

Gender Disparities and Socioeconomic Triggers in Filicide Suicide. An Analysis of Media Portrayals

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Abstract

Objective: Filicide-suicide, a tragic form of homicide-suicide where a parent kills their child before taking their own life, is poorly understood, particularly in the context of gender dynamics. This study aims to explore the gender disparities and socioeconomic triggers in filicide-suicide cases in Pakistan, analyzing the characteristics of victims and perpetrators as reported in the media.

Methodology: A cross-sectional analysis was conducted using reports from major Pakistani newspapers over two years (January 1, 2019, to December 31, 2020). Data were extracted from online newspaper archives, focusing on sociodemographic traits, the methods of filicide-suicide, precipitating factors, and the gender and age of both victims and perpetrators. Descriptive statistics were analyzed using SPSS 26.

Results: Forty-four filicide-suicide incidents were identified. The majority of cases occurred in Punjab (63.6%), followed by Sindh (34.1%), with a single case from KPK (2.3%). Urban areas reported 56.8% of the incidents. Female perpetrators were more prevalent than males, and most victims were also female. The average age of victims was 10.18 years (SD 9.5). Notably, many cases involved multiple victims, a rare phenomenon in existing literature. Drowning (38.6%) and poisoning (31.8%) were the most common methods. Socioeconomic pressures, particularly financial stress, were frequently cited as precipitating factors.

Conclusion: The findings highlight gender disparities in filicide-suicide cases in Pakistan. Female perpetrators and victims dominate these incidents, reflecting deep-rooted gender inequalities. Women's disproportionate exposure to socioeconomic hardships and societal pressures likely contributes to these tragic outcomes. Addressing these disparities through gender-sensitive mental health interventions is critical to mitigating the risks of filicide-suicide and promoting broader gender equality in health.

Keywords: Filicide, Homicide-Suicide, Mental Health, Suicide.

Introduction

Homicide-suicide (H-S), also known as murder-suicide, extended suicide, or dyadic death, is a tragic polymorphic phenomenon that refers to homicide of one or several individuals and subsequent suicide of perpetrator.¹ Marzuk, Tardiff, and Hirsch (1992) have classified homicide-suicide through various ways.¹ According to Marzuk et al. (1992), the main types of homicide-suicide based on the victim-offender relationship are spousal

(uxoricide)/consortial couples, filicide-suicide (F-S) in which the homicide victim (or victims) was a child 0-16 years old, familicide-suicide (an overlap between the Uxoricide and Filicide categories: the killing of both spouse and children), and killing of other family members.¹ Filicide-suicide, a rare subset of homicide-suicide, is documented across various global regions. In Chicago, a 24-year study found 24 out of 459 filicide cases involved suicide.² South Australia's 29-year study identified 13 filicide-suicide cases, with a higher incidence among fathers compared to mothers.³ Research suggests that filicide-suicide might be more prevalent in some Asian societies. In South Korea, a decade-long newspaper analysis found 249 filicide-suicide cases, with mothers being the predominant perpetrators.⁴ Similarly, in Jamnanagar, India, the rate of filicide-suicide was 0.06 per 100,000, with mothers exclusively identified as perpetrators.⁵

There has been various classifications of filicide.⁶ D'Orban identified six distinct categories of mothers who committed filicide, a term used to describe a type of murder-suicide where parents kill their children before taking their own lives.⁷ Guileyardo and colleagues expanded these categories to sixteen. These subtypes of filicide are based on various motives and causes. They include Altruism, euthanasia, acute psychosis, postpartum mental disorder, unwanted child, angry impulse, spouse revenge, sexual abuse, Munchausen-by-proxy, violent older child, negligence and neglect, sadism and punishment, drug and alcohol abuse, seizure disorder, and innocent bystander. Filicide-suicide studies, though limited,⁹ show that motives and risk factors often relate to the victim's age and gender.^{10,11} As children age, the motivations for filicide may vary.¹² In the U.S., a qualitative analysis of 76 filicide-suicides revealed that both male and female perpetrators often experienced relationship conflict and mental health issues, but the factors they faced were distinct. Women frequently dealt with relationship conflict, mental health problems, and their children's health issues, while men more often had histories of violence and its consequences, such as legal or job problems.¹⁰ Studies in Taiwan linked financial strain, depression, and marital conflict to a higher risk of filicide-suicide.¹³ Domestic abuse history also poses significant risk, with intimate partner violence (IPV) frequently preceding such incidents. In South-Asian contexts, factors like patriarchy and gender bias may also contribute. For

