

Case Series of Filicide: Killing Own Child and Drug Abuse

Salmi Razali

*Discipline of Psychological and Behavioural Medicine
Faculty of Medicine
Universiti Teknologi MARA
Sg Buloh Campus, Selangor, Malaysia*

drsalmi@salam.uitm.edu.my

Received Date: 26/10/2016 Accepted Date:30/5/2017 Published Date: 27/6/2017

ABSTRACT

Substantial newspaper articles have highlighted the seriousness of filicide or parental child killing in Malaysia. Filicide stems from various interrelated factors and one of the critical but seldom discussed is drug abuse. This study aimed to illustrate the process of how drug abuse could lead to filicide in this country. Data collection involved review of two documents i) forensic psychiatric records from two main psychiatric institutions and ii) transcripts of individual face-to-face interviews with women convicted of filicide incarcerated in five female divisions of prisons in Malaysia. Data was then analysed using thematic analysis to identify the process of how drug abuse has lead to filicide. Drug abuse linked directly or indirectly to filicide. Abusing drug associated with domestic violence and

child maltreatment leading to filicide. Drug abuse gave several negative impacts including unemployment, financial difficulty, lack of parental role and family dysfunction that increased the likelihood of mental illnesses which contributed to filicide. By hypnotising women with drugs, women were sexually assaulted, then conceived unwanted baby which ultimately died of abandonment. Every level of society, especially family and service providers such as mental health professionals (psychiatrist, psychologist, counsellors), law enforcers and anti-drug agencies (such National Anti-drug Agencies) have to be more vigilant to detect the possibility of filicide among drug abusers.

Keywords: *Drug abuse; filicide; infanticide; domestic violence; Malaysia*

1.0 INTRODUCTION

“Drug addict [CHS], 34, regularly burned incenses in a room at their apartment unit in Taman Sri Bintang, to cover the stench of his decaying daughter [CKS], three, who was stuffed into a plastic storage container after she was murdered seven months ago. He continued his crazed act after killing his seven-month-old son [KW] last month”.

Malay Mail Online, 30 September, 2016

Viewed from negative angle, media is often blamed for moral panic, negative depiction, youth hedonism, excessive materialism, and growing violence. On the other angle, media could also serve to provide immediate access to and create awareness of the existence of social problem. Above newspaper clipping provides an example of how media highlight the seriousness of social problems in Malaysia – in this context filicide and drug abuse. With correct and productive use, media could also be the powerful tools to advocate for children’s rights and more specifically, to promote awareness of, and to prevent, filicide. Taking signal from media on the seriousness of drug abuse and filicide, this article will describe the association between these two social problems and illustrate the process of how drug abuse could lead to filicide.

United Nations Office on Drugs and Crime (UNODC) estimated that in 2012, between 162 million and 324 million people aged 15-64, had used at least once in the previous year either cannabis, opiates, cocaine or amphetamine-type stimulants group [1]. According to Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2010, illicit drug dependence accounted directly for about 20 million DALYs which was equivalent to 0.8% of global all-cause DALYs in 2010 [2]. The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. This burden largely contributed by opiates and amphetamine dependence [2]. In addition, according to World Health Organisation (WHO), in 2015 about 38.3% of world population drink alcohol which results in 3.3 million deaths each year [3]. In Malaysia, by the end of 2004, about 234 000 heroin abusers had been officially registered and hundred thousand more heroin or other drug abusers went unregistered and unreported [4]. According to National Anti-Drug Agency (NADA), every month, in 2013 about 655 drug abusers were detected in this country [5].

Drug abuse results in various negative implications to all levels of the ecological system – individual (drug abuser), family (spouse, parents, and children), community (neighbourhood, workplace) and society. World Health Organization has identified that one of the well-recognised effects of drug abuse is child maltreatment [6]. It has been estimated that more than two-third of children under legal custody have parents who were drug abusers [7]. Parental drug abuse increased the likelihood of repeated referrals of child maltreatment [8]. Child maltreatment leads to huge economic consequences and numerous minor to severe physical and psychological consequences; ultimate end of the consequences is the death of the child [9, 10].

