

Research Article

Open Access

Father Killed his Three Children

Siniša Franjić

Faculty of Law, International University of Brcko District, Brcko, Bosnia and Herzegovina

ABSTRACT

At the beginning of December 2018, in Bihać, Bosnia and Herzegovina, a man (born 1981.) killed his three children and then he committed suicide by hanging. The children were 7, 5 and 2 years old. The media reported that a man left a wife twenty days ago and is assumed to be the motive for this terrible crime. Police officers and forensic experts could not do much, but the place of this terrible crime would forever remain in their memory.

*Corresponding author

Siniša Franjić, Faculty of Law, International University of Brcko District, Brcko, Bosnia and Herzegovina, Europe, Tel: +387-49-49-04-60.
E-mail: sinisa.franjic@gmail.com

Received: September 02, 2019; **Accepted:** September 28, 2019; **Published:** October 04, 2019

Keywords: Children, Father, Psychopathy, Psychiatry

Introduction

Understanding the extent to which certain relationships are recognized and privileged over others is of considerable significance to our understanding of laws that guide how states can intervene in families to protect children from harm [1]. The extent to which relationships gain legal recognition shields them from state intervention and provides individuals with rights that states must respect when they intervene in the name of child protection. The nature of individuals' rights involved in these situations largely will dictate the legal system's response. Most notably, for example, parents need to be able to assert a claim to a child if they wish to have any legal influence on that child's development. In addition, certain family structures or parents may be defined as presumptively inappropriate, a status that legally renders them both unfit to raise children and unworthy of legal protection. Similarly, even if not defined as presumptively unfit, some parents may well need to ensure that they act as parents before the law deems them as parents and worthy of protection from efforts to infringe on the relationships they have with children. Likewise, individuals who accept parental roles, even with the state's financial support, may not be deemed parents and, thus, they have few legal claims to protect their relationships with those they consider their children. This wide variety of limits reminds us of the law's immense power to regulate intimate relationships and underscores the need to examine quite closely what type of relationships the law deems worth protecting from intervention.

Children

Children are arguably the population group most vulnerable to crime [2]. The overall risk of being victimized before reaching the age of 18 years is higher than for an adult. In a national sample of over 2,000 American children, aged 2 to 17 years, 71% of the children reported that they had been victimized in the previous year. Over half of the participants experienced some kind of assault during the study year, with higher rates for boys than for

girls; 1 in 10 experienced injury as a result. About one-fifth also experienced bullying. One in four children experienced property victimization and one in eight a form of child maltreatment

One of the most serious consequences of victimization is that it significantly increases the risk for further victimization. These "poly-victims" are particularly distressed and vulnerable. Sexually assaulted children are most likely (97%) to become polyvictims, experiencing additional victimizations such as assault, maltreatment, and property crime. Due to their dependency on adults, children have very little control over their environments and, therefore, often cannot escape harmful situations. Children witnessing domestic violence provide a stark example of childhood victimization due to abusive environments. It is known today that roughly half of the children who witness domestic violence in their homes are also victims of abuse themselves.

The right of the child to protection from all forms of violence, as enshrined in international human rights treaties, requires a comprehensive policy which includes both various measures of prevention and effective intervention in cases in which children are victims of violence [3]. Such interventions are only possible if professionals working with and for children, as well as others who have the knowledge and skills for a timely identification of these children, report to the relevant authorities, when necessary, such instances of violence. But identification and reporting are not goals in themselves but tools for providing the child victim with all necessary protection and support for a full recovery.

Mental Health

The distinction between physical and mental health assessment is ultimately an arbitrary one; not only are people with mental health problems at increased risk of poor physical health but people with physical health problems are also more likely to develop a psychiatric illness [4]. This is reflected in the title of the government's mental health strategy document 'No Health without Mental Health', which calls for so-called parity of

esteem between mental and physical health and an end to the stigmatisation and healthcare inequalities that have long dogged those experiencing psychiatric illness. It is therefore essential that healthcare professionals from all disciplines can competently assess people with mental health problems; indeed there is a growing body of evidence that the prognosis for people with mental health problems can be improved dramatically by offering them timely assessments and guiding them towards appropriate evidence-based interventions.

