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Filicide-Suicide Involving Children With Disabilities

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Abstract

Filicide-suicide, or murder of a child by a parent followed by suicide, has an unknown incidence in both the general and disabled population. As there is no national database, the authors examined known associated factors and newspaper reports to characterize filicide-suicide victims and perpetrators involving children with disabilities. A newspaper search was conducted using LexisNexis and NewsBank: Access World News databases through the University of California, Irvine Library's Web site. Age, gender of child and parent, method used, and diagnoses of parent and child were recorded. Twenty-two news articles were found describing a total of 26 disabled children as victims of filicide-suicide between 1982 and 2010. Eighty-one percent of children killed were male, and 54% were autistic. Thirty percent of perpetrators had a reported mental illness. Male children or children with autism may be at risk for filicide-suicide, but accurate record keeping is needed to determine the incidence and risk factors and aid in its prevention in the disabled population.

Keywords

filicide-suicide, child murder-suicide, autism, children with disabilities, child abuse, death

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In recent news, an 8-year-old autistic boy was poisoned by his mother, who later overdosed on the same prescription drugs she gave him.¹ Less than 1 month earlier in Minnesota, a 42-year-old mother poisoned her 10-year-old autistic son with antipsychotic medication and attempted to take her own life afterwards.² What leads parents to end their children's lives with their own, a phenomenon known in the legal literature as "filicide-suicide"? Also, are children with developmental disabilities at higher risk?

The incidence of children with disabilities in the United States is increasing, and the risk for abuse in the disabled population is higher than in the general population.³ Filicide-suicide has an unknown incidence in both the general and disabled population. Moreover, the presence of childhood disabilities in filicide-suicide cases has not been well described in the literature. A chronic disability is defined as any longterm sensory, physical, or mental state that could interfere with self-care as a child ages.³ According to the National Center for Health Statistics in 2007, 7.2% of all children in the United States were living with a learning disability.⁴ California, followed by Texas, had the leading prevalence of disabled children aged 1 to 17 years of all states.⁵ Compared to other recorded disability types, the number of children with autism, developmental delay, and speech or language impairments has increased the most since 1995.6

"Filicide" is the murder of a child by a parent. In this category, "neonaticide" is the murder of an infant by a parent

within the first day of life, and "infanticide" is the murder of a child by a parent in the first year of life. Factors causing parents to commit filicide have been examined in both the psychology and criminology literature. In 1969, Philip Resnick reviewed 155 cases described in the world literature between 1751 and 1967 and divided these cases into having 5 underlying motives: (1) perceived altruism, (2) acutely psychotic parental state, (3) parent's perception of child as unwanted, (4) accidental death from child abuse, and (5) spousal revenge.⁷

In perceived altruism, the parent believes the murder releases their child from a real or imagined suffering. In one study, investigators classified 70% of parental motives as altruistic.⁸ According to Resnick, parents having psychoses committed filicide under the influence of "hallucinations, epilepsy, or delirium."⁷ Epileptic automatisms can include amnesia for the actual event. The most common psychiatric diagnosis was noted to be schizophrenia, or "other psychotic state" in mothers, or "nonpsychotic" in fathers.⁷ In another study, authors examined court records of 55 women charged with filicide and found 52% to have shown evidence of

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Rohini Coorg, MD, University of California, Irvine, 297 North State College Boulevard, #4087, Orange, CA 92868, USA Email: coorgr@neuro.wustl.edu psychosis at the time of the crime.⁹ Other authors noted underlying maternal and paternal depression to be a major factor in parents who commit filicide-suicide.^{8,10,11}

Having a child who is unwanted may be linked to neonaticide in younger mothers of lower socioeconomic status without social support.¹² Inflicted child abuse can lead to filicide and may be more likely committed by fathers.^{10,11} Also, children experiencing abuse were more likely than the general population to be reported disabled.¹³ Of filicides reported in Japan between 1994 and 2005, 33% were a result of child abuse.¹⁴ Regarding his fifth factor, spousal revenge, Resnick coined the term "Medea complex" after the Greek legend of Medea, who killed her 2 sons as an act of revenge against their father.⁷

