Women who Kill their Parents

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The literature on parricide is reviewed with special reference to women. Seventeen female parricides (14 matricides, 3 patricides) were identified: in a remand prison (11), a Special Hospital (5), and a Regional Secure Unit (1). Six were schizophrenic, five had psychotic depression, three had personality disorders, and one was alcoholic. Two of the patricides had no psychiatric disorder but retaliated against violent fathers. Regardless of psychiatric diagnosis, matricides were mostly single, socially isolated women in mid-life, living alone with a domineering mother in a mutually dependent but hostile relationship. Similar characteristics are found in male matricides, who are predominantly schizophrenic. It is suggested that these features are of greater significance in matricide than the specific form of psychiatric disorder. Compared with filicides, matricides were significantly older, were single, and more often suffered from mental illness and substance abuse. Attention is drawn to the possible homicidal risk associated with delusions of poisoning and hypochondriacal delusions.

Homicide within the family accounts for 45% of murders in England and Wales (Home Office, 1986). Parricide (the killing of a parent) is the rarest form of intra-family homicide. In the years 1975–1985 the annual number of parricides ranged from 12 to 26 (average 19.3) and they account for 3–5% of homicides each year.

Male parricides

Criminal statistics give no indication of the offenders' or the victims' sex, but matricide by sons appears to be the most common form of parricide in England and Wales (Green, 1981) and in Canada (McKnight et al, 1966). Apart from some single case reports, there are four series of matricide by sons reported in the psychiatric literature (O'Connell, 1963; McKnight et al, 1966; Green, 1981, Campion et al, 1985). All these are of hospital patients. Of a total of 98 cases in these series, 72 patients (73%) suffered from schizophrenia and 11 had a depressive illness.

In some other countries patricide by sons is the commonest form of parricide. In a non-hospital-based sample of homicides in the West of Scotland, Gillies (1976) found eight patricides and six matricides among 367 men charged with murder. All the matricides were mentally abnormal (four were schizophrenic), but five of the patricides were not mentally disordered and alcohol intoxication was a factor in four of these cases. In France, Devaux et al (1974) estimated that patricide formed 2.8% of all homicides, and that 65% of cases were patricides by sons. This is also the commonest form in Poland (Rozycka & Thille, 1972). In both countries, there was a marked association with schizophrenia. The only series study of patricide by sons is by Cravens et al (1985), of ten patients from Bellevue Hospital, New York; here too schizophrenia was the predominant diagnosis.

These studies suggest that in hospital surveys of adult males who kill either of their parents, the commonest diagnosis is schizophrenia. This is in contrast to studies of children and adolescents who kill their parents (Hellsten & Katila, 1965; Scherl & Mack, 1966; Sadoff, 1971; Tanay, 1973; Tuovinen, 1973; Corder et al, 1976; Post, 1982). They are usually boys in their teens who do not suffer from psychotic illness; they kill their fathers with explosive violence in response to prolonged provocation and parental brutality and abuse. The killing is followed by a sense of relief rather than guilt or remorse. The remaining family are often supportive, and follow-up suggests that these adolescents make a good long-term adjustment.

Female parricides

Review of the psychiatric literature suggests that female parricide is exceptionally rare. Chiswick (1981) noted that matricide "is almost exclusively a crime of sons". Similarly, McKnight et al (1966) stated that parricides are "virtually always carried out by the sons". (They mistakenly cited a paper by Schacht (1949) as reporting a case of matricide by a daughter.) In Britain, the rarity of female parricide
is emphasised by the virtual absence of cases in major homicide studies. In their survey of all persons indicted for murder in England and Wales in 1957–1962, Morris & Blom-Cooper (1964) found that of 95 women one had been charged with the murder of her father and one with that of her mother (compared with 25 matricides and 30 patricides among the 669 male accused). In the English Special Hospitals, Parker (1974) found only one case of parricide among 320 women admitted during the years 1961–1965. Green (1981), from Broadmoor Hospital, reported a son-to-daughter ratio in matricide of 4.8 to 1, suggesting that only 12 female patients would have been admitted in the 46 years from 1934 to 1979. Gillies (1976), in his study of homicide in the West of Scotland, found no cases of parricide among 33 females accused of murder in the years 1953–1974. The question arises whether some female parricides may commit suicide prior to arrest, and therefore do not come to trial. However, West (1965) found that of 60 women who committed murder followed by suicide, 55 killed their children, three killed their spouse and only two killed “other relatives”. One of these was an elderly spinster living with her mother in extreme social isolation who developed unfounded ideas of going blind and becoming a helpless cripple, and gassed herself and her mother. The case is of special interest in the light of our own findings.

