

## The Tragic Tale of a Father and Son: an Unusual Patricide

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### Abstract

*Parricide* is a category of homicide in which the victims are the parents, and the killers, their children. The authors report a case of a 45-year-old man who killed his 73-year-old widowed father in an extremely violent manner: he struck the father in the head with a wooden wash board, stabbed him with a pair of scissors and several times with a screwdriver. Afterwards, he kicked the victim in the face and jumped up and down on his body, thereby crushing the father's chest with his weight. The case reported here may be classified as an "unusual patricide" when one considers the age of the aggressor, the diagnosis of psychiatric disorders, that the victim was the father, and that the murder was committed in an extremely violent manner. *Clin Ter 2017; 168(3):e173-177. doi: 10.7417/CT.2017.2000*

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### Introduction

Parricide (1-2), is the killing of one's own biological or adoptive parent. Parricide is subdivided into *patricide* (the killing of one's father), *matricide* (the killing of one's mother), and "double parricide" (the killing of both parents). Statistically, parricide is the rarest of all categories of voluntary manslaughter. In Europe and North America, it is estimated that parricide accounts for 2-4% of all homicides there, with patricides outnumbering matricides. In Europe patricides are more numerous in Eastern Europe, Russia first of all (3-4). In Italy, parricide accounts for less than 3% of all homicides, with matricides outnumbering patricides. The 40.1% of the cases concerns the North, 28.4% took place in the South, the 16.1% in the central belt of Italy, 15.4% in the islands (5). This kind of homicide most often occurs in homes where the aggressor and victim cohabit, and happens most frequently after an altercation, (6). Parricide is often perpetrated in a violent and bloody manner, at times comparable to that of overkilling, and often with the use of a common household object found inside the home, (7). Patricide is mostly carried out by males (8), and there

are a variety of motives that induce adolescents or adults to commit it (9). When adolescents commit parricide, it is often a violent reaction to physical and sexual abuse perpetrated by the father on his children, or on their mother, over a protracted period of time (10-11). However, when parricide is carried out by adults between 30 and 40 years of age, it most often involves serious psychiatric pathologies - mostly psychotic. When the murder is the result of dysfunctional family relationships (12-13), it is most often the mother who is the victim.

In the various cases examined, the perpetrators of these crimes are typically unmarried, unemployed, or work part-time, and they usually live with the victim. In one study carried out on a sample of 12 men with an average age of 31 years old, six subjects had tried to kill both parents, and the other six had killed one parent.

In this case record, drug and alcohol abuse, which are considered to be precipitating factors, was present in 41.7% of cases. In addition, serious recurring problems concerning mental health issues and the inability to live autonomously were also reported. All of these factors compelled the subjects to live with their families (14).

Other authors have also (15), revealed a predominance of males, combined with other factors such as living with the parents, financial dependence on the family, and limited relationships or other activities that take place outside of the home. The subjects experience this as a sense of being "trapped", which contributes to strife in the parent/child relationship. Globally, the predominance of males in the commission parricide is correlated to their propensity for committing violent acts, and is not influenced by the ethnic group to which they belong.

### Case report

The perpetrator of this homicide is a 45-year-old man with a low level of education (elementary school) who had worked in the construction industry, but who had been unemployed for an extended period of time. He was the only male of six children. This man, reserved and introverted by

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nature, had few social relationships and had had only one short-lived romantic relationship with a woman of his age. His clinical history revealed past use of heroin, cannabis, and cocaine. No history of mental illness was reported, however, two emotionally significant life events were identified: 1) Permanent loss of employment that was the result of a work-related injury, leaving the subject partially disabled; and 2) the death of his mother, who he described as an affectionate and thoughtful person. Following these two events, the man's life had changed significantly; he was unemployed and forced to live at home with his father. The son gradually took on the tasks that his mother had once carried out (e.g. doing the shopping, cleaning the house, cooking, etc.). He described his 73-year-old father as very strict and inflexible – constant bickering and petty quarrelling had become a part of everyday life. His relationship with his father became more difficult over time, partly due to his insistent demands for money to buy drugs. Even his relationships with his sisters had deteriorated over time, and they strongly criticized him and his ways whenever they came to visit the elderly father.

