

## **A Case Study of a Maternal Filicide-Suicide in Ghana: The Role of Culture and Mental Health**

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### **Abstract**

The current article presents the results of a systematic review of a maternal filicide-suicide incident that occurred in Ghana in 2010. In this case, a 33-year-old mother with a history of mental illness and psychiatric hospitalizations, kidnapped all five of her children from her estranged boyfriend, the custodial father. She poisoned them to death with a liquid detergent, arranged their bodies neatly on a bed in her own bedroom, and then telephoned the father of the children to come and collect them. Her semi-conscious body was found two days later in an abandoned automobile. She had ingested the same type of poisonous chemical she used to kill the children. Case information shows that although she suffered from schizophrenia and depression, her psychiatric maladies were exacerbated by relationship breakdown with her boyfriend and separation from her children in a pronatalist society that extols marriage. The stigma of mental illness, chronic shortage of psychiatric resources and medicines, and the absence of national anti-suicide prevention programs did not help alleviate the situation. The goal of the study was to help address the paucity of scholarship on maternal filicide-suicides in non-Western, non-industrialized societies, including Ghana.

**Keywords:** filicide-suicide; filicide; homicide; suicide; Ghana

### **Introduction**

Maternal filicide-suicide, defined as a homicide event in which a mother kills one or more of her children and then commits suicide immediately, or shortly afterwards, has been a topic of considerable interest and concern among lethal violence scholars and psychiatric researchers. Although research on filicide-suicide is expanding (Chiu, 2010; Cooper & Eaves, 1996; D'Argenio, Catania, & Marcheti, 2013; Debowska, Boduszek & Dhingra, 2015; Johnson, 2006; Liem, de Vet & Koenraadt, 2010; Pan & Lee, 2008; Razali, Salleh, Yahya & Ahmad, 2015; Shackelford, Weekes-Shackelford & Beasley, 2005), the extant literature is sparse and currently focused on selected western industrialized societies such as Australia, Canada, Italy, the Netherlands and the United States. Only recently has newly published research emerged from non-Western, non-industrialized societies (e.g. Pan & Lee, 2008; Razali et al., 2015). At present, published scholarship on maternal filicide-suicide incidents in Africa is lacking. This is lamentable given that the situation hinders a broader understanding of maternal filicide-suicide as a phenomenon as well as hamper the development and implementation of effective prevention strategies.

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This present article aims to help remedy the void in the professional literature by examining in-depth one maternal filicide-suicide incident that occurred in Ghana, West Africa. In this case examination, the author systematically analyzes the contents of a huge corpus of print and electronic media reports that amassed on a maternal filicide-suicide incident that occurred in Ghana in January 2010. In this case, a 33-year-old mother tragically killed all five of her young children before committing suicide (Brocke, 2010; Tenyah, 2010). The article provides information on offender and victim demographic characteristics, modus operandi, offender motivation, and other incident characteristics. The article also describes contexts and circumstances surrounding the filicide-suicide event, as well as the intense media coverage that the tragedy evoked.