Statistics are difficult to find regarding the incidence of filicide-suicide in the United States. Cases are not usually recorded by coroners' offices and are often estimated from newspaper accounts and past review articles. For example, the coroner/medical examiner's office of Orange County, California, only determines "homicide" or "suicide" as a cause of death and does not record cases as filicides-suicides. Likewise, there is no public national database inclusive of all 50 states. Newspaper reviews have been used in the past to study homicide-suicide, including filicide-suicide cases. Malphurs and Cohen compared the accuracy of news reporting with the coroner's reports in 2 Florida counties and found 71% of medical examiner–confirmed cases of homicide-suicide to be reported in the news media.¹⁵

Despite the limitations of a newspaper review, it remains a logistically useful tool to obtain data for the purpose of characterizing victims and perpetrators. The authors conducted an Internet-based newspaper review searching for filicide-suicide cases involving children with disabilities. They hypothesized that as they comprise the fastest growing childhood disability subset, children with autism, developmental delays, and/or learning disabilities may be most commonly victimized in the disabled population, especially if mental illness is present in a parent or caretaker.

Methods

A newspaper search was conducted using LexisNexis and NewsBank: Access World News databases through the University of California, Irvine Library's Web site, which identified cases occurring in the United States retrospectively between the years of 1982 and 2010. Institutional review board approval was not indicated. Newspaper articles from all 50 states were included. Search terms were "child murder–suicide," "children with disability," "filicide," "murder-suicide," and "autism." Criteria for inclusion in the study required a case with clear filicide and suicide occurring within 24 hours of each other, with a reported disability or medical diagnosis of at least one child victim aged 18 years or younger in a family.

Age, gender of the child and parent, method used, and diagnoses of the child were recorded along with a reported psychiatric or medical condition of the parent, if provided. Additionally, marital status and occurrence of familicide and attempted or completed suicides were recorded. Familicide was defined when victims included a spouse and/or other children. Data were demonstrated with descriptive statistics. Two-tailed *t* tests were employed to determine differences between means, and a χ^2 test was used to determine significant differences between groups. Filicide-suicide incidence was estimated based on newspaper accounts of cases per year.

Results

Twenty-two news articles were found describing a total of 26 disabled children in filicide-suicide cases between 1982 and 2010. Of these, one article was not included due to the lack of evidence of filicidal intention towards 3 children with Down syndrome in a murder-suicide case between 2 unrelated care-takers. Additionally, one 18-month-old disabled child was removed from the database because she was not present when her parent committed filicide-suicide with her disabled sibling.

Thus, 21 news articles were included in this review describing filicide-suicide cases involving 22 disabled child victims and 21 caretakers between September 1982 and August 2010. The cases also reported 4 nondisabled child victims and 4 nondisabled survivors of a filicide attempt. Results are summarized in Tables 1 and 2. Of these cases, 13 cases (64%) were reported after 2002. Incidence of cases based on news reporting was estimated at less than one case per year over a 32-year period (0.656 per year) or 1.6 cases per year between 2002 and 2010.

Age

Ages of children killed ranged from 2 years to 18 years, with a mean age of 10.5 years (standard deviation [SD], 4.58). Eightytwo percent of children killed were male. Boys averaged 10.2 years (SD, 4.356), whereas girls averaged 11.8 years (SD, 6.076). Of the 21 cases, perpetrators included 10 mothers, 10 fathers, and 1 grandfather. Average known age of perpetrators was 42.7 years (range, 29-75), with mothers averaging 39 years (SD, 6.88) and fathers averaging 43 years (SD, 7.86). Ages between genders were not statistically significant.

Diagnosis of Child

Fifty-five percent of child victims had a reported diagnosis of autism spectrum disorder. Within the male population, 11 children, or 62%, had a known diagnosis of autism. Other reported disabilities in the total population are described in Table 1.

Cause of Death

The most common cause of death in the child was a gunshot wound (8 cases or 38% of cases), followed by medication poisoning (5 cases or 24% of cases) and carbon monoxide or generator poisoning (3 cases or 14% of cases). Remaining causes included a fall from a bridge, fire, and suffocation with a plastic bag and stabbing versus car crash (Figure 1).