instance, in India, a case involved a mother killing her daughters due to family pressure for a male child. Family disputes, mental illness, and cultural issues like dowry disputes were identified as key motives in Indian cases of filicide-suicide.^{14,15} Although filicide-suicide incidents have been covered by the media in Pakistan numerous times over the years, there has been a notable absence of academic studies on this phenomenon. Furthermore, Pakistan lacks official suicide data and does not report any suicide statistics to the World Health Organization. While doing literature search, only one published case report of filicide was found from Pakistan in which a woman with depressive psychosis killed her two children.¹⁶ To our knowledge, there has not been any published research about filicide-suicide. Thus, current study aimed to find out more about this tragic phenomenon and socio-demographic variables related to filicide-suicide in Pakistan.

Methodology

A cross-sectional analysis was conducted using reports from major Pakistani newspapers over two years (January 1, 2019, to December 31, 2020). This study was approved by the Institutional Review Board of King Edward Medical University on 7th of September, 2021(615/RC/KEMU).

As part of a wider project on suicide and homicide-suicide, we searched all news articles about filicide-suicide fatalities in four Pakistani newspapers—three in English (Daily Dawn, Daily Nation, and Daily Tribune) and one in Urdu (Daily Jang)—during a two-year period (January 1, 2019 to December 31, 2020). The four newspapers that were chosen are among the most widely read in the nation. In order to extract data for all newspapers, we examined e-papers, which are online versions of every page from every city, as well as the specifics of the online suicide report version. Following the operationalization of the definition of a filicide-suicide case, one author each examined one of four newspaper for accounts of filicide-suicides, that occurred during the study period. From there, they extracted data regarding a variety of sociodemographic traits, filicide-suicide method, potential reasons, any suicide notes left, etc. The information was then entered by each individual into a spreadsheet created especially for this use. To avoid duplication, one of the authors (NI) reviewed each entry in the spreadsheet. The data was analyzed using SPSS 26. Current manuscripts describe results from the subset of filicide-suicides only.

Results

A total of 44 cases of filicide-suicide with 44 perpetrators and 79 victims, were identified during the two-year study duration. Twenty-eight (63.6%) cases were reported from Punjab, 15 (34.1%) were reported from Sindh, 1 case (2.3%) was reported from KPK and none was reported from Balochistan. Twenty-five (56.8%) cases were reported from urban areas, 15 cases (34.1%) from rural areas while the information was missing for four cases. In 24 incidents filicide and suicide were committed at the same location. The presence of witnesses was mentioned in 8 of the total incidents. In 38 cases suicide death was within the next 24 hours of the homicide incident. Corresponding to Marzuk, Tardiff, and Hirsch’s (MTH) Class,¹ a precipitating event was reported in 32 incidents, the most common being domestic and financial issues. Fight with husband and other domestic issues were reported in 15(34%) of the incidents. Method of filicide and suicide was same in 35(79.5%) of the cases. The most common method for filicide was drowning, followed by poisoning. Number of homicide victims was

variable and shown in the table-1. There was one incident that involved 7 victims although five of the victims survived the homicide. The offender was pregnant in 2 incidents. In another incident the offender recorded a voice message prior to the incident in which she mentioned thoughts of killing herself and her children due to some domestic issues. Perpetrators survived in eleven incidents as mentioned in the newspaper reports, one or more victims survived in 14 cases while both the perpetrator and one of victims survived in only one case.

