

IT IS EASY TO SKEW THE ISSUES - AN ANALYSIS OF PARENTS DEEMED NOT  
CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER FOR  
COMMITTING FILICIDE OF CHILDREN WITH A DISABILITY

TRACY LYNNE MACK

A DISSERTATION SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

GRADUATE PROGRAM IN CRITICAL DISABILITY STUDIES YORK UNIVERSITY  
TORONTO, ONTARIO

MAY 2021

© TRACY LYNNE MACK, 2021

## **Abstract**

The media rarely reports on Not Criminally Responsible on Account of Mental Disorder (NCRMD) cases but when they do it is on the statistically rare cases that are violent and heinous in nature, which are then covered in a sensationalized and excessive manner depicting the individual as an innately dangerous criminal who will always be a public danger and who is escaping punishment. This dissertation analyzes a highly under-researched area: NCRMD cases where the parent commits filicide of a child with a disability. The cases in this dissertation were not covered as every other NCRMD cases but were instead covered as mercy killings where the parent became the victim. The importance of this research is highly significant for Critical Disability Studies and Mad Studies to understand the widespread societal ableism against children with disabilities and how that impacts how these specific NCRMD cases are framed by the media, legal system, and forensic mental health legal system: as mercy killings. Reporters turned to family members and neighbors for their initial quotes when they came upon a murder which led to highly prejudicial remarks being featured and setting the narrative for the murder. These were not balanced by engaging local or national disability rights self-advocates and experts. Many of the stories linked the decision to murder with the difficulty of caregiving by quoting neighbors, friends and other parents of children with disabilities. Meanwhile, the actual victims, the children with a disability, were depersonalized by the focus being on the extent of their disabilities and how much caregiving was required by the parent ultimately excusing the murderer and the murder.

## Acknowledgements

I am grateful for the members of my committee who assisted me in bringing this work to completion and for insightful feedback and ongoing encouragement. Many thanks to Dr. Geoffrey Reaume, Dr. Marina Morrow, and Dr. Beth Haller.

## Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
Introduction.....	1
Chapter One - NCRMD.....	6
Chapter Two - Filicide.....	41
Chapter Three - Theoretical Frameworks.....	61
Chapter Four - Methodology.....	82
Chapter Five	
5.1. David and Ian Carmichael .....	100
5.2. Rachel and Chelsea Capra-Craig .....	128
5.3. Patricia and Melissa Couture .....	138
5.4. Deng Hao Wan and Wen Yu Wan .....	147
5.5. Analysis of the Four Cases .....	155
5.6. Media Themes .....	160
Conclusion .....	178
References .....	188

## Introduction

The news media's "grossly inaccurate representations" distorts the image of Mad people and creates a stereotype that is highly dissimilar from the reality of the people within this community, even those who experience the most intense mental distress (Wahl, 1995, p. 86). The dehumanization that occurs to this population by the media's portrayal of them as different and *Other*, constructs stereotypical representations of madness that creates a divide between this population and the rest of society (Price, 2011). Contemporary medial portrayals mirror those deemed NCR in the 19<sup>th</sup> century which provided little, if any, recognition past one's diagnosis thereby forging their diagnosis as their identity (Wahl, 1995).

Sympathetic news coverage is rarely utilized and when it is, Mad folks are portrayed as helpless and in need of rescuing by "experts" (Philo et al., 1994). Competency and independence are rarely depicted, stories of accomplishments or recovery are few and far between, while stories that do not predominantly focus on crime or violence, usually accentuate "dysfunction and disability" (Corrigan, et al., 2005; Wahl, 2003, p. 1597). Along with this, the voices of the Mad community are rarely included in news media coverage. This reinforces the inaccurate notion that this population cannot speak for themselves (Berry & Whitley, 2016; Wahl, Wood & Richard, 2002; Wahl, 2003), which is further reinforced by journalists seeking out medical experts instead of people with lived experience (Philo et al., 1994). Furthermore, as medical expert opinions dominate the discussion within the news media, other professional voices regarding policy, law and treatment are excluded. This results in media representations contributing to the medicalization of mental distress and support for coerced hospitalization and medication as solutions while evading community and social interventions (economics, homelessness) (Wahl et

al., 2002; Wahl, 2003) as well as, silencing the institutional and social violence this population endures from being discussed (Harper, 2005).

The media rarely reports on NCRMD cases but when they do it is on the statistically rare cases that are violent and heinous in nature, which are then covered in a sensationalized and excessive manner depicting the individual as an innately dangerous criminal who will always be a public danger and who is escaping punishment (Ewing, 2010; Kachulis, 2017; Ryan & Whelan, 2012; Vitello & Hickey, 2006). This dissertation analyzes a highly under-researched area: NCRMD cases where the parent commits filicide of a child with a disability. The cases in this dissertation were not covered as every other NCRMD cases but were instead were covered as mercy killings where the parent became the victim. According to the limited literature, the filicide of children with disabilities generally do not receive much media or public attention. When a case does receive attention, it is generally due to one of the following factors being present: extreme violence against a vulnerable child, when diminished responsibility associated with the stress of having a child with disabilities is suggested, parents who commit a mercy-killing, or children reported as missing initially (Sobsey, 2001).