At 8:00 a.m. on the morning of the homicide during breakfast, yet another verbal altercation between father and son had erupted, which was followed by the brutal murder of the elderly parent. The son alerted the police and waited for them to arrive on the steps of the house. He was fully aware of what he had done and ready to be brought to jail: he had even prepared a bag of his things to take along with him to prison.

When the investigators arrived at 9:00 a.m., the cadaver was found lying supine on the kitchen floor with the upper garments (3 shirts) raised up on the anterior portion of the thorax and abdomen. Here, numerous lesions were observed that could be attributed to pointed instruments and pointed objects with a sharp edge. Examination of the victim's garments revealed two tears in the precordial area that pierced all three shirts worn by the victim. The thanatochronological signs coincided with the reported time of death. During inspection of the kitchen, a pair of scissors with traces of blood was found on the dining table, along with a wooden washboard, and a sheet of paper where the words "*Tragic Tale of a Father and Son*" were written. In the "document", the killer apologized for the act he had committed, assigning responsibility for what had happened to one of his sisters who he blamed for the worsening of his relationship with their father. A Phillips head screwdriver, which was used to inflict the injuries, was found on a chair located near the cadaver. Traces of blood were also found on the floor and walls near the body.

Signs of multiple contusive traumas to the head were identified during autopsy: an ecchymosis (pictured) was identified on the right side of the face with linear lesions, vertical and parallel to each other, in the shape of a shoe sole (Fig. 1). The scalp and peri-cranial tissue were hemorrhagic; there were two linear fractures of the skull (left temporal bone and middle cranial fossa; right occipital bone - confluent with the preceding fracture); the brain showed extensive subarachnoid hemorrhage.

There were 15 cross-shaped wounds in the precordial, epigastric, and mesogastric regions caused by the tip of the screwdriver, which was found at the scene (Fig. 2). Ten of



Fig. 1. Ecchymotic lesion visible on the right side of the face.

these lesions were thoracic and penetrated only superficially (i.e. seven of them reached the muscle layer, and three reached the cutaneous layer); and five were abdominal, passing through the entire thickness of the abdominal wall, and penetrating the underlying cavity (3), or stopping at the surface (2).

Two wounds were detected in the sternal area that penetrated the thoracic region and were caused by a pointed instrument with a sharp edge that is consistent with a pair of scissors. At the central part of the proximal wound, which resulted from the complete penetration of closed scissors, a very small ecchymosis was observed that resulted from the impact of the scissor screw (Fig 3). The distal wound was shaped like an isosceles triangle, and resulted from the incomplete penetration of just one scissor blade.

The thorax presented with multiple bilateral seriated rib fractures from the third to the ninth rib along the anterior axillary line. "Stab" wounds were present in the diaphragm, the pericardium, the heart, liver, and jejunal loop, all of which correspond to the penetrating wounds of the thorax and abdomen (Table 1).

Small quantities of blood were found in: the pleural cavities (30 cc in each cavity); the pericardium (50 cc); and the abdominal cavity (230 cc). It was hypothesized that the victim was in *severe hypotensive shock* at the moment in which the weapon was withdrawn from the chest, secondary to cranio-encephalic trauma. There were no defense wounds.