In other countries too, female parricide appears to be very rare. There are single case reports from the United States (Tanay, 1973) and Finland (Vaisanen & Vaisanen, 1983) of adolescent girls who kill a tyrannical parent. Cole et al (1968) examined 111 female homicides at the California Institution for Women and found only one father among their victims; the sample comprised one ninth of all women incarcerated for homicide in the United States in 1965. In West Germany, Häfner & Böker (1982) in their study of mentally abnormal violent offenders in the decade 1955–1964 included siblings and adoptive and foster parents with parents in a single group of victims. The victims of 14 of 123 females (11.4%) fell into this group, compared with 80 cases (19.3%) among the 410 men. The study also included crimes of violence other than homicide; thus the incidence of female parricide in this important survey cannot be determined but it appears to be very rare. In France, Devaux et al (1974) through enquiries from courts and psychiatric hospitals found 61 cases of parricide in the decade 1958–1967. Of these only 6% were patricides by women, and matricides by women were even rarer, though no figures are given. In Poland during the years 1959–1969 Rozycka & Thille (1972) found that 9 of 38 cases of parricide were committed by women, but they do not describe details of these separately from males. The only study specifically concerned with female parricide is a brief report from Japan by Hirose (1970), who examined 11 cases in Tochigi Prison in 1969; he also mentions a previous investigation of 10 cases seen in 1946–1948. However, he used a broad concept of parricide as he included parents-in-law. Of the combined total of 21 cases, only 6 killed their fathers and there were no matricides. Hirose commented that “Japanese female parricides often kill their mothers-in-law, the relationship between them often being conflicting”.

Of the 11 cases seen in 1969 none were psychotic, but 8 suffered from mental handicap or psychopathy, and most were depressed at the time of the killing.

The present study

In view of its rarity and the virtual absence of published information, we present here a study of 17 cases of female parricide. We used a narrow definition of female parricide: the killing by a daughter of her biological mother or father, where the daughter was initially charged with murder and convicted of murder or manslaughter, or found unfit to plead or not guilty by reason of insanity. Of the 17 women in our study, 11 were identified in a female remand prison, 5 in a Special Hospital and one in a Regional Secure Unit.

The prison sample. The female remand prison serves the catchment area of Greater London and 17 counties of South Eastern England and East Anglia, including Leicestershire and Northamptonshire. The catchment area population was just over 20 million in 1981 (Office of Population Census and Surveys, 1981). During the decade 1977–1986, 239 women were admitted on initial charges of murder, of whom 13 (5.4%) were initially charged with the murder of a parent. However, we omitted two cases. One woman was charged with murdering her mother but had not yet come to trial. In the second case the charge of murder was reduced to manslaughter and then withdrawn. Thus, of the 239 women initially charged with murder in 1977–1986, only 11 subjects (4.6%) fulfilled our criteria. Their cases were fully documented in the prison hospital case papers, which usually contained several psychiatric reports, the statements of witnesses, records of the police interviews, the results of medical investigations and psychological assessment, probation officers’ and social workers’ reports, criminal records and records of previous psychiatric treatment. Descriptions of the relationship between the offender and the victim
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were usually available from independent informants as well as from the accused.

The Special Hospital sample was obtained by searching the register of female patients who were in Broadmoor Hospital at some time during the decade 1977–1986. Eight patients were identified who fulfilled our criteria, but three of these were already in the prison sample as they had initially been in the remand prison during the decade 1977–1986, before their admission to Broadmoor. The five new cases consisted of two patients who had been in the remand prison prior to that decade (in 1973 and 1975 respectively) and three patients who had been admitted to Broadmoor via other remand prisons in the Midlands and the West of England. Their index offences were committed during the years 1972–1979, and the hospital records contained a police summary of the offence and in some cases also the witness statements, as well as the psychiatric court reports.

