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ORIGINAL ARTICLE

A Psychological Approach to the Life Trajectories of Women Who Committed Filicide

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Abstract

Purpose Filicide theories have evolved from Resnick's (1979) classification to more dynamic models that consider personal histories. Based on the idea that filicide stems from a complex interplay of stressful psychosocial events across life (Stroud, 2008), we propose another way to consider filicide focusing on psychological risk factors and mechanisms underlying the crime and their role in shaping life trajectories from birth until aggressive behavior against their child.

Method Sixteen women who committed or attempted to commit filicide were interviewed in prison using the grid developed by Eloir et al. (2019). Four dimensions of their lives were explored: health, the carceral environment, adverse events, and social and affective relationships. All these elements were organized along a timeline representing the life trajectory of the person.

Results Four types of trajectory were identified, highlighting riskier dimensions, namely the 1) continuous psychiatric dimension, 2) a temporary psychotic disorder at the time of the filicide, 3) continuous physical and psychological violence, and 4) a poor relational sphere.

Conclusion Our results support the theory that complex constellations of multiple psychosocial stresses are present in the lives of filicide perpetrators and demonstrate the importance of understanding the filicide from a dynamic point of view in relation to the individual's life trajectory.

Keywords Life trajectories · Mother · Filicide · Mental health

Introduction

In France, it is estimated that approximately 50 to 60 children under the age of 18 die each year as a result of intrafamilial homicide, with women representing around 70% of perpetrators. This figure is believed to be underestimated (French Ministry of Justice, 2018). To describe this phenomenon, we use the generic term "filicide" to refer to the killing of one's own child, including both infanticide and neonaticide, although some authors have suggested that these could be considered subcategories of filicide (Liem & Koenraadt, 2008; Myers et al., 2021).

Resnick (1969) was the first to propose a classification of filicide in the late 1960 s, distinguishing five subtypes of filicide based on motivation: neonaticide, murder during episodes of delirium or suicidal ideation, murder following physical violence, desire to cause pain to a spouse, and murder of an unwanted child. Based on this typology and focusing on mothers, McKee (2006) described several factors that should be considered, including the mother's mental health and level of psychopathy, the context in which the child was born, and whether there was repeated violence against the child.

More recently, Sidebotham (2013) discussed the role of behavioral control in these aggressive behavior against their child. They contrasted extreme control, which can lead to manipulative behaviors (up to and including intentional homicide), with the lack or loss of control caused

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by maladaptive emotional management, which can result in explosive anger following life events. In doing so, they refined Resnick's (1970) typology by adding an axis that identifies the circumstances in which children die from an act of physical violence. They distinguished between concealed infanticide, severe physical assault, extreme neglect or deprivation abuse, intentional homicide, and death related to but not directly caused by maltreatment (Sidebotham, 2013).

Early research primarily focused on the development of typologies, particularly those based on the criminal act and the contextual motivations leading to it. Social, cultural, intellectual, and emotional poverty was often emphasized, although without clear distinctions or precise definitions (Putkonen et al., 2016). Since then, some authors have identified risk factors with the aim of developing prevention models (Milia & Noonan, 2022). Several risk factors have been identified based on variables such as the victim's age and the mother's personality traits, sociocultural precariousness (i.e., age, employment status), intellectual level, level of social isolation (e.g., cohabitation with a partner, a good friend sphere), history of mental disorders (e.g., psychosis, post-partum depression, depressive symptomatology), or history of adversity (i.e., physical, psychological, or sexual violence during childhood and adolescence) (Frederick et al., 2022; Friedman et al., 2005; Fugère & Roy, 2014; Leigey & Reed, 2010; McKee, 2006; Poteyeva & Leigey, 2018).

