

## Case Study

# Fratricide in a Person with Intellectual Disabilities

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**Abstract** Fratricide is an area within forensic psychology that has received little attention. Even less attention has been given to fratricide with persons with Intellectual Disabilities. There are very few studies that have identified risk factors and essential dynamics. Even less attention is given to a typology of fratricide. This case study highlights the possibility of a third category and an integrated category, and also proposes another set of intergenerational dynamics occurring within an adult person with Intellectual Disabilities.

**Keywords** fratricide; adults with intellectual disabilities

## 1 Introduction

The forensic study of fratricide, one adult brother murdering another, is a relatively limited area of study with very few studies identifying dynamics, risk factors, and only one study offering a typology. Although little known, violence between siblings can occur more frequently than among spouses (Straus, Gelles and Steinmetz [11]). Other researchers have made a distinction between nonlethal and lethal violence among adult brothers, that these different areas may have different characteristics (Gelles [6], Trocmé and Lindsay [14]) and should be studied separately. Whereas Straus [10] found that preceding a homicide, a significant number of younger adult brothers used physical force towards their older brothers in the preceding year. Nevertheless, most researchers agree that the area of fratricide is a relatively neglected area of study and should be examined further. In regard to incidence, Wolfgang [15] reported that during the period from 1948 through 1952, 3% of the reported homicides occurred amongst siblings. Furthermore, Sussman and Steinmetz [13] reported that 1.5% of all national homicides in the US were between siblings. Although the incidence of sibling homicide is relatively rare, there are no cases that have described the act of fratricide, where one brother has an intellectual disability. The following case study highlights the context and dynamics of a fratricide among an adult with an Intellectual Disability (ID) and his non-ID adult brother.

This case includes elements of both typologies which have been described by Bourget and Gagné [1] in their fratricide typology, as well as identifies two other dynamics that were critical in this case, and possibly other fratricides.

Moreover, Daly and Wilson [2] suggested that “fratricides result from disputes over property and money”, and furthermore, “the immediate provocation is only part of the story and that it is frequently the older brother’s presumption of authority and entitlement that fuels violent resentment in the younger”. However, Sulloway [12] believed that firstborn brothers were more fatally violent towards their younger brothers to maintain their “primacy”. Others have since found that it is in fact that the younger sibling is much more often lethally violent towards the older brother (Daly et al. [3], Marleau and Saucer [7]); while still others have reported similar rates amongst younger and older brothers murdering each other. Furthermore, Ewing [4] examined 16 US siblicides which were reported in the news and found equal rates between older and younger siblings. Also, Wolfgang [15] reported that the offender and victim were relatively close in ages in his fratricide study, and Gebo [5] reported that siblicide occurred more frequently when both brothers were within five years of each other. In regards to gender, Gebo [5] reported that adult brother-on-adult-brother was the most frequent type of siblicide followed by brother-sister, and then sisters-brother siblicide, as well as that there is an increased likelihood for fratricide to occur in adulthood, particularly with a higher incidence within White, Black, and American Indian populations.

In regards to the dynamics involved, Ewing [4] identified that “siblicide was the culmination of a power struggle in which a younger sibling may have resented an elder’s presumption of authority or other perquisites of seniority”. In fact, the younger aggressor may not only initiate the violence but may also eventually become the homicide victim. As opposed to disputes over property, Ewing [4] also emphasized the actual role of money disputes, namely, the refusals to lend or give money. Furthermore, Monzos and Rushforth [9] found that an argument preceded the

fratricide, all offenses were committed by the offender when alone, and that 58% occurred in the residence and during the evening. Also, in 53% of their cases, the victim was the older sibling who was attacked with a sharp object or knife 41% of the time and firearms or blunt objects 14% of the time. Finally, Bourget and Gagné [1] presented their preliminary work involving a two-category typology of fratricide, namely, substance-abuse related fratricide and pathological or psychotic fratricide. The former category was more prevalent, being found in 60% of their sample. Mainly, the dynamics involved alcohol abuse (possibly in siblings who were “drinking buddies”) resulting in intoxication, then an argument, resulting in a physical altercation with an explosive and impulsive act of homicide. In addition, “the possible extreme manifestation of sibling rivalry” was also present. However, latter category involved one sibling with a psychiatric or psychotic disorder, with specific intent and premeditation, “driven to exterminate the family, or at least one parent in addition to the sibling”; these fratricides lacked a “rational motive” for the homicide and are similar to other intrafamilial psychotic homicides.

The present case study presents another type of fratricide with elements of both categories in a person with ID. In addition, the presence of inter-generational violence and the “lockage” phenomena seen in matricides are also presented as key dynamics.

## 2 Case study

Mr. Z is a middle-aged man who was born into a very traditional family consisting of his wife, four children, and both his parents. As a child, he was described as a “slow” learner and never received any formal schooling. As a result, his family purchased some sheep for him to herd. He followed through with an arranged marriage and then had four children, but continued to live with his parents. Once during an argument with his son, he slapped his son in the face and then his father shot him in the leg. This incident was assumed to be a trauma for Mr. Z (which was never previously identified until he was remanded into secure care). Subsequently, Mr. Z came to the US on a work visa and worked in a family store owned by his older brother. He moved in with his brother’s family and worked in the store stocking shelves, cleaning up, and making deliveries. Essentially, Mr. Z’s life consisted of working 12 hours per day and socializing with his brother’s family with no contact with his own family. Mr. Z had asked his brother for money, possibly in a mistaken belief that it was his money that his brother had taken from him, in order to return to his native country. An argument ensued and Mr. Z fatally shot and then robbed his brother.