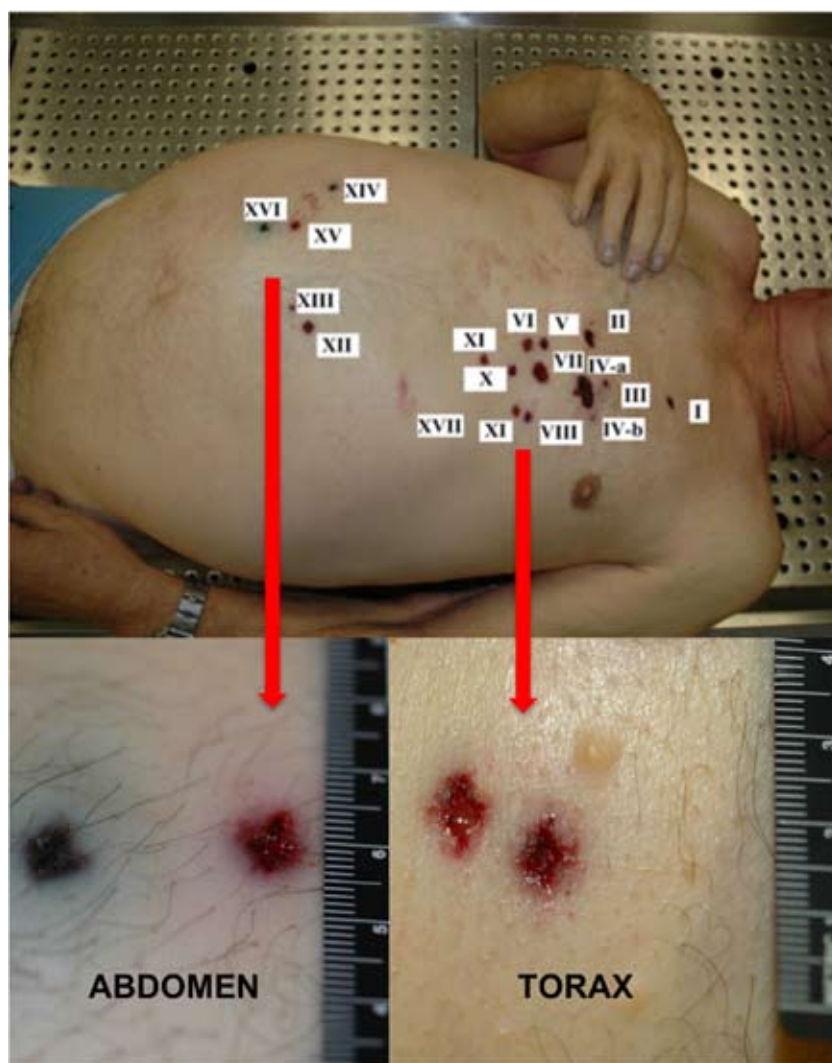


Fig. 2. Overview of the distribution of lesions, particularly those resulting from the “Phillips screwdriver”: I, III, IV-b, XIII: excoriated ecchymotic cross-shaped wounds. II, V-VI, VIII-XI, XIV: injuries caused by pointed object with no exit wounds. IV-a and VII: wounds caused by pointed and cutting instruments that penetrated the thoracic cavity. XII, XV-XVI: wounds from a pointed object that penetrated the abdominal cavity. XVII: ecchymosis.



Fig. 3. Comparison of thoracic stab wounds and cuts (particularly the ecchymosis in the central portion), and the scissors used.

Table 1. Summarizing outline of the injuries.

<p><b>Head:</b></p> <ul style="list-style-type: none"> <li>•Scalp and peri-cranial tissues hemorrhage.</li> <li>•2 skull fractures:             <ol style="list-style-type: none"> <li>1. left temporal bone → left middle cranial fossa.</li> <li>2. right occipital bone → left temporal bone.</li> </ol> </li> <li>•Cerebral and cerebellar subarachnoid hemorrhage.</li> </ul> <p><b>Thorax - precordium and epigastrium:</b></p> <ul style="list-style-type: none"> <li>•2 stab wounds penetrating into thoracic cavity:             <ol style="list-style-type: none"> <li>1. IV left intercostal space – V rib → pericardium → left ventricle → pericardium.</li> <li>2. VI left intercostal space – VII rib → pericardium → right ventricle.</li> </ol> </li> <li>•7 cross-shaped puncture wounds ending in subcutaneous/muscular tissues.</li> <li>•3 cross-shaped ecchymotic and scratched wounds.</li> <li>•Serial bilateral rib fractures (III-IX ribs) on anterior axillary line.</li> </ul> <p><b>Abdomen - mesogastrium:</b></p> <ul style="list-style-type: none"> <li>•3 cross-shaped puncture wounds penetrating into abdominal cavity:             <ol style="list-style-type: none"> <li>1. abdomen → jejunal loop → mesentery at ligament of Treitz → left liver lobe → diaphragm → pericardium → right ventricle → left ventricle.</li> <li>2. abdomen → greater omentum → retrocavity of the epiploon.</li> <li>3. abdomen → greater omentum → retrocavity of the epiploon.</li> </ol> </li> <li>•1 cross-shaped puncture wound ending in subcutaneous tissues.</li> <li>•1 cross-shaped ecchymotic and scratched wound.</li> </ul>
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The elements obtained from the crime scene data and autptic examination of the cadaver made it possible to establish that the aggressor had initially hit the father in the left temporal region with the washboard, causing him to fall to the ground and resulting in the contusion of the right occipital area upon impact with the floor, along with loss of consciousness. He then stabbed the victim twice in the thorax with the scissors. After lifting up the upper garments, the perpetrator then stabbed the father 10 times in the thorax, and five times in the abdomen with the screwdriver found at the scene. He then proceeded to kick the victim in the face, followed by jumping up and down on his thorax, ultimately leaving him lifeless on the floor. This hypothetical reconstruction of the scene that describes the dynamics surrounding the lethal injury, formulated by the forensic pathologist at the end of the autopsy, was confirmed by aggressor's confession to the magistrate. Due to the brutal nature and unusual violence of this homicide, the prosecutor requested an expert in forensic psychiatry to determine if the suspect was mentally healthy and if he was capable of understanding his actions during the commission of the crime. The evaluations carried out on the perpetrator, which included various standardized tests (e.g. WAIS-R Scale; Millon Clinical Multiaxial Inventory III; and Benton Visual Retention Test), revealed a personality structure characterized by emotional and personal difficulty, low frustration tolerance, high impulsivity, and drug dependency. He was diagnosed with *Personality Disorder Not Otherwise Specified* (DSM V), with a prevalence of cluster B traits (i.e. borderline and narcissistic). Regarding the homicide itself, such a personality disorder was considered to be insufficient as to warrant a reduction or abolition of imputability.