In complement to these observations, other studies went beyond mere descriptions to dynamically incorporate life events thinking in a developmental perspective where risk and protective factors interact all along the life. These studies described the complexity of their life histories through personal narratives and highlighted a link between traumatic family histories and the act of filicide (Meyer and Oberman, 2008). The attachment-based approach also contributes to a better understanding of this population and the effets of early developmental events (Barone et al., 2014; Lattanzi et al., 2020). McKee and Egan (2013) created a content dictionary based on their thematic analysis of 21 case studies of maternal filicide in the northwest of the United Kingdom, using data provided by the media and law enforcement. The two primary themes that emerged from their analysis were maternal rejection and despair. The attachment styles of infanticidal mothers were also examined in terms of active emotional regulation processes during nursing tasks. Their results showed unresolved thoughts about attachment patterns, leading to "traumatic" attachment styles (McKee & Egan, 2013). This content dictionary for filicide was reused to investigate whether there were any relationships between neonaticides and infanticides (Greenwood et al., 2023). Twenty cases were analyzed using online sources from 1989 to 2020 across the United Kingdom. The three themes that emerged from the analysis were rejection, disruption, and despair (Greenwood et al., 2023). Meyer & Oberman (2008), who developed a typology of filicidal mothers, met with 40 mothers incarcerated for filicide, focusing on eight of them. They recounted these testimonies in their book, When mothers kill: Interviews from prison (Meyer & Oberman, 2008). The themes of violence, despair, and isolation (i.e., physical, emotional, and social) emerged, outlining the life stories of each of the interviewees (Perlin, 2011).

In that line, the maternal filicide theory framework (MFTF; Mugavin, 2008) supports the existence of a link between traumatic experiences during childhood and/or adolescence and the mother–child relationship later in life. These negative life events create vulnerabilities early on that may serve as triggers for violence, increasing the likelihood of these mothers responding violently and impulsively toward their child(ren) (Mugavin, 2008). Several early vulnerability variables were observed, such as having experienced adverse events including physical, psychological, or sexual abuse; having been confronted with a parent suffering from a substance use disorder; having a predisposition to mental pathology; having grown up in an insecure social environment; having inadequate parenting role models. Mugavin (2008) also identified various triggers that may lead to committing filicide, including religion, revenge, the inability to parent, hopelessness, the belief in mercy killing, a lack of interest in parenting or an unwanted child, "good mother" stress, and substance abuse. Some of these triggers can be considered "breaking points" from a developmental psychopathological perspective since they create a change in the individual's trajectory both in terms of internal (intrinsic characteristics) and external (environmental characteristics) dynamics (Rutter, 1996). Similarly, Stroud (2008) proposed that filicide results from a complex constellation of multiple stressful psychosocial events that the perpetrator experienced throughout their life. This hypothesis was reaffirmed by Brown et al. (2014), who suggested that a variety of stress factors may increase the risk of committing filicide. Mental illness, particularly depression, combined with parental separation, was the factor most commonly associated with the killing of children by both mothers and fathers (Brown et al., 2014).

In the present study, we focus on the temporal dynamics of the life events of mothers who have committed filicide. The developmental psychopathology approach, and more specifically transactional studies, focuses on the interactions between different adverse events and their impact on the emergence of the filicide (Cawthorpe et al., 2018). Specifically, we examine the period of life from birth to the moment when a person commits the hetero-aggressive act (which corresponds to a violent act toward another person), in this case, against

their own child. We explore the various life events that these women experienced, including antecedents of adversity, as well as the familial environment in which they were raised. Based on these experiences, we aimed to identify distinct types of life trajectory characterized by the combination of particular events. In this approach, we specifically consider the cumulative and temporal dimensions of events of different natures. These various aspects are organized along a timeline, referred to as the "life chart", which represents the life trajectory of a person (Eloir et al., 2020; Fortune et al., 2007). (Eloir et al., 2020; Fortune et al., 2007). Using the life chart to model an individual's life course enables the identification of life trajectories and helps to anchor the individual within their own personal history.

Methodology

Ethics Approval

The study was approved by the Lille Committee for the Protection of Persons (CPP), in accordance with French ethical regulations. (N° 2016 A01210 51).

Participants

Our sample consisted of women who had committed or tried to commit filicide ($n=16$; M = 35.70 years old; EC = 7.04). Participants were recruited from eight institutions in two countries. In France: in detention centers, mental health institutions following their incarceration; and in Belgium from one secure psychiatric hospital and one penitentiary. Each of the women was undergoing psychological follow-up, and some were also receiving psychiatric care. Within our sample, 81.25% women had killed their child(ren) ($n=13$), and 18.75% had attempted to kill their child(ren) (meaning the child[ren] survived the act; $n=3$). On average, the victims were 4.5 years old (min = 1 month old; max = 13 years old). Regarding their marital status, 37.5% of participants were divorced or separated, 31.25% were married or in a relationship, 25% were single, and 6.25% were widows. They had an average of 2.03 children (min = 1; max = 5). Descriptive data are shown in Table 1. The grounds for conviction were as follows: infanticide; homicide of a minor under 15 years of age resulting in death without the intent to cause it; failure to assist a person in danger and aggravated violence; attempted murder; aggravated violence on a minor without the intent to cause death; attempted murder with acts of barbarity; triple murder and arson of an inhabited place. No woman had committed neonaticide in our sample.

