2006). Unfortunately, no formal definitions or explanations of the categories exist within his writing. Instead, he used case examples to explain his findings and overall themes in his various categories.

In the detached-mothers typology, the bonding of the mother to her child has not developed or is essentially unwanted. Cases of filicide committed during the postpartum period were included in this category and are subdivided into four types: denial (refusing to believe one is pregnant despite signs and symptoms), ambivalent (fear of disclosing the pregnancy to someone else), resentful (negative memories of childhood relationship with own mother), and exhausted (situational factors become overwhelming). The second type, abusive-neglectful mothers, suggests that excessive discipline or nonexistent care categorizes the mother-child relationship. This is also subdivided into three categories: recurrent (many instances of abuse related discipline), reactive (usually a one time occurrence, typically to get a child to stop crying), and inadequate (neglect). The psychotic/depressed mothers is defined by maternal mental illness that negatively influences the mothers' perceptions of and relationship to their children. This is subdivided into delusional (postpartum psychosis), impulsive (usually borderline personality disorder and a history of making quick decisions), and suicidal (filicide-suicide). The retaliatory mothers type highlights the mother's wish to punish others' interference in her relationship to her child through the commission of filicide. Lastly, the psychopathic mothers typology describes mothers whose relationships to their children are characterized by maternal exploitation and self-indulgence. This category is subdivided in three categories: financial (achieve financial gain), addicted (women becomes more interested in a form of an addiction such as drug abuse than mothering), and narcissistic (Munchausen syndrome by proxy; McKee, 2006).

McKee cross-categorized typologies between researchers. Specifically, in reviewing Oberman and Meyer's research, McKee paired Ignored with Detached,

Abuse/Neglect with Accidental/Neglectful, Purposeful with Psychotic/Depressed, and Assisted with Psychopathic. He had no categorization from Meyer and Oberman to match to his Retaliatory category (McKee, 2006). In comparing the typologies, Meyer and Oberman's Assisted category takes into account societal variables that can heavily influence a woman's decision-making and behaviors, most notably the impact of domestic violence. Meyer and Oberman describe a woman who is caught in a battery cycle with limited support and outlets. McKee, on the other hand, describes his Psychopathic group as one with characterological defects, specifically personality disorders (antisocial and narcissism) and addiction, which may or may not be impacted by domestic violence. While there are similarities and some differences among researchers in the field of filicide, for the purposes of this study, Meyer and Oberman's typology will be utilized to determine if existing categories apply to mother who kill their adopted children.

Nonbiological Mothers Who Kill Their Children

The research on nonbiological mothers (stepmothers, foster mothers, and adoptive mothers) who kill their children is minimal. However, there is research regarding children being killed at the hands of their stepparents, though no gender of the offender is necessarily specified. Typically, the nonbiological father, or stepfather, who kills is the parent researched the most. Reviewing the research that does exist on nonbiological parent filicide, along with considering biological mother filicide typologies, some hypotheses about mothers who kill their adopted children are possible.

Although the stepchild-stepparent relationship is not a perfect fit with the adoptee-adoptive parent relationship, a similarity exists because both involve

nonbiological familial situations (Barth & Hodorowicz, 2011). However, the results of nonbiological parent studies are often mixed. Daly and Wilson (1994) found that stepparents are more likely to kill their stepchildren than their biological children. Using data from the United States and the United Kingdom, Daly and Wilson reported that children living with a genetically unrelated parental figure were 100 times more likely to be victims of fatal abuse than children who lived with two biological parents. This finding developed out of the concept of evolution- an inherent drive to ensure the survival of a genetic offspring, contending that a parent figure genetically unrelated to offspring is more likely to murder those offspring when entrusted to their care than to murder their genetic offspring (Herrings, 2009).

Some research came from Canada that addressed general findings of the nonbiological offenders. These researchers (Harris, Hilton, Rice, & Eke, 2007) found that filicides committed by stepparents, either mother or father, were likely to involve ongoing abuse and death by beating. Consistent with other research, Harris et al. found that filicide of infants was more likely to be committed by mothers, whereas older children were equally likely to be victims of either mothers with a mental illness or fathers with high marital discord.

Daly and Wilson's (1994) findings were replicated by Weekes-Shackelford and Shackelford (2004) using national-level United States homicides. Again, stepfathers were more likely than genetic fathers to commit filicide. They also discovered that the stepfathers were more likely to use violent methods, such as beating and bludgeoning, to commit murder. This brutality of stepfather filicide, later proposed by Harris et. al. (2007) suggests irate feelings not present to the same extent in filicide committed by

biological fathers, who were more likely to use less painful methods, such as suffocation (Barth & Hodorowicz, 2011).

On the other hand, some studies do not coincide with the findings of greater vulnerability of children living with stepparents or nonbiological parents. In a Swedish study that examined 35 years of data, the previous finding that stepparents are more likely to commit filicide was *not* supported (Temrin, Buchmayer, & Enquist, 2000). Temrin et al. found among families that included stepchildren and biological offspring of the perpetrator, the biological children were more likely to be victims of filicide. This study contradicted the evolutionary forces argument posited by Daly and Wilson (1994) and suggested that the high risk of murder by a stepparent may be culturally bound.

Barth and Hodorowicz (2011) argued the need for additional research in the field of filicide and the vulnerability of adoptive children. Barth and Hodorowicz's research was the only research that could be found that examined foster and adopted children who died from filicide. Given the varying results that have been demonstrated with nonbiological parent studies and lack of research that specifically examines the adoptive mother, there is a need for more research in this field in order to substantiate a typology of mothers who kill children they have adopted.

Conclusion and Framework for this Study

While extensive literature exists on biological filicide, adoptive filicide has not been thoroughly researched. It is important to understand the stresses, difficulties, and challenges that go into adoption as well as being able to look for risk factors associated with adoptive mothering. The aim of this dissertation is to compare mothers who kill their adoptive child to the existing typologies (Meyer and Oberman) of mothers who kill

their biological child. An additional aim is to begin understanding, through the use of existing theory and proposed new theory, why mothers kill children they have adopted.

Method

Participants

Mothers who kill their adoptive children are difficult to research because of the limited access to the population and the likely low rate of this type of crime being committed. Therefore, participants for this study were obtained from a comprehensive search of the LEXIS-NEXIS database. This database is comprised of news or media based information from magazines, newspapers, newsletters, abstracts, and transcripts from television and radio broadcasts and legal documents. Only cases that occurred within the United States were used. Since the number of mothers who kill their adoptive children per year is estimated to be low, the time period utilized was from 1993 through 2013. Since there can be varying ages included in the definition of “children,” the legal age for juvenile status (18 and under) was used for this study. Any case that labeled a child as “adopted” was considered an option for the study. No cases were researched on how the child was adopted (i.e. public agency, private agency, or through the use of attorney services). Cases in which stepmothers, foster mothers, or biological mothers killed their children were excluded because of the potentially different dynamics involved in those cases.

The search of the LEXIS-NEXIS database yielded 30 participants ranging in age from 24 to 58, with a mean age of 38.73 years old. Regarding race, 14 participants were

Caucasian, six were African American, one was Hispanic, one was Asian, and eight were unknown. The participants lived in 22 different states across the United States.

Materials

The cases were coded using a coding form developed by the researcher (See Appendix). The general information and characteristics were compiled and adapted from previous filicide research conducted by Meyer and Oberman (2001) and McKee (2006) to fit a coding form for this study. The coding form included family situation of the offender (presence of biological/other adopted/foster children in the home, birth order of child murdered, and children services involvement); offender demographic characteristics (ethnicity, age, marital status, level of education, socioeconomic status, religion, employment, military, medical diagnosis, history of substance abuse, history of criminal activity, history of abuse/neglect to other children, foster parent, efforts to adopt, and descriptors); mental health of the offender (treatment, diagnosis, psychotropic medications, abuse, history of suicide attempts); adopted child/victim demographic characteristics (gender, number of victims, age, type of adoption, medical diagnosis, mental health diagnosis, disability, history of running away, and schooling situation); circumstances of the crime (primary precipitant to crime, accomplice, method of time, time elapsed, history of threats or attempts toward victim, history of abuse/neglect toward victim, premeditated, and offender intoxicated); and circumstances following the crime (aftermath, lying to police, false report, blaming the victim, charge, conviction, years in prison, option for parole, psychological evaluation, remorse, and motive).

Procedure

Although the term “filicide” is often used in the research literature and between professionals, the popular media is likely to use more common terminology. Therefore, a complex search string was developed in order to access media sources that referred to a mother killing her adopted child. Each year in LEXIS-NEXIS was searched using the search string (“adopted son” or “adopted daughter”) and (killing or murder) and (mother or mom) and some other variants of the words and phrases. Additionally, Google searches were performed using the same search strings in order to help compile a list of mothers who were found to have killed their adopted children. Several websites were found that listed numerous mothers. An example of these websites are Pound Puppy Legacy, About, and Adopters Who Abuse and Kill. Once the participants were identified, the researcher collected information on each case from all available sources in the LEXIS-NEXIS database as well as various websites. While there were more identified mothers who had killed an adopted child, not all mothers were used in the current research. Some cases were eliminated due to lack of information or very limited information.

By using a database such as LEXIS-NEXIS, a greater number of cases from a broader array of locations were available for review. This method has been utilized successfully for other areas of research in which access to subjects has been limited (Meyer & Oberman, 2001). However, according to past researchers, the use of LEXIS-NEXIS has both advantages and disadvantages. While its use provides greater access to cases and therefore increases the number of cases available for review, it has some drawbacks that are worth mentioning in designing research and methodology. The most

significant drawback or limitation is the reporter bias in the information that is obtained. Meyer and Oberman (2001) and Sefferino (2006) recommend the use of triangulation to improve the generalizability of research. This entails using multiple sources of data for a case. The researcher triangulated the data by obtaining case reports from numerous reporters and/or from various sources. Multiple sources were used to corroborate the specifics of each case and provide the maximum availability of case details.