### **Review of the Literature**

Extant research reveals several characteristics about maternal filicide-suicides: (1) It is a rare phenomenon (D'Argenio et al., 2013; Pan & Lee, 2008; Shackelford et al., 2005); (2) about 16-29% of filicides are followed by the mother's suicide (Nock & Marzuk, 1999); (3) maternal filicide-suicide tends to be triggered by relationship breakdown such as separation, divorce or abandonment (Liem, et al., 2010); (4) mothers who commit filicide-suicide are more likely to kill younger children compared with fathers who tend to kill relatively older children (D'Argenio et al., 2013); (5) mothers who perpetrate filicide-suicide tend not to kill their spouse with the children although fathers who commit filicide tend to kill the mother of the children too (D'Argenio et al., 2013); (6) maternal filicide-suicide is typically a form of extended suicide by suicidal mothers reluctant to leave their children behind (Pan & Lee, 2008); (7) filicidal fathers are more likely than filicidal mothers to commit suicide following filicide (Shackelford et al, 2005); (8) the average age of filicide-suicide mothers usually range from 29.5 years and 34.4 years (D'Argenio et al., 2013); (9) older parents who commit filicide are more likely to die by suicide than younger parents (Liem et al., 2010; Shackelford et al., 2005); (10) a major contributing factor of maternal filicide-suicide is the filicidal parent's psychopathology such as depression and psychosis (Bourget & Gagne, 2002; Debowska et al., 2015; Liem, de Vet, & Koenraadt, 2010; Willemsen et al., 2007); (11) maternal filicide parents who kill multiple victims are more likely to commit suicide or attempt suicide than those who kill lone victims (Debowska et al, 2015; Liem, de Vet, & Koenraadt, 2010; Shackelford et al., 2005); (12) mothers who commit filicide-suicide typically use the same method for the homicide and the suicide (D'Argenio, 2013; Friedman et al., 2008); (13) maternal filicide-suicide offenders rarely use firearms in killing their children but, instead, use suffocation, strangulation and beating; (14) compared with filicides, filicide-suicides more commonly involve premeditation or prior planning (Liem, de Vet, & Koenraadt, 2010); (15) biological parents who kill their children are more likely to select homicide methods which produce swift and relatively painless deaths, compared with stepparents who kill their children through more violent methods (Debowska et al, 2015).

## **Methodology**

Studies of filicide-suicide that focus on a single case history are common in the filicide-suicide literature (e.g., Chiu, 2010; Willemsen et al., 2007). This is due to the rarity of the phenomenon and, consequently, the paucity of cases to study. Despite the methodological limitations of single case studies in general, single case analyses of filicide-suicide incidents enable in-depth examination of the case and offers extensive information that is potentially useful to illuminate and provide a better understanding of, and prevention of this type of phenomenon (Willemsen et al., 2007). For the present study, all print and electronic media reports pertaining to a single case of maternal filicide-suicide were identified, photocopied, scrupulously read, and analyzed. The data were then sorted into offender and victim characteristics as well as incident characteristics. The author learned about the case the same day it was first reported by the media. This allowed complete monitoring of all information pertaining to the case. The following major daily newspapers were perused for information: *The Daily Graphic*, *The Ghanaian Times* and *The Daily Guide*. Concurrently, the following internet websites were scanned for information: *Ghananewsagency.com*, *Ghanaweb.com*, *Ghanamma.com* and *Myjoyonline.com*. The use of media surveillance methodology to study filicide-suicide is not a novel practice but a recognized methodology given the unavailability or inaccessibility of official data in several jurisdictions around the world. Information provided by media sources have been utilized by researchers to study filicide-suicide in many countries including Italy (D'Argenio et al, 2013), Netherlands (Liem, et al., 2010) and Taiwan (Pan and Lee, 2008).

## **The Offense**

On January 5, 2010, the Ghanaian public woke up to an unfolding story of a multiple-victim filicide incident followed by the suicide of the homicidal parent. The initial media accounts indicated that a 33-year-old mother had abducted all five of her children from the residence of her former boyfriend who had custody of the children and poisoned them to death. The assailant was reported to be on the run and a nationwide police search for her capture had been mounted. Two days later, the mother was found semi-conscious in an inoperable automobile parked on the premises of an auto-repair workshop. She was conveyed under police escort to a local hospital where she died a few hours later.