Table 1: Characteristics of homicide-suicide incidents

Category	Method	n (%)
Method of Homicide		
	Drowning	17 (38.6%)
	Poisoning	14 (31.8%)
	Firearm	3 (6.8%)
	Use of sharp object	3 (6.8%)
	Burning	2 (4.5%)
	Strangulation	2 (4.5%)
	Other	2 (4.5%)
	N/A	1 (2.3%)
Method of Suicide		
	Drowning	15 (34.1%)
	Poisoning	12 (27.3%)
	Firearm	3 (6.8%)
	Use of sharp object	4 (9.1%)
	Hanging	3 (6.8%)
	Burning	2 (4.5%)
	Other	2 (4.5%)
	N/A	3 (6.8%)
Number of Homicide Victims per Incident		
	1 victim	18 (40.9%)
	2 victims	14 (31.8%)
	3 victims	8 (18.2%)
	4 victims	3 (6.8%)
	More than 4 victims	1 (2.3%)
Precipitating Motives (Based on MTH Typology, 1992)		
	Amorous jealousy	0 (0%)
	Mercy killing	0 (0%)
	Altruistic or extended suicide	5 (11.3%)
	Familial trait	24 (54.5%)
	Financial and social stressors	15 (34.1%)
	Retaliation	Not reported
Homicide Type (Based on MTH Typology, 1992)		
	Neonaticide (age < 1 day)	0 (0%)
	Infanticide (age < 1 year)	2 (2.5%)
	Pedicide (age >1 and <16 years)	66 (83.5%)

Figure 1 shows the important characteristics of victims and perpetrators of the incident. Of the total 79 victims reported,

40 (50.6%) were less than the age of 5 years. The youngest victim in any of the incident was just six months old. The mean age of the victims was 10.181(SD 9.5) Years. In 24 (54.5%) incidents the victims was/were females, in 10 (22.7%) of the incidents the victims were both male and females. The age of the perpetrators was mentioned in just 18 instances, with a mean of 36.4 years (SD11.3 years). Most of the perpetrators, 37 out of 44 (84.1%), were females. Most of the female offenders were younger than 35 years of age while all the male offenders were more than 35 years of age. The occupation of the perpetrators was mentioned in three cases, while their educational status was not reported in any. Only one incident noted a history of mental illness in the perpetrator, but there were no mentions of substance use or use of alcohol in any case. Additionally, none of the reports mentioned any history of self-harm, domestic violence or any previous conviction in any of the perpetrators. There were no reports indicating contact with mental health or general practitioner services for any of the perpetrators from the reported incidents.

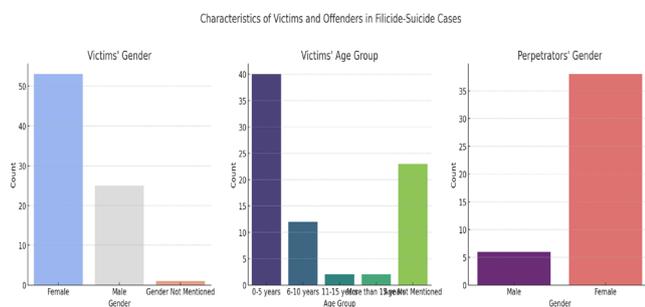


Figure 1: Characteristics of victims and offenders in Filicide-suicide cases

Discussion

This study sheds light on the intricate phenomenon of filicide-suicide in Pakistan. Over the course of two years (2019-2020), we analyzed 44 cases of filicide-suicide using newspaper reports. We analyzed the characteristics of victims, perpetrators, and the incidents themselves, highlighting the role of gender dynamics in such cases. Notably, our study observed a predominance of female perpetrators, challenging the traditional narrative that predominantly associates such acts with male offenders. This finding contrasts with previous research, which has produced conflicting results—while some studies report a female preponderance, the majority indicate male dominance.^{17,18} Earlier research has indicated that individuals involved in homicide-suicide incidents tend to be older compared to those involved in homicides alone. Previous studies have shown that most perpetrators mentioned were over 35 years old, females are usually younger compared to male offenders.^{4,19} In our study, the average age of perpetrators was 36 years. Notably, most female perpetrators were younger than 35, while male perpetrators tended to be older than 35 years.²⁰

Among the 79 total victims, 40 were children under the age of 5. This aligns with a study on filicide-suicide patterns in America, which highlighted that children under the age of 5 were at higher risk of being victims in such incidents, and infants are at the highest risk in such incidents.^{12,19,20} In our study, no case of neonaticide (killing of a baby within 24 hours of birth) was observed, while children aged less than 5 years were the largest group of victims observed. Majority of the victims were females and in only 9 cases