The Secure Unit sample. One additional case came to our notice from a Secure Unit in the North East Thames Region. The patient had been remanded direct to hospital and had not passed through a remand prison. No other cases of female parricide had been admitted to the two recently established Secure Units within the region.

General. Overall, of the 17 patients in the study all but one had initially been admitted to a remand prison. Nine were examined personally (eight from the prison sample and one from the Broadmoor sample) and a psychiatric court report was prepared by one or other of the authors in eight of these cases.

Method
The data were extracted from the case records. Follow-up information was obtained from the patient’s current or last consultant in eight cases, from current hospital or prison records in seven cases and from personal contact in two cases. Diagnostic classification was based on ICD-9 (World Health Organization, 1978). We compared some of our data on parricides with data on filicides. The comparison group cases consisted of two patients who had been in the remand prison during the decade 1977–1986, before their admission to Broadmoor. The five new cases consisted of two patients who had been in the remand prison prior to that decade (in 1973 and 1975 respectively) and three patients who had been admitted to Broadmoor via other remand prisons in the Midlands and the West of England. Their index offences were committed during the years 1972–1979, and the hospital records contained a police summary of the offence and in some cases also the witness statements, as well as the psychiatric court reports.

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Results
There were 14 cases of matricide and three cases of patricide.

Demographic data
Four women were born overseas (two in the West Indies, one in North America and one in Europe) but all had come to England in childhood. The 14 matricides were predominantly women in mid-life (mean age 39.5 years, s.d. 9.7, range 17–54) who killed their elderly mothers (mean age 71.3 years, s.d. 7.2, range 60–83). The three patricides were young (aged 18, 20 and 26) and their victims’ mean age was 53. However, both groups were born to relatively elderly mothers, whose mean age at the time of the offender’s birth was 31.8 years, s.d. 4.3, range 25–44 (31.9 years, s.d. 4.5 for the matricides and 31.6 years for the patricides).

Seven of the matricides (50%) were only children, whereas the three patricides came from large sibships (6, 7 and 8 respectively).

Social situation
The social situation of these women was characterised by marked isolation. Twelve subjects (70%) were single, three were separated or divorced and two were married. Five subjects had children, but in four cases the children were not living with the subject: they were in care, adopted away, at boarding school or were living independently. In only two cases (both patricides) was there an intact family with both parents living together with the offender. In ten cases one of the parents had died (nine fathers and one mother) while in the remaining five cases the parents had separated during the subject’s childhood. Thirteen subjects (76%) were living alone with the victim (12 with a mother, one with a father).

Relationship with the victim
Among matricides the relationship with the parent-victim, with one exception, had been chronically disturbed for many years, independently of psychiatric diagnosis. The exception was a patient suffering from depressive illness, living in extreme isolation with her mother who some three years before the offence had become demented, incontinent and aggressive. However, until the onset of the mother’s dementia they had been devoted to each other. The daughter could not bear the thought of her mother having to be admitted to a psychiatric hospital; she suffocated her and then attempted suicide. In the 13 other cases of matricide the mother–daughter relationship was one of mutual dependence but with marked underlying feelings of hostility and resentment. The mothers were described by the offenders, and usually also by other witnesses, as domineering, overwhelming, demanding, over-critical and authoritarian. In eight cases the mother’s physical or psychiatric illness (or a combination of these) contributed to the disturbance in the relationship. Six of the mother-victims suffered from chronic physical illness and were frail and disabled, two had senile dementia, one was schizophrenic and one was a chronic alcoholic.

In the patricide cases too there was chronic conflict with the father. Two of the father-victims were described as tyrannical, violent and abusive towards their daughters and also to other members of the family; in the third case the daughter had very ambivalent feelings towards her father and alleged that he had forced her to have an incestuous relationship for many years.
Psychiatric history and diagnosis

Twelve patients (70%) had a previous history of psychiatric in-patient or out-patient treatment and three subjects were under treatment at the time of the offence. Eleven patients (65%) had a history of previous suicidal attempts. Five subjects had a history of alcohol abuse and two of multiple drug abuse. Eleven subjects (65%) had no previous convictions. Of the four with convictions, only one had a history of violence (assaults and malicious wounding), while the others were convicted of shoplifting, theft, possession of drugs and drunkenness offences. Two subjects had had several short-term prison sentences.

