

Schizophrenia and Filicide = Reflection About A Clinical Case and Literature Review

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Abstract

Filicide, a highly traumatic act, requires very specific meanings. In the international literature a large proportion of cases are correlated with maternal mental pathology. The case we report describes a tragic filicide by a mother with no psychiatric history. This acting out reveals schizophrenia. Thus, the main objective of our work is to emphasize the need for the diagnosis and early management of psychiatric illness, in particular in pregnant women in order to provide violence oneself or to others and to raise the problem of social prevention for these patients and their children and families.

Keywords: Filicide, Schizophrenia, Prevention, Acting out

Introduction

Filicide, a highly traumatic act, requires very specific meanings. Finding out that the child has been murdered by his own mother causes astonishment, horror, confusion and a lot of questions as to why and how this misfortune happened. The main objective of our work is to draw the attention of healthcare teams to the existence of certain risk factors so that we can anticipate maternal and child care.

Clinical Vignette

L. is a young woman whom we receive in the psychiatric emergencies for psychiatric specialized care, following a suicide attempt. The patient was serving her sentence in prison for the murder of her only three-year-old daughter. She is twenty-five years old, legally married for five years, housewife, living together, uneducated and from a low socioeconomic background. She has no particular pathological history. A year after her marriage, a medical consultation for acute vomiting revealed a six-month pregnancy. L. was unaware of this fact, but her husband reports that the couple wanted to have a child. The delivery took place in the hospital without incident, giving birth to a healthy daughter at term without significant medical complications. L. took care of his daughter alone but remained glued to her day and night and prevented the dad from approaching her. "They want to harm me and my daughter" she said at the time. This behavior has been culturally interpreted as bewitching and evil possession. The husband had accompanied her to a traditional healer. A month later, L. lived alone with her daughter, while the husband went to town to work. Invaded by a feeling of insecurity, she became less sociable. She closed the doors and windows of the house and rarely went out. One day, a neighbor, screaming for help, had found the little girl dead in the garden of the house. After a judicial investigation, the investigations concluded that the girl was poisoned by her mother who is also preparing to kill herself by the same means, a rat poison. We receive L. six months after her incarceration; as a result of suicidal behavior by phlebotomy. On admission, the patient has a frozen expression, indifferent to the examination but nevertheless well oriented in time and space. She seems to listen and respond to voices with whispers. During the interview, she does not spontaneously evoke the act of filicide and speaks of it with marked coldness and emotional detachment. The biological and radiological assessments carried out in this patient did not reveal any abnormality. We retain the diagnosis of schizophrenic dissociative trouble. Management consisted of hospitalization with close monitoring and antipsy-

chotics (Haloperidol and Amisulpiride). After a few weeks of treatment, our patient reports a regression of suicidal ideation and hallucinations and speaks with regret about her previous act. She actively participates in the weekly occupational therapy sessions. She was declared discharged with therapeutic injunction after three months of hospitalization. She comes regularly to her outpatient follow-up appointments accompanied by her husband.

Discussion

Filicide is the deliberate act of the parent who kills their own child. Killing a being that you are supposed to protect is unthinkable and one of the most intolerable crimes that arouse outrage in society. Its global rate would be estimated at 1.92 for women and 2.93 for men on per 100,000 inhabitants. The factors likely to precipitate this violent act by the biological mother are numerous: social isolation, low socio-economic status, illiteracy, unemployment or sometimes low-paid work, drug addiction and domestic violence [1-3]. The means used are usually head trauma, drowning, suffocation or suffocation. Studies in psychiatric populations note high incidences of schizophrenia, depression, suicidality, mental retardation and substance use. Schizophrenia is present in 61% of cases, while just over 40% of depressed mothers with children under three admitted to having such thoughts [4-6]. Another psychiatric disorder; still poorly understood and often underdiagnosed; is postpartum psychosis. Its incidence is 1 ‰ of deliveries and 43% of patients with puerperal psychosis have an infanticide ideation. Our patient had presented an episode of puerperal psychosis which unfortunately was not medically diagnosed and not taken care of. However, the notion of intentionality is crucial. This notion brings us back to the forensic responsibility of the perpetrator of the filicide and refers to the fact that the child is killed with the consent of his mother. Lawyers often ignore mental pathology and the medico-legal act is rightly prosecuted; as in our patient. It was only after the exacerbation of symptoms in prison that he was approached from a psychiatric angle. Laws around the world provide for probation and require psychiatric treatment for mothers with mental illness [7,8]. In the Moroccan penal framework, the murder of a child by its mother is still considered a crime but the law treats it with leniency and pity by deciding to mitigate its sentence [9]. For mothers suffering from mental disorders, the therapeutic injunction is often the rule. The particularity of this forensic aspect should encourage the psychiatric community to develop precise guidelines and criteria for psychiatric disorders, to share knowledge with forensic scientists and to enlighten

society about the dramatic repercussions of certain psychiatric disorders. On the other hand, the prevention of filicides remains difficult. There is the reluctance of psychotic mothers to disclose their delusions about the safety of their children and the fear of losing custody. In this regard, their delusions must be explored, threats must always be taken seriously, the indication for hospitalization should be systematically considered as soon as certain worrying elements are perceived. Also, parents should be regularly assessed for their potential to harm their children. Subjective stress levels can also be assessed to determine if a mentally ill mother feels overwhelmed in terms of potential neglect, abuse, violence or outright attack. [10-12]. Screening for mental illness in postpartum women is necessary. Mothers who receive treatment in the first month after childbirth have considerably favorable short- and long-term outcomes. Interest is also focused on raising awareness among maternity teams, family planning teams and primary care physicians during quarterly pregnancy consultations on the screening of women at risk. Especially since these are easily identifiable and treatable disorders.

Conclusion

The motivations of maternal filicide provide a framework for understanding the phenomenon as well as considerations of prevention. Every mother who concerns the practitioner deserves careful evaluation. He must recognize and carefully evaluate the situations which present an emergency character. And any idea of filicide requires careful monitoring given the formidable risk of acting out.

Disclosure

The authors report no conflicts of interests in this work.

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