The inclusion criteria that were submitted to the health professionals (particularly psychologists) were the following: The participant had to be a French-speaking woman, be incarcerated for infanticide or attempted infanticide (of a child victim of any age) of the first degree (i.e., as the mother of the child), have psychological follow-ups or contact with mental healthcare professionals, and be willing to participate in the study.

Table 1 Descriptive data of participants

Women participants	Age	Marital Status	Professional status	Number of children	Number of children victims
1	32	Single	unemployment	2	2
2	37	Separated	unemployment	2	2
3	32	Married	unemployment	3	1
4	38	Married	Unemployment and volunteer	1	1
5	34	Cohabiting	In training	5	1
6	23	Single	*MDPH recognition** and unemployment	1	1
7	29	Couple	unemployment	2	1
8	36	Divorced	Cashier	3	2 (children survived)
9	24	Single	*MDPH recognition**, catering agent	1	1
10	49	Widowed	unemployment	2	1
11	39	Couple	unemployment	3	3 (children survived)
12	41	Separated	Safety coordinator	4	3
13	31	Divorced	unemployment	4	2
14	40	Separated	Pharmacy dispenser	1	1
15	43	Single	unemployment	1	1
16	43	Divorced	Catering agent	3	2

*MDPH recognition: official administrative decision made by the « Maison Départementale des Personnes Handicapées» (French Departmental Office for Persons with Disabilities) that acknowledges a person has a disability (physical or psychological) which affects their professional life

Participant Recruitment

We initiated contact with clinical psychologists from the medical units of the detention facilities or mental healthcare centers, either via email or telephonically. This first interaction aimed to initiate contact, present the research, and outline the conditions under which the research was being conducted (including the inclusion criteria, anonymization procedures, and tools used). The option to participate was then offered to those who met the inclusion criteria, and a meeting was scheduled with the primary investigator. Participation was voluntary and informed. That is, information letters and consent forms were provided to participants, and they were informed that they could withdraw from the study at any time, without consequence. Recruitment took place between January 2020 and June 2021.

Materials

A semi-structured interview based on the framework developed by Eloir et al. (2020) was conducted during the meeting. This methodology was selected as it had previously been used by Eloir et al. to examine a different type of violent behavior, namely sexual crimes. As the aim of these authors (Eloir et al., 2020) was to distinguish different profiles by analysing life trajectories from a developmental perspective, we opted for this approach, which corresponded to our research question.

The interview included open-ended questions and a self-report covering the following areas: anamnesis, legal history, medical history, psychological factors, psychiatric factors, negative life events, history of addiction, interpersonal relationships, and history of suicidal ideation. Content analysis methods were used to create the thematic categories for each domain/area (Bardin, 2001; Weber, 1990). The average duration of the interviews was 1 h and 45 min (range: 1 h 30 min to 2 h 10 min). At the end of the interview, we debriefed the participant, giving them an opportunity to discuss the emotions they had experienced during the session and ask any questions. The referring psychologist offered guidance when necessary.

Analysis

Preliminary analysis using a thematic tree was conducted using Eloir et al.'s (2019) categorization. Four dimensions were explored: health, including behavioral, mood, psychotic, and somatic disorders; the carceral environment, which only included elements of incarceration divided according to their valence as either positive (e.g., a job, a wedding) or negative (e.g., a disciplinary ward, an isolation period); life events, which were divided into the three categories of a history of adversity before age 18 (e.g., intrafamilial violence, loss or separation), loss or separation after age 18, and all other types of life events, without a valence (positive or negative) but that might differ from one participant to the other (e.g., a birth); the relational sphere, which included dynamics within their family of origin, their partner's family, and interpersonal relationships (see Fig. 1).