Psychological tests were available in 13 subjects. Their mean WAIS IQ was 96 (s.d. 20.6, range 64–133); the four subjects not tested were judged to be of normal or average intelligence. One subject had mild mental handicap (IQ 64) and three were of borderline intelligence.

A primary diagnosis of psychotic illness was made in 11 patients (65%), all of whom were matricides. There were six cases with schizophrenia (two paranoid, two schizoaffective, one hebephrenic, one residual) and five cases of psychotic depression (three manic-depressive and two psychogenic depressive psychoses). Of the remaining three matricides, two had personality disorders (one asthenic, one unspecified) and one had alcohol dependence.

A secondary diagnosis was made in five matricides (mild mental retardation in two, neurotic depression in two, explosive personality disorder in one). Depression was a prominent clinical feature in eight matricide cases (five depressive psychoses, one schizoaffective psychosis and two secondary diagnoses of neurotic depression).

Among the three patricides, two women did not suffer from psychiatric disorder, while the third had an antisocial personality disorder.

Psychopathological aspects

Patricide was directly related to psychotic symptoms in ten subjects. Five of the six schizophrenics had persecutory delusional ideas. In three cases these included beliefs that their mother was trying to harm them, poison them or poison their children. Altruistic motivation was present in two cases and both committed multiple killings. A patient with schizoaffective psychosis believed that she herself, her mother and her two children had cancer and she killed her mother and her children to prevent their suffering. The second patient, who suffered from psychotic depression, killed her mother to save her from suffering for which she blamed herself; six years later she killed her husband in identical circumstances, blaming herself for her husband's illness. Killing as extended suicide, with primary suicidal intent but a desire "not to leave the mother behind", occurred in one schizophrenic patient who feared that her neighbours were going to kill her and her mother, and in three patients with psychotic depression whose mothers were grossly physically disabled or demented.

In seven subjects the patricide was not directly related to mental illness. A marked element of victim precipitation occurred in three cases, where the parent was seen as a cruel, violent and tyrannical figure. Two of these cases were patricides by girls aged 18 and 20 who were not suffering from psychiatric disorder. They had been subjected to severe assaults since childhood and had never previously retaliated but eventually stabbed their fathers in circumstances where they themselves were in fear of being attacked. The third case was a 54-year-old woman with alcoholism and neurotic depression who lost control when her mother attempted to strike her over her operation scar, which she had done on many previous occasions. In all three cases (two of which were dealt with by a Probation Order) the remaining family were subsequently forgiving and supportive in their attitude.

Two subjects (one with chronic residual schizophrenia and one with a personality disorder and borderline mental handicap) killed in the course of a quarrel in which there was less obvious victim precipitation; both lived in a cold, hostile and affectionless relationship with their mothers. In one case the offence could be interpreted in terms of an acute cataclysmic crisis as described by Wertham (1978) and Revitch & Schlesinger (1978), with escalating tension finally erupting into severe violence against a nagging, over-critical mother, by a young girl with feelings of inadequacy, isolation and depression following adverse life events.

A sexual element was involved in three cases, two of them patricides. A woman aged 26 with antisocial personality disorder claimed that her father had had an incestuous relationship with her since the age of 18. She stabbed her father in response to an alleged sexual approach when he was drunk. She appeared to have been in a transient psychotic state at the time, giving a bizarre account of her mother (who had died two years before) having been present and fighting with the father in an attempt to protect her. After killing her father she covered him up and placed her mother’s picture on the body. A second girl aged 18 who killed her father was described as having been an unwilling pawn in her parents' marital conflict, shielding her mother from the father's aggression. There was no history of overt sexual abuse, but her father showed an excessive interest in his daughter's sexuality. He appeared jealous and angry about her relationships with boys, humiliating and taunting her and "lecturing" her on sex. He made abusive sexual threats against the girl and her mother and showed her obscene photographs he had taken of her mother. The third case was a schizophrenic matricide who expressed delusional ideas about her mother having stolen her penis in childhood in order to satisfy herself sexually, thereby turning the patient into a woman although she wanted to be a man. She also accused her mother of marrying and having sexual intercourse with her boyfriend.