## **Media Coverage**

Media coverage of the case was intense. Nearly every newspaper and internet-based website in Ghana featured the story. Indeed, the incident found coverage in several foreign media as well (e.g. "Afrique en Ligne," 2010). Media reports on the incident routinely referred to the mother as "Killer Mum," "Poison Mum," and "Killer Mother." The news reports also provided her full name, age, occupation, the names of her hometown as well as the names of her sisters, husband, father and

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the names, sex and ages of the deceased children. Some internet websites, local newspapers, and other print and electronic media carried graphic pictures of the murder scene, depicting the nude bodies of the victims laid in one row, one after the other on a bed that was draped with white sheets. The photographs portrayed the children foaming at the mouth. Several newspapers published a photograph of a suicide note purportedly written by the mother. Some of the print and electronic media also carried photographs of the child victims, the children's father, as well as the mother. One news report printed an older photograph of the mother with one of the murdered children as a newborn. Most of the newspapers and internet website stories contained excerpts of interviews conducted with the children's father and a sister of the assailant. Nearly all media reports carried excerpts from interviews conducted with the physician who treated the filicidal mother at the hospital, in addition to interviews with police authorities who investigated the case and psychiatrists from the psychiatric hospitals where the assailant had previously received treatment.

### **The Victims**

The victims were three boys and two girls. They were all biological children of the assailant. They were aged, 11, 9, 6, 4, and 1 years-old. The former boyfriend of the victim claimed in interviews with the media that he was the biological father of the first four children; he denied paternity of the youngest child who he said was conceived after he and the assailant separated. However, all five children bore the last name of the father.

### **The Assailant**

The assailant was a 33-year-old-woman. She was never formally married to the father of the murdered children but was in a cohabiting relationship with him during the birth of the first four children which lasted 12 years. The father of the children was 45-years-old at the time of the filicide incident, suggesting a 12-year age difference between the couple. The assailant developed a full-blown mental illness during the relationship and had been separated from the boyfriend for three years prior to the filicide-suicide incident. She had a history of hospitalization for depression and schizophrenia while living with the children's father. This included three separate hospitalizations at a psychiatric hospital during the three years preceding the filicide-suicide incident. Following the separation, the father of the children maintained physical custody of the children. At the time of the incident, he was living in another town with a new girlfriend and the children. The filicidal mother regularly made the 25-mile trip to visit her children. During visits with the children, she regularly quarreled with the new girlfriend, which at times led to physical fights.

### **Case Facts**

A day prior to the maternal filicides, the assailant arrived at her former boyfriend's house to visit her children. She brought cupcakes and fruit juices for the children.

At about 5:00 p.m., the father left the children in the care of their mother to go and see off some visiting guests. Upon his return, he discovered that the mother had departed the home with the children. A few hours later, he received a telephone call from the mother's sister alerting him that she had returned home with the children, but he was not alarmed and allowed the mother to keep the children. Witnesses confirmed seeing the children and their mother coming and going from her apartment for two days. On the third day, the mother called the father to come and collect the children. When he arrived, he found the apartment locked. He peered through the window and could see the children lying on a bed in the room. He broke into the apartment and found that all of the children were deceased. The method of killing was poisoning. Each child had been given a lethal dose of a liquid bleach, locally known as *parazone*. The chemical had been mixed with bread and then fed to the children. The mother had placed each child on the bed after poisoning them. Pictures of the crime scene taken by photojournalists and published alongside the filicide-suicide news stories showed the children's nude bodies had been neatly arranged, side-by-side, in order of chronological age, on a bed in the assailant's bedroom.

### **Suicide Note**

The assailant was discovered in a semi-conscious state in an abandoned vehicle in a private automobile workshop. Police crime investigators found a purse lying beside her. The purse contained an unfilled prescription for a pharmacy. She was clutching a small pocket notebook she used as a diary. The diary chronicled some of her frustrations. The suicide note read: "I was born in 1977... I am alone in this world, God why, God why ... I don't have a mother or father, who am I ... Georgina [name of assailant] with three boys and two girls ... My people deserted me ... God give me hope ... forgive me and my children, Nana, Kwaku, Angel, Kofi, Esi [names of the children] ... What a painful world. God have mercy on me and my children ... Why, Kojo my husband ... Kojo, I do love you and will never forget you."