This classification modelled on a timeline to organize all related events chronologically. As the life chart has already been used to explore the life trajectories of individuals who have committed sexual offenses, we wanted to apply it to a different context to investigate its potential further. The visual aspect of the chart allows data to be synthesised by highlighting similarities and disruptions in certain thematic

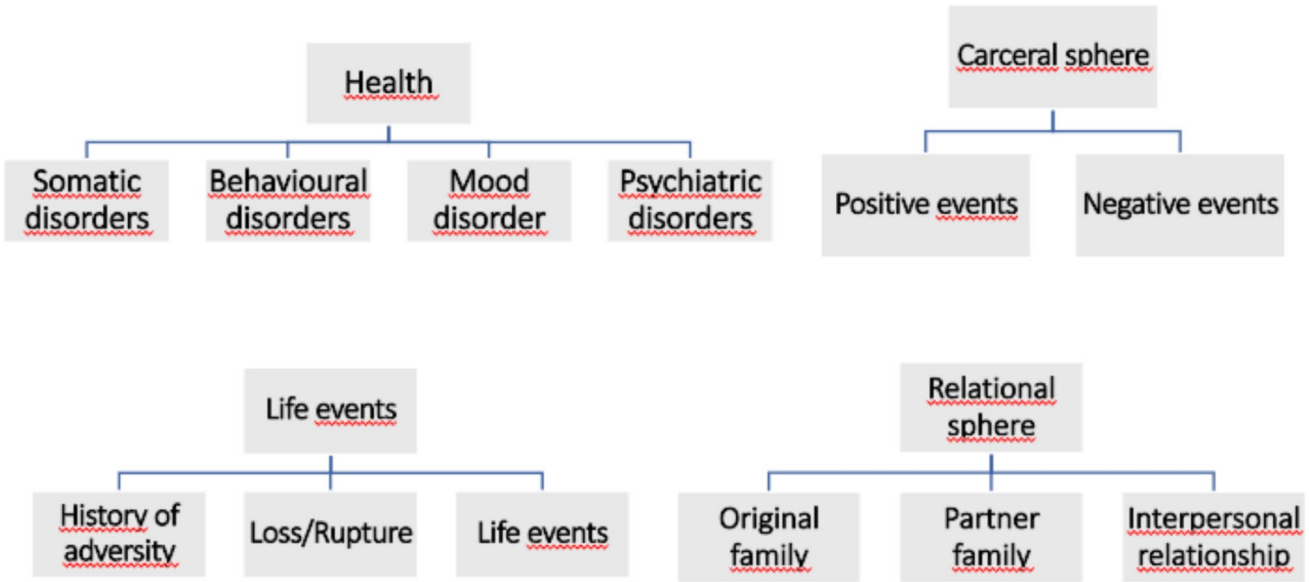

Fig. 1 Thematic tree of the examined fields

areas (Eloir et al., 2020). Two evaluators compared the 16 life charts, and they reached a consensus on the final charts by focusing only on the period from the earliest age mentioned to the time of the offence.

Results

Descriptive Analysis

Overall, 81% of participants reported experiencing difficulties with their family of origin. All participants had experienced one or more adverse events of various types (physical, psychological, and/or sexual), and all had undergone a separation at some point in their life trajectory. Behavioral disorders were also prevalent (87.5%) and manifested in various forms, including running away, attempting suicide, and displaying self- or hetero-aggressive behaviors. The analysis of the interview data allowed us to identify a sub-sample of participants affected by psychotic disorders (50%; Participants 1, 2, 8, 10, 11, 13, 15, 16). Additionally, we observed that those without psychotic disorders still exhibited behavioral disorders (Participants 3, 4, 5, 6, 9, 12). See Table 2 for the results of the descriptive analysis.

For 75% of the sample, the violence that they experienced persisted into adulthood, often manifesting in conflictual or violent marital relationships. Notably, 50% of participants had been victims of domestic violence (physical and/or psychological; see Table 3).

Participants who displayed hetero-aggressive behavior toward their child(ren) (19%) did not suffer from psychotic disorders but displayed mood disorders instead.

Analysis of the Life Charts

By examining the trajectories of these two sub-samples—those with and without psychotic disorders—we could identify both similarities and differences in the women's history of adversity, life events, relationship difficulties, and domestic issues, including periods of separation.

Comparing the two sub-samples, we observed a common life trajectory from the early stages of life through to the end of adolescence, where a breaking point occurred. After this breaking point, we identified two distinct sub-trajectories, one characterized by the presence of psychotic symptoms and the other by the presence of behavioral disorders (Fig. 2).

