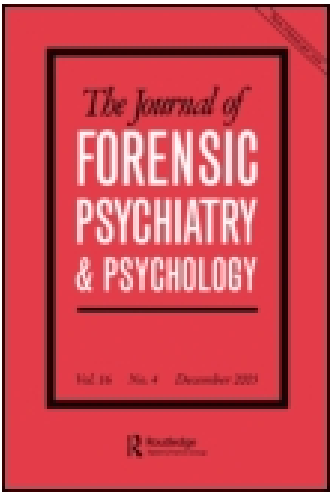

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Helen Baxter , Conor Duggan , Emmet Larkin , Christopher Cordess & Kim Page

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Mentally disordered parricide and stranger killers admitted to high-security care. 1: A descriptive comparison

HELEN BAXTER, CONOR DUGGAN, EMMET LARKIN, CHRISTOPHER CORDESS and KIM PAGE

ABSTRACT Parricide is an uncommon crime, so that many of the descriptive studies suffer from methodological shortcomings of small sample sizes and a non-representative ascertainment. We describe a consecutive series of mentally disordered offenders convicted of parricide who were admitted to high-security care and we compare their index characteristics with a group convicted of killing one or more strangers. The main findings were that the parricides were more likely to suffer from schizophrenia but less likely to have had a disrupted childhood and criminal history, as compared with those who had killed a stranger. Those in the parricide group had made a previous attack on their victim in 40% of cases. Overall, the study confirmed some of the differences that one might expect between these two groups of homicides, which had entirely different relationships to their victims.

Keywords: parricides, stranger killers, high-security care, homicide

Although parricide, the killing of a parent, accounts for only 2% of unlawful killings (Green, 1981; Heide, 1989), it none the less exerts a morbid fascination

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both for mental health workers and beyond (Freud, 1949; Lewis and Arsenian, 1977; Newhill, 1991). As parricide requires the transgression of the twin societal prohibitions on homicide and on failing to honour one's parents, its occurrence has been rationalized by two explanations: adult parricide occurs because the perpetrator is mentally ill, whereas the perpetrator in juvenile parricide has been the victim of physical or sexual abuse from which the killing of the parent provides the only avenue of escape (Hillbrand *et al*., 1999). Wertham (1941) refined these views in a significant contribution to the understanding of adult matricide. Here, he described the perpetrator as a reasonably well-adjusted, non-delinquent young man who had, however, both an excessive attachment to and an excessive hostility towards a mother image. This conflict and the attendant personality disintegration could be resolved only by a violent act, to which he gave the name 'catathymic crisis'. Although Wertham described eight phases to catathymic violence, broadly these may be reduced to three: (1) an incubation phase where there is increased psychological tension; (2) the aggressive act; and (3) post-homicidal relief.

This proposed association between parricide and mental abnormality is not very strong, however, as only about one in ten of those found guilty of parricide are given a hospital disposal, the implication being that the vast majority are not mentally disordered (personal communication from the Home Office, 2000). In addition, as Hillbrand *et al*. (1999) point out in a recent review, the empirical literature gives only partial support to many of these stereotypes of parricide. Even if one concentrates only on those who are mentally disordered and kill their parents, there are difficulties in drawing any general conclusions. One of the problems here is that the empirical literature is not extensive. Much of it has focused on men and has found that most were unemployed and unmarried, lived at home and suffered from schizophrenia (O'Connell, 1963; Green, 1981; Campion *et al*., 1985; and Millaud *et al*., 1996).

Many of these studies had small samples. An exception is that of Green (1981) who studied 58 Broadmoor men who had killed their mothers. His data were obtained mostly from case-notes, although he also interviewed an unspecified number. He confirmed some of the psychodynamic hypotheses describing the mothers as dominant and possessive while their sons were passive and dependent with strong feelings of social and sexual inferiority. He identified sexual elements in 38% of the cases, all of which were in the schizophrenic or schizoaffective groups. There were 41 patients (71%) who had lost their father at some stage before the matricide, the mean age of the patients at the time of this paternal loss being 17.1 (SD 12.1) years. Perhaps most significantly in terms of prevention, Green found that only 17% of the sample were having any active treatment at the time of the homicide despite the presence of presumably long-term psychiatric illness. Chiswick (1981) commented that without a comparison group, many of Green's conclusions were speculative. Another methodological shortcoming was that the ratings could

not be made blind to the relationship between the perpetrator and victim. In the largest US sample of parricides to date ($n = 27$), Young *et al*. (1998) identified the following four factors as salient: acute psychosis (47%); impulsivity (28%); alcohol and substance misuse (24%); and escape from enmeshment (15%).