The researcher recruited six graduate students from Wright State University's School of Professional Psychology to help code. The graduate students were split into two groups of three people. Each group coded 15 cases using the coding form. The researcher coded all 30 cases in order to maintain uniformity between the groups. All graduate students had to attend a preliminary meeting where the coding sheet was explained in detail. Each group met separately with the researcher for a deliberation meeting where all 15 cases were discussed and a final coding sheet was created. If the graduate student(s) and/or researcher disagreed on a particular item on the coding sheet, the majority was the final answer. If how an item was coded was divided evenly between the graduate students and the researcher, the data was reviewed again until a consensus could be made. Thirty final coding sheets were created.

Results

Basic demographics of the offenders were reported in the previous description of the participants for this study. There was not information available for every offender on each variable that was coded. Therefore, the number of cases for which information on a particular variable was available is noted in the following descriptions. In tables, the number of cases that mentioned the variable is represented as the denominator (number below the line). As such, all “unknowns” were omitted from the data in order to capture the most accurate percentage of a variable where information was available on the offenders.

Additionally, in some cases, information was not explicitly stated. For example, none of the cases, except for one, mentioned the socioeconomic status of the offender or the offender’s family. However, the researcher and coders were able to infer information based on various descriptions within the articles. Again, for example, a few of the cases described the offender living in a “mobile home.” Understanding there are always exceptions, the researcher and coders concluded this type of description could be indicative of a lower socioeconomic status. Using information within the articles to come to conclusions about other variables was also done when appropriate.

Family

Table 1 illustrates the family situations of the offenders. Out of 25 cases, 13 offenders (52%) had another adopted child living in the home at the time of the crime.

The presence of biological children living in the home at the time of the crime was found in 4 cases (16%) out of 25. Out of 25 cases that mentioned foster or stepchildren living in the home at the time of the crime, two (8%) had foster children and one (4%) had stepchildren. Five (20%) out of those 25 cases did not have any other children living in the home.

Twenty-four cases referred to the birth order of the child murdered but there were 25 victims in total as one case had two victims. Ten children (40%) out of 25 victims were the youngest child murdered. Five children (20%) were the oldest child murdered. Three children (12%) were the middle child murdered. Lastly, seven (28%) children were an only child at the time of the murder. Out of 11 cases, eight (73%) had been reported to Children Services before the crime had occurred. Previous official involvement with Children's Services was noted in eight (67%) out of 12 cases.

Characteristics of Offenders

The characteristics of the offenders are presented in Table 2. Out of 22 cases that mentioned the marital status of the offender, 21 offenders (95%) had been married at the time of adoption and at the time of the crime while one offender (5%) had been single at the time of adoption and at the time of the crime. Only six cases discussed the educational level of the offender. Out of those six cases, two offenders (33%) had a Bachelor's degree, one offender (17%) had an Associates degree, one offender (17%) had some technical or vocational training, one offender (17%) had a high school diploma or GED, and one offender (17%) had some high school but no diploma or GED. Eleven cases indicated the socioeconomic status of the offenders. Out of these 11, five offenders (46%) were considered middle class while four offenders (36%) were described as lower

class and two offenders (18%) were described as upper class. Religion was only mentioned in five cases and all five offenders (100%) in those cases were religious. Out of 11 cases, six offenders (55%) were working out of the home and five offenders (45%) were not working or working within the home. Regarding military involvement, three out of 13 cases (23%) had a spouse currently in the military while 10 out of 13 cases (77%) did not have any involvement in the military, as determined by international status or other job listings. Two cases mentioned medical issues and both offenders (100%) had the presence of a medical diagnosis. One case mentioned an offender (100%) having substance abuse issues. Out of 11 cases, three offenders (27%) had a history of criminal activity, while eight offenders (73%) did not. Nine offenders (64%) out of 14 cases were portrayed as having a history of abuse or neglect toward other children besides the victim. Out of 10 cases, eight offenders (80%) were previously foster parents to the child they had killed or to other children. Where it could be determined, 13 offenders (45%) out of 30 cases went to extreme measures to adopt. These cases were primarily those that had a child adopted from an international country.

Descriptors were used for the offenders that consisted of Loner, Impatient, Angry, Bad Parent, Patient, Friendly, Quiet, Caring, Good Parent, Loving, Depressed, Pleasant, Responsible, and Odd/Weird. These descriptors are in Table 3. All 30 cases were used to assess descriptors. Out of the 30 cases, one offender (3%) was described as a loner, one offender (3%) was described being impatient, one offender (3%) was described as being angry, one offender (3%) was described as being a bad parent, one (3%) offender was described as being patient, two offenders (7%) were described as being friendly, two offenders (7%) were described as quiet, five offenders (17%) were described as caring,

five offenders (17%) were described as being a good parent, and 10 offenders, (33%) were described as loving. No offenders were described as being depressed, pleasant, responsible, or odd/weird.

Mental Health of the Offender

Table 3 represents the mental health variables related to the offenders. The offender had been involved in previous mental health treatment, including counseling, therapy, or other mental health services, in each of the three cases (100%) for which the information was available. Each of the offenders in the five cases that had information available had a formal mental health diagnosis, including two with Major Depressive Disorder (40%), one with an Anxiety Disorder (20%), one with Other (Schizoaffective Personality Disorder with Obsessive-Compulsive Traits; 20%), and one with both Bipolar and Major Depressive Disorder (20%). The offender had been prescribed psychotropic medications in each of the two cases (100%) for which the information was available. Suicidal ideation or attempt was noted in only one case (100%).

A total of six cases mentioned a history of abuse toward the offender herself, either as a child or as an adult. Only three cases mentioned the type of the abuse. One offender (33%) was the victim of physical abuse, one offender (33%) was the victim of emotional abuse, and one offender (33%) was the victim of physical, sexual, and emotional abuse. Five cases mentioned the perpetrator of the abuse toward the offender. Four offenders (80%) had their spouse as the perpetrator while one offender (20%) had a parent and relative as their perpetrator.

Victim Characteristics

All results for the victim characteristics are highlighted in Table 4. In the 30 cases of mothers killing their adoptive children, 21 victims (68%) were male and ten victims (32%) were female. One case had two victims. Nine cases disclosed the ethnicity of the victim. Out of these nine, five victims (56%) were African American, three victims (33%) were Caucasian, and one victim (11%) was Hispanic. Twenty-nine out of 30 cases (97%) had one victim while one case out of 30 (3%) had two victims. The mean age at the time of death was 3 years 8 months and the mean age at the time of adoption was 2 years 6 months. Out of the 30 cases, 17 victims (55%) were adopted domestically and 14 victims (45%) were adopted internally. Out of the 14 cases adopted internationally, eight victims (57%) were from Russia, three victims (21%) were from Guatemala, two victims (12%) were from China, and one victim (7%) was from Mexico.

The victim had a mental health diagnosis in the two cases (100%) that had information available in this area. Additionally, the victim carried a diagnosis of reactive attachment disorder (RAS) in the two cases (100%) that mentioned RAS. Nine cases referred to medical diagnoses and in all nine cases (100%) the victim had the presence of a medical condition. Only one case discussed fetal alcohol syndrome (FAS) and within that case, the victim had been diagnosed with FAS. Eight cases discussed the physical well being of the victim. Out of these eight, four victims (50%) had a physical disability. Similarly, eight cases discussed the cognitive state of the victim. Out of these eight, six victims (75%) had a cognitive disability or developmental disability. One victim (5%) had a history of running away out of 19 cases that were used. While many of these cases did not mention running away, it was assumed if the victim was an infant he or she was

not running away. Twenty-three cases were used to assess schooling of the victim. Seventeen victims (74%) were not old enough for school, four victims (17%) were enrolled in school, and two victims (9%) were homeschooled.

Circumstances of the Crime

Circumstances of the crime are shown in Table 5. The primary precipitant to the crime could be concluded in 19 cases. Out of these 19 cases, eight cases (42%) involved discipline or punishment, eight cases (42%) involved frustration and loss of temper, one case (5%) involved a sense of wanting to get rid of the child, one case (5%) involved ongoing neglect, and one case (5%) involved a motive other than what was listed (i.e. sadistic reasons). In six cases (23%), the offender had a spouse or partner as the accomplice. In one case (3%), the offender used a friend as an accomplice. Lastly, in 23 cases (73%), the offender did not have an accomplice. Regarding the role of the accomplice out of the seven cases with an accomplice, four accomplices (57%) were considered passive and three accomplices (43%) were considered active. Out of the 31 victims, 28 victims (90%) were murdered by abuse, one victim (3%) was murdered by severe neglect, one victim (3%) was murdered by both abuse and neglect, and one victim (3%) was murdered by drowning. When time was considered from crime to death of the child, out of 28 cases, 26 victims (93%) had a delayed death while two victims (7%) had an immediate death. Nineteen victims had a history of abuse or neglect toward him or her in the 19 cases where information was available. Premeditation, or lack thereof, could be determined in 17 cases. Out of 17 cases, one case (6%) had a degree of premeditation in it. Lastly there was only one perpetrator intoxicated during the time of the crime.