When a parent kills his/her own child, the act is termed as filicide. The killing of an infant less than a year is coined as infanticide and when the act involves a victim, aged less than a day, it is called neonaticide [11, 12]. The rates of infanticide in high-income countries range from 2.4 per 100,000 to 7.0 per 100,000 [13]. The rates in India and China were

estimated between 12.3 and 15.5 per 100,000 [14]. Malaysia has moderate rates with estimated infanticide rates fluctuated between 4.82 and 9.11 per 100,000 live births [15]. These rates are believed to be just the tips of the iceberg because most infanticide cases are often concealed and unreported.

There are many factors that contribute to filicide, infanticide or neonaticide. Victims, perpetrators, stress and environmental factors interact with each other in the genesis of these phenomena. Female, handicapped, unwanted and illegitimate neonates or infants were likely to be the victims. Many believed women committed more neonaticide and infanticide than men, while in cases of filicide of older children both gender have equal rates of committing the act [13, 15]. Poverty, financial insecurity, marital problems or separation, domestic violence, and child maltreatment were the stressors identified which could trigger filicide [13, 15]. Those with mental illness or psychological problems such as postpartum psychosis, schizophrenia, major depression, suicidal behaviour, dissociative states, denial of pregnancy and intellectual disabilities have been shown to have higher tendency for filicide [13, 15].

Further, in other countries, the presence of drug abuse among the individuals or spouses who had committed filicide has been described by many previous researchers before [13,15]. However, in Malaysia thorough discussion of the association between drug abuse and filicide is seldom brought forward. This can be seen from newspaper analysis of the discourse of public on filicide and infanticide as a result of infant abandonment in this country - where responsibility is often put on women rather than highlighting the association between drug abuse and filicide [16]. Elsewhere, drug abuse in relation to filicide has been described to occur in both women and men, and evidence suggested that it is more common in paternal filicide than maternal filicide [17]. In a study of 200 cases of filicide in Finland, about 45% of paternal filicide involve a father who was alcoholic [17]. In a smaller sample of paternal filicide study carried out in Canada, seven of ten men who had committed filicide had a history of drug and/or alcohol abuse and four of them were intoxicated during the offence [18]. In another earlier study of filicide carried out in

Tennessee, more than half of the filicide offenders had drug and/or alcohol problems [19]. The presence of drug and/or alcohol abuse in maternal filicide was lower. It has been documented that about a third women who had committed filicide involved with drug and/or alcohol abuse [20, 21].

In Malaysia, despite effort of media to create awareness through substantial articles published in local newspapers on filicide [16], there is sparse of empirical investigation and scholarly discussion on filicide especially its association with drug abuse. For this reason, this study aimed to describe the relationship between drug and/or alcohol abuse and filicide cases and illustrate the process of how drug abuse could lead to filicide in this country.

2.0 METHODS

This study is a secondary analysis of data from two previous studies of filicide in Malaysia [15, 22, 23]. Data collection involved review of documents from two studies. The first study was a review of forensic medical records of women who had committed filicide. The records of maternal filicide in two prominent forensic psychiatric institutions; Hospital Bahagia and Hospital Permai between 2000 until 2012 were reviewed by a senior consultant forensic psychiatrist, a consultant forensic psychiatrist, a consultant psychiatrist and medical officers [22]. Cases from the second study were derived from data of face-to-face individual interviews of a consultant psychiatrist with women convicted of filicide who were incarcerated in the female division of five prisons in Peninsular Malaysia; Penjara Tapah, Penjara Kajang, Penjara Kluang, Penjara Sungai Udang and Penjara Pengkalan Chepa [15,23]. From these two major studies, cases that narrated drug abuse in the findings were selected, and then thematic analysis was carried out. Themes that indicated the relationship between drug abuse and filicide and the process of how drug abuse could lead to filicide were chosen and presented in this paper.

Permission to carry out this research was granted from the Prison Departments, Ministry of Health and the directors of the forensic psychiatric institutions. This study was also approved by the Institute for Health

Behavioural Research, National Institute of Health, Malaysia, Medical and Health Research Ethics Committee of Ministry of Health Malaysia and Research and Ethics Committee of Universiti Teknologi MARA.