Mental Illness

Thirty-eight percent of perpetrators had a reported mental illness, consisting of 5 fathers and 3 mothers. The most common

Table I. Child Demographics

Case	Year	Child age, y	Child gender	Child reported diagnosis	Cause of death
I	2010	8	Male	Autism	Prescription overdose
2	2009	8	Male	Autism	Gunshot (head)
3	2006	7	Male	Mitochondrial disease	Carbon monoxide poisoning
4	2008	12	Male	Autism	Gunshot (chest)
5	2009	13	Female	Angelman syndrome ^a	Carbon monoxide poisoning
6	2008	12	Male	Autism, epilepsy	Gunshot
7	2010	10	Male	Autism	Prescription overdose (Seroquel)
8	2009	17	Male	Asperger syndrome	Gunshot
9	2008	3	Female	Autism	Suffocation (plastic bag)
10	2010	18	Male	Autism, mild mental retardation	Generator poisoning
11	2010	12	Male	Autism	Gunshot
12	2002	5	Male	Autism, attention-deficit hyperactivity disorder	Prescription overdose (Xanax)
13	2002	11	Male	Tuberous sclerosis, epilepsy	Stabbing versus car crash ^b
14	1988	2	Male	Hemiparesis, nonverbal	Gunshot (head)
15	1997	4	Male	Autism, epilepsy	Fall from bridge
16	1997	10	Male	Physical disability	Fire
17	1982	14	Female	Marfan syndrome	Gunshot (head)
		11	Male	Marfan syndrome	Gunshot (head)
18	1990	17	Female	Mental retardation	Poisoning (intravenous lines)
19	1989	17	Male	Epilepsy	Gunshot
20	1997	8	Male	Coma, cognitive disability	Prescription overdose (sedatives)
21	1998	11	Male	Autism	Prescription overdose (painkillers)

a. Unclear if child had epilepsy.

b. Unclear cause of death.

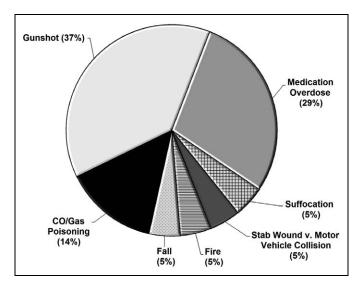


Figure 1. Child's cause of death.

psychiatric conditions reported were depression (3 cases), psychosis (3 cases), and bipolar disorder (3 cases). Several caretakers had multiple reported disorders, as described in Table 2.

Attempted Versus Completed Suicide

The incidence of attempted filicides-suicides is equally divided between mothers and fathers. However, 15 of 21 (or 71%) of perpetrators actually completed a suicide after killing their child. One half of mothers and 90% of fathers completed a filicide-suicide (P = .051). Of the 6 remaining cases, 5 care-takers attempted suicide, while one case described the intent for suicide without an attempt made. Two-thirds of the cases involved parental medication overdoses, which included 2 mothers with a reported mental illness. None of the 3 mothers with a reported psychiatric diagnosis completed a suicide.

Marital Status

Thirty-eight percent of parents were single, 48% were married, and 9% were married but in the process of divorcing. One report did not specify the marital status of the mother. Four mothers and 4 fathers were single. In the case where the grandfather committed filicide-suicide, the child's parents were married. In 5 of the 11 cases (45%) in which the perpetrator was married, familicide was committed with the spouse and other children as additional victims.

Male Children With Autism

Eleven, or 50%, of all reported cases included male victims with autism, and 82% of these cases were reported after 2002. The child's average age was 10.6 years (SD, 4.37), and 4 children were also reported to have epilepsy, mental retardation, or attention-deficit hyperactivity disorder (ADHD). Asperger syndrome was classified as autism. The most common cause of child death was a gunshot wound (5 cases). Likewise, in

Case	Parent age, y	Relationship	Parent reported diagnosis (if known)	Marital status	Suicide	Familicide
1	49	Mother	Paranoid delusions, psychosis	Single	Attempted	N/A
2	34	Father	Unknown	Married	Yes	Yes
3	37	Father	Unknown	Single	Yes	N/A
4	38	Father	Paranoid delusions, obsessive compulsive disorder, psychosis, depression	Single	Intended	N/A
5	43	Father	Unknown	Single	Yes	N/A
6	36	Father	Unknown	Single	Yes	N/A
7	42	Mother	Suspected bipolar versus psychosis (medicated)	Single	Attempted	N/A
8	54	Father	Intermittent explosive disorder	Married	Yes	Yes
9	37	Mother	Depression	Married	Attempted	No
10	47	Mother	Unknown	Married/ divorcing	Yes	No
11	37	Mother	Unknown	Single	Yes	N/A
12	38	Mother	Unknown	Single	Attempted	N/A
13	34	Father	Bipolar	Married/ divorcing	Yes	No
14	75	Grandfather	Unknown	Parents married	Yes	No
15	29	Mother	Unknown	Married	Yes	No
16	53	Father	Emotional disturbance, communication problem	Married	Yes	Yes
17	Unknown	Mother	Marfan syndrome	Married	Yes	No
	Unknown	Mother	Marfan syndrome	Married	Yes	No
18	50	Father	Unknown	Married	Yes	Yes
19	47	Father	Depression	Married	Yes	Yes
20	Unknown	Mother	Unknown	Married	Yes	No
21	32	Mother	Unknown	Unknown	Attempted	N/A

Table 2. Caretaker Demographics

N/A, not applicable.

male children without autism (39% of reported cases), the most common cause of death was also a gunshot wound (3 cases).