Circumstances Following the Crime

The circumstances following the crime are described in Table 6. Out of 30 cases, 21 offenders (70%) tried to aid the victim; three offenders (10%) disposed of the body; three offenders (10%) called family or friends; two offenders (7%) did nothing; and one offender (3%) hid the body in the home. Out of those three cases that disposed of the body, all three offenders hid or buried the body away from the house and, in some circumstances, several miles away. Reviewing all 30 cases, 16 offenders (53%) lied to the police about an accident causing the death of the victim and two offenders (7%) incited a panic through making a false report to the police that victim ran away or was kidnapped. Eleven cases indicated whether an offender blamed the victim or not for the death. Out of these 11 cases, four offenders (36%) blamed their victim for the death.

Regarding the charges and convictions of the offenders, many of the offenders had multiple charges and convictions concerning the case of the adoptive child's death. Out of the 30 cases, 16 offenders (53%) were charged with First Degree, Felony, or Capital murder; seven offenders (23%) out of the 30 cases were charged with Second Degree murder; one offender (3%) was charged with Voluntary Manslaughter; two offenders (7%) were charged with Involuntary or Reckless Manslaughter; 14 offenders (47%) were charged with Child Abuse or some variant of a child abuse charge; and 14 offenders (47%) had other miscellaneous charges such as assault, endangering the welfare of a child, injury to a child, tampering with evidence, welfare fraud, reckless homicide, etc. In terms of convictions, 10 offenders (33%) were convicted of First Degree, Felony, or Capital murder; three offenders (10%) were convicted of Second degree murder; one offender (3%) was convicted of Voluntary manslaughter; six

offenders (20%) were convicted of Involuntary or Reckless Manslaughter; seven offenders (23%) were convicted of Child Abuse or some variant of a child abuse conviction; and 11 offenders (37%) were convicted of other miscellaneous charges. No offenders were charged or convicted of Attempted Murder.

In other circumstances following the crime, eight accomplices (100%) were also charged. The prison sentences were varied but ranged between one year in prison to life and even the death penalty. Fifteen cases discussed the possibility of parole and out of those 15 cases eight offenders (53%) would be eligible. Five cases referred the psychological evaluations or other court ordered evaluations (competency to stand trial or insanity) and four offenders (80%) had an evaluation performed. Out of 20 cases, 14 offenders (70%) expressed remorse for the death.

Discussion

This dissertation was designed to examine factors related to mothers who have killed their adopted children. These factors will be discussed and a typology is proposed that specifically categorizes mothers who have killed adopted children. Meyer and Oberman's (2001) typology on mothers who have killed their biological children is used as a benchmark for comparison. While some findings support previous research as it could be applied to mothers who kill adopted children, there were also indications of differences between mothers who kill adopted children and mothers who kill biological children.

General Characteristics

As a whole, the sample of mothers who killed an adopted child appears to be homogenous. Generally, these women are older, married with multiple children in the home, described as "loving" among other positive descriptors, previously foster parented, have little to no history of mental health treatment, and go to extreme measures to adopt. This is a woman who, as literature has previously described, would "go to the ends of the earth" to parent a child. When the general public thinks of adoption, the woman that comes to mind is the woman just described. However, this research portrays a much darker picture.

A prevalent theme within the present cases was the level of violence that was taking place at the time of the child's death. Almost all of the children died from some

physical assault, whether that be beating in order to discipline or shaking an infant to stop the stimulus (i.e. crying). Also, the abuse was often initiated or perpetuated with a partner or accomplice. In many cases, there was ongoing abuse to the victim from the time s/he was adopted (mean age at time of adoption was 2.6 years) to the time s/he was killed (mean age at time of death was 3.8 years). The mothers who adopt, while portraying an image of commitment and love, are leading a much different existence. Understanding this discrepancy is what will help in providing future assessment and treatment for potential mothers of adopted children.

Typology of Mothers Who Kill Children They Have Adopted

A typology of mothers who kill children they have adopted is developed and is modeled after Meyer and Oberman's (2001) research. Similar to Meyer and Oberman there are abuse related, assisted/coerced, neglect and purposeful categories, but the mothers in these categories do not look the same as the mothers in Meyer and Oberman's research.

Abuse. Out of the 30 mothers who killed a child they had adopted, half of those cases could be classified under the abuse category. The mothers who killed their adopted children in this category did so through means of physical assault (hitting, punching, kicking, throwing) and the children died from the effects of those beatings. The purpose behind the physical assault appeared to be discipline or loss of temper with no premeditation. Consider the case of Irma Pavlis:

Irma Pavlis was unable to conceive children of her own but wanted children. Living in suburban Chicago, Irma and her husband spent over \$10,000 in making their parenting dreams come true. The couple adopted two siblings from Russia in late 2003

with the help of an international adoption agency. According to Irma, her adoptive son Alex, age six at the time, grew increasingly more uncontrollable in his behavior. She said he became subject to violent mood swings. He would bang his head against the wall and urinated and defecated throughout the house for no apparent reason. On December 18, 2003, a 911 call was placed from Irma reporting that Alex was not breathing. She admitted to excessively disciplining Alex where she would slap him in the face, punch him in the head, and punch and kick him in the stomach repeatedly. While on trial, Irma explained that she never intended to kill the boy but did not know how to appropriately deal with his behavior and her frustration was increasing toward him. She testified that she feared if she reached out for help, the adoption would be jeopardized. While originally charged with first-degree murder, Irma was found guilty of reckless manslaughter and sentenced to 12 years in prison. She served five years and was released in 2008.

The women in this category are similar to the women in Meyer and Oberman's (2001) category, but there are some important distinctions. First, the level of violence was excessive. The women not only used hands and fists, they also used objects as weapons, such as a Chinese massage tool, a computer keyboard, wooden spoons, spatulas, pipes, belts, and shoes. Additionally, the injuries to the adopted children went above and beyond what was likely necessary to cause death and reflected a complete loss of control on the part of the mother. Injuries sustained by the children consisted of head trauma, blunt force trauma to the chest, internal bleeding in the abdomen, and cuts and bruises to the extremities. Several of the abuse-related cases for mothers killing their adopted children mentioned multiple cuts, bruises, and trauma sites on the child. For example, one case

mentioned over fifty blunt force trauma strikes to the toddler's chest, abdomen, and head. Another case mentioned an imprint of a shoe on the toddler's chest along with a bloody diaper. Consequently, 13 out of 15 mothers who killed an adopted child through excessive abuse were charged with first degree or second-degree murder (some later pled down to involuntary or reckless manslaughter). The higher degree of charges is likely reflected because of the excessive violence. In contrast, mothers who killed their biological child through abuse did not use excessive force but, rather, killed the child accidentally. Although the women may have had a history of abusing the child, the child usually died from an unintended consequence of the abuse. For example, a mother slapped her child and the child hit his or her head on the corner of a table and died due to head trauma. For this reason, mothers who killed biological children were typically charged with involuntary manslaughter.

A second way in which mothers who kill an adopted child through abuse were different from Meyer and Oberman's (2001) mothers was basic demographics. The women in this category who killed an adopted child were often married, older (mean age of 40 years) and had older nonbiological children in the home. It is not a surprise that the women were married and typically older, as most women adopt when they are older. The National Center for Health Statistics (2009) reported that 81% of women are between the ages of 35-44 when they adopt. Despite being married, all the women acted alone in killing their adopted children and had a history of abuse toward their victim, as well as a history of children services involvement. Meyer and Oberman's mothers were single, young (mean age of 27 years), and had younger children. Also, while the mothers who killed their adopted children ranged in socioeconomic statuses, Meyer and Oberman's

mothers were predominately living in poverty with little to no resources or perceived support available to them. Mothers who killed adopted children and mothers who killed biological children in this category both had a history of previous abuse toward the victim and prior children services involvement.

The women in this category, who killed an adopted child, did not abuse drugs or alcohol. Likewise, these women were typically not involved in a domestic violent relationship and did not have a mental health disorder. While prevalence of domestic violence and mental illness in the current sample falls below the national statistics (one in four for both domestic violence and mental illness), it is also known that these two constructs go underreported or undiagnosed (National Coalition Against Domestic Violence, 2007; National Alliance on Mental Illness, 2013). The actual number of cases that reflect these two constructs may be higher, especially since the prevalence of previous treatment and suicidal ideation or attempt was higher in this category than the remaining categories. Meyer and Oberman's (2001) mothers did have higher prevalence rates of drug and alcohol abuse than mothers who killed their adopted children, which research demonstrates can be a contributing factor for these women to be more punitive toward their children.

In the current sample, the women were general described in positive terms- friendly, caring, good parents, and loving. Also, two-thirds of the women tried to aid their child by immediately calling 911. This supports the notion that these women did not intend to kill their child but, instead, demonstrates a complete loss of control due to discipline or loss of temper gone awry. While description of Meyer and Oberman's (2001) mothers could not be determined from the research, due to very limited

information available on their cases, some information could be discerned. The mothers in Meyer and Oberman's cases were either described as a villain, a woman who willingly did not use other choices in which to punish her child, or a victim, a woman who came from dire circumstances who simply did not know better.

While Meyer and Oberman's abuse-related cases only comprised 7% of their total sample, the abuse-related cases for mother's killing their adopted children comprised 50% of the total sample. In fact, Meyer and Oberman's abuse-related cases were their second smallest category while it was the largest category in this study.

Assisted/Coerced. Out of the 30 mothers who killed adopted children, seven of those cases could be classified under the assisted/coerced category. Further conceptualizing these cases, accomplices could be categorized into an active or passive category. Active involvement is when the accomplice had a prominent role in the death of the child while passive is when the accomplice did not murder the child but instead failed to protect the child. All the women who killed their adopted children were considered to be actively involved and took the lead in the murder.

