

Familicide attempt: case report of a forensic psychiatric evaluation

Tentativa de familicídio: relato de caso de perícia psiquiátrica forense

LISIEUX ELAINE DE BORBA TELLES^{1,2}, HÉLVIO CARPIM CORREA¹, PAULO BLANK^{1,3}

¹ Instituto Psiquiátrico Forense Maurício Cardoso, Porto Alegre, RS, Brasil.

² Universidad Nacional de La Plata – Argentina.

³ University of Liverpool – Reino Unido.

Received: 12/26/2012 – Accepted: 1/2/2013

Telles LEB et al., / *Rev Psiq Clín.* 2013;40(3):127

Dear Editor,

Homicides followed by the offender's suicide are rare, and their prevalence ranges from 1% to 1.5% in the United States and in the United Kingdom¹. There are not prevalence studies of this kind in Brazil. Such type of violence may occur in intimate partner homicide (uxoricide), children homicide (filicide), or multiple family members' homicide (familicide). Killing spouse and children is the most common form of familicide², which has steadily grown in the United States³. In order to analyze these types of crimes researchers frequently turn to newspapers, or assess survivors' files in forensic psychiatric hospitals^{1,2,4}.

Familicide offenders are mainly males and victims are mainly females and children. The most common instrument of commitment is the use of firearms owned by the offender, whose following suicide is frequently committed with the use of firearm, by self-hanging, or by medicine overdose^{1,2,5}.

Familicides are mainly males, older, highly educated, likely to show depressive symptoms during the year prior to the homicide commitment, frequently use of firearms, and are more harmful when compared to filicides^{2,6}.

When compared to uxoricides, familicides are more likely to be married, less likely to previous offensive behavior, and more prone to commit suicide after the offence^{2,7}.

Familicides are frequently depressives, narcissistic and dependent personality traits are outstanding among survivors².

Studies show that familicide offenders are mainly raised by loss of control over the family, fear of abandonment, narcissistic rage, job loss, long-term unemployment, and inability to support the family^{1,2,8}.

It is common the alleged altruistic behavior in order to protect family members from catastrophic outcome.

The case reported is of a 41 years old man, born and resident in Rio Grande do Sul State countryside, farmer, unfinished basic education, no previous criminal records, assessed for criminal liability evaluation after the attempted murder of his wife and son followed by suicide attempt, at the Maurício Cardoso Forensic Psychiatric Institute, in Porto Alegre, Brazil.

Three years before the offense, the defendant was diagnosed as depressed with history of two suicide attempt. He was then hospitalized and undergo to community treatment afterwards. The

forensic assessment evidenced persistent suicide ideation. Homicide attempt followed by suicide attempt would aim "end the suffering of everyone". The forensic assessment acknowledged the diagnosis of affective disease characterized by serious depressive episode implying lack of criminal liability.

This offensive behavior reiterates prior research findings: two homicide attempts committed by offender without prior offensive behavior report, suffering from depression, against family members, committed while they were asleep, using household knife, causing serious injuries to the head and neck, following aggressor's suicide attempt.

Future researches should focus on demographic, motivational, situational, and psychopathological characteristics of the perpetrator aiming a more comprehensive knowledge of this kind of criminal behavior, as well as preventive assistance through risk group monitoring.

References

1. Liem MCA, Koenraadt F. Homicide-suicide in the Netherlands: a study of newspaper reports, 1992-2005. *J Forens Psychiatry Psychol.* 2007;18(4):482-93.
2. Liem M, Koenraadt F. Familicide: a comparison with spousal and child homicide by mentally disordered perpetrators. *Crim Behav Ment Health.* 2008;18:306-18.
3. Humphreys M. *Familicidal hearts: the emotional styles of 211 killers.* New York: Oxford University Press; 2010.
4. Sisask M, Mark L, Värnik A. Internet comments elicited by media portrayal of a familicide-suicide case. *Crisis.* 2012;33(4):222-9.
5. Roma P, Spacca A, Pompili M, Lester D, Tatarelli R, Girardi P, et al. The epidemiology of homicide-suicide in Italy: a newspaper study from 1985 to 2008. *Forensic Sci Int.* 2012;214(1-3):e1-5.
6. Léveillée S, Marleau J, Lefebvre J. Passage à l'acte familicide et filicide: deux réalités distinctes ? *L'Évolution Psychiatrique.* 2010;75(1):19-33.
7. Léveillée S, Marleau JD, Dubé M. Filicide: a comparison by sex and presence or absence of self-destructive. *Behavior J Fam Viol.* 2007;22:287-95.
8. Scheinin L, Rogers CB, Sathyavagiswaran L. Familicide-suicide: a cluster of 3 cases in Los Angeles County. *Am J Forensic Med Pathol.* 2011;32(4):327-30.