As with other forms of homicide, women commit significantly less parricide than men, with reported male to female ratios of 5:1 (Green, 1981) and 8:1 (Clark, 1993). Women kill mainly their mothers and those who commit matricide are described as single, middle-aged, socially isolated women who lived with a dominating mother in a mutually hostile but dependent relationship. In D'Orban and O'Connor's (1989) series of 17 female parricides, 11 had either schizophrenia or a psychotic depression.

These studies tell us very little about the distinctiveness of parricide, however, as they are without a comparison group – a point already referred to by Chiswick (1981). However, few such comparison studies have been published and each studied only a small number of cases. Some of these (Corder *et al*., 1976; McKnight *et al*., 1966; Brufal, 1994; Maas *et al*., 1984) compared the characteristics of their parricides with those convicted of other homicides. Singhal and Dutta in two studies, one examining patricide (1990) and the other matricide (1992), chose patients with schizophrenia but without a criminal record as their comparison group.

In some of these studies, differences between the two groups were found. For instance, Corder *et al*. (1976) found adolescents who committed parricide to be more socially isolated but less likely to have an antisocial history as compared with adolescents who had killed a non-relative; there were similar findings in Brufal's (1994) and McKnight *et al*.'s (1966) comparisons of matricidal men with other homicides. In the Singhal and Dutta studies, the investigators used an assessment schedule (i.e. the EMBU Inventory; Perris *et al*., 1980), a self-report questionnaire that systematically examined the perpetrator's perception of the parent. They found that parents in the parricide group were perceived to have been more over-involved (for the mother) and more abusive and shaming (for the father) compared with the parental perceptions of the non-homicidal group with schizophrenia.

One ought to be cautious, however, in drawing any firm conclusions on the distinctiveness or otherwise of parricide as there are so few empirical data; especially as factors such as increased social isolation and reduced antisocial traits observed in cases of parricide have also been observed in perpetrators of spousal homicide when compared with stranger killers (Kalichman, 1988). Moreover, these data suffer from some major methodological defects. First, all the studies, with the exception of Green (1981), examined very small samples. Second, the method of ascertainment of the sample is unclear so that they are open to the criticism of selection bias. Finally, in the few studies that had a comparison group, there has been little attempt at matching the groups

and the samples were so small that meaningful statistical comparisons were not possible. For instance, the sample sizes of parricides in the studies by Corder *et al*. (1976), Singhal and Dutta (1990), Brufal (1994) and McKnight *et al*. (1966) were 10, 10, 11 and 12 respectively.

In the light of these methodological shortcomings, we aimed (1) to describe a larger series of parricides committed by those with mental disorder than has previously been reported, and (2) to determine if mentally disordered individuals who commit parricide are distinguishable from those convicted of other homicides. To this end, we chose as our comparison group mentally disordered individuals who had been convicted of killing a total stranger. We believed that this comparison of a parricide with an apparently random killing might highlight the contrast between the strength of a parental relationship (in the case of parricide) and the absence of any such relationship (in the case of a stranger killing). Failing to find differences between these two groups would suggest that the relationship to the victim matters less than the factors that lead to the crime of homicide *per se*. In a companion paper, we describe a follow-up of a subset of these two groups after their release from high-secure care.

METHOD

The sample consisted of a consecutive series of patients admitted to one of the three high-secure hospitals in England and Wales between 1972 and 1996 inclusive (a period of 25 years) with an index offence of parricide. These hospitals admit mainly mentally disordered offenders who are thought to require treatment within conditions of maximum security. All cases admitted to Special Hospitals are seen by a trained interviewer and the data entered on to the Special Hospital Case Register. The Register contains basic demographic information, the patient's family circumstances and rearing pattern, and previous offending history, together with the circumstances of the index offence. We accessed data held on the Register to compare the consecutive series of parricides with a consecutive series of stranger killings.

