

Understanding violence and murder perpetrated by females

Volume 4 Issue 3 - 2015

Kathryn Seifert
CARE2, LLC, England**Correspondence:** Kathryn Seifert, CARE2, LLC, 2336
Goddard Parkway Salisbury, MD 21801, England,
Email kathrynseifert@drkathrynseifert.com**Received:** October 25, 2015 | **Published:** November 19, 2015

Conceptual Paper

The global average homicide rate in 2010 was calculated to be 6.9.¹ The murder rate in the US is one of the highest among the industrialized nations at 3-5 per 100,000 population or approximately 144,000 in 2010. As a comparison, Europe and Canada have rates as low as 0-3, Russia has a murder rate of 10-20 and some Central and South America and Africa have murder rates as high as 35 or greater. Drivers of murder rates globally appear to be lower level of human development, higher income inequality, higher infant mortality, and decreasing rule of law.¹ However, high murder rates in the US may follow a different pattern. To assess this pattern, the following statistics were examined.

The percentage of male vs. female murder in the US is 90% male to 10% female. The rate per 100,000 population is 15 for males and 2 for females. Both male and female as offender murder rates are declining. Men are more likely to have multiple victims. Females are more likely to use poison or arson than a firearm. Females are more likely to kill someone with whom they have a close relationship or an infant in their care.² It is highly likely that motivations, targets, and prevention will be different for males than females. Female murder is an area that has been less studied than male violence because of its relative low occurrence rate. However, the importance of female murder and preventing it cannot be underestimated.

The future well-being of a society is directly linked to its ability to care for and educate its young. Parents that cannot effectively care for their young and raise them in an atmosphere of violence and chaos are one of the sources of child murder. Of children under the age of 5 that were murdered, 63% were killed by parents. Of that group, 33% were fathers and 30% were mothers. It is the only murder statistic where male and female offender statistics are similar. Children killed by their parents is a category of family violence that is growing and is the second leading type of family homicide.^{2,3} Until it is recognized that the parental task of caring for its young is of paramount importance and that support and assistance is sometimes necessary to help parents raise their children in a healthy manner, we will not stop the extremely high rates of violence and murder that we presently experience in the US. While this paper focuses on female murder, children that physically survive a mother with risk factors to murder a family member may not survive psychologically and may be much more prone to act in a violent manner, also.

A study of female violence⁴ indicated that adult females with histories of aggression had moderate to severe behavior problems that began before the age of 13 indicating that prevention should begin in childhood. Trait of young violent females included assault of an authority figure, impulsivity, delinquency, running away from home, substance abuse, beliefs in the legitimacy of aggression as a means to an end, few pro-social peers, behavior problems at school, home or work, and were not successful in school, job, or as a homemaker. Additionally, they experienced family violence and low warmth in

family of origin, and lack of appropriate boundaries in family of origin or present family. A third of those with chronic assaults lacked remorse, and had positive attitudes toward antisocial behavior, emotional displays that were flat or out of control, deviant peers, and excessive absenteeism from school or work in addition to the general characteristics cited above. It also appears that the number and the severity of traumas experienced by a woman are associated with the number and severity of behavior problems a woman has. The Female F-RISK (Seifert, unpublished manuscript) identifies the risk and resiliency factors associated with adult female violence, as well as needed interventions. Research continues on this tool.

Many female murderers had histories of chaotic upbringing, rejecting, substance abusing, or absent mothers, or sexual abuse. This injury to the early attachment bonds cannot be underestimated.⁵ Violence toward young children delays social and personal development to the extent that they are unable to cope with everyday life. In the never-ending search for connectedness and belonging, they found the "thrill" of risk, deviance and the adrenaline rush to be a substitute for the positive feelings of human connectedness. Their lack of empathy and remorse allowed them to harm others in their addiction to the next bigger "rush." Often only incarceration can stop them, unless we find ways to intervene early.