### **Motive**

A complication of homicide-suicide investigations is that both the assailants and victims are deceased and cannot offer any information about the motive of the crime. However, in this case, the assailant left a suicide note which provides some clues about the case and the assailant's mental state. It depicts a person lonely, frustrated, and in deep anguish over the loss of her boyfriend and her children.

### **Offender's Psychopathology**

One report indicated that the mother's mental disorder developed about nine months following the birth of her second child. Reports indicated that thereafter, she was a regular patient at one psychiatric hospital where she had been hospitalized three times. She had also been hospitalized once at another psychiatric hospital. Reports indicated that while living together, the woman and

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her boyfriend frequently quarreled over her lack of proper maintenance and upkeep of their house. The boyfriend said he always found the house filthy. Following each quarrel, the mother would call the police to lodge a complaint of abuse against the boyfriend. He indicated that he had been arrested and placed in jail on numerous occasions because of charges she had filed against him. On one occasion, following a mental crisis, the assailant reportedly lay in the middle of a road adjacent to her house with one of her children, beckoning a car to run over them. The boyfriend told media reporters that due to the difficulties he was having with the assailant, he was advised by a police officer to separate from her in hopes that this would lead to amity between them. He heeded the advice and separated from her.

### **Psychiatric Reports**

Psychiatric reports showed that the assailant had a history of mental illness. She was also suicidal and had made three attempts to kill herself prior to the filicide-suicide incident. Her documented involvement with psychiatric health authorities began 14 years prior to the filicides-suicide. During the first major sign of psychiatric illness, the assailant was taken to the Accra Psychiatric Hospital, the premier and largest psychiatric hospital in the country, where she was treated and discharged. On the second occasion, she was treated for puerperal psychosis which she developed nine months following the delivery of her second child. During the third visit, the assailant was diagnosed with schizophrenia. The assailant had three more encounters with psychiatric officials in the 12 months preceding the filicide-suicide. She presented at the hospital on August 5, 2009 and was discharged on August 24, then was readmitted on August 27, but fled the hospital on September 2. The assailant presented again at the psychiatric hospital on October 11, 2009 and was discharged on October 12, 2009. The assailant was scheduled to report a month later for psychiatric review but did not keep the appointment. The psychiatrist's report noted that during her last visit to the hospital, she repeatedly mentioned the name of her former boyfriend, also expressing a desire to be reunited with him and her children. The assailant also mentioned the name of a co-tenant whom she accused of not paying electricity bills and failing to perform household tasks.

### **Discussion**

This Ghana case shares several features with other maternal filicide-suicide incidents described in the professional literature (Willemsen et al., 2007). First, filicidal parents who kill multiple victims are more likely to kill themselves. In this case, the assailant killed all five of her children before committing suicide. Second, the filicide-suicide was the product of the assailant's psychopathology. The assailant had a long history of mental illness, multiple treatments for mental disorders, psychiatric hospitalizations, and suicidality. Perhaps, her depressive disorder was worsened because of the boyfriend's separation from her. Third, the filicide and suicide methods used by the assailant were the same. Fourth, relationship breakdown with an intimate partner was the apparent trigger of the

flicide-suicide. Separated from a partner with whom she had a long-term relationship, the assailant expressed a yearning to be reunited with him and was frustrated by the prospect of having lost him to another woman. It was reported that after their separation, the assailant once visited the offices of the Department of Social Welfare to lodge a formal complaint against her boyfriend for abandoning her and her five children. The officials noted her mental illness and referred her to a psychiatric facility, a referral which led to her admission into a psychiatric hospital. The assailant may have made the decision to commit the filicide-suicide when she discovered that there was no hope of reuniting with her boyfriend.

### **The Role of Culture and Mental Health**

A full understanding of the filicides and subsequent suicide of the assailant requires an analysis of Ghanaian culture regarding: (1) marriage and children, (2) societal attitudes towards mental illness and suicide and (3) an inadequate delivery of mental health services in the country.