The victims in the parricide group were restricted to biological parents, thereby excluding step-parents, adoptive and foster parents. The comparison group was chosen from a homicide category in which the victim was completely unknown to the perpetrator (i.e. a 'stranger killing'). This excluded figures in authority (e.g. the police) even when the patient did not know the victim directly. In order to make the comparison as 'pure' as possible, cases in which there were multiple victims were included if they contained only parents (in the parricide group) or strangers (in the stranger group). Five other cases were also excluded, two where the relationship of the victim to the offender was unknown and three in which there had been a dual killing

of both a parent and a stranger. We also excluded individuals where the IQ was less than 70.

The primary data analyses that compared the consecutive series of parricides with the consecutive series of stranger killings showed that there were major differences in diagnoses between these two groups (see below). We therefore repeated the comparison in a selected subgroup, all of whom had schizophrenia.

RESULTS

We were able to identify 98 individuals with a sole index offence of parricide who were admitted to high-security care over the 25-year period of the study. This comprised 57 matricides (58%) and 41 patricides (42%). Six of the cases had killed both parents (double parricide). There were 89 men (91%) and 9 women (9%), a gender ratio of 9:1. Over the corresponding period, 159 offenders were admitted having killed one or more strangers, 151 of whom were men (95%) and 8 women (5%). Of these 159 stranger killings, 139 had a single stranger victim, 11 had two, 3 had three and 6 had four or more stranger victims.

Demographics

The demographic features and psychiatric diagnosis of the parricide and stranger groups are shown in Table 1. There were few demographic differences between the two groups. Most of the patients in both groups were educationally disadvantaged and unemployed. The social class of the two groups again was broadly similar although there was a greater percentage of lower social class among the stranger killings. In both groups, a significant percentage had never married – 78 (79.6%) and 108 (67.9%) in the parricide group and stranger groups respectively, although the groups differed, with the parricide group having more single individuals and the stranger group more divorced and separated. There were 63 in the parricide group (64.3%) who were admitted from court whereas the majority of those in the stranger group (86) came from prison (54.1%). The mean age on admission for both groups was similar, 30.6 years (SD 7.6) for the parricide and 31.4 years (SD 9.5) for the stranger groups respectively ($t = 0.68$, $p = 0.49$).

Psychiatric history

The psychiatric history of the two groups is also shown in Table 1. Schizophrenia was the most common diagnosis on admission (and presumably at the time of the index offence) in the parricide group (with 78.6% being

Table 1 Sample demographic and diagnostic data

		Parricides		*Strangers*	
		n	%	*n*	%
Gender	Male	89	90.8	151	95.0
	Female	9	9.2	8	5.0
Social class	Professional	2	2.0	2	1.3
	Intermediate	6	6.1	7	4.4
	Skilled	36	36.7	51	32.0
	Some skilled	25	25.5	30	18.9
	Unskilled	19	19.4	53	33.3
	No data	10	10.2	16	10.1
Qualifications	None	55	56.1	105	66.0
	GCE 'O' Level	19	19.4	21	13.2
	GCE 'A' Level	8	8.2	2	1.3
	Degree	3	3.0	3	1.9
	Other	5	5.1	13	8.2
	No data	8	8.2	15	9.4
Employment (when last in community)	Employed	33	33.7	50	31.8
	Unemployed	41	41.8	86	53.8
	Non-employed (unfit for work)	17	17.3	8	5.1
	No data	7	7.1	15	9.4
Marital status	Single	78	79.6	108	67.9
	Married	6	6.1	14	8.8
	Divorced/Separated	9	9.2	26	16.4
	No data	5	5.1	11	6.9
*Psychiatric diagnosis**	Schizophrenia	77	78.6	69	43.4
	Mania	1	1.0	7	4.4
	Depression	8	8.2	6	3.8
	Personality disorder	17	17.3	74	46.5
	No data	2	2.0	7	4.4

*Co-morbidity means percentages add up to more than 100%

affected) whereas personality disorder (46.5%) was the most common diagnosis in those who had been convicted of killing a stranger, followed closely by schizophrenia (43.4%; $\chi^2 = 27.2$, df = 1, $p < 0.001$).