"They couldn't have done anything like this. Their hearts are so sweet and tender," said a neighbor of Kimberly Emelyantsev. Kimberly and her husband, Fyodor Emelyantsev, had three biological children and an adopted child. They decided to adopt their fifth child Nicoli, a 14 month old boy from Russia, in early 2008. It was reported the couple wanted to adopt so badly that they took out a second mortgage on their home to finance the travel expenses. Interestingly, one biological child and their first adopted child had Downs syndrome and Nicoli also had Downs syndrome. In March 2008, Kimberly came into a room where her husband was working on the computer and

exclaimed that Nicoli had stopped breathing after falling from a chair. After being rushed to the hospital, Nicoli died of a skull fracture that was a result of blunt force trauma.

After the arrest, Kimberly, in multiple interviews, explained the death of her son was a result of a stressful home environment and the pressures of a husband not participating in the extraordinary care of their children. She reported that on the morning of March 16, out of frustration, she deliberately grabbed Nicoli by his arm and leg and slammed him into the floor and then repeated the action multiple times. Kimberly also reported that she never wanted to adopt this child but was afraid to say no to her husband and afraid of how it would look to others if she did not go through with the adoption. Kimberly's husband was also charged with a crime of child abuse and neglect because of Nicoli's other injuries (bruises and scratches) that appeared to be older.

The similarity between mothers who killed adopted children and mothers who killed biological children in Meyer and Oberman's (2001) category of Assisted/Coerced is the presence of an accomplice. All mothers but one (whose accomplice was her friend) who killed children they had adopted were married and it was her husband that was identified as the accomplice. Meyer and Oberman's research in this category was centralized on the mother's active or passive involvement in the murder, not the accomplice's. In the current study on mothers who kill children they had adopted, it was the accomplice that took on an active or passive role.

Four of the accomplices of mothers who killed adopted children were considered passive (three spouses and one friend). They were charged but the accomplices were "failing to protect" rather than directly involved with the ongoing abuse or neglect of the child. For example, Lisa Iarussi had a housemate living with her at the time of her child's

death. Lisa had severely beaten her disabled adopted daughter for months, often with objects such as a hairbrush. Her housemate was charged with child endangerment and was accused of knowing about the abuse but doing nothing to protect the child. While three of the mothers with passive accomplices were in the act of punishing their children or disciplining their children, and eventually lost control (two were beating deaths and another was asphyxiation), one mother's actions were unclear but involved excessive violence including beatings of her daughter and removal of her nipples.

The three active accomplices (all spouses) of mothers who killed adopted children were directly involved in the death (usually a physical assault) or in the long-term abuse that contributed to the final blow or event that caused the ultimate death. Kimberly Emelyantsev's case is representative of this category, as well as the case of Christy Edgar. Christy and her husband routinely punished their adopted children by binding them and stuffing socks in their mouth. Their son, Brian, was discovered dead after vomiting and asphyxiating with a sock in his mouth. The Edgar's discipline methods were cited as coming from a radical Christian church where teachings instructed them to have strict rules and employ unconventional punishments when the children disobeyed or disrespected them.

One of the biggest differences between mothers who killed adopted children and mothers who killed biological children was the age of the women and the age of their partners. Meyer and Oberman's (2001) mothers were, on average, between 23 and 26 years old and typically married or dating much older men. Mothers who killed adopted children were, on average, 38 years old and had partners about their same age. On the other hand, there appears to be several similarities in this category, such as facing

multiple stressors (other children and domestic violence). All the women who killed adopted children had other children in the home at the time of their child's murder and most had a history of abuse or neglect toward those other children. Strikingly, about half of the cases in this category mentioned domestic violence, which was a significant factor in Meyer and Oberman's research. This category, along with the abuse category, represents the highest number of domestic violence cases from the current sample. However, this category, compared to the abuse category, exceeds the national statistics. Lastly, while Meyer and Oberman's Assisted/Coerced category was the smallest category in their sample (5%), it was the second largest category (23.5%) in the current study.

Neglect. Julie Archuleta was a 29-year-old mother and recovering from recent surgery when she shook her 5-month-old adopted son, Dreydon, to death on the morning of September 27, 2005. Reaching her limit and no longer being able to tolerate her son's crying, she grabbed him by the ankles and aggressively shook the infant boy. When Dreydon continued to cry, she picked him up and sat him in her lap, turned him toward her and once again violently shook him. When he ceased crying and acted "sleepy," Julie laid him down for a nap. Awhile later when Dreydon woke, Julie noticed her son was having difficulty breathing and became limp. After calling 911, Dreydon was taken to the hospital where he died of a head injury consistent with violent shaking and a blow to the head. While on the stand during her trial, Julie addressed the court and said she was sorry for the people she hurt and explained that it was not like her. She indicated her ill health and pain was a source of stress and said that she was not in the "right state of mind" when she shook Dreydon to death.

Out of the 30 mothers who killed an adopted child, seven of those cases could be classified under the neglect-related category. Generally, mothers who kill their adopted children in the neglect-related category are older (mean age of 36 at the time of the child's death), married, most likely in the middle class range, and have fewer children present. Meyer and Oberman's (2001) mothers were generally younger (mean age of 25.5 at the time of the child's death), single, living at the poverty level, and had three or more children living in the household.

Similar to Meyer and Oberman's (2001) research, the neglect-related category can be divided into neglect-omission (not attending to the child's health, nutrition, and safety) and neglect-commission (irresponsible action by the mother caused the death). Regarding mothers who killed adopted children, one case involved neglect-omission where a mother failed to provide adequate nutrition to the child and the child subsequently died of malnutrition. Six of the cases involved neglect-commission. The children died of Shaken Baby Syndrome and in three of the cases, the precipitant was to stop the crying or stop the stimulus, not to cause death explicitly. The precipitant of the other three neglect-commission cases could not be determined. Lastly, this was the second largest category in Meyer and Oberman's sample (35%). In the current sample, it was also the second largest category (23.5%), along with the Assisted/Coerced category.

Purposeful. Only one case out of the 30 cases of mothers who killed their adopted children can be considered as purposeful. While one case is not enough to obtain a clear picture, it does allow for some inferences. The mother who killed her adopted child intentionally set out to murder her child because of a medical emergency. Alfreedia Gregg-Glover was African American, single, aged 44, had no other children in the

household, no known history or current presence of mental illness (though some “emotional disturbance” was mentioned) and had a history of abusing her daughter. While Children’s Services had previously been notified, the child had never been removed from the home. Instead of going to the hospital to receive medical attention, she left her disabled teenage child in a river during inclement weather to drown and freeze to death. Following the daughter’s disposal, Alfreedia reported her daughter missing to the police and made up a story that her daughter ran away.

This was the largest category of Meyer and Oberman’s study (36%) but was the smallest category in the current study (3%). Meyer and Oberman (2001) found purposeful mothers committed multiple deaths, experienced failed relationships, had a high degree of devotion, and had a high degree of emotional distress (depression, anxiety, bipolar, psychosis). This was very unlike the mother who killed her adopted daughter. Meyer and Oberman’s mothers were generally not “bad,” but simply “mad” (a comparison that is frequently seen in the research of mothers who purposefully kill their biological children). Their emotional distress and mental illness were the driving force behind the murder. A few of Meyer and Oberman’s cases did involve a mother who simply wanted to kill her child and her actions were not mediated by mental illness. However, such mothers were the minority and do not adequately represent the majority of cases in Meyer and Oberman’s analysis. Alfreedia, the mother who killed her adopted child in this research, was considered simply “bad,” a woman whose premeditated actions and elaborate story to the police was a sign of deviance and not any degree of mental illness.

New Typology. In sum, the typology for mothers who kill children they have adopted is different than the typology for mothers who kill biological children. A new model is necessary to begin to understand the women, circumstance, and motive behind the murder of an adopted child. While Meyer and Oberman (2001) have five categories to their typology, the current research only proposes three.

Meyer and Oberman's (2001) category of ignored pregnancy, defined as neonaticide or killing of a child within the first 24 hours after birth, did not apply to the cases where mothers killed a child they had adopted. None of the women in the 30 cases where a child was adopted had access to that child within the first 24 hours of life. Meyer and Oberman's typology is unique in that all the women in their cases went to great lengths to deny or conceal a pregnancy. Pregnancy, for obvious reasons, just does not exist with mothers who kill adopted children. Beyond the role of pregnancy in Meyer and Oberman's typology, and merely looking at the typology from an age of death standpoint (less than 24 hours), it is unlikely this typology can even be applied to the population of mothers who kill adopted children as a whole. Even when adoptive mothers are adopting newborn infants, these mothers are not solely taking custody over the infant within the first 24 hours. Therefore a category of ignored pregnancy is not proposed for mothers who kill children they have adopted.

The purposeful category, while the largest category for Meyer and Oberman (2001) was the smallest category for mothers who kill children they have adopted. The central feature of the category for Meyer and Oberman was the presence of a severe mental illness and psychosis that was occurring at the time of the murder. The mother from the current sample did not have any mental illness and her actions appeared to be

malicious and premeditated. Additionally, this one case appears to be anomaly and not standard to mothers who kill children they have adopted. As such, this category will be dropped from the typology regarding mothers who have kill children they have adopted.