### **Value Placed on Marriage and Childbearing**

Ghanaian society places a great deal of emphasis on marriage, which is extolled in several popular maxims and proverbs. One saying is *obaa anuonyam ne ne kunu* or “a woman’s honor is her husband.” In that sense, marriage is a symbol of success for the married woman. Ghana is also a pro-natalist society; high premium is placed on having children. Voluntary childlessness is practically unknown and women without children are spurned. Infertility is a piteous condition and women will leave no stone unturned to give birth to their own biological children. Prior to developing full blown mental illness, the assailant had also been cohabiting with a boyfriend in a relationship that produced five children but ended before there was an actual marriage. With her mental illness, she was now not only without a partner but the relationship with the father of her children had ended without marriage and another woman had taken her place in her desired domestic life. Her suicide note indicated a strong yearning to be reunited with her boyfriend and children and living as a family again.

The assailant’s valued achievement for her was having borne five children. She had demonstrated her fecundity. Yet, now she had lost custody of the children to a father who had left her because of her mental maladies. The children were now being raised by the father and his live-in girlfriend. Media reports indicated that she was in perpetual conflict with the former boyfriend’s current girlfriend. Most women in Ghana find the idea of other women raising their children loathsome, often believing the other woman an indifferent party incapable of providing the same level of love and care. It is little wonder then that she was chronically embroiled in conflict with the other woman. Perhaps she wanted to commit suicide for her other troubles but, consistent with the notion of altruistic filicide-suicide (Friedman et al., 2008), also wanted to spare the children the agony of being raised by a stepmother.

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### **Mental Illness and Mental Health Service Delivery in Ghana**

The filicidal mother in this case was diagnosed with schizophrenia and depression. In Ghana, mental illness is a highly-stigmatized condition (Mfoafo-M'Carthy, Sottie & Gyan, 2016). It is widely believed that mental illness is symptomatic of bewitchment or is punishment for the violation of a spiritual taboo (Adinkrah, 2015). The stigma of mental illness affects not only the patient, but the entire extended family of anyone afflicted. The mentally ill are often ridiculed or mocked by children and adults. Compounding the assailant's psychiatric condition is the paucity of psychiatric resources in Ghana, including a shortage of psychiatric doctors, psychiatric nurses, and psychotropic medicines (Oppong, Kretchy, Imbeah & Afrane, 2016). There are currently only three psychiatric hospitals in the country, all located in the southern division of the country and in major urban centers. In the face of such limited accessibility, many forms of mental illness go undiagnosed and untreated.

There is also a shortage of psychotropic drugs for the treatment of psychiatric conditions in Ghana. Prices are exorbitant (Oppong et al., 2016). In the case profiled in this article, it was noted that the assailant was found semi-conscious with an unfilled prescription form in her purse after committing the filicides. Questions around this unfilled prescription remain unanswered, including whether she found herself unable to pay for much needed medications at the time.

The assailant had also been extremely suicidal. She had made several previous suicide attempts, yet received little help to alleviate the situation. In Ghana, suicidal behavior is highly stigmatized while attempted suicide is a crime (Adinkrah, 2013). In terms of the social response, suicidal persons are blamed rather than receiving empathy and are often ostracized and mocked for having tried to shorten their lives. There is currently no national program for suicide prevention. Referral to an available suicide-prevention program could possibly have saved her life and ultimately her children's as well.

### **Conclusion**

Research into maternal filicide-suicide is limited. We urge researchers across the globe to systematically examine and share information about the phenomenon in their societies or jurisdictions. Only then can we fully understand the phenomenon and design preventive strategies to avert such tragedies. Second, in order to prevent the incidence of maternal filicide-suicides, psychiatrically-impaired and suicidal mothers with young children should be properly diagnosed for their mental disorders. Once diagnosed, they should be properly monitored to ensure that they follow their treatment regimen. In addition, developing countries should increase their mental health budget to provide more resources to cater for the population of the mentally-disordered to avert the incidence of violent behavior by parents and other guardians with young children.



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