Up until the fratricide, Mr. Z had no psychiatric disorders or hospitalizations. However, while in prison,

he accused the correctional officers of stealing his property, had episodes of punching himself in the face, banging his head, and smearing feces on himself. Subsequently, he was sent to a county hospital for evaluation, where he was diagnosed with a psychotic disorder, NOS, rule out Schizoaffective disorder, due to clinical observations of bizarre, disorganized and an agitated/manic presentation. A low dose of Risperdal was prescribed and found to be effective. In addition, it was discovered that Mr. Z had touched several female customers in his place of work and that the police were called on him several times. Afterwards, he was remanded to a secure treatment facility due to being found Incompetent to Stand Trial. While in treatment, Mr. Z was found to have an IQ of 39, which is within the moderate range of ID.

## 3 Case analysis

Mr. Z’s clinical history is marked by sexually inappropriate behaviors prior to the fratricide, and an argument with his brother resulting in an impulsive homicide followed by psychotic behavior in jail. His clinical presentation in jail was characterized by bizarre/manic affect, catatonic-excitation, severe self-injury, persecutory beliefs, and regressed self-smearing. This presentation seemed to indicate a psychotic episode with manic mood possibly of the Schizoaffective disorder type. Essentially, the main features of Mr. Z’s case involve a significant past episode of intergenerational father-son violence (resulting in a shooting) and a significant distancing from his family of origin as well as wife and children. This fact along with the limitation of working 12 hours per day and only socializing with his brother’s family may have resulted in the “lockage” phenomena that is seen in matricides. Moreover, Mohr and McKnight [8] first identified this phenomena in matricidal young men at Penetanguishene, which is a maximum security hospital in Canada. “Lockage” involves the offender believing that he is enclosed or trapped in a situation where running away is not possible and the only escape is via suicide or homicide of the mother. Similarly, this particular fratricide involved “lockage”, as well as psychotic behavior on the part of Mr. Z. On the contrary, this homicide was relatively unplanned and was preceded by an argument regarding money between adult brothers who were alone. In this way, Mr. Z’s crime has some elements of both the substance abuse and psychotic types of fratricide, but does not fit completely within either category due to the absence of substance abuse, premeditation on the part of the offender, or any drive to exterminate the entire family. However, more information regarding the situation, where Mr. Z’s father shot him in the leg after he slapped his son is not available; perhaps that situation may have involved psychotic behavior and possible extreme violence that may

have started with targeting the son but was understood to be a lethal threat to some or all of the members in his family; possibly that is why the father shot his son and perhaps this accounts for why Mr. Z was sent to live with his brother in the US.

The case of Mr. Z highlighted the possibility of a third type of fratricide which is characterized by intergenerational father-son violence and the “lockage” phenomena contributing to an argument between adult brothers resulting in an unplanned, impulsive homicide committed by the younger brother towards his older brother. A more thorough examination of fratricide among a sample of persons with ID would have been beneficial however the prevalence of fratricide appears to be a low frequency phenomena especially within this population. However, the benefit of case studies is that they can help highlight previously unidentified factors that may be operating in different offenses. In this way, the case study approach can help identify additional critical factors that others can then study with a more powerful experimental design.

## References

- [1] D. Bourget and P. Gagné, *Fratricide: a forensic psychiatric perspective*, *J Am Acad Psychiatry Law*, 34 (2006), pp. 529–533.
- [2] M. Daly and M. Wilson, *Homicide*, Transaction Publishers, Edison, NJ, 1988.
- [3] M. Daly, M. Wilson, C. A. Salmon, M. Hiraiwa-Hasegawa, and T. Hasegawa, *Siblicide and seniority*, *Homicide Studies*, 5 (2001), pp. 30–45.
- [4] C. P. Ewing, *Fatal Families: The Dynamics of Intrafamilial Homicide*, Sage, Thousand Oaks, CA, 1997.
- [5] E. Gebo, *A contextual exploration of siblicide*, *Violence Vict*, 17 (2002), pp. 157–168.
- [6] R. J. Gelles, *Physical violence, child abuse, and child homicide a continuum of violence, or distinct behaviors?*, *Human Nature*, 2 (1991), pp. 59–72.
- [7] J. D. Marleau and J. F. Saucier, *Birth order and fratricidal behaviour in Canada*, *Psychol Rep*, 82 (1998), pp. 817–818.
- [8] J. W. Mohr and C. K. McKnight, *Violence as a function of age and relationships with special reference to matricide*, *Can Psychiatr Assoc J*, 16 (1971), pp. 29–32.
- [9] J. Mouzos and C. Rushforth, *Family Homicide in Australia*, no. 225 in *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology, Canberra, 2003.
- [10] M. A. Straus, *Leveling, civility, and violence in the family*, *Journal of Marriage and the Family*, 36 (1974), pp. 13–28.
- [11] M. A. Straus, R. Gelles, and S. K. Steinmetz, *Behind Closed Doors: Violence in the American Family*, Anchor Books, Garden City, NY, 1980.
- [12] F. Sulloway, *Born to Rebel: Birth Order, Family Dynamics, and Creative Lives*, Vintage Books, New York, 1997.
- [13] M. B. Sussman and S. K. Steinmetz, *Handbook of Marriage and the Family*, Plenum Press, New York, 1987.
- [14] N. Trocmé and D. Lindsey, *What can homicide rates tell us about the effectiveness of child welfare services?*, *Child Abuse Negl*, 20 (1995), pp. 171–184.
- [15] M. E. Wolfgang, *Patterns in Criminal Homicide*, University of Pennsylvania, Philadelphia, 1958.