Below are two case studies illustrating the psychotic trajectory (Ms. H.) and the behavioral disorder trajectory (Ms. A.):

Psychotic trajectory: Ms. H., 32 years old

Difficulties related to her family of origin: Ms. H. lived with her family of origin until the age of 18. She reported "emotional neutrality" in her relationships with her parents. Her father was often absent from home due to work commitments. Her mother, on the other hand, was more present but

Table 2 Results of the reported data for each participant according to the domains investigated

Participant	Original Family	Partner Family	Interpersonal Relationship	History of adversity	Loss Rupture	Behavioural disorders	Mood disorders	Psychotic disorders
1	+	+	+	+	+	+	+	+
2	+	+	-	+	+	+	+	+
3	+	+	+	+	+	+	+	-
4	+	-	+	-	+	+	+	+
5	+	+	-	+	+	+	+	-
6	+	-	+	+	+	+	+	-
7	+	+	+	+	+	-	+	-
8	-	+	+	-	+	+	+	+
9	+	-	+	+	+	+	+	-
10	+	+	+	+	+	+	+	+
11	+	+	-	+	+	+	+	+
12	+	+	+	+	+	+	+	-
13	+	+	+	+	+	+	+	+
14	-	-	+	+	+	+	+	-
15	-	-	+	+	+	-	+	+
16	+	+	+	+	+	-	+	+

The + symbol indicates the presence of the element, whereas the − symbol indicates its absence

Table 3 Types of violence experienced expressed by the women in the sample

Participants	During childhood				At adult age	
	Witness of domestic violence	Victims of physical violence	Victims of sexual violence	Victims of psychological violence	Victims of domestic violence	Heteroagressiveness towards children
1				x	x	
2						
3	x	x		x	x	x
4						
5	x			x	x	x
6	x	x	x	x		
7		x	x			
8					x	
9			x	x		
10			x	x		
11	x			x	x	
12		x	x	x		
13		x		x	x	
14			x		x	x
15						
16		x		x	x	