Regarding the abuse-related category, the findings suggest that Meyer and Oberman's (2001) category of abuse can be applied to this sample of mothers who killed their adopted child. However, the demographics of the mothers as well as the details of the crimes differ, specifically the use of excessive force or violence in the deaths of the children. In the typology of mothers who killed their adopted children, this category should be re-named, Excessive Abuse. The premise of adoption is to provide a loving and stable home for a child who otherwise may not have had that experience. However, abuse is still surprisingly occurring in adoptive homes. The home study is one way to safeguard from potential abuse but with little standardization beyond a criminal background check, discipline method discussions are left up to interpretation on the part of the trained professionals conducting the homestudy. In the current research, many of the mothers already had children in the home and it may have been assumed, on the part of the social worker or whoever was conducting the home study that the woman knew how to appropriately discipline. Even if social workers address discipline methods, they may not address how adding another child to the home could affect the family, or the mother specifically. Adding another child to the household is an additional source of stress that can lead to poor coping skills and low frustration tolerance. The risk for abusive discipline increases. There is a different dynamic in the current research's cases compared to Meyer and Oberman's cases. The excessive abusive seen the cases where mothers killed children they had adopted demonstrates a complete loss of control.

Similarly, the Assisted/Coerced category should be re-named. Meyer and Oberman's (2001) typology could be considered misleading if the same name is used for mothers who kill children they have adopted. While Meyer and Oberman's mothers were the ones who took on an active or passive role, it was the accomplices in the current research that were either active or passive. All the mothers who killed a child they had adopted were active in the death of that child or took the lead in the murder. None of the women assisted their partner or were coerced by the partner. It was the partner who either contributed to the ongoing abuse or neglect or turned a blind eye to the trauma the child was encountering. As such, this category should be re-named Assisted. Domestic violence was a prevalent factor in Meyer and Oberman's research within this category and it is a prevalent factor in the Assisted category of the current research. Domestic violence and fear of their partner may have influenced the mothers' parenting style, similar to Meyer and Oberman, but the adoptive mothers always had a primary role in the death of their adopted child. Religious and church teachings of discipline influenced this category as well. Additionally, not all women had a romantic partner as their accomplice. Domestic violence, radical religious teachings, and lack of support may have been the contributing factors that led to stress and the ultimate killing of the adopted children.

Lastly, the neglect category of Meyer and Oberman (2001) and their use of neglect-commission and neglect-omission can be similarly applied to mothers who kill children they have adopted. No difference in the name of the category needs to be applied to the current research. Acts of neglect are often discussed in a culture of societal disempowerment and exceedingly limited number of unearned advantages and opportunities. This was not seen, or at least not to the degree, in the current research as it

was seen in Meyer and Oberman's research. In the current research on adoptive mothers, only one woman was African American and that same woman was labeled as living in a "depressed home." While media influences social perception of minority stereotypes, at least three out of the seven adoptive mothers were known to be Caucasian and likely not dealing with the social disadvantages and lost opportunities experienced by those of minority populations due to racism and disempowerment. Additionally, young mothering can often lead to poor judgment in parenting decisions. The current research had older women and any lack of decision-making would have been flagged and screened in the home study as part of the adoption process. Instead of poor decision-making as a result of limited opportunities, the current research's group of neglect-related women may be better characterized as having poor coping skills and low frustration tolerance. While only one case for mothers who kill their adopted children due to neglect endorsed mental illness, it is much higher (16%) than the prevalence in Meyer and Oberman's sample (7%). This may be a contributing factor to the low frustration tolerance and stress, particularly in the neglect-commission cases of shaken baby syndrome, as also seen in the other categories of abuse and assisted.

Theories behind the Killings

The general theme throughout the typology of mothers who kill children they have adopted is the presence of a low frustration tolerance, minimal coping strategies, little social support and an extremely violent end to a child's life. This leads one to wonder how a mother could even fathom killing her adopted child, nonetheless complete such an inconceivable deed. Who are these mothers and what could possibly have led them to murder?

Social Construction of Motherhood and Adoption Stigmatization. Arendell (2000) defined a mother as someone who does the relational and logistical work of child rearing. This definition, however, does not confine the role of mother to women. In a similar definition, Forcey (1994) wrote that mothering is a socially constructed set of activities and relationships involved in nurturing and caring for people. Forcey narrowed the definition to one that is socially prescribed and filled by women. Motherhood is socially entwined with notions of femininity and reinforces women's gender identity (Medina & Magnuson, 2009). Historically, motherhood was the defining characteristic of women. Thus, if women were not mothers or potential mothers, they were nothing. Today, contemporary mothers fulfill many social roles (such as working outside the home) but many still strive to meet the societal expectations to nurture, schedule, taxi, and feed their families (Douglas & Michaels, 2004).

In Western society, it is the woman, or mother, who is the ideal, preferred caretaker for children, even when culture is beginning to accept fathers as competent caregivers. A mother, as society stereotypes, is completely devoted to the care of others' physical and emotional needs, is self-sacrificing, and ceases to be a subject with her own needs and interests. In this regard, society identifies mothers by what they try to do rather than by what they feel or think (Douglas & Michaels, 2004).

Adoptive mothers, including all the women in the current research sample, were facing issues of motherhood and what it means to be a good mother in society. However, these mothers were also facing the stigmatization of adoption. While adoptive mothers may face many of the same child rearing issues as biological mothers, forming a family through adoption is different. A study conducted in 1997 by the Evan B. Donaldson

Adoption Institute revealed that many Americans still consider adoption as second best to having children by birth. This potential and prevailing mindset is likely to leave adoptive mothers to experience social stigmatization in their everyday lives- they had not paid the price of pregnancy, labor, or delivery in order to call themselves a “real” mother (Forbes & Dziegielewski, 2003). When faced with feeling “second best” to birth mothers, it is difficult for any adoptive mother to reach society’s epitome of motherhood. When a woman perceives herself as not having achieved the standard of what it means to be a “real” mother, regardless of how the role is defined, the result can be feelings of guilt, blame, shame, and marginalization (Allan, 2004). When the adoption becomes more difficult than what the woman speculated, the ideal of family and motherhood becomes diminished. Stress and other emotional problems, as experienced by the adoptive mothers, become related to the adoptive mothers’ lack of self-acceptance, unrealistic expectations, and may manifest in latent hostility towards the child (Forbes & Dziegielewski, 2003).

Irma Pavlis, as described under the abuse related category, was an adoptive mother who feared reaching out for help. She thought the adoption would be in jeopardy, even though a relief from the current situation was what she wanted. However, adoptive mothers can perceive asking for help as a failure. Many adoptive mothers do not initially seek outside support because they believe others may see them as inadequate mothers. The fear of failure, in these circumstances, becomes greater than the fear of what may happen to the child. When help or support is not sought, research demonstrates that adoptive parents soon find that conventional parenting techniques to control problematic behaviors in adopted children are ineffective (Forbes & Dziegielewski, 2003) and they

are likely to turn to more abusive discipline. Furthermore, this leads to adoptive mothers feeling emotionally exhausted, detached, and depressed from their adopted children. Rees and Selwyn (2009) found 25% of adoptive parents did not feel a close emotional bond with their adopted child after one year. Also, 20% of the same parents reported feeling high levels of anxiety and depression associated with the adoption.

Post-Adoption Depression. Post-adoption depression is a theory that has been proposed in recent research. Specifically, Foli's mid-range theory of postadoption depression is based on unmet expectations in the adoption process. Factors inherent in the adoption process can create parental expectations of self, child, family and society and these expectations can increase the risk for depressive symptoms in adoptive mothers when they go unmet. Foli explains that the parent cognitively or affectively perceives unrealistic parental expectations in the pre-adoption time period. These expectations stem from a variety of sources, from constructing themselves as "super parents" to an assumption of an instant bond with the child. Later, a dissonance occurs after the child is placed in the home when expectations do not meet the reality of the experience. This dissonance can lead to depression and is acutely felt by some adoptive parents who have actively sought out the experience of parenting and voluntarily engaged in an adoption process to build a family (Foli, South, & Lim, 2012).

Even when expectations are perceivably met by the adoptive mothers or parents, some researcher's (Gair, 1999; Mott, Schiller, Richards, O'Hara, & Stuart, 2011) support the presence of post-adoption depression due to other factors: feelings of loss, feelings of isolation, withdrawn support after a few weeks, and fatigue. Research of postnatal depression demonstrates that depression can be persistent, with the condition lasting up to

one year to fifteen months after the arrival of the baby. Additionally, onset in some cases can be delayed, sometimes occurring eight to ten months after the birth (Gair, 1999).

While hormones are part of the manifestation of postnatal depression, the findings of delayed onset support the belief that there can be other factors that contribute to postnatal depression as well. These other factors, such as failed expectations, feelings of loss, isolation, and fatigue, leave adoptive mothers susceptible to a depression that can look similar to postpartum depression.

Rage Killings. Clinically, depression can manifest itself in different presentations from sadness to even anger. The Diagnostic and Statistical Manual of Mental Disorder: Fifth Edition (DSM 5) explains that many individuals with depression report or exhibit increased irritability, such as persistent anger and/or a tendency to respond to events with angry outbursts or blaming others (American Psychiatric Association, 2013). Rage was a common presentation seen in the mothers who killed their adopted children. The violent and excessive use of force in the killing of the adopted children was a striking feature of the sample of mothers who killed children they had adopted. In fact, adoptive mother filicide more closely resembles filicide committed by stepparents rather than biological mothers. Filicides committed by stepparents is usually done through prolonged beating with a fist or bludgeoning to death and this is what comprised a majority of the current research sample. Additionally, research identifies intense and violent beatings as being motivated by rage and bitterness (Daly & Wilson, 1994). The adoptive mothers, submerged in the social construction of motherhood while being stressed and emotionally exhausted from problematic behavior and lack of attachment, are likely to have abused and neglected their adopted children in a fit of rage and/or resentment.