3.0 RESULT

Presentation of the results is divided into: i) Cases that link drug abuse and filicide and ii) Themes emerged from the thematic analysis;

3.1 Case Series

There were 7 cases of filicide with which drug abuse had been described. In 6 cases, there were either the offender or the spouse was abusing drug and/or alcohol. One case described the use of drugs in a case of acquaintance rape.

Case A

Madam A was a 25-year-old Malay woman who had a borderline personality disorder and had a history of abusing alcohol and drugs. She was married to a divorcee with three children. Madam A and her husband frequently had an argument which ended up with A and her stepchildren became the victims of a violent husband. She felt angry and stressed up with her marital discord. She intermittently channelled her anger to her stepchildren. On other occasions, the children were also physically abused by their father. As a result of physical abuse, their 3-year-old daughter succumbed to death. At the end, Madam A was sentenced to death for committing filicide.

Case B

Madam B was a 24-year-old Malay woman who dropped out of college and ran away from home to be with her internet lover. She had an extramarital affair with her boyfriend and pregnant. They later were advised by parents to get married. After marriage, she found out that he was a drug addict. He became increasingly abusive physically and emotionally even during pregnancy. She became the victim of domestic violence. They had Talaq 3 (a divorce which is irrevocable) but continued having extramarital

affairs. Madam B was pregnant again. She concealed her illegitimate pregnancy from everybody, including her family. She gave birth at home alone. In order to stop the newborn from crying, she stifled its mouth. She, then, threw her newborn into a bush.

Case C

Madam C was a 29-year-old Malay woman who was cohabiting with a drug-addicted partner. They had 2 illegitimate children. Since he began abusing drugs, he was not able to concentrate on his job. He did odd jobs and most often unemployed. They experienced serious financial problems. In addition, he was also involved in criminal activities to get money to the drugs. When living together, he was frequently intoxicated and often physically abusive not only to C but also to the children. She continued to be abused by her partner even during her pregnancy. She was held captive in his house without any chance to seek help or run away. His abusive behaviour resulted in the death of their eldest 2-year-old daughter. He buried the body of his daughter in his backyard. Afraid of being abused and receiving death threat by her partner, C concealed the murder. At the end, C was imprisoned for concealing the murder. Her partner ran away and until the interview had not been arrested.

Case D

Madam D was a 27-year-old Malay woman who was married to a divorcee. He was a drug addict and spent most of his money on drugs. He was also not helping D with the house chores and put all his roles and responsibility as a parent to D. She was very stressed up with financial difficulty and felt burdened looking after her three biological children and another stepchild. She developed anger and hatred towards her irresponsible husband. She channelled her anger towards her children. One day, she beat her 3- year-old son to death just because he was soiling his pants.

Case E

Madam E was a 39-year-old Malay woman who had five children. Her husband was a drug and alcohol addict. He was unemployed and put all financial responsibility to E. She had to work hand to mouth to feed her

children and his irresponsible husband. She felt very depressed with her problem and developed major depression. Her condition worsened during her postpartum period. After giving birth to the deceased baby, she had psychosis. She heard voices that intrusively asked her to kill her son. She suffocated her 10-month-old son with a pillow. After killing her son, in a confused mind, she placed her baby on the bank of a river not far away from her house.

Case F

Madam F was a 34-year-old Indian woman who had schizophrenia. She lived with her husband and two children. Her husband was a drug addict and put no responsibility to care for her and the children. They had marital discord and frequent argument. Madam F was noncompliant to her medication and she had frequent relapses. She developed severe psychosis. With the influence of auditory hallucination who instructed her to kill her baby, she strangled and suffocated her 18-month-old son.

Case G

Madam G was a 20-year-old Malay woman who was brought up by her grandmother who was living in poverty. In order to help the family financially, she dropped out from school and started working as a cleaner. While working she was drugged and raped by her supervisor. She concealed the rape incidence and did not make any police report. She was unaware that she was pregnant until she felt tremendous abdominal pain. She was in labour and gave birth alone. In a ‘severe panic and dissociative states’, she threw the newborn of the apartment.