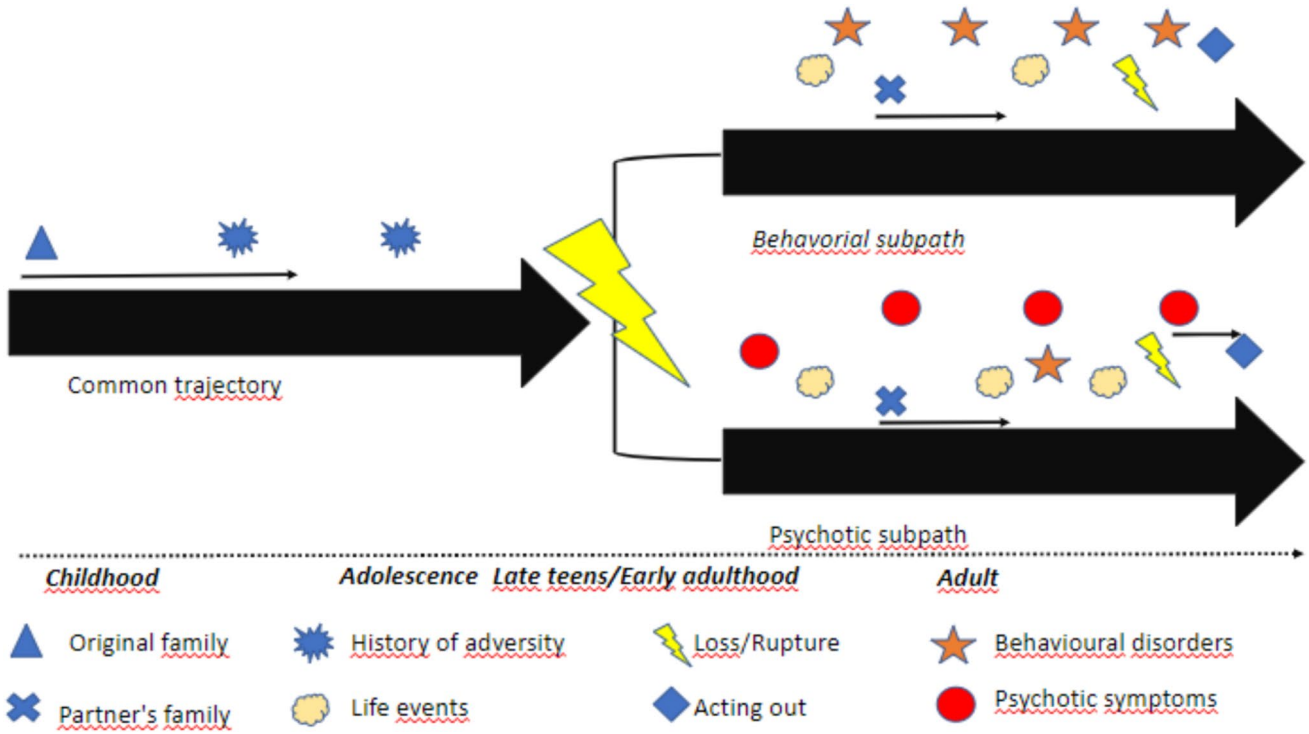

Fig. 2 Life Chart summarising the developmental trajectories of infanticide mothers

did not provide emotional support, was not affectionate, and communicated infrequently with her. Overall, there seemed to have been very little communication within this family.

***Behavioral issues*:** During much of her adolescence, Ms. H. used cannabis daily. At the age of 16, she attempted suicide by jumping out of a window. Ms. H. justified this act as a desire to meet God.

***History of adversity or negative life events*:** At the age of 17, Ms. H. was the victim of rape while drugged at a party. She could recall little of the event.

Difficulties related to her partner's family: She met her first partner when she was a young adult. The couple's relationship appeared to have been conflictual, particularly because her partner suffered from a substance use disorder, alcoholism. This first partner was the father of her first child. Shortly after their separation, Ms. H. met her second partner.

Loss or separation: Ms. H.'s first partner committed suicide at the beginning of her relationship with her second partner. The grief from this loss was extreme for her.

Psychiatric history: After her first suicide attempt at the age of 16, Ms. H. was hospitalized for 2 months in a psychiatric unit. Following the loss of her ex-partner, Ms. H. decided to start writing books on pedagogical methods to educate children, as well as on "effective communication in relationships." She reported that from this period onward, she began reflecting deeply on the functioning of the world from political, economic, and ecological perspectives. She developed increasingly frequent and intrusive paranoid thoughts related to these areas. Additionally, she revealed that she began isolating herself, as these thoughts became overwhelming.

Acting out: Ms. H.'s hetero-aggressive act toward her children occurred 4 years after the loss of her first partner to suicide. This was the only hetero-aggressive behavior toward her children that she reported. After the incident, Ms. H. attempted suicide by overdosing on medication and trying to hang herself.

Behavioral disorder trajectory: Ms. A., 33 years old

Difficulties related to her family of origin: Due to the various forms of abuse from her father, her relationship with him was tense. With her maternal figure, Ms. A. tended to adopt a parental role, feeling emotions of compassion and sorrow toward her.

History of adversity or negative life events: Between the ages of 10 and 15, Ms. A. was the victim of daily physical and psychological abuse from her father. She also witnessed domestic violence between her parents for many years.

Behavioral issues: During adolescence, Ms. A. ran away many times, which she justified as a way to escape the familial conflicts.

Loss or separation: At the age of 16, she left her family home to experience her pregnancy under the best possible conditions. Ms. A. decided to join a "young mother" shelter. When physical violence with her first partner escalated, Ms. A. fled her home and took refuge with a work colleague. Subsequently, the couple separated, and due to custody arrangements, contact with her second daughter became less frequent.

Difficulties related to her partner's family: Her relationship with her first partner, with whom she had two children, involved frequent physical violence. Her relationship with her second partner (the work colleague with whom she took refuge) was more peaceful. However, the couple displayed physical violence toward Ms. A.'s second daughter.

Acting out: Ms. A. described a very cold relationship with her daughter, and her daughter did not acknowledge her role as a mother. In response, Ms. A. experienced intense negative emotions and feelings of confusion. In this context, a form of physical hetero-aggressive behavior directed solely at her second daughter emerged. The death of the victim occurred after continuous and repeated physical violence.