Psychiatry

Psychiatry is a specialty within medicine [5]. Its practitioners, as in other specialties, are trained to see their role as identifying sick individuals (diagnosis), predicting the future course of their illness (prognosis), speculating about its cause (aetiology) and prescribing a response to the condition, to cure it or ameliorate its symptoms (treatment). Consequently, it would be surprising if psychiatrists did not think in terms of illness when they encounter variations in conduct which are troublesome to people (be they the identified patient or those upset by them). Those psychiatrists who have rejected this illness framework, in whole or in part, tend to have been exposed to, and have accepted, an alternative view derived from another discourse (psychology, philosophy or sociology).

As with other branches of medicine, psychiatrists vary in their assumptions about diagnosis, prognosis, aetiology and treatment. This does not imply, though, that views are evenly spread throughout the profession, and as we will see later in the book, modern Western psychiatry is an eclectic enterprise. It does, however, have dominant features. In particular, diagnosis is considered to be a worthwhile ritual for the bulk of the profession and biological causes are favoured along with biological treatments.

The illness framework is the dominant framework in mental health services because psychiatry is the dominant profession within those services. However, its dominance should not be confused with its conceptual superiority. The illness framework has its strengths in terms of its logical and empirical status, but it also has weaknesses. Its strengths lie in the neurological evidence: bacteria and viruses have been demonstrably associated with madness (syphilis and encephalitis). Such a neurological theory might be supported further by the experience and behaviour of people with temporal lobe epilepsy, who may present with anxiety and sometimes florid psychotic states. The induction of abnormal mental states by brain lesions, drugs, toxins, low blood sugar and fever might all point to the sense of regarding mental illness as a predominantly biological condition.

Mental Disorder

Mental disorder represents the main point of contact between psychiatry and the law [5]. The early days of psychiatry in the nineteenth century were heavily influenced by eugenic considerations – it was assumed that a variety of deviant conducts could be explained by a tainted gene pool in the lower social classes. This degeneracy theory, which characterized early biological psychiatry, linked together the mad, the bad and the dim. However, during the First World War and its aftermath such an underlying assumption began to falter. In the forensic field, there emerged a resistance to the old eugenic ideas of degeneracy, which accounted for criminality in terms of an inherited disposition to bad conduct. This was replaced by an increasing interest in environmental or psychological explanations for law-breaking. Since that time, psychiatric experts have played a major role in identifying and explaining criminal conduct. And once there was

that shift away from bio-genetic determinism, then this opened up questions, still pertinent today, about psychological explanations. Given that the latter contain elements of determinism as well as assumptions about human agency, then case by case the balance allotted to each is always open to consideration and varying perspectives. The norms of the criminal justice system permit this ambiguity. For example, mental illness may be considered as a reason to exculpate criminal action in a context, in which usually intention, and therefore intentionality, is the focus of interest to judges and juries.

Diagnosis

Diagnosis furnishes a convenient vehicle for communication about an individual's condition [6]. It allows professionals to be reasonably confident that when they use a diagnosis (such as dysthymic disorder) to describe a patient, other professionals will recognize it as referring to the same condition. Moreover, a diagnosis (such as borderline personality disorder) distills relevant information, such as frantic efforts to avoid abandonment and chronic feelings of emptiness, in a shorthand form that aids in other professionals' understanding of a case.

Psychiatric diagnoses are organized within the overarching nosological structure of other diagnoses. Nosology is the branch of science that deals with the systematic classification of diseases. Within this system, most diagnostic categories are arranged in relation to other conditions; the nearer in the network two conditions are, the more closely related they ostensibly are as disorders. For example, social anxiety disorder (social phobia) and specific phobia are both classified as anxiety disorders in the Diagnostic and Statistical Manual of Mental Disorders, and are presumably more closely linked etiologically than are social anxiety disorder and narcissistic personality disorder, the latter of which is classified as a personality disorder in DSM-5. Thus, diagnoses help to locate the patient's presenting problems within the context of both more and less related diagnostic categories.