Early rearing pattern

Table 2 compares the pattern of rearing in the two groups. The stranger group had the more disrupted rearing pattern with changes occurring mainly when the child was between 6 and 16 rather than at an earlier age. Those in the stranger group were also three times as likely to spend more than 3 months

in a children's home, community home or approved school before their 16th birthday. As in previous studies (e.g. Green, 1981), we found that a large proportion of fathers were dead by the time the matricide had occurred. Almost twice as many of the fathers in the parricide group were dead at the time of the matricide compared with those who had killed strangers: 56 (57.1%) versus 46 (28.8%) respectively ($\chi^2 = 21.6$, $p < 0.001$).

Criminal history

The criminal histories of the patients antecedent to the index offence are shown in Table 3. Those in the stranger group were likely to have committed more crimes, and these crimes to have been more serious, and were likely to have a longer criminal history as compared with those who committed parricide. Although the mean ages for the first juvenile court appearance (in those convicted as juveniles) in both groups were similar (parricides, mean age 13.4 [SD 2.06]; strangers, mean age 13.2 [SD 2.22]; $t = 0.76$, $p = 0.45$), only 18 of the parricides (18%) as compared with 73 of the stranger homicides (45%) had a juvenile court appearance ($\chi^2 = 24.4$, $p < 0.001$). This also applied to the age of their first court appearance; the mean age was 19.08 years (SD 6.9) for the parricides as compared with a mean age of 17.03 (SD 7.3) for the

Table 2 Childhood rearing

		Parricides		*Strangers*	
		n	%	*n*	%
No. of changes of rearing pattern	0	53	54.1	50	31.4
	1	20	20.4	24	15.1
	2–4	14	14.2	52	32.7
	5 or more	2	2.0	15	9.4
	Unknown	9	9.2	18	11.3
Age at which rearing pattern first changed					
No change before 16th birthday		53	54.1	50	31.4
1st change occurred before 1 year old		2	2.0	3	1.9
1st change occurred at 1–5 years old		7	7.1	18	11.3
1st change occurred at 6–10 years old		11	11.2	27	17.0
1st change occurred at 11–16 years old		18	18.4	42	26.4
No data		7	7.1	19	11.9
More than 3 months in children's home, community home, approved school up to 16th birthday	Yes	9	9.2	43	27.0
	No	81	82.7	98	61.6
	Unknown	8	8.2	18	11.3

Table 3 Criminal history

		Parricides		*Strangers*	
		n	%	*n*	%
Penal institution (YCC, detention centre, borstal or prison)	Yes	1	1.0	12	7.5
	No	91	92.9	130	81.8
	Unknown	6	6.1	17	10.7
Total no. of juvenile court appearances	None	73	74.5	68	42.8
	1–3	13	13.3	38	23.9
	4–6	5	5	24	15.1
	> 7	–	–	11	6.9
	Unknown	7	7.1	18	11.3
Total no. of adult court appearances	None	55	56.1	35	22.0
	1–3	18	18.4	43	27.0
	4–6	13	13.3	17	10.7
	> 7	5	5.1	45	28.3
	Unknown	7	7.1	19	11.9
Previous conviction	Murder/Attempted murder	–	–	2	1.3
	Manslaughter/Infanticide	1	1.0	3	1.9
	Wounding	14	14.3	57	35.8
	Sexual offence	2	2.0	25	15.7
	Robbery	2	2.0	25	15.7
	Arson	1	1.0	5	3.1
	Criminal damage	17	17.3	41	25.8

strangers ($t = 1.57$, $p = 0.12$). Here again, only 38 of the parricides (39%) as compared with 105 of the stranger homicides (66%) had an antecedent criminal history ($\chi^2 = 18.2$, $p < 0.001$).