Discussion

We conducted this study to examine the different elements of the life trajectories of mothers convicted of filicide. This life-course approach, reconstructed from the individual's salient life events, offers the advantage of situating these events within a chronological framework while integrating their subjective meaning. It constitutes a dynamic method that bridges objective life elements with their subjective interpretation. Furthermore, this approach facilitates the identification of turning points within the life trajectory, as well as the association of these moments with either risk factors or protective factors contributing to resilience. Based on their life charts, a common trajectory was identified across all 16 participants, spanning from childhood to adolescence. This trajectory was characterized by a history of adversity and familial conflicts. In our sample, 100% of participants had experienced adversity, although of different types. The MFTF model describes these histories as vulnerabilities that can facilitate the emergence of risk triggers for violent actions (Mugavin, 2008). These findings align with those in previous literature documenting a history of victimization (Frederick et al., 2022). In this context, Widom (2000) demonstrated that women who were victims of abuse and neglect during childhood are nearly 2.5 times more likely to be convicted of a violent crime as adults. Additionally, being raised in an abusive and neglectful familial environment, with parental figures viewed as lost love objects, is a recognized risk factor for filicidal acts (Barone & Carone,

2021; Bourget et al., 2007). Our results also support the theory of complex constellations of multiple psychosocial stresses being present in the lives of filicide perpetrators (Stroud, 2008). However, whether these events have a cumulative effect or there is a specific interaction between these events in a given context remains unclear and requires further longitudinal investigations. On the other hand, the "love spheres" appeared to be disengaged in most trajectories, marked by the presence of domestic violence or the absence of a partner. Moreover, the different life charts of our sample revealed a "breaking point" during late adolescence or early adulthood that marked the emergence of two distinct trajectories: one characterized by the presence of psychiatric symptoms and the other by behavioral disorders.

Psychiatrically, 50% of participants showed psychotic manifestations such as pathological trips, hallucinations, and hospitalizations in psychiatric centers. A Danish study that compared aggressive behavior in relation to mental illness and gender stated that women with schizophrenia are 16 times more likely to commit an aggressive act against others compared to women in the general population (Joyal et al., 2007). In the study by Flynn et al. (2007), one quarter of parents (mothers and fathers) who committed infanticide had been experiencing a mental illness at the time of the offense (Flynn et al., 2007). These studies suggest that female infanticide perpetrators have acute psychiatric symptoms at the time of the crime (Flynn et al., 2013), and these symptoms may have been present since adolescence or could have been contextual to the act (Lewis & Bunce, 2003).

Nevertheless, explanations of acts of aggression are multifactorial, and suffering from a mental illness should not be considered the only reason for such acts. Separation from the care system or a long absence from therapeutic care also seem to be factors that accelerate the risk of committing such acts (Bouchaud et al., 2023; Joyal et al., 2007; Labrum et al., 2021). Other studies have shown the inadequate response of healthcare structures or the occurrence of therapeutic ruptures to be factors underlying such acts, too (Brown et al., 2014). This breakdown in care was observed in our sample of participants with psychotic symptoms (three cases).

Another prominent component that we found in the life trajectories was an "axis characterized by major and repeated behavioral disorders," which included the emergence of behaviors such as running away, engaging in risky activities, or committing hetero-aggressive acts (particularly repeated physical violence against their children). The manifestation of these behaviors suggests significant suffering, especially during adolescence and early adulthood (Adam, 2015). D'Orban (1979) observed that when comparing abusive and non-abusive mothers, characteristics such as "violent and chaotic" home environments, early separations, and a familial history of delinquency are prevalent among those who repeatedly physically abuse their child(ren). These multiple adversities (e.g., sexual, physical, and psychological abuse) were also identified in our study sample, with 100% of participants having experienced at least one form of adversity. In the psychotic trajectory, the "breaking point" typically occurred toward the end of adolescence, often coinciding with a separation from the family of origin. Following the emergence of these two axes—psychotic disorders and behavioral disorders—the analysis of the life charts revealed four sub-trajectories based on specific themes, including the onset of psychotic disorders, the type of interpersonal relationships, and the manifestation of behavioral problems.

Life Pathway 1: Continuous psychotic disorders

Pathway 1 was characterized by psychotic symptoms that had persisted throughout the participant's life, typically emerging during adolescence. A notable similarity among those with this profile was the occurrence of separation during the 5 years preceding the filicidal act, with each case being linked to the partner. This issue of separation—whether real or perceived—has been observed in several other studies (Brown et al., 2014; Johnson, 2006). Additionally, every participant with Profile 1 referenced a spiritual or religious dimension. Mugavin (2008) discussed religiosity, specifically in relation to infanticide, as a factor that may trigger such acts. Religiosity is distinguished from faith and religion in that it represents a preoccupation considered morbid and symptomatic of a psychological disturbance (Holloway, 2016).