Psychopathy

Symptoms of personality disorder, including psychopathy, are maladaptive personality traits [7]. Personality traits, by definition, reflect a person's characteristic or usual adjustment. They are stable across time and situations and are distinct from, although they may be exacerbated by, acute mental disorder or physical illness. Personality traits become maladaptive when they are extreme, fixed, or rigid and as a consequence interfere with the fulfillment of social roles and obligations.

According to clinical descriptions over the past 200 years, psychopathy is characterized by a broad range of symptoms in several major domains of personality functioning. These can be summarized as follows. In the domain of behavioral organization, they include lack of perseverance, unreliability, recklessness, restlessness, disruptiveness, and aggressiveness. The emotionality domain includes lack of anxiety, lack of remorse, lack of emotional depth, and lack of emotional stability. The domain of interpersonal attachment includes detachment, lack of commitment, and lack of empathy or concern for others. The domain interpersonal dominance includes antagonism, arrogance, deceitfulness, manipulateness, insincerity, and glibness or garrulousness. The cognitive domain includes suspiciousness, inflexibility, intolerance, lack of planfulness, and lack of concentration. Finally, the self domain includes self-centeredness, self-aggrandizement, self-justification, and a sense of entitlement, uniqueness, and invulnerability.

Mental disorder is defined differently in law than in the mental health professions. The legal definition is not bound by the diagnostic criteria contained in any specific nosological system in psychology or psychiatry. It may be considered broader than the mental health definition in the sense that the legal definition typically is defined as an abnormality of the mind or mental functions. But it is also narrower in the sense that it includes only conditions that are internal (reside within the person), intransient (persistent), and involuntary (are outside his or her control), thereby excluding problems stemming from ephemera, environmental factors, or bad decisions. In practice, this means that some abnormalities or conditions recognized by mental health professionals and included in the DSM-IV may not be considered bona fide mental disorders in the law (e.g., simple intoxication resulting from voluntary ingestion of a psychoactive substance).

Homicide

Homicide is a particularly good crime to study to gain some additional insights about development and victimization, because fairly complete age data are available and because other efforts have been made to interpret the patterns [8]. Child homicide is also a complicated crime from a developmental point of view; it has a conspicuous bimodal frequency, with a high rate for the very youngest children under age 1 and another high rate for the oldest children ages 16 and 17. But the two peaks represent very different phenomena. The homicides of young children are primarily committed by parents, by choking, smothering, and battering. In contrast, the homicides of older children are committed mostly by peers and acquaintances, primarily with firearms. Although the analysts do not agree entirely on the number and exact age span of the specific developmental categories for child homicides, a number of conclusions are clear.

The killers act under the influence of motives [9]. Their needs such as interests, customs, beliefs, traditions, instincts, passions, desires, feelings, etc., result in the motive of blood delinquency. A criminal act presents a perpetrator's behavior which is motivated and striven by a particular goal. Setting goals has a causal character because the goal must have its "why" and "because". The higher degree of intent, therefore, the conscious focus of the action to the goal, manifestation of the will is stronger. This stage in life can be different. As opposed to people who are difficult to excite, there are people who are easily excited. In people who are easily excited, the constant slander of concealed danger for get into conflict with the law. Excessive excitement is often a symptom of psychopathy.

Familicide

Familicide is committed primarily by adult males, and often ends up with suicide by the perpetrator [10]. According to Ewing (Charles P. Ewing, forensic psychologist), the typical familicide offender is a "white male in his thirties or forties who reacts to extreme stress by killing his wife and child(ren) and then himself. Usually the killings are committed with a firearm that belongs to the perpetrator and has been present in the home for some time.

Researchers have characterized the perpetrator of familicide as often suffering from depression or paranoia and is usually intoxicated. He tends to kill the entire family if he can, including extended family members and even pets. Most familicidal men are unable to handle extreme stress or disruptions in family or outside life. The "dependent-protective" motivation to commit familicide has been identified by some experts on domestic homicide. When his domination is weakened or otherwise

undermined, his frustration results in rage that turns homicidal and suicidal. The familicide offender commonly erupts from not only a disintegrating family situation, but loss of control over every aspect of his life and times, which reaches an often deadly breaking point.