3.2 Themes

Violence against vulnerable family members - women and children

As illustrated in cases A-C, drug abuse linked to domestic violence. Men or women who abused drugs had a tendency to abuse vulnerable family members - weaker partner/spouse (usually women) and children. The violence came in the form polyvictimisation – economic, social, sexual, emotional, psychological and/or physical violence. While earlier forms of

violence were subjective, physical violence was evident. As a result of a severe violent attack or prolonged battering, the child died of physical injuries – filicide due to fatal child maltreatment. In many cases, the women victims were also mistakenly accused of abetting filicide. Accounts of Madam A and C who were convicted of filicide illustrate examples of such situation. Madam A was trapped within the violent environment and accused of being the accessory of filicide committed by her spouse.

“Because, when he got angry. Every day, we quarreled. Every time when he hit me, the children would come to me. He would pull the children from me. And threw the children out. He would push me into the room [Then] threw! Pull and threw! Hold them up! And threw them [the children]! (Showing the act of pulling and throwing the children like a ball)”

Madam A

Drug abuse induces stress

Various economic, physical, emotional and psychological stresses occur as a result of drug abuse activities. As illustrated in all the cases presented in this paper, drug abuse resulted in not only domestic violence but also various stresses such as unemployment, financial stress, parental neglect and many others. Madam B shared her experience living with irresponsible drug addicted partner.

“He was irresponsible. He beat me. I had to work to support myself and my kid. He never helped me to raise the child. After 6 months, I had another child. I was pregnant for the second time. He became even worse. He didn’t even bother to look after our sick child. I had to call others to help sending my kid to the hospital. My second child had a lung infection. When I stayed in [the southern town] he went out with other women. I asked him to bring my kid to the hospital, but he didn’t even bother”.

Madam B

In some circumstances, overwhelming stress could predispose, precipitate or perpetuate psychological disturbances such as postpartum

psychosis, schizophrenia or depression. Madam E shared her psychotic experiences following a stressful event related to her drug addicted spouse.

“It was night time. I heard voices asking me to kill my child. At that time, my husband was not at home. He went to [a small town in East coast] because the police wanted to catch him. He ran away to [that town]... The police came that day looking for him. On that night, the voice came... The voice asked me to kill my child... Asking me to kill the child. Kill the child!, Kill the child!”

Madam E

Drug misuse and sexual assault

Drugs were used to hypnotise young women especially those known to the perpetrator of sexual assault. Following ingestion of the drugs, the victim would become sleepy and have amnesia - total loss or patchy memory loss of the experience being the victim of rape. Madam G shared her experience:

“One day, he gave me a drink. I believe that he put pills in the drink. It was mixed with coke. I was thirsty and I drank. I felt as if I was influenced by a devil. I was raped that day”.

Madam G

Such experience could lead to denial of pregnancy especially among young women who have never experienced pregnancy before. Amnesia of the incidence could hamper women from disclosing or reporting the rape incidence. Ultimately, without proper support from family and society, these women conceived and continued the unwanted pregnancy and abandoned the unwanted neonate immediately after birth.

4.0 DISCUSSION

Drug abuse may link to filicide in various ways. From the case series and themes emerged from the interviews and reviews of the cases, the process of how drug abuse could lead to filicide were proposed. Figure 1

below illustrates of how abusing drugs could lead directly or indirectly to filicide.