Circumstances of the homicide

The circumstances of the index offence for both groups are compared in Table 4. There was a slight preponderance of female victims among the parricides and male victims among the stranger killings. Among the parricides, 6 of the women (67%) and 51 of the men (57%) committed matricide and the majority in the patricidal and matricidal groups were diagnosed as having schizophrenia: 8 women (89%) and 69 men (78%). In the vast majority of parricides, the killing had taken place at home (94%). In 71% of these, the offender lived in the same house as the victim and in 39 (40%) had made a previous attack upon him or her. In contrast, the stranger killings were more likely to have taken place in public. Alcohol was twice as likely to be consumed if the killing was by a stranger; this occurred in 56 of cases (35%) as

compared with 17 of the parricides (17.4%). There was no difference in the use of illicit drugs between the stranger and parricide groups (in 8.8% and 7.1% respectively). The methods of assault were also similar in the two groups. A sexual element to the attack was significantly less common in the parricide group ($\chi^2 = 20.76$, $p < 0.001$).

As this analysis showed that the parricide and stranger groups were very different as regards their diagnosis, we carried out a comparison similar to that described above but limiting the groups to those with a diagnosis of schizophrenia. There were 77 and 69 patients in the parricide and stranger victim groups respectively with this diagnosis. When the groups were so limited, the differences found previously in the demographic data, the patterns of early childhood rearing and the antecedent criminal history were as before. Specifically, those with schizophrenia and a stranger victim continued to have had a more disrupted childhood and a more significant antecedent criminal history. Co-morbid personality disorder was diagnosed in 5 (6.5%) and in 13 (19%) of the parricide and stranger victim groups with schizophrenia respectively ($p < 0.05$). Hence, the differences found in the larger comparison appeared to be due to differences in the relationship with the victim rather than to differences in diagnosis.

Table 4 Circumstances of offence

		Parricides		*Strangers*	
		n	%	*n*	%
Sex of victim	Male	41	41.8	89	56.0
	Female	57	58.2	70	44.0
Location of offence	Home of victim	92	94.0	50	31.4
	Workplace	2	2.0	7	4.4
	Thoroughfares	1	1.0	54	34.0
	Lonely spot	1	1.0	29	18.2
	Other	2	2.0	18	11.3
	Not known	–	–	1	0.6
Main method of assault	Strangulation	13	13.3	22	13.8
	Sharp instrument	51	52.0	77	48.4
	Blunt instrument	20	20.4	26	16.4
	Punched/kicked	7	7.1	15	9.4
	Firearms	6	6.1	7	4.4
	Other	1	1.0	11	6.9
	Not known	–	–	1	0.6
Sexual features	Present	2	2.0	36	22.6
	Absent	95	96.9	119	74.8
	Unknown	1	1.0	4	2.5

DISCUSSION

This study compared admission data from a large series of homicides by mentally disordered patients subdivided by the relationship to the victim. Although our data did not allow a thorough examination of whether the relationship to the victim among those who commit homicide affected its commission, it did confirm some of the previously described views. Compared with stranger killers, for instance, those who committed parricide were less likely to have had a disrupted childhood or a prior criminal history but more likely to be living in the same household. Moreover, they were twice as likely to have schizophrenia, and to have made a previous attack on their victim in a substantial number of cases. Conversely, the perpetrators in the stranger victim group were more likely to have a disrupted childhood, to be personality disordered, and to have a long antecedent criminal history. The differences found between these groups were not due to the difference in the prevalence of schizophrenia as they persisted when we restricted the comparison to those with a diagnosis of schizophrenia. Our findings therefore support Corder *et al.*'s (1976) adolescent homicide comparison in which he found that adolescents convicted of a homicide other than parricide were more impulsive and aggressive. Our stranger victim group was similarly characterized by a long history of antisocial conduct and a disrupted early home life. The killing of a stranger appeared then to be part of a sequence of persistent 'acting out'. Our data therefore support Meloy's (1992) observation that a pre-existing antisocial personality disorder is an unlikely accompaniment of a catathymic process in a homicide.

We commenced this paper with a reference to Wertham whose proposed profile of an individual who committed parricide has been partially sustained by the study. However, he was writing about men who commit matricide and schizophrenia has been traditionally linked to the matricidal crime (Gillies, 1965), although others dispute this (Clark, 1993). As we had almost equal numbers of matricides and patricides, it was possible to examine whether those who committed matricide were distinguishable from those who committed patricide. In this comparison we selected those features that distinguished the stranger and parricide killings (i.e. that the parricides had preponderance of schizophrenia, non-delinquent behaviour and less disrupted childhood-rearing patterns). When we compared those who committed either matricide or patricide across these three variables, we found that there was no difference between the two groups. This suggests that the act of killing a parent (i.e. any parent) is more important than whether the parent is a mother or a father.