## Discussion

In order for someone to kill a loved one, which in psychology is known as “an object of affection”, there need to be very strong and painful feelings present: in a word: “hatred”

Patricides, which are mostly committed alone, are carried out with such great ferocity because they are motivated by deep-seated hatred. A child who rages against a father not only destroys an insane point of reference, but also a part of himself that he despises (16).

The underlying reason for this murder was an unresolved conflict between autonomy and a pathological dependence on family members (17). The perpetrator was a 45-year-old adult whose relational dynamic was typical of an adolescent. Following his mother's death, and after having moved back in to live with his father, an ambiguous and dysfunctional relationship developed between the two that made the prospect of economic independence even more complicated than it had already been. The son had difficulty accepting the limits between “me” and “not me”, in addition to having problems in distinguishing others as being separate from him. In individuals like this one, the inability to tolerate such conditions brings about the need to “project” onto the other. Greed and orality prevail as the subject seeks out unlimited money and attention. The existential void is insatiable and cannot be filled (18). Frustration tolerance and the capacity to accept rejection are very low. It is for this reason that aggression, when amplified by other factors (i.e. substance abuse and dependence), can explode in destructive and devastating ways, as in the case described here.

The trigger that precipitated the homicide was yet another unsatisfied request for money. More generally, however, it was the gap between needs, wants, aspirations, and the refusal or inability of the parent to meet them that lead up to this event. At the root, there was an ambivalent mix of

feelings of affection and hate, as well as those of autonomy and independence (19). The factors that favored a destructive reaction were identified as drug use and the effects they had on the subject's narcissistic and borderline personality.

From a criminological point of view, the following are common findings (20).

- **Perpetrator:** male child; the ratio of sons to daughters is 15:1
- **Victim:** father; the ratio of fathers to mothers is 2:1
- **Murder location:** the parent's house
- **Absence of accomplices:** only the victim and aggressor are involved
- **Offensive weapons used:** weapons at hand; blunt, pointed, or sharp objects; firearms; and less frequently, asphyxiation, which confirms that this homicide was a consequence of an "impulsive moment"
- **Admission of responsibility:** The majority of perpetrators do not attempt escape

Though possessing several characteristics that are typical of this type of homicide, the case of parricide described here may be considered atypical in that there was an absence of an underlying psychotic disorder that is typically the substrate on which the other competing factors (i.e. motivational and precipitating) play in the commission of the crime. This case helps to support the hypothesis, which already exists in the literature (21) that parricide committed by an adult does not necessarily need to include a diagnosis of psychosis, which is most often the case, and that personality disorders (Cluster B – DSM) can be revealing factors in the genesis of the crime if psychotropic substance abuse is present, and if there is a dysfunctional relationship between the perpetrator and victim. These three elements, in various combinations (i.e. personality disorder; substance abuse; and relationships with no clear boundaries), may induce the perpetrator to act "destructively", as in the case presented here.

Being aware of these dynamics, together with a thorough autoptic investigation (10-15), can aid the forensic pathologist in interpreting the evidence, and in correctly understanding and classifying the homicide during the course of the investigation.

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