Sixty-four percent of mothers and 36% of fathers of male children with autism committed filicide. The mean age of mothers was 39.1 years (SD, 7.38) and of fathers was 40.5 years (SD, 9.15). Thirty-six percent of parents had a reported mental illness (2 fathers and 2 mothers). Fifty-five percent of parents were single (57% of mothers and 50% of fathers). Suicide was completed in 55.5% of cases (6 cases).

Discussion

To the authors' knowledge, this is the first study in which the authors examine the incidence and characteristics of filicidesuicide cases in children with disabilities in the United States. A literature search through databases such as PubMed/MED-LINE and CINAHL (Cumulative Index to Nursing and Allied Health Literature) revealed no studies investigating the presence of a childhood disability in filicide-suicide. This may be due to the lack of a national database including all 50 states. These results allow us to conclude that filicide-suicide in children with disabilities is relatively rarely reported in Internetbased news articles, with only 21 cases found over a 28-year period. Others have investigated the incidence of filicide-suicide without mention of a childhood disability. The National Violent Death Reporting System collected data from 17 states and found 33 cases of filicide-suicide reported between 2003 and 2005.¹⁶ Thirty cases of completed filicide-suicide were recorded and confirmed by the medical examiner in Ohio between 1958 and 2002,⁸ and 303 Japanese cases were obtained primarily through news reports between 1994 and 2005.¹⁴ In a 10-year period, 27 cases in Finland and 25 cases in Austria were recorded from national registries.¹⁷ Australian investigators found 57 cases of filicide in Victoria between 1978 and 1991, also confirmed by medical examiner reports.¹⁸

The most striking finding involves the predominately male gender of the victims. Yasumi and Kageyama found no statistical difference between genders, although their study did not distinguish between disabled and nondisabled victims of filicide-suicide.¹⁴ Friedman et al found a female gender predominance in child victims but did not specify gender for the 10% of child victims in the study who were medically disabled.⁸ Another study resulted in a male majority, but this was only slight (54%) and without specifying the presence of a disability.¹⁵ Interestingly, 70% of all child deaths during a 7-year period in Lancaster County, Nebraska, involved male children, and more male than female children died from

accidental, nonaccidental, and natural causes.¹⁹ While these cases were confirmed by a medical examiner, the authors did not comment on the presence of a disability or if filicide-suicide occurred.

Regarding gender differences in children experiencing abuse, Sobsey et al found that while both genders were equally abused in the general population (with girls being more often the victims of sexual abuse and boys more often the victims of physical abuse or neglect), 65% of all abused children with disabilities were boys.²⁰ In their study, boys with disabilities were also more likely to undergo neglect or physical abuse than girls with disabilities and were more likely to suffer sexual abuse than boys without any disability. Of children with disabilities, girls were still more likely to suffer sexual abuse than boys. They hypothesized one of the following: more boys than girls in the population are disabled, girls with disabilities are underrecognized, or boys with disabilities may be more likely to be placed with an abusive male caregiver.²⁰ These can explain the results, but it was unknown whether the child victims in the population were subject to abuse prior to filicide.

In this study, although "autism" was used as a search term, it was surprising that the majority of cases of filicide-suicide included a victim reported as having autism compared with other disabilities such as specific learning disabilities, cerebral palsy, epilepsy, or chronic medical conditions such as cystic fibrosis. Autism spectrum disorder has been reported to affect as many as 0.6% of children in the general population, with boys being 4 times more likely to be affected as girls,²¹ which can account for the gender skew in these results. On the other hand, autism is less prevalent than mental retardation/intellectual disability in cases of severe disability.²¹ The category of learning disability encompasses significant difficulties in speaking, reading comprehension or ability, writing, or listening. In 2009, twice as many boys as girls were reported as diagnosed with a learning disability.²² In that same year, over 8% of all children in the United States experienced a diagnosis of ADHD at some time, with more than twice as many boys as girls being diagnosed.²² It is possible that without medical confirmation, news reports can underreport the presence of ADHD or learning disability and overreport a diagnosis of autism.