The offence

In the majority of cases the immediate precipitant to the offence was a quarrel or argument with the parent. Two subjects and four victims were intoxicated with alcohol at the time of the offence. Deliberate and advanced planning was a feature seen only among psychotic subjects (four depressive psychoses and two paranoid schizophrenics). The main method of killing was by a blunt instrument in five cases, stabbing in four, strangulation in four, suffocation in two, corrosive fluid in one and fire in one. Additional methods were used in six cases (strangulation, suffocation and poisoning). Extreme violence was used in eight cases.
of matricide (e.g. numerous blows to the head with a hammer, axe or blunt instrument). Four subjects attacked their mother in her sleep.

After the killing, only two subjects (neither of them psychotic) made an initial attempt to conceal their act by blaming others. Five subjects made a determined suicidal attempt immediately after the killing and a further two had a definite intention to do so and had left suicide notes; all these subjects were suffering from psychotic illness.

Verdict and sentence

The initial charge in all cases was murder but only one subject was eventually convicted of murder and sentenced to life imprisonment (although there was undisputed medical evidence of diminished responsibility); on appeal, further medical evidence was given to support the original plea of diminished responsibility, including an opinion that she suffered from premenstrual syndrome; the appeal succeeded and she was put on probation with a condition of treatment. Three subjects were found unfit to plead and detained in hospital under the Criminal Procedure (Insanity) Act 1964. Eleven subjects were convicted of manslaughter on the grounds of diminished responsibility; of these, seven were made subject to a Hospital Order (five with restriction) and three were put on probation (two with a condition of treatment). The remaining case was the only one where there was conflict of medical opinion on responsibility (she had a personality disorder with mild mental handicap). Remanded to hospital for assessment, she was thought unsuitable for treatment and received a three-year prison sentence, which she herself preferred. Two subjects (both parricides) were convicted of ordinary manslaughter; one was put on probation and the other received a four-year prison sentence, reduced on appeal.

Of the 12 subjects (70%) sent to hospital, seven were admitted to Broadmoor Hospital, two to a Regional Secure Unit and three to ordinary psychiatric hospitals.

Follow-up

The earliest offence in this series occurred in 1972 and the latest in 1986; thus the length of follow-up (to June 1987) ranged from one to 15 years. One patient admitted to a Special Hospital as unfit to plead was eventually transferred to her local psychiatric hospital and died there of natural causes eight years after the offence. Three patients (two with psychotic depression and one with paranoid schizophrenia) committed suicide respectively one month, three years and ten years after their trial. All three patients had attempted or intended suicide at the time of their offence. Only one patient committed a further offence. At the time of the first offence, she suffered from recurrent episodes of psychotic depression with delusional ideas of guilt and self-blame for her mother’s illness. She killed her mother and attempted suicide. She was found to have diminished responsibility and was admitted on a Hospital Order to her local psychiatric hospital where she made a good recovery. However, six years later when her husband fell ill she developed a recurrence of her delusional ideas, blamed herself for her husband’s illness and killed him. She was again found to have diminished responsibility and was admitted to a Special Hospital.

Comparison with filicides

Table 1 presents some comparative data with 89 maternal filicides (d’Orbán, 1979) who were admitted in 1970–1975 to the same remand prison from which the present prison sample of parricides was drawn. The parricides were significantly older, single women who showed no difference in previous criminality but had more often been under previous psychiatric treatment. Substance abuse and psychotic illness were both significantly more common among parricides. There was also a marked difference in the type of psychotic illness: whereas among parricides schizophrenia (six cases) and psychotic depression (five cases) were almost equally common, the 14 filicides who were psychotic suffered predominantly from schizophrenia or schizoaffective psychoses, and only one filicide had a depressive psychosis. There was no difference in the proportion who attempted suicide immediately after the offence.

Discussion

How far are the subjects in this study representative of female parricide? Five of our subjects were not admitted to hospital and a sample drawn exclusively from psychiatric hospitals would have missed them. (This casts doubt on the assertion by Green (1981) that “the Broadmoor matricide population is representative of most matricides committed in England and Wales”.) Conversely, all the patients in our Broadmoor sample had initially been seen in a remand prison setting, and only one patient was admitted directly to a Regional Secure Unit without passing through prison. The subjects who would...
most likely have been missed in this study are those who commit suicide prior to arrest. Gibson (1975) presented statistics on homicide from which it can be calculated that 8.6% of female homicide suspects commit suicide. However, West (1965) found that only one of his 60 female murder-suicides committed matricide. We therefore believe that our findings are likely to be reasonably representative of female parricides in South Eastern England.

