



Physical Anthropology Section - 2013

I30 A Typology of Parricide Offenders

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After attending this presentation, attendees will be aware of: (1) four clinical types of parricide offenders; (2) the relationship of age to parricide offender type; and, (3) specific criteria required to make the parricide offender designation, criteria that are frequently associated with this type, but that are not considered essential to making the classification, and criteria that might be present.

This presentation will impact the forensic science community by identifying four types of individuals who kill parents in terms of social history, life circumstances, typical mental health diagnoses, and motivational dynamics related to the killings.

The killing of parents, increasingly referred to as parricide, has been documented worldwide. Although matricide and patricide are rare events, mental health professionals, the justice system, and the public alike look for reasons why sons and daughters kill parents. This presentation will discuss the characteristics of different parricide offender types based on research, the evaluation of parricide defendants, discussion of parricide cases consulted on, and the extensive knowledge of the literature. This presentation will list criteria *required* to make the parricide offender-type designation, criteria that are *frequently associated* with this type but that are not considered essential to making the classification, and the criteria that *might be* present. Three of these parricide types were introduced more than 20 years ago in the book, *Why Kids Kill Parents*, and have stood the test of time as referenced by other clinicians and scholars in the field. These three types are: the *severely abused child*, the *dangerously antisocial child*, and the *severely mentally ill child*. Among children, adolescents, and young adults, the severely abused child and the dangerously antisocial child are most common. Among older adult parricide offenders, the severely mentally ill and the dangerously antisocial types predominate. The fourth type, angry children with low frustration tolerance, is found among juvenile and adult parricide offenders.

- Severely Abused Children (SAC) kill their abusive parent to end years of abuse. They kill the abusive parent because they are terrified that they or other family members will be seriously harmed or killed. SAC are typically desperate and see no other way out but murder. These individuals typically have a longstanding history of depression and meet the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD).
- Dangerously Antisocial Children (DAC) kill the parent to further their own goals. In these cases, the parent is an obstacle in their path to getting what they want. These individuals, for example, may kill to have more freedom, to continue dating a person to whom the parent objects, or to inherit money they believe is eventually coming to them. DAC have a pattern of violating the rights of others when it suits them. Depending on their age, these parricide offenders are often diagnosed as having a conduct disorder or an antisocial personality disorder. This type of parricide offender is far more dangerous to society than the first in terms of re-offending and hurting other people in the future.
- Severely Mentally Ill Children (SMIC) who kill parents typically have a longstanding history of mental illness. Diagnoses commonly made include psychosis and severe depression. SMIC are typically on psychotropic medication and are most apt to kill when they stop taking it.
- Angry children with low frustration tolerance appear to be raised by parents who do not enforce limits. The parents are often lax and might be overindulgent. As the children get older, they do not accept parental authority. As parents step in and attempt to set appropriate and needed boundaries, these children aggress because they have little frustration tolerance. Often their homicidal rage is fueled by alcohol and/or drugs.

Parricide, Matricide, Patricide