Limitations

While the current study provides useful information about mothers who kill children they have adopted, there were some limitations to the research that should be taken into consideration. The greatest limitation is the reliance on the media to report on the variables being considered for this study. This led to an inconsistency in variables for which there was information available. As a result, some variables that were analyzed were based on a smaller number of cases. In those instances, possible reasons for the media neglecting to mention the variables were considered. In addition, relying on media reports allows for the possibility of systematic bias in which cases receive media coverage. Overall, because of the possibility of limited information and bias based on media reporters, inferring information was done on several items in the coding sheet. For example, if sources for a case mentioned the presence of additional adopted children but neglected to mention any other type of child (biological, foster, or step), it was assumed that the case did not have them. Also, if an article mentioned a “mobile” home or “affluent” family, socioeconomic status was determined with this information. Even though there is always a margin of error associated with inferring information based on clues, the potential results from analysis outweigh the risks.

Lastly, only one typology of mothers who killed biological children was used in the comparison. While McKee (2006) has proposed the newest typology, the methodology that was used for his research was skewed. McKee’s entire sample of mothers came from forensic evaluation referrals and inherently possesses bias. Meyer and Oberman’s methodology was more aligned with the current sample’s methodology and provided the best consistency for comparison.

Conclusions and Future Directions

While only one other article was found that mentioned the act of filicide against adopted children, this is the first set of data that specifically researches mothers who have killed their adopted children. While mothers who kill their adopted children are not prevalent, the researcher found more cases over a twenty-year period from 1993 to 2013 than what was anticipated. Adoption and the issues associated with it is a growing area of concern. As recently as 2013, several media accounts have surfaced of adoptive parents re-homing their children, a process that involves adoptive parents “giving away” their children to strangers via the use of message boards and word of mouth. A notarized statement declaring the new adoptive parents as the guardians is all it takes to re-home an adopted child. In an article published on September 18, 2013, titled When Adoption Goes Awry (Traster, 2013), many parents share deeply personal details about how they’ve been unable to bond with their adopted child. One man even wrote, “I just want my life back.” Several parents were ready to give up after only five days. While these scenarios are prevalent with international adoptions with children who began life in orphanages and institutions and come with an array of behavioral issues and possible reactive attachment disorder, all adoptive mothers could potentially experience these feelings of frustration and lack of bonding with their adopted children. While re-homing is not the same as killing the child, it reveals a problem within the adoption system. Most adoptive parents, at one time or another, are likely to face issues of conflict or go through an adjustment period after the arrival of the child. Yet, the majority of the mothers do not commit filicide. Beyond the theories and possible explanations for adoptive filicide, more research is needed to increase our understanding of the etiology of this phenomenon.

Future research should involve interviews of the mothers who killed their adopted children. Not only will this type of research provide better insight into the types of adoption these women sought (private agencies, public agencies, attorney services, or maybe no formal service at all), it may also reveal potential motives of the mothers and better understanding to the thoughts and emotions of the mothers at the time of the murder. While post-adoption depression is one theory, the current research findings, overall, did not support the presence of a mental health disorder at the time of the murder. But with no formal diagnosis, presence of psychosis, or past treatment, it is likely a depressive condition went “under the radar,” especially if the manifestation of depression was in anger rather than sadness.

Regarding adoption motivation or the types of women who want to adopt, a theoretical explanation is found in social exchange theory. Social exchange theory explains that behavior is believed to be motivated by a desire for rewards or benefits with the least cost. Benefits sought by adoptive mothers are varied but include a desire to parent in the presence of infertility, receiving increased social status, acquiring a child of a particular sex, expanding the number of children a person wants to parent, providing a family for an unwanted child, or fulfilling altruistic or humanitarian needs (Hollingsworth, 2000). Perhaps knowing the motivation may reveal more sinister intentions than what could be gathered in the current study.

Since a perceived lack of support was another prevalent theme in the current study, it will be important to gather, from all adoptive mothers perhaps, what supports would have been needed after the adoption was final. Because many of the murders in the current research occurred, on average, after one year, it is important that mothers are

receiving support or have access to support at this very critical time. Many of the mothers who killed their adopted children mentioned fear of jeopardizing the adoption or social stigma if they asked for help. One suggestion for support and prevention would be to create an assessment tool that could be used by physicians, psychologists, and social workers. This assessment tool could be a hybrid of the Edinburgh Postnatal Depression Scale that is used for birth mothers during well baby check-ups in pediatricians' offices. While many adopted children are older and may not have the routine well baby check-ups, this scale could potential be used at home visits and future doctor visits for those children. Since this study revealed symptoms of bitterness and resentment in the mothers who killed an adopted child, the questions asked on this scale should tap into frustration tolerance, coping skills, and emotions that involve anger in addition to sadness.

While Meyer and Oberman's (2001) research was an excellent starting point, it became clear in the current research there are striking differences between biological mothers and adoptive mothers. The need for a specific adoptive mother typology is definite. Although mothers who kill adopted children may be difficult to research due to low base rates and limitations on access to the population, efforts are still needed to establish current information and to further explore this phenomenon within the proposed typology. The act of filicide creates multiple victims beyond the child that is killed, including family members, the mother herself, and the adoption process/agencies as a whole. Filicide of adopted children remains at the extreme end on a continuum of aggression toward children. Thus, gaining knowledge about the women who commit this crime not only serves to help prevent future victims and treat the offenders, but may also

improve our understanding of what it means to be a mother and the unique stresses that accompany this role in our society.

Appendix

CODING SHEET

Family Situation of the Offender

Presence of biological children in the home at the time of crime

- ☐ Yes
- ☐ No
- ☐ Unknown

Presence of other adopted children in the home at the time of crime

- ☐ Yes
- ☐ No
- ☐ Unknown

Presence of foster children in the home at the time of crime

- ☐ Yes
- ☐ No
- ☐ Unknown

Presence of stepchildren in the home at the time of crime

- ☐ Yes
- ☐ No
- ☐ Unknown

Birth order of child murdered

- ☐ Oldest
- ☐ Middle
- ☐ Youngest
- ☐ Only Child
- ☐ Unknown

Children Services called by others before the crime

- ☐ Yes
- ☐ No
- ☐ Unknown

Children Services officially become involved at anytime before the crime

☐ Yes

☐ No

☐ Unknown

Offender Characteristics

Ethnicity

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino/Latina
- ☐ Native American or American Indian
- ☐ Asian or Pacific Islander
- ☐ Other: _____
- ☐ Unknown

Age: _____

Marital Status before adoption

- ☐ Single, never married
- ☐ Married or domestic partnership
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Other: _____
- ☐ Unknown

Marital Status at the time of the crime

- ☐ Single, never married
- ☐ Married or domestic partnership
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Other: _____
- ☐ Unknown

Level of education

- ☐ < 8th grade
- ☐ Some high school, no diploma
- ☐ High School graduate, diploma or GED
- ☐ Some college credit
- ☐ Trade/technical/vocational training
- ☐ Associates degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree
- ☐ Doctorate degree
- ☐ Unknown

Socioeconomic Status

- ☐ Lower Class
- ☐ Middle Class
- ☐ Upper Class
- ☐ Unknown

Religious

- ☐ Yes
- ☐ No
- ☐ Unknown

Working out of the home

- ☐ Yes
- ☐ No
- ☐ Unknown

Offender or Spouse/Partner in the military

- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, who: _____

Medical Diagnosis

- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, specify: _____

History of substance abuse

- ☐ Yes
- ☐ No
- ☐ Unknown

History of criminal activity

- ☐ Yes
- ☐ No
- ☐ Unknown

History of abuse or neglect toward children (other than the victim) at anytime

- ☐ Yes
- ☐ No
- ☐ Unknown

Previously a foster parent to any children at anytime

- ☐ Yes
- ☐ No
- ☐ Unknown

Did Offender go to extreme measures (i.e. obscene amount of money spent, travel long distance, wait years, etc.) to adopt?

- ☐ Yes
- ☐ No
- ☐ Unknown

Descriptor (Check all that apply)

- ☐ Loner
- ☐ Quiet
- ☐ Depressed
- ☐ Pleasant
- ☐ Responsible
- ☐ Caring
- ☐ Loving
- ☐ Good parent
- ☐ Bad parent
- ☐ Patient
- ☐ Friendly
- ☐ Odd or Weird
- ☐ Impatient
- ☐ Angry
- ☐ Other: _____
- ☐ None

Mental Health of the Offender

Previous or current therapeutic treatment

- ☐ Yes
- ☐ No
- ☐ Unknown

Diagnosis

- ☐ Yes
- ☐ No
- ☐ Unknown

Diagnosis Type

- ☐ Bipolar I or II
- ☐ Major Depressive Disorder/Dysthymia
- ☐ Generalized Anxiety Disorder/Any anxiety related disorder
- ☐ Other _____
- ☐ Unknown
- ☐ No Diagnosis

Psychotropic medications

- ☐ Yes
- ☐ No
- ☐ Unknown

History of abuse toward offender

- ☐ Yes
- ☐ No
- ☐ Unknown

Abuse Type

- ☐ Physical
- ☐ Sexual
- ☐ Verbal/Emotional
- ☐ Unknown
- ☐ No history of abuse

Abuse Perpetrator

- ☐ Parent
- ☐ Relative
- ☐ Spouse
- ☐ Other
- ☐ Unknown
- ☐ No history of abuse

History of suicide ideation, plan, or attempts

☐ Yes

☐ No

☐ Unknown

Victim Characteristics

Gender

☐ Female

☐ Male

Number of victims

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

If more than one victim, please answer the following questions for all victims

Age at time of death: _____

Age at time of adoption: _____

Type of adoption

☐ Domestic

☐ International

☐ Unknown

If International, specify from what country:

Presence of a mental health diagnosis

☐ Yes

☐ No

☐ Unknown

If Yes, specify: _____

Presence of Reactive Attachment Disorder

☐ Yes

☐ No

☐ Unknown

Presence of a medical diagnosis

☐ Yes

☐ No

☐ Unknown

If Yes, specify: _____

Presence of Fetal Alcohol Syndrome

☐ Yes

☐ No

☐ Unknown

Presence of a physical disability

- ☐ Yes
- ☐ No
- ☐ Unknown

Presence of a cognitive/developmentally disability

- ☐ Yes
- ☐ No
- ☐ Unknown

History of running away

- ☐ Yes
- ☐ No
- ☐ Unknown

Schooling situation

- ☐ Enrolled in School
- ☐ Homeschooled
- ☐ Not old enough for school
- ☐ Unknown

Circumstances of the Crime

Primary precipitant to the crime

- ☐ Argument
- ☐ Discipline/Punishment
- ☐ Tired of the child/Wanted to get rid of the child
- ☐ Frustration/Lost temper
- ☐ Ongoing neglect
- ☐ Other
- ☐ Unknown

Accomplice

- ☐ Spouse/Partner
- ☐ Other Relative
- ☐ Friend
- ☐ No accomplice
- ☐ Unknown

If accomplice present, did he or she take an active or passive role in the death

- ☐ Active
- ☐ Passive
- ☐ No accomplice
- ☐ Unknown

Method of death

- ☐ Abuse (i.e. Beating, Shaking, Strangled, and Suffocated)
- ☐ Neglect (i.e. Starvation, Auto suffocation)
- ☐ Abuse AND Neglect
- ☐ Drowning
- ☐ Fire
- ☐ Gun
- ☐ Knife
- ☐ Other: _____

Time elapsed

- ☐ Immediate death
- ☐ Delayed death
- ☐ Unknown

History of abuse or neglect toward the victim/child

- ☐ Yes
- ☐ No
- ☐ Unknown

Premeditated

☐ Yes

☐ No

☐ Unknown

Offender Intoxicated

☐ Yes

☐ No

☐ Unknown

Circumstances Following the Crime

Aftermath (Check all that apply)

- ☐ Hid the body in the home
- ☐ Disposed of the body*
- ☐ Fled the scene
- ☐ Tried to aid victim (i.e. CPR, calling 911, took to hospital)
- ☐ Reported the crime
- ☐ Called family or friends
- ☐ Did nothing

If body was disposed of, was body hidden/buried within 100 yards of the house

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not disposed of

Did Offender lie to the police and say crime was an accident?

- ☐ Yes
- ☐ No
- ☐ Unknown

Did Offender make a false report to the police (i.e. reported the victim/child was kidnapped)

- ☐ Yes
- ☐ No
- ☐ Unknown

Did Offender blame the victim (i.e. saying victim was behaving in a way that necessitated it?)

- ☐ Yes
- ☐ No
- ☐ Unknown

Charge (Check all that apply)- Can vary state to state

- ☐ 1st Degree/Felony/Capitol Murder
- ☐ 2nd Degree Murder
- ☐ Voluntary Manslaughter (3rd Degree Murder)
- ☐ Involuntary/Reckless Manslaughter
- ☐ Attempted Murder
- ☐ Child Abuse
- ☐ Other: _____

If there was an accomplice, were they charged

- ☐ Yes
- ☐ No

- ☐ Unknown
- ☐ No accomplice

Convicted (Check all that apply)- Can vary state to state

- ☐ 1st Degree/Felony/Capitol Murder
- ☐ 2nd Degree Murder
- ☐ Voluntary Manslaughter (3rd Degree Murder)
- ☐ Involuntary/Reckless Manslaughter
- ☐ Attempted Murder
- ☐ Child Abuse
- ☐ Other: _____

How many years if prison was the punishment: _____

Option for parole

- ☐ Yes
- ☐ No
- ☐ Unknown

Did Offender or defense request a competency/NGRI/psychological evaluation or was one conducted

- ☐ Yes
- ☐ No
- ☐ Unknown

Did the Offender show or express remorse

- ☐ Yes
- ☐ No
- ☐ Unknown

How would you classify the offender/case

- ☐ Abuse
- ☐ Neglect
- ☐ Accomplice present
- ☐ Purposeful

Comments:

Table A1

Family Situation of the Offender

Factor	Overall		Abuse		Neglect		Assisted	
Children living in the home								
Adopted children	13/25	(52%)	7/13	(54%)	2/4	(50%)	4/7	(57%)
Biological children	4/25	(16%)	1/13	(8%)	1/4	(25%)	2/7	(29%)
Foster children	2/25	(8%)	2/13	(15%)	0		0	
Stepchildren	1/25	(4%)	0		0		1/7	(14%)
No other children	5/25	(20%)	3/13	(23%)	1/4	(25%)	0	
Birth order								
Youngest	10/25	(40%)	4/12	(33%)	2/5	(40%)	4/7	(57%)
Oldest	5/25	(20%)	4/12	(33%)	0		1/7	(14%)
Middle	3/25	(12%)	2/12	(17%)	1/5	(20%)	0	
Only child	7/25	(28%)	2/12	(17%)	2/5	(40%)	2/7	(29%)
Children Services Called								
Yes	8/11	(73%)	4/5	(80%)	1/1	(50%)	2/3	(67%)
No	3/11	(27%)	1/5	(20%)	1/1	(50%)	1/3	(33%)
Children Services Officially Involved								
Yes	8/12	(67%)	5/6	(83%)	1/1	(50%)	1/1	(33%)
No	4/12	(37%)	1/6	(17%)	1/1	(50%)	2/3	(67%)

Table A2

Offender Characteristics

Characteristics	Overall	Abuse	Neglect	Assisted
Marital Status before Adoption				
Married	21/22 (95%)	10/11 (90%)	5/5 (100%)	6/6 (100%)
Single	1/22 (5%)	1/11 (10%)	0	0
Divorced	0	0	0	0
Separated	0	0	0	0
Widowed	0	0	0	0
Other	0	0	0	0
Marital Status before Adoption				
Married	21/22 (95%)	10/11 (90%)	5/5 (100%)	6/6 (100%)
Single	1/22 (5%)	1/11 (10%)	0	0
Divorced	0	0	0	0
Separated	0	0	0	0
Widowed	0	0	0	0
Other	0	0	0	0
Level of Education				
Bachelor Degree	2/6 (33%)	0	1/1 (100%)	1/2 (50%)
Associates Degree	1/6 (17%)	1/3 (33%)	0	0
Trade/Technical/Vocational Training	1/6 (17%)	1/3 (33%)	0	0
High School Graduate/GED	1/6 (17%)	1/3 (33%)	0	0
Some High School, no diploma	1/6 (17%)	0	0	1/2 (50%)

< 8 th Grade	0		0		0		0	
Some College Credit	0		0		0		0	
Master Degree	0		0		0		0	
Professional Degree	0		0		0		0	
Doctorate Degree	0		0		0		0	
Socioeconomic Status								
Middle class	5/11	(45%)	3/7	(42%)	1/2	(50%)	1/2	(50%)
Lower class	4/11	(36%)	2/7	(29%)	1/2	(50%)	1/2	(50%)
Upper class	2/11	(18%)	2/7	(29%)	0		0	
Religion								
Yes	5/5	(100%)	2/2	(100%)	1/1	(100%)	2/2	(100%)
No	0		0		0		0	
Employment								
Working out of home	6/11	(55%)	3/7	(43%)	1/1	(100%)	2/3	(67%)
Not working/Working in home	5/11	(45%)	4/7	(57%)	0		1/3	(33%)
Military (Spouse)								
Yes	3/13	(23%)	1/6	(17%)	1/1	(100%)	1/6	(17%)
No	10/13	(77%)	5/6	(83%)	0		5/6	(83%)
Medical diagnosis								
Yes	2/2	(100%)	1/1	(100%)	1/1	(100%)	0	
No	0		0		0		0	
Substance Abuse								
Yes	1/1	(100%)	1/1	(100%)	0		0	
No	0		0		0		0	

History of criminality								
Yes	3/11	(27%)	3/8	(38%)	0		0	
No	8/11	(73%)	5/8	(62%)	2/2	(100%)	1/1	(100%)
History of abuse/neglect toward other children								
Yes	9/14	(64%)	5/8	(62%)	0		4/4	(100%)
No	5/14	(36%)	3/8	(38%)	2/2	(100%)	0	
Previously foster parent								
Yes	8/10	(80%)	6/7	(86%)	0		1/1	(100%)
No	2/10	(20%)	1/7	(14%)	1/1	(100%)	0	
Extreme Measures to Adopt								
Yes	13/30	(45%)	5/15	(33%)	5/7	(83%)	3/7	(43%)
No	17/30	(55%)	10/15	(67%)	2/7	(17%)	4/7	(57%)
Descriptors								
Loner	1/30	(3%)	1/15	(7%)	0		0	
Impatient	1/30	(3%)	0		0		1/7	(14%)
Angry	1/30	(3%)	0		0		1/7	(14%)
Bad Parent	1/30	(3%)	0		0		0	
Patient	1/30	(3%)	0		0		0	
Friendly	2/30	(7%)	2/15	(13%)	0		0	
Quiet	2/30	(7%)	2/15	(13%)	0		0	
Caring	5/30	(17%)	2/15	(13%)	2/7	(29%)	1/7	(14%)
Good Parent	5/30	(17%)	1/15	(7%)	2/7	(29%)	2/7	(29%)
Loving	10/30	(33%)	5/15	(33%)	3/7	(43%)	2/7	(29%)
Depressed	0		0		0		0	
Pleasant	0		0		0		0	
Responsible	0		0		0		0	