If media reports were accurate, several factors can explain why children with autism comprise a majority of the child victim population. First, having an autistic child can increase feelings of stress or hopelessness in a depressed parent already at risk for suicide. These caretakers can believe committing filicide is altruistic. Second, autistic children can be prone to behavioral outbursts and may be at risk for physical abuse, leading to filicide and subsequent suicide by the caretaker. Palermo acknowledged the difficulty in bonding with a child with autism.²³ He theorized that parents of these children may have an underlying serotonin metabolic abnormality, could fall into the autistic spectrum themselves, or experience higher parental stress levels.²³ And third, caretakers of children with chronic disabilities experience greater stress than the general population. Estes et al found mothers of autistic children to have significantly more parenting and psychological stress than mothers of developmentally delayed children without autism.²⁴ Autism has been linked to increased psychological stress in caretakers compared to nondisabled children and children with Down syndrome,²⁵ especially due to problems in behavioral and social functioning.

As in past studies, the authors also found at least one third of perpetrators to have a reported mental illness. After looking at records from a medical examiner in confirmed filicide-suicide cases, Friedman et al found 80% of perpetrators had evidence of an active psychiatric disorder, including depression.⁸ The findings also support previous studies that show males and females as equally likely to commit filicide-suicide^{9,16} but males more likely to complete a suicide.¹⁶ Adler and Polk suggested that filicides-suicides occur less often than filicide without suicide.¹⁸ Parents may not complete a suicide after realizing an "immediate release of tension" after killing their child.⁷ On the other hand, parents initially intending to commit filicide may commit suicide after realizing the consequences of their actions.^{7,8}

There are inherent flaws in using nonscientific reports to determine the incidence and prevalence of a condition in a population. Just as the medical examiner's office may not record all filicide-suicide cases as such, the news media may not report all cases. Furthermore, Internet-based search engines may not include all newspapers in circulation. Also, editorial decisions can lead to reporting cases that sensationalize autism and its consequences. The results likely underestimate the true incidence and prevalence of filicides-suicides involving children with disabilities, and the small sample size may not be representative of the true demographics of the victim and perpetrator populations. Malphurs and Cohen¹⁵ suggested that national newspapers may report less than half of all true homicide-suicide cases and even suggested that homicidesuicide should be made into an International Classification of Diseases (ICD) code for more accurate record-keeping.

Thus, the authors must be cautious with their results as diagnoses were obtained from news reports rather than a medical provider and may be inaccurate or incomplete. Many illnesses can present with autistic features, and up to 10% of all children described as "autistic" may have an underlying genetic, metabolic, or other medical cause for symptoms.²⁴ And finally, news reports did not completely exclude the possibility of a psychiatric diagnosis in a caretaker and may also result in underestimation of mental illness.

Conclusion

Despite these weaknesses, the findings help emphasize an important point regarding children with disabilities and their families. As health care workers and physicians, we often encounter caregivers of patients with chronic conditions who feel overwhelmed and stressed. Positive reinforcement into the impact families are making in their disabled child's life is important.²⁶ Frequent follow-up with a primary or specialty physician in cases where parents appear especially overwhelmed can result

in parents feeling reassured and more informed. It can also allow physicians to monitor for possible abuse or neglect in high-risk families.

Attention should be paid to the mental status of the caregiver, as well as any familial psychiatric diagnoses, as those at risk may already be receiving therapy.²⁷ It may be useful to know if parents themselves had been abused or if there are weapons at home. Mothers prone to mental illness should be referred to professional help if necessary. Physicians should continue to monitor stress and emotional support in families, especially for single parents.

In conclusion, while this review likely underestimates the number of cases of filicide-suicide in the general population, it can still represent the disabled victim population. Male children with disabilities, particularly those with autism, may be at risk. Further studies or a formal database would help determine the true incidence and characterization of filicides-suicides involving children with disabilities. Until then, an awareness of factors associated with filicide-suicide is a step towards prevention in the disabled population.

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Author Contributions

RC is the first author of this article and performed the statistical analysis of results. AT is an additional author who provided mentorship and editing assistance.

Declaration of Conflicting Interests

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Ethical Approval

Institutional review board approval was not obtained nor indicated.

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