One of the interesting points to consider is whether the killing of the parent by an individual with schizophrenia occurred because the disturbance was being contained within the household. As in an earlier study (Green, 1981),

we found a high incidence of previous attacks on the victim (up to 40%) in the parricide group. The final act of homicide then appeared in many of the parricides to have a long incubation phase that may have implications for services. Pathological jealousy and depression are two of the reported features of catathymia and their presence may help alert mental health professionals to an impending fatality (Nesca and Kincel, 2000).

Humphreys *et al.* (1992) comment that relatives of those with schizophrenia may place themselves at risk by being tolerant of violence, seeing this as an inevitable accompaniment of the mental disorder. Although all these cases resulted in a fatality and this outcome is fortunately rare in cases where the mentally ill live with their parents, mental health professionals need nevertheless to be attentive to carers whose needs, in the words of one inquiry into homicide within the family, 'have often been placed firmly at the bottom of the priorities of policy makers, health and local authorities, even though the carer's role is often central to the life of people with enduring mental illness' (Crawford *et al.*, 1997). This study confirms that greater attention ought to be given to the rights of carers whose relatives suffer from psychosis (Szmukler and Bloch, 1997).

This investigation had a number of limitations. First, we were constrained by the data on the Case Register as we did not interview any of the subjects in the study directly. While comprehensive in several respects, the Case Register lacked detail in some of the areas that one might wish to explore – for instance, the quality of attachment between the child and the parent. Second, the sample was restricted to admissions to high-security care and therefore may have produced a highly selected sample and so be subject to the same selection biases as are other series. Third, the study is retrospective, with the diagnosis (as listed in the Case Register) being made after the crime has been committed; this could lead to an inflation of the association between the crime of parricide and schizophrenia.

Despite these limitations, this study also has a number of significant advantages. First, as it is a consecutive series of admissions, it is not subject to the same selection biases as other series might have been. In addition, since the data were collected antecedent to the study and by an independent investigator, no preconceived bias could have influenced the data collection (and the findings). Third, the study contained a comparison group that enabled a hypothesis to be investigated (i.e. that the parricide group and the stranger killing group would have different profiles) and this, with qualifications, was sustained. The large numbers also enabled us to conduct some meaningful statistical comparisons.

One of the major issues that is not addressed in this study is how the perpetrator of a homicide emotionally processes such a traumatic event and what effect the relationship to the victim has on this process. One might imagine, for instance, that the killing of a parent, even in the context of severe mental

illness, might be more difficult to cope with because of the emotional connection with the victim and the ambivalent emotions of the surviving family members towards the perpetrator. If the relationship does make a difference (and it is difficult to believe that it would not), does this have implications for the provision of therapeutic interventions? Unfortunately, we do not have data to answer these questions directly but the groups' course and long-term outcome provide one indirect index whereby it might be examined. This will be the subject of a companion paper.

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Dr Helen Baxter, MB, ChB, MRCPsych, senior registrar, Nottingham Healthcare NHS Trust, Duncan MacMillan House, Porchester Road, Nottingham NG3 6AA, UK

Professor Conor Duggan, MD, FRCPsych, professor of forensic mental health, University of Leicester, Division of Forensic Mental Health, Arnold Lodge, Cordelia Close, Leicester LE5 0LE, UK

Dr Emmet Larkin, MRCPsych, clinical director, East Midlands Centre for Forensic Mental Health, Arnold Lodge, Cordelia Close, Leicester LE5 0LE, UK

Professor Christopher Cordess, MB, FRCPsych, professor of forensic psychiatry, University of Sheffield and research director, Rampton Hospital, Retford, Nottinghamshire DN22 0PD, UK

Dr Kim Page, MB, ChB, MRCPsych, consultant forensic psychiatrist, Rampton Hospital, Retford, Nottinghamshire DN22 0PD, UK

Correspondence to Professor Duggan

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