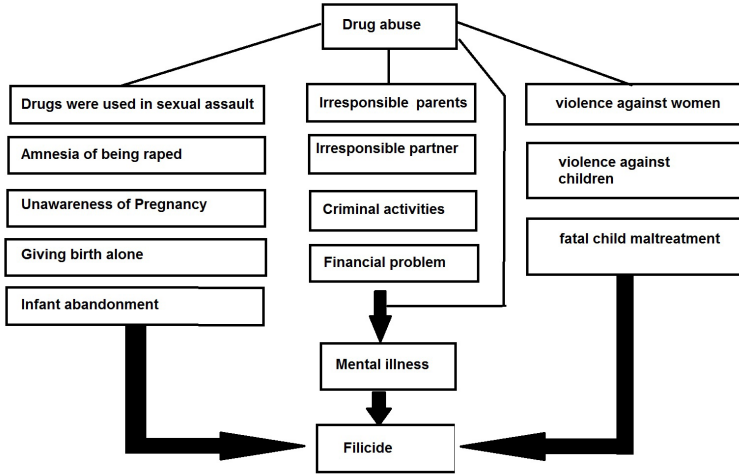


Figure 1: Proposed process of how drug abuse could lead to filicide

4.1 Drug Abuse and Domestic Violence

In Malaysia, there is sparse of research on domestic violence. According to the country report prepared for the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNEFEI), in Malaysia, in 2000-2004, number of child maltreatment fluctuated between 130 and 160 cases per year and about equivalent numbers of mother and father has become the offender [24]. In the same report, every year about 2500 to 3200 cases of domestic violence have been reported and more than two-thirds of the perpetrators were the husband. The main explanations for violence, according to the report were alcohol and drug abuse apart from jealousy and money matters. As illustrated in cases presented here, the abusive husband continued to abuse his wife even during pregnancy. Another local study has found about 68% of battered women were beaten while pregnant [25]. Elsewhere, the occurrence of domestic violence during pregnancy is also evident [26].

Systematic reviews of drug and/or alcohol abuse have indicated a strong link between this behaviour and domestic violence [27, 28, 29]. It has been suggested that almost one in every two or around 45% of men who are abusing drugs are offenders of domestic violence [30, 31]. In Malaysia, no study has been done to describe the rate of domestic violence among drug and/or alcohol abusers. Only one small local study has briefly investigated this problem among child abuse cases. According to the study, of 119 cases of child physical abuse referred to Suspected Child Abuse and Neglect (SCAN) Team, Kuala Lumpur General Hospital, of the total cases, 13% of the child abusers were abusing drug and/or alcohol [32, 33]. Obviously, there is a need for more studies to investigate the percentage and link between these problems in this country.

Filicide in the context of drug abuse in this study often occurred when the father was manifesting violent behaviour. According to a review study of drug abuse and violence, it has been suggested that violence occurs as a result of three pathways: i) Psychopharmacological violence – the substance, especially alcohol, cocaine, and amphetamine-related drug directly induce excitability, irritability, paranoia, or violent behaviour; ii) Economic compulsive violence – violence occur in the acquisition of the drug. For example, a drug abuser harassing his wife of the family for money to buy the drugs; and iii) Systematic violence – violence occur when the drug is distributed such as a fighting between a drug pusher and the police [34, 35]. The most vulnerable victim; women and children often became the target of violence. As a result, children may die of physical injuries and women who were trapped within the cycle of violence may be accused as co-murderer.

4.2 Drug Abuse, Stress, and Mental Illness

Drug abuse leads to various economic, physical, emotional and psychological stresses not only to the abusers but others [36, 37]. Involvement in activities related to drug abuse resulted in not only domestic violence but also various stresses such as unemployment, financial stress, parental neglect and many others. These stresses increase the tendency for vulnerable individuals to have a mental illness [38]. Abusing drugs

such as cannabis, amphetamine, methamphetamine and hallucinogens could also cause symptoms of psychosis such as illusion, delusions and hallucinations [39]. Drug abusers may have a visual hallucination of seeing scary things or misperceived that their children as demons that have to be killed or have an auditory hallucination that instructing them to kill their children. They may also have delusions (the false belief) such as believing that their children must be killed in order to redeem their sin. Else, for individuals, such as Madam E and Madam F who had already suffered from mental illness, having overwhelming stresses indirectly or directly would further perpetuate and exacerbate their existing mental illness. Drug abuse and mental illnesses such as schizophrenia, major depression, and postpartum psychiatric disorders have been demonstrated by many researchers to contribute to filicide [39].

4.3 Drug Misuse and Dating or Acquaintance Rape

According to the police records published by Women's Aid Organisation number of reported rape cases in Malaysia has increased three times from only about a thousand cases in early 2000 to more than three thousand cases in 2010 [40]. More than one-third to about half of rape cases are acquaintance rape with which the offender is a friend or someone known to the victim [41]. Female adolescents from low socioeconomy often become the victim of sexual assault by their male family member especially the father. Every year about 250 to 350 cases of incest have been reported. Almost half of the rape cases in Malaysia are statutory rape where the victim predominantly aged less than 16 years old [42, 43].