Life Pathway 2: Temporary psychotic disorder at the time of the act

Unlike pathway 1, the second life pathway was characterized by psychotic symptoms that occurred concomitantly with the act, typically appearing shortly before and dissipating shortly after the act. Another shared feature among participants with life pathwat 2 was the presence of negative relationships with their partners, particularly in terms of control dynamics. These negative relationships could be seen as factors that weakened the individual, potentially even triggering acute delusional psychoses (Weibel & Metzger, 2005).

Life Pathway 3: Continuous physical and psychological violence

Life pathway 3 emphasized a history of adversity, particularly physical and psychological violence perpetrated by the father. All participants with this profile reported being victims of domestic violence. Therefore, this profile reflected a continuity of violence from childhood into adulthood. The relationship between women who were victims of domestic violence and the subsequent violence perpetrated against their children has been documented in other studies (Duhamel & Fortin, 2009).

Life Pathway 4: A poor relational sphere

The final trajectory was characterized by a range of behavioral disorders, including compulsive behaviors, self-aggressive acts, and episodes of running away. Additionally, participants with life pathway 4 reported a communication deficit with their family of origin that led to social isolation and difficulties in establishing their place within various spheres of their lives. This social isolation is considered a vulnerability factor for filicide (Mugavin, 2008). Regarding their relationships with their partners, they did not report strong positive emotions or any sense of commitment. Notably, this profile was also distinguished by a lower frequency of adverse and violent negative events.

To conclude, Life pathways 1 and 2 had a psychotic component with the presence of positive symptoms. The acts of these profiles were the only reported hetero-aggressive acts by the mother to her child(ren). On the other hand, life pathways 3 and 4 did not present any psychiatric disorders, and the acts were mostly the result of repeated violence against the child.

Limitations

The primary limitation of this study was its small sample size, consisting of only 16 participants. This was partly due to the statistical rarity of this population. Additionally, because the participants were accused of filicide, they represented a highly vulnerable and challenging group with whom to engage. Two women declined to participate, while others were considered too vulnerable by clinical professionals to be interviewed. Moreover, the participants' willingness to discuss their mental health varied depending on their awareness of their own conditions, which impacted the depth of exploration into these aspects of their life trajectories. Lastly, while involvement in mental health care was a prerequisite for participation, we did not assess whether therapeutic work had been pursued or how engaged the participants were in treatment, nor did we ask about the duration of such care.

Further Research

Despite the identifiable limitations, this study made it possible to integrate the act of filicide into the life trajectory of the perpetrator. While this study was a pilot study, the profiles that were established support the importance of expanding the study with a larger sample that incorporates non-judicial situations. Larger samples would also allow for the generalization of observations, which could be complemented with quantitative data (e.g., sociodemographic characteristics, history of adversity, psychoactive manifestations, personalities). Increasing our knowledge about mothers who commit filicide would reduce the stigma that the general population has attached to this population and health and justice professionals, aiding in the formulation of a more developmental approach to care. It would also be important to collect information about culture, socio-economic conditions, and social policies, as well as to examine societal roles for women, in order to understand this act from a more societal perspective, rather than solely focusing on individual and psychological factors. Brown (2014) discussed the lack of information about the sociopolitical aspects and position of filicide in this context. Additionally, international studies on this topic would allow for an intercultural comparison of results (Brown et al., 2014).

Implications for Practice

From a preventive perspective, the use of life charts and the identification of specific life events offer a shift in perspective of the life course of each woman we encounter, enabling a more accurate identification of risk profiles. That is, this shift in perspective allows for the recognition of vulnerabilities, risk factors, and protective factors related to violence, which can later be addressed in general psychiatric care before any hetero-aggressive act toward their child(ren) occurs.

Finally, from a psychotherapeutic perspective, this holistic and historical approach could aid in fostering a strong therapeutic alliance and facilitating the engagement of individuals in ongoing care. The use of the life chart during the interview process helped participants visualize their life trajectory, bringing their attention to particular events, disorders, or recurring patterns in their lives. This approach also assisted in identifying the context of vulnerability and the specific risk factors that may have precipitated the act.

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Data Availability The data that support the findings of this study are available from the authors, but restrictions apply to the availability of these data to preserve individuals' privacy under the European General Data Protection Regulation.
Statements and declarations.

Declarations

Ethical Approval All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Consent to Participate Informed consent was obtained from all participants before commencement of the study.

Consent to Publish All participants consented to the submission of the case reports to a journal.

Competing Interests The authors did not receive support from any organization for the submitted work.

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