the victims were only males. This trend of female maternal filicide have been previously reported in India and one of the possible explanations could be the preference for sons and seeing daughters as a burden to household in such cultures. This is in contrast to previous western data but in line with numerous studies done in Asian background.^{2,3,4} Though we could not confirm any reason for such a trend in our data, this study is important as in western culture, due to link with male perpetrators and depressive psychosis, the prevention efforts for such cases are focused in a different direction. In Pakistani and in many Asian cultures, family disputes, pressure of male child, stress of children's chronic health conditions, intimate partner violence, and violence secondary to dowry as factors have been significant in previous studies and appear to be in line with our results where financial, familial conflicts were most common motive.^{21,13,14,15} Previous research has also linked filicide with postpartum mental health issues.⁷ This highlights the specific preventive measure of additional focusing on women's mental health, especially in postpartum period which sometimes is not given due importance due to cultural barriers. Further research is also needed in this regard to find out more about mental health status of both male and female perpetrators at the time of incident.

Interestingly, our research revealed that poisoning and drowning were the most common methods of filicide, in contrast to previous literature that often-cited firearms as the primary method.¹⁷ Furthermore, gender differences were apparent in the choice of killing methods in previous studies, with men more likely to use firearms and other violent methods whereas females were more inclined toward drowning or poisoning as means of homicide. Given that most perpetrators in our study were female, poisoning and drowning emerged as the two most common methods of filicide.²² Moreover, the method of suicide and homicide were same in most of the cases.²¹ Many types of filicides have been described in literature. We have followed the Marzuk, Tardiff and Hirsch (MTH) typology and majority of the cases fell under the Familial/ financial category of the classification and social stressors such as domestic and financial disputes were the commonly cited precipitating events. A study conducted in India examined the trends of filicide-suicide and reported altruistic homicide-suicide in the etiology of all the cases whereas altruistic or extended homicide-suicide was evident in only five cases in our study.²¹ Although mental illness has been reported in three-fourth of parents killing their children, this finding could not be replicated in our study possibly due to lack of reporting in media or undiagnosed illness.²⁰

Another noteworthy observation was the occurrence of incidents involving multiple victims. In 14 out of 40 cases, more than one victim was affected, a scenario referred to as 'triadic death.' Additionally, there were 12 cases exhibiting patterns resembling the pattern of 'mass murder' or 'family annihilator,' involving three or more victims. Interestingly, while many victims survived in such instances, the involvement of multiple victims remains a distinctive phenomenon which has been rarely reported in the literature.²¹ While filicide-suicide is a rare event, its dynamics are complex and only partially understood. The predominance of female perpetrators in our study contrasts with the widely accepted notion that men are more likely to commit such acts. This suggests potential socio-cultural and psychological factors influencing maternal filicide, such as extreme distress, economic hardship, or lack of social support. Additionally, our study aligns with previous

research indicating that perpetrators of homicide-suicide are generally older than those involved in homicide alone.²² However, the age distribution in our findings highlights a gender-based pattern—female offenders tend to be younger than their male counterparts, potentially reflecting differences in motives, stressors, or societal pressures faced by women. These findings highlight the need for a deeper exploration of gender disparities in the context of filicide-suicide, particularly focusing on the underlying socio-economic and psychological stressors contributing to such tragic events. This study examined filicide-suicide cases in Pakistan using newspaper reports as the sole source of data, leaving many aspects still unexplored.

Limitations: There were numerous limitations, including a scarcity of official data on such events and inadequate media guidelines leading to incomplete reporting of the events. Important information such as the perpetrators' age, education, occupation, mental health history, and substance use were often absent in the reports. Nonetheless, this study was the first to examine the characteristics of filicide-suicide in our local setting, employing detailed content analysis of the available media reports to extract important information.

Conclusion: Our study highlights several key findings, including the prevalence of female perpetrators as well as victims, a significant number of victims under the age of 5, the use of less violent methods of homicide, and the prominence of domestic triggers. Additionally, a unique trend observed in our study was the occurrence of filicide-suicides involving multiple victims. The prominence of domestic and financial stressors as triggering events for these incidents' points to the critical role of socio-economic stability in preventing filicide-suicide. The study underscores the urgent need for gender-sensitive mental health interventions and policies that address the unique vulnerabilities of women, particularly in resource-limited settings. Addressing these disparities is essential to promoting gender equality in health and reducing the risk of such incidents. Furthermore, efforts should focus on enhancing the quality of media reporting on these incidents. Careful and responsible coverage can minimize sensationalism, highlight key contributing factors, and raise awareness about domestic issues and available resources.

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