Odd/Weird

0

0

0

0

Table A3

Mental Health of the Offender

Factor	Overall		Abuse		Neglect		Assisted	
Previous Treatment								
Yes	3/3	(100%)	2/2	(100%)	1/1	(100%)	0	
No	0		0		0		0	
Formal Diagnosis								
Major Depressive Disorder	2/5	(40%)	0		0		2/2	(100%)
Anxiety Disorder	1/5	(20%)	0		1/1	(100%)	0	
Bipolar with MDD	1/5	(20%)	1/1	(100%)	0		0	
Other	1/5	(20%)	1/1	(100%)	0		0	
Psychotropic Medication Prescription								
Yes	2/2	(100%)	1/1	(100%)	1/1	(100%)	0	
No	0		0		0		0	
Suicidal Ideation and Attempt								
Yes	2/2	(100%)	2/2	(100%)	0		0	
No	0		0		0		0	
Abuse toward the Offender (as child or adult)								
Yes	6/6	(100%)	3/3	(100%)	0		3/3	(100%)
No	0		0		0		0	

Type of Abuse toward the Offender							
Physical	1/3	(33%)	0		0	1/2	(50%)
Sexual	0		0		0	0	
Verbal/Emotional	1/3	(33%)	0		0	1/2	(50%)
All of the above	1/3	(33%)	1/1	(100%)	0	0	
Perpetrator of Abuse toward the Offender							
Spouse	4/5	(80%)	2/3	(67%)	0	2/2	(100%)
Parent	1/5	(20%)	1/3	(33%)	0	0	
Relative	0		0		0	0	
Other	0		0		0	0	

Table A4

Victim Characteristics

Factor	Overall		Abuse		Neglect		Assisted	
Gender								
Male	21/31	(68%)	3/15	(20%)	4/7	(57%)	5/7	(71%)
Female	10/31	(32%)	12/15	(80%)	3/7	(43%)	2/7	(29%)
Ethnicity								
African American	5/9	(56%)	2/4	(50%)	1/1	(100%)	1/3	(33%)
Caucasian	3/9	(33%)	1/4	(25%)	0		2/3	(67%)
Hispanic	1/9	(11%)	1/4	(25%)	0		0	
Number of Victims								
1	29/30	(97%)	14/15	(93%)	7/7	(100%)	7/7	(100%)
2	1/30	(3%)	1/15	(7%)	0		0	
Type of Adoption								
Domestic	17/31	(55%)	9/15	(60%)	2/7	(29%)	4/7	(57%)
International	14/31	(45%)	6/15	(40%)	5/7	(71%)	3/7	(43%)
Country of International Adoption								
Russia	8/14	(57%)	5/6	(83%)	1/5	(20%)	2/3	(67%)
Guatemala	3/14	(21%)	0		3/5	(60%)	0	
China	2/14	(12%)	0		1/5	(20%)	1/3	(33%)
Mexico	1/14	(7%)	1/6	(17%)	0		0	

Mental Health Diagnosis								
Yes	2/2	(100%)	1/1	(100%)	0		0	
No	0		0		0		0	
Presence of Reactive Attachment Disorder								
Yes	2/2	(100%)	1/1	(100%)	0		0	
No	0		0		0		0	
Presence of a Medical Diagnosis								
Yes	9/9	(100%)	2/2	(100%)	2/2	(100%)	4/4	(100%)
No	0		0		0		0	
Presence of Fetal Alcohol Syndrome								
Yes	1/1	(100%)	1/1	(100%)	0		0	
No	0		0		0		0	
Physical Disability								
Yes	4/8	(50%)	2/2	(100%)	1/2	(50%)	1/3	(33%)
No	4/8	(50%)	0		1/2	(50%)	2/3	(67%)
Cognitive/Developmental Disability								
Yes	6/8	(75%)	1/2	(50%)	2/2	(100%)	2/3	(67%)
No	2/8	(25%)	1/2	(50%)	0		1/3	(33%)
History of Running Away								
Yes	1/19	(5%)	0		0		0	
No	18/19	(95%)	1/1	(100%)	7/7	(100%)	2/2	(100%)

Schooling

Not Old Enough	17/23 (74%)	9/11 (18%)	6/6 (100%)	2/5 (40%)
Enrolled in School	4/23 (17%)	2/11 (82%)	0	1/5 (20%)
Homeschooled	2/23 (9%)	0	0	2/5 (40%)

Table A5

Circumstances of the Crime

Factor	Overall		Abuse		Neglect		Assisted	
Primary precipitant								
Punishment	8/19	(42%)	5/10	(50%)	0		3/5	(60%)
Frustration/lose of temper	8/19	(42%)	5/10	(50%)	2/3	(67%)	1/5	(20%)
Wanting to get rid of child	1/19	(5%)	0		0		0	
Ongoing neglect	1/19	(5%)	0		1/3	(33%)	0	
Other	1/19	(5%)	0		0		1/5	(20%)
Accomplice								
Spouse	6/30	(20%)	0		0		6/7	(86%)
Friend	1/30	(3%)	0		0		1/7	(14%)
Other Relative	0		0		0		0	
No accomplice	23/30	(77%)	15/15	(100%)	7/7	(100%)	0	
Role of the Accomplice								
Passive	4/7	(57%)	0		0		4/7	(57%)
Active	3/7	(43%)	0		0		3/7	(57%)
Method of Death (victim)								
Abuse	28/31	(90%)	15/15	(100%)	6/7	(86%)	6/7	(86%)
Neglect	1/31	(3%)	0		1/7	(14%)	0	
Abuse and Neglect	1/31	(3%)	0		0		1/7	(14%)
Drowning	1/31	(3%)	0		0		0	

Fire	0	0	0	0
Gun	0	0	0	0
Knife	0	0	0	0
Other	0	0	0	0
Time Elapsed (victim)				
Delayed	26/28 (93%)	12/13 (92%)	7/7 (100%)	6/7 (86%)
Immediate	2/28 (7%)	1/13 (8%)	0	1/7 (14%)
History of abuse or neglect (victim)				
Yes	19/19 (100%)	9/9 (100%)	2/2 (100%)	7/7 (100%)
No	0	0	0	0
Premeditated				
Yes	1/17 (6%)	6/6 (100%)	0	0
No	0	0	5/6 (100%)	5/5 (100%)
Offender Intoxicated				
Yes	1/1 (100%)	0	1/1 (100%)	0
No	0	0	0	0

Table A6

Circumstances Following the Crime

Factor	Overall	Abuse	Neglect	Assisted
Aftermat				
Aid the Victim	21/30 (70%)	10/15 (66%)	4/7 (57%)	7/7 (100%)
Disposed of the Body	3/30 (10%)	1/15 (7%)	1/7 (14%)	0
Called family or friends	3/30 (10%)	1/15 (7%)	2/7 (29%)	0
Did Nothing	2/30 (7%)	2/15 (13%)	0	0
Hid the Body in the Home	1/30 (3%)	1/15 (7%)	0	0
Fled the Scene	0	0	0	0
Reported the Crime	0	0	0	0
Lie to Police/Say Crime was an Accident				
Yes	16/30 (53%)	7/15 (47%)	5/7 (71%)	4/7 (57%)
No	14/30 (47%)	8/15 (53%)	2/7 (29%)	3/7 (43%)
Inciting a Panic/Making a False Report to Police				
Yes	2/30 (7%)	1/15 (7%)	0	0
No	28/30 (93%)	14/15 (93%)	7/7 (100%)	7/7 (100%)
Blame the Victim				
Yes	4/11 (36%)	2/5 (40%)	1/4 (25%)	1/2 (50%)
No	7/11 (64%)	3/5 (60%)	3/4 (75%)	1/2 (50%)
Charges				
First Degree Murder	16/30 (53%)	8/15 (53%)	2/7 (29%)	5/7 (71%)

Second Degree Murder	7/30	(23%)	5/15	(33%)	1/7	(14%)	1/7	(14%)
Voluntary Manslaughter	1/30	(3%)	0		1/7	(14%)	0	
Involuntary/Reckless Manslaughter	2/30	(7%)	2/15	(13%)	0		0	
Child Abuse/other abuse	14/30	(47%)	6/15	(40%)	3/7	(43%)	4/7	(57%)
Other	14/30	(47%)	6/15	(40%)	4/7	(57%)	3/7	(43%)
Attempted Murder	0		0		0		0	
Convictions								
First Degree Murder	10/30	(33%)	6/15	(40%)	0		3/7	(43%)
Second Degree Murder	3/30	(10%)	2/15	(13%)	0		1/7	(14%)
Voluntary manslaughter	1/30	(3%)	0		1/7	(14%)	0	
Involuntary/Reckless Manslaughter	6/30	(20%)	5/15	(33%)	1/7	(14%)	0	
Child Abuse/other abuse	7/30	(23%)	4/15	(27%)	1/7	(14%)	1/7	(14%)
Other	11/30	(37%)	5/15	(33%)	3/7	(14%)	2/7	(29%)
Attempted Murder	0		0		0		0	
Accomplice Charged								
Yes	7/7	(100%)	0		0		7/7	(100%)
No	0		0		0		0	
Parole Eligibility								
Yes	8/15	(53%)	3/8	(38%)	1/2	(50%)	4/5	(80%)
No	7/15	(47%)	5/8	(62%)	1/2	(50%)	1/5	(20%)
Psychological Evaluation								
Yes	4/5	(80%)	0		0		3/3	(100%)
No	1/5	(10%)	0		1/1	(100%)	0	
Express Remorse								
Yes	14/20	(70%)	5/9	(56%)	4/4	(100%)	5/6	(83%)
No	6/20	(30%)	4/9	(44%)	0		1/6	(17%)

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