Twelve percent of US homicide offenders (BJS) and 12% of identified serial killers are female.⁶ The motive for 41% of female serial killers is money (14% for male and female combined). Substance abuse is more likely to be involved when an abused woman murders her abusive male partner. Additionally, the majority of mothers who kill their children are psychotic, under stress, isolated, have long histories of mental illness, and have been abused or exposed to domestic violence as children.⁷ Early identification and intervention into violent homes is essential to stop the brutal cycle of family violence and female murder of family members. We can no longer ignore the precursors of female violence. As a society, we must intervene early with therapy and family supports for all families exposed to family violence and neglect.

Two hundred women kill their children in the US every year.⁸

(<http://www.bet.com/news/national/2011/07/06/more-than-200-women-kill-their-children-each-year.html>).

Eleven were on death row in 2011. Several mothers who killed their children have been highly publicized. The investigation of the alleged murder of Caylee Anthony by her mother Casey filled the news for weeks. She was acquitted of killing her child, but the trial exposed the issue of child murder to a broad audience.

We need to understand female violence in order to prevent it. We do not fully understand why women kill their children, but we know some of the reasons. Coulton et al.,⁹ studied the topic and found that most women who kill their children are having difficulty parenting and this is evident long before they kill their children. Some even tell others they fear killing their children, but no one believes them. Some number of infanticides are associated with psychosis, including post-partum psychosis, of the mothers which was clearly identified before these tragedies took place.⁷

For example, Andrea Yates was psychotic, had been hospitalized for suicide attempts, was having trouble parenting, was under tremendous stress, and had been taken off her antipsychotic medication when she killed her children. Lashaun Harris was hospitalized twice for schizophrenia, told people she wanted to feed her children to the sharks, was living in a homeless shelter and had stopped taking her medication when she threw her three children into the San Francisco Bay. Susan Smith had a boyfriend who didn't want children. She drowned her two small children and made a plea for their return on TV to cover up what she had done. Some of these women could have been helped before their children came to such tragic and unspeakable ends. There must be a stronger safety net for children whose mothers are suffering from severe mental illness, post-partum depression and psychosis, substance abuse, attachment problems, and Complex PTSD. This will involve destigmatizing mental illness and educating family members about how to help those with mental illness and making services such as parenting education and day care readily available for all parents.

Early identification and intervention into violent and unstable homes, where parents need help raising their children in a healthy way is essential to stop the brutal cycle of family violence. As a society, we must intervene early with appropriate therapy, health care, and family supports for all families in which mothers are having significant difficulty caring for their offspring. A good program that provides support and education for families with young children is the Healthy Families home visiting program. Home visitors provide services, support and developmental information for parents and children. It is a program that has been proven to reduce child abuse. The Affordable Care Act which has moved the US in the direction of universal health care for families will increase appropriate medical care for post-partum depression and severe mental illness among mothers who are struggling to care for their children, our country's future.

Another healthcare trend that may save many lives is the integration of primary care practices (PCP) and behavioral health practitioners. With a Psychologist or social worker in a PCP office, screenings, identification, and referrals for treatment of depression,

anxiety, PTSD, psychosis and violence in the homes will be greatly increased. Mothers that receive the Behavioral Health care they need will be much less likely to kill or abuse a family member and will be more likely to create a healthy home for her family. Until we fully recognize the importance of and support the parental task of caring for our young, we will not stop the cycle of violence. We must see that families have the capacity to adequately care for their children and help them grow up in healthy ways. When parents have been raised in chaos, they lack skills to provide this for their children and must have someone provide it for them. Intergenerational violence and neglect, then, must be stopped at its roots by strengthening and supporting families that need maintenance and skills.

The other side of the picture is that sometimes children must be removed from extremely abusive, violent and neglectful homes, but supporting the families with services can be tried first. When children are well cared for, they are able to develop skills in a normal progression, including empathy, reasoning, logic, social relatedness, and coping. This is the path for preventing future violence perpetrated by women and the children they are struggling to raise.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.

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