Bluglass (1979) stated that "murders of mothers by daughters are invariably psychotic". In this series, although matricide was associated with psychotic illness in 11 of 14 cases (78%), three of our matricides were not psychotic. Further, of the three patricides none were psychotic; indeed, two of them were not suffering from psychiatric disorder but killed tyrannical fathers in response to prolonged parental violence. They were comparable to the young male "reactive parricides" described by Tanay (1973) and the adolescent parricides of Scherl & Mack (1966), Post (1982), and Corder et al (1976). However, the syndrome of reactive parricide is not confined to adolescents; one of our matricide cases (a 54-year-old alcoholic with neurotic depression) showed very similar characteristics.

Some features of matricide by daughters show a close similarity to matricide by sons. Characteristically, female matricides were women in mid-life living alone with an elderly, domineering mother in marked social isolation. The mother–daughter relationship was characterised by mutual hostility and dependence, and the killing was often carried out with extreme violence. These features of female matricide were present regardless of the specific psychiatric diagnosis. Male matricides have also been found to be mostly single, socially isolated men living alone with a domineering mother, whom they killed with often extreme violence. A sexual element in matricide may be commoner in men (38% in Green's study) but it does also occur in women, as illustrated by one of our schizophrenic subjects. Chiswick (1981) suggests that the apparent relationship of schizophrenia to matricide by sons "might owe more to opportunity than psychodynamics" as the socially disabling effect of schizophrenia reduces the likelihood of marriage and prolongs dependency on parents. The similarity in the social situation of our female matricides with that of male matricides tends to confirm that it is the prolonged hostile–dependent, isolated relationship with a dominant mother that is the significant aetiological factor in these offences rather than any specific form of psychiatric disorder. This would be in keeping with the observation of Virkkunen (1974) that the majority of violent acts by schizophrenics are committed not as a result of psychotic symptoms but because of a hostile, dependent–aggressive relationship with the victim.

From the point of view of homicidal risk, two features of phenomenology merit comment: the possible dangerousness of delusions of poisoning and of hypochondriacal delusions. The apparent correlation between these symptoms and the intra-family homicide may be an artefact of the sample, and we do not know the incidence of these symptoms in the general population, nor the proportion of cases in which cases with these symptoms manifest dangerous behaviour. However, in our study two of the schizophrenic patients had delusions of being poisoned by their mothers. Mawson (1985) has drawn attention to the association in a sample of Broadmoor patients of delusions of poisoning with homicide. Not surprisingly it is often family members who become involved in such delusions: in Mawson’s series of 14 male patients a parent became the victim of violence in five cases.

Secondly, our findings draw attention to the possible altruistically motivated homicidal risk to family members in patients with hypochondriacal delusions. This was commented on by West (1965) in cases of murder–suicide, and the single case of female matricide in his study was an example. Three of our subjects suffered from hypochondriacal delusions and two of these committed multiple killings. The homicidal risk in these patients was masked by a very deliberate and careful concealment of their plans to kill, and a blandness of affect incongruent with their depressive delusions; indeed two patients were under psychiatric treatment at the time of their offences. Hypochondriacal delusions seemed especially dangerous when they extended to others. Two of our patients came to believe that they had been responsible for engendering illness not only in members of their family but in a wider circle. While in the remand prison, they expressed ideas of being responsible for the illness of the other patients in the prison hospital; one talked of wanting to find a hammer to kill the staff and other patients in order to relieve them of their suffering. We draw attention to the danger of this unusual syndrome of altruistically motivated killings as we have seen a similar clinical picture in some women who kill their children. The usual diagnosis is one of schizoaffective psychosis or psychotic depression, but the essential features are hypochondriacal delusions, delusions of contaminating others, a bland affect, careful concealment in case discovery should prevent them from carrying out their plans, and a determined suicidal attempt after the killing.
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