Evidence

Evidence is generally categorized as one of four types: testimonial, documentary, demonstrative or physical [11]. Testimonial evidence is information obtained through interviewing and interrogating individuals about what they saw (eyewitness evidence), heard (hearsay evidence) or know (character evidence). Demonstrative evidence includes mockups and scale models of objects or places related to the crime scene. Most commonly, investigators deal with physical evidence. Physical evidence is anything real—that is, which has substance—that helps to establish the facts of a case. It can be seen, touched, smelled or tasted; is solid, semisolid or liquid; and can be large or tiny. It may be at an immediate crime scene or miles away; it may also be on a suspect or a victim.

Some evidence ties one crime to a similar crime or connects one suspect with another. Evidence can also provide new leads when a case appears to be unsolvable. Further, evidence corroborates statements from witnesses to or victims of a crime. Convictions are not achieved from statements, admissions or confessions alone. A crime must be proven by independent investigation and physical evidence.

Guilty

A person cannot usually be found guilty of a criminal offence unless two elements are present: an actus reus, Latin for guilty act; and mens rea, Latin for guilty mind [12,13]. Both these terms actually refer to more than just moral guilt, and each has a very specific meaning, which varies according to the crime, but the important thing to remember is that to be guilty of an offence, an accused must not only have behaved in a particular way, but must also usually have had a particular mental attitude to that behaviour. The exception to this rule is a small group of offences known as crimes of strict liability.

The definition of a particular crime, either in statute or under common law, will contain the required actus reus and mens rea for the offence. The prosecution has to prove both of these elements so that the magistrates or jury are satisfied beyond reasonable doubt of their existence. If this is not done, the person will be acquitted, as in English law all persons are presumed innocent until proven guilty.

Conclusion

It is very difficult to make any conclusion when happened a terrible crime like this. It is evident that the perpetrator was suffering from some serious mental illness because being a healthy, terrible crime would certainly not have committed. Unfortunately, innocent children no one could help.

References

1. Levesque RJR (2008) Child Maltreatment and the Law - Returning to First Principles“, Springer Science+Business Media, LLC, New York, USA33.
2. Gal T (2011) Child Victims and Restorative Justice - A NeedsRights Model“, Oxford University Press, Inc., Oxford, UK 3.
3. Doek JE (2015) The Identification and Reporting of Severe Violence Against Children: International Standards

-
- and Practices, Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect , Springer Science+BusinessMedia, New York 513-539.
4. Ranson M, Abbott H (2017) Clinical Examination Skills for Healthcare Professionals, Second Edition, M&K Publishing, Keswick, UK 147-148.
 5. Rogers A, Pilgrim D (2014) A Sociology of Mental Health and Illness, 5th Edition, Maidenhead: Open University Press2: 158.
 6. Lilienfeld SO, Smith SF, Watts AL (2013) Issues in DiagnosisConceptual Issues and Controversies“ in Craighead.
 7. W Edward, Miklowitz DJ, Craighead LW (2017) Psychopathology-History, Diagnosis, And Empirical Foundations, Second Edition“, John Wiley & Sons, Inc., Hoboken, USA 3.
 8. Schopp RF, Wiener RL, Bornstein BH, Willborn SL (2009) Mental Disorder and Criminal Law - Responsibility, Punishment and Competence“, Springer Science+Business Media, LLC, New York, USA 160-164.
 9. Finkelhor D (2008) Childhood Victimization - Violence, Crime, and Abuse in the Lives of Young People“, Oxford University Press, Inc., Oxford, UK 38.
 10. Hess KM, Orthmann CH (2010) Criminal Investigation, Ninth Edition“, Delmar, Cengage Learning, Clifton Park, USA 122.
 11. Flowers RB (2013) The Dynamics of Murder - Kill or Be Killed“, CRC Press, Taylor & Francis Group, Boca Raton, USA 91-92.
 12. Pavišić B, Modly D, Veić P (2012) Kriminalistika–Knjiga 2 (Criminalistics – Book 2)“, Dušević & Kršovnik d.o.o., Rijeka, Croatia 44.
 13. Elliott C, Quinn F (2014) Criminal Law, Tenth Edition“, Pearson Education Limited, Harlow, UK 14.