In acquaintance rape, drugs, for example, benzodiazepine, rohypnol and ketamine have been used to hypnotise female friend before the rape takes place [44]. These drugs are often added to victim's drinks and cause the victim to experience confusion, dizziness, nausea, visual disturbances, physical and/or motor impairment, reduced inhibition, drowsiness, impaired judgment, slurred speech, amnesia [45]. Because of these effects, the victim is unable to resist the violent inflicted on her. The effects of amnesia, in particular make it difficult for the victim to recall the incidence. Hence, many fail to report the rape incidence because of

difficulties to provide an accurate report or simply they have no memory about the incidence. As illustrated in Case G, the naive girl or young woman continued the unwanted and unintended pregnancy and finally abandoned or killed the unwanted newborn.

5.0 IMPLICATION AND CONCLUSION

Highlights on social problems (such as filicide and drug abuse) should create public awareness and excite researchers to investigate further the issues, subsequently propose for preventive measures. Following these steps, this article presents cases with which drug and/or alcohol abuse have played an important role in the genesis of the act of killing own child or filicide. The conclusion has to be interpreted cautiously as the cases focus on the records and interview with women only and it does not represent the whole cases of filicide, drug and/or alcohol abuse in Malaysia. Abusing drugs or alcohol links to violence within which women and children become the victims and in the worst scenario, the death of the children. The seriousness of the link between drug and/alcohol abuse and filicide should inform the authorities and service providers which deal with drug abusers in this country such as mental health professionals (psychiatrist, psychologist, counsellors), law enforcers, anti-drug agencies (such National Anti-drug Agencies) to be vigilant in detecting hints for filicide in their daily routine therapy of their clients who abuse drug and/or alcohol.

6.0 ACKNOWLEDGMENT

This study is sponsored by Fundamental Research Grants Scheme, Ministry of Education Malaysia. The author thanked all the staff of the hospitals and prisons as well as the women interviewed in this study. The author would like to thank Professor Jane Fisher and Dr. Maggie Kirkman from Monash University, Australia who supervised author's doctoral dissertation; Dr. Rabaiah Mohd Salleh and Dr Badiyah Yahya from Ministry of Health Malaysia and Professor Dr. Syed Hassan Ahmad AlMashoor from Faculty of Medicine, Universiti Teknologi MARA for their assistance in the study.

7.0 REFERENCES

- [1] United Nations Office on Drugs and Crime UNODC; World Drug Report 2014. pp. 1-127.
- [2] L. Degenhardt, H. A. Whiteford, A. J. Ferrari, A. J. Baxter, F. J. Charlson, W. D. Hall, . . . R. E. Engell, “Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010”. *The Lancet*, 2013, vol. 382, issue 9904, pp. 1564-1574.
- [3] World Health Organization (WHO) Management of Drug abuse, 2015.
- [4] M. Mazlan, R. S. Schottenfeld, M. C. Chawarski, New challenges and opportunities in managing drug abuse in Malaysia. *Drug and Alcohol Review*, 2006, vol. 25, issue 5, pp. 473-478.
- [5] Agensi Anti Dadah Kebangsaan (National Anti- Drugs Agency); Laporan Dadah Bulan Desember 2013.
- [6] World Health Organization (WHO); Preventing Child Maltreatment: A guide to taking action and generating evidence, 2006, pp. 1-102.
- [7] R. Famularo, R. Kinscherff and T. Fenton, “Parental drug abuse and the nature of child maltreatment”. *Child Abuse & Neglect*, 1992, vol. 16, issue 4, pp. 475-483.
- [8] C. M. Connell, N. Bergeron, K. H. Katz, L. Saunders, and J. K. Tebes, “Re-referral to child protective services: The influence of child, family, and case characteristics on risk status”. *Child Abuse & Neglect*, 2007, vol. 31, issue 5, pp. 573-588.
- [9] H. Dubowitz, J. Kim, M. M Black, C. Weisbart, J. Semiatin, and L. S. Magder, “Identifying children at high risk for a child maltreatment report” *Child Abuse & Neglect*, 2011, vol. 35, issue 2, pp. 96-104.
- [10] The United Nations Children’s Fund (UNICEF). *Violence Against Children; In the Home and Family*, 2006. pp. 47-96.
- [11] P. J. Resnick. “Child murder by parents: a psychiatric review of filicide”. *American Journal of Psychiatry*, 1969, vol. 126, issue 3, pp. 325-334.
- [12] P. J. Resnick. “Murder of the newborn: a psychiatric review of neonaticide”. *American Journal of Psychiatry*, 1970, vol. 126, issue 10, pp. 1414-1420.

- [13] T. Porter & H. Gavin. "Infanticide and neonaticide: A review of 40 years of research literature on incidence and causes". *Trauma, Violence, and Abuse*, 2010, vol. 11, issue 3, pp. 99-112.
- [14] A. Reza, J. A. Mercy, & E. Krug. "Epidemiology of violent deaths in the world. *Injury Prevention*", 2001, vol. 7, issue 2, pp. 104-111.
- [15] S. Razali, M. Kirkman, S. H. Ahmad, & J. Fisher, "Infanticide and illegal infant abandonment in Malaysia". *Child Abuse & Neglect*, 2014, vol. 38, pp. 1715-1724.
- [16] S. Razali, S. H. Ahmad, A. N. Yusoff and H. H. Basri, "Newspaper Analysis on Filicide and Infant Abandonment in Malaysia", *Journal of Media and Information Warfare*. 2016. vol. 8, pp. 39-70
- [17] A. Kauppi, K. Kumpulainen, K. Karkola, T. Vanamo, & J. Merikanto. "Maternal and paternal filicides: A retrospective review of filicides in Finland". *Journal of the American Academy of Psychiatry and the Law*, 2010, vol. 38, issue 2, pp. 229-238.
- [18] J. D. Marleau, B. Poulin, T. Webanck, R. Roy, & L. Laporte. "Paternal filicide: A study of 10 men". *Canadian Journal of Psychiatry*. 1999, vol. 44, issue 1, pp. 57-63.
- [19] R. Farooque & F. A. Ernst. "Filicide: a review of eight years of clinical experience". *J Natl Med Assoc*, 2003, vol. 95, issue 1, pp. 90-94.
- [20] C. F. Lewis, M. V. Baranoski, J. A. Buchanan, & E. P. Benedek. "Factors associated with weapon use in maternal filicide". *Journal of Forensic Sciences*, 1998, vol. 43, issue 3, pp. 613-618.
- [21] C. F. Lewis & S. C. Bunce. "Filicidal Mother and the Impact of Psychosis on Maternal Filicide". *J Am Acad Psychiatry Law*, 2003, vol. 31, pp. 459-470.
- [22] S. Razali, R. M. Salleh, B. Yahya, & S. H. Ahmad. "Maternal filicide among women admitted to forensic psychiatric institutions in Malaysia: case series". *East Asean Archives of Psychiatry*, 2015, vol. 25, pp. 79-87
- [23] S. Razali, (2015). "Understanding Filicide by Women in Malaysia". Doctor of Philosophy, Monash University, Melbourne. Retrieved from <http://arrow.monash.edu.au/vital/access/manager/Repository/monash:163818>.
- [24] United Nations Asia and Far East Institute (UNEFEI) for the Prevention of Crime and the Treatment of Offenders, 2013