The importance of this research is highly significant for Critical Disability Studies and Mad Studies to understand the widespread societal ableism against children with disabilities and how that impacts how these specific NCRMD cases are framed by the media and legal systems, as mercy killings. This area lacks critical investigation from a Critical Disability and Mad Studies lens to thoroughly understand how children with disabilities are still being cast outside the law and how one NCRMD group is treated differently by the forensic mental health system and the media.

The purpose of this multi-sited and multiple case study was to draw attention to different phenomenon within the broad umbrella of people deemed not criminally responsible on account of mental disorder (NCRMD) for filicide of children with disabilities to help understand how NCRMD functions and to learn more about how the social characteristics of the offender and victim get taken up in the media in particular ways. Specifically, my analysis was two-fold: what social characteristics of the victim and the individuals who receive a NCR verdict were present and under what circumstances, for whom, and in interaction with what other factors by the legal system and the media (how the case was reported on and how much coverage they receive, by the four Canadian national media coverage outlets- *Globe and Mail*, *National Post*, *CTV*, and *CBC*).

My analysis utilized a Mad, Critical Disability Studies and intersectional approach, whereby some questions from the intersectional-based policy analysis (IBPA) framework (Hankivsky, 2014) and certain elements of textual analysis were drawn upon to analyze how the multiple social identities of individuals deemed NCRMD, intersect with one another in ways that lead to the murder being reported, or not being reported, by national newspapers, how they are reported and what news coverage they receive.

This dissertation consists of five chapters. Chapter one reviews the NCRMD background research relevant to this dissertation. This critical literature review briefly introduces the historical development of the insanity jurisprudence in the 1800s and outlines the portrayal of madness in the United Kingdom and Ireland by the press in the 1800s. It further addresses the evolution of the NCRMD in Canada and examines the current construction of Mad people and the NCRMD verdict via the news media and the public misconceptions about the NCRMD verdict. Chapter two discusses the literature on filicide utilized in this dissertation. First it introduces the concept of

filicide and discusses the motivational factors for parents who commit filicide. It then deals with the historical and cultural background in relation to filicide and addresses the risk factors for filicide and lastly, it discusses the limited amount of literature on the justice system, NCRMD and filicide. Chapter three examines the theoretical frameworks utilized in this dissertation which are informed by a Mad, Critical Disability Studies and Intersectionality lens through which I interrogate the content of the legal cases and news reports pertaining to people deemed NCRMD for filicide of their child with a disability. Chapter four discusses the methodological approaches utilized in this dissertation. This chapter introduces the research purpose and research questions that guide this research and discusses the research design – multi-sited, multiple case studies. It deals with the data sources and collection methods, addresses the data sample and describes the methods used to analyze the data that were adopted for this dissertation – textual analysis and intersectionality analysis. Chapter five analyzes the four cases utilized in this dissertation. This chapter begins by investigating the case of David Carmichael and his son, Ian Carmichael. This is the largest case due to the many areas of inquiry and amount of information that was found. One of the reasons for this, is due to David’s status as a fitness guru and coach, as such, the media published more articles about him and also due to David producing his own blog and becoming an anti-psychiatry activist after his release from the forensic legal system. The next case that is discussed is of Rachel Capra-Craig and her daughter Chelsea Capra-Craig followed by the case of Patricia Couture and her daughter Melissa Couture. The last case analyzed is the case of Deng Hao Wan and his daughter Wen Yu Wan. Chapter six is an analysis of the four cases and the media analysis of these four cases. Lastly, is the conclusion.

As a Mad and Critical Disability Studies scholar, it is vital to situate my own interest in this research and to frame my reasons for its undertaking. I have had extensive involvement with the Mad community due to being part of that community for the majority of my life and being a critical disability scholar for the last seven years, when I began this research I was only looking at NCRMD cases. Through the research process, I stumbled upon NCRMD cases of parents who committed filicide of children with disabilities and realized that within the hierarchy of disability, Mad people are not located at the bottom, children with disabilities are. This dissertation and the impulse to investigate this particular phenomenon stemmed not only from my astonishment but from a desire to understand the public and private manifestations leading to killing one's own child with disabilities by people in my community and how they are treated differently, as the victim, by society, the media, the legal system and forensic mental health system.

## Chapter One - NCRMD

### Introduction

This section reviews the background research relevant to this dissertation. This critical literature review consists of four sections. Section 2.1. briefly introduces the historical development of the insanity jurisprudence in the 1800s. Section 2.2. outlines the portrayal of madness in the United Kingdom and Ireland by the press in the 1800s. Section 2.3. addresses the evolution of the not criminally responsible due to mental disorder (NCRMD) in Canada. Section 2.4. examines the current construction of Mad people and the NCRMD verdict via the news media and the public misconceptions about the NCRMD verdict.

### 2.1. Historical Development of Insanity Jurisprudence

The contemporary framework for the NCRMD verdict is founded upon and shaped by two 17<sup>th</sup> century criminal insanity defences in England: James Hadfield in 1800 and Daniel M'Naghtan in 1843 (Moran, 1985a, 1985b). Before 1800, the 'not guilty' verdict in insanity cases resulted in the accused being completely acquitted for the crime, escaping capital punishment, and generally being released back into the community.<sup>1</sup> At this time, the term "insanity" was liberally applied to any behavior that deviated from social norms and was vaguely defined by law (Moran, 1985a).

In 1800, after the attempted assassination of King George III by James Hadfield, legal insanity began to gain momentum and unprecedented