- [25] W. Yut-Lin & S. Othman. "Early detection and prevention of domestic violence using the Women Abuse Screening Tool (WAST) in primary health care clinics in Malaysia". *Asia-Pacific Journal of Public Health*, 2008, vol. 20, issue 2, pp. 102-116.
- [26] L. W. Hedin & P. O. Janson. "Domestic violence during pregnancy: The prevalence of physical injuries, drug use, abortions and miscarriages". *Acta obstetrica et gynecologica Scandinavica*, 2000, vol. 79, issue 8, pp. 625-630.
- [27] H. M. Foran, & K. D. O'Leary. "Alcohol and intimate partner violence: A meta-analytic review". *Clinical Psychology Review*, 2008, vol. 28, issue 7, pp. 1222-1234.
- [28] B. C. Moore, C. J. Easton, & T. J. McMahon. "Drug Abuse and Intimate Partner Violence: A Comparative Study of Opioid Dependent Fathers". *American Journal of Orthopsychiatry*, 2011, vol. 81, issue 2, pp. 218-227.
- [29] T. M. Moore, G. L. Stuart, J. C. Meehan, D. L. Rhatigan, J. C. Hellmuth, & S. M. Keen. "Drug abuse and aggression between intimate partners: A meta-analytic review". *Clinical Psychology Review*, 2008, vol. 28, issue 2, pp. 247-274.
- [30] D. Brookoff, K. K. O'Brien, C. S. Cook, T. D. Thompson, & C. Williams. "Characteristics of participants in domestic violence: Assessment at the scene of domestic assault". *JAMA*, 1997, vol. 277, issue 17, pp. 1369-1373.
- [31] C. J. Easton, S. Swan & R. Sinha. "Prevalence of family violence in clients entering drug abuse treatment. *Journal of drug abuse treatment*", 2000, vol. 18, issue 1, pp. 23-28.
- [32] M. S. Kasim, H. M. Shafie & I. Cheah. "Social factors in relation to physical abuse in Kuala Lumpur, Malaysia". *Child Abuse & Neglect*, 1994, vol. 18, issue 5, pp. 401-407.
- [33] K. Kassim & M. S. Kasim. "Child sexual abuse: Psychosocial aspects of 101 cases seen in an urban Malaysian setting. *Child Abuse & Neglect*, 1995, vol. 19, issue 7, pp. 793-799.
- [35] P. N. Hoaken & S. H. Stewart. "Drugs of abuse and the elicitation of human aggressive behavior". *Addictive behaviors*, 2003, vol. 28, issue 9, pp. 1533-1554.

- [34] S. M. Boles & K. Miotto. "Drug abuse and violence: A review of the literature". *Aggression and Violent Behavior*, 2003, vol. 8, issue 2, pp. 155-174.
- [36] K. T. Brady & R. Sinha. "Co-occurring mental and drug use disorders: the neurobiological effects of chronic stress". *Am J Psychiatry*, 2005, vol. 162, pp. 1483-1493
- [37] M. Le Moal & G. F. Koob. "Drug addiction: Pathways to the disease and pathophysiological perspectives". *European Neuropsychopharmacology*, 2007, vol. 17, issue 6-7, pp. 377-393
- [38] G. W. Brown & T. O. Harris. *Life events and illness*: 1989. Guilford Press.
- [39] S. H. Friedman, D. R. Hrouda, C. E. Holden, S. G. Noffsinger, & P. J. Resnick. "Child murder committed by severely mentally ill mothers: An examination of mothers found not guilty by reason of insanity", *Journal of Forensic Sciences*, 2005, vol. 50, issue 6, pp. 1466-1471.
- [40] Women's Aid Organisation (WAO); *Police Statistics on Violence against Women in Malaysia*, retrieved on 21 January 2015, from http://www.wao.org.my/Police+Statistics+on+Violence+Against+Women+2000-2012_99_6_1.htm#sthash.7NdLSF8x.dpuf
- [41] R. Ariffin & R. Samuel (Eds.). (2008). "Rapist and Rape; Why and Who?", Education and Research Association for Consumer, Malaysia.
- [42] S. Abdullah, A. Salleh, Z. Mahmud, J. Ahmad, & Ghani, S. "Cognitive distortion, depression and self-esteem among adolescents rape victims". *World Applied Sciences Journal*, 2011. vol. 14, pp. 67-73.
- [43] T. Y. Koon. "Preventing The Crimes of Rape Against Children". *Akademika*, 2000, vol. 57, issue 1, pp. 87-106
- [44] Women's Aid Organisation (WAO); *Drug Rape*, Retrieved on 27 January 2014, from http://www.wao.org.my/Rape_40_5_1.htm#drug
- [45] A. L. Girard & C. Y. Senn. "The role of the new 'date rape drugs' in attributions about date rape". *Journal of Interpersonal Violence*, 2008, vol. 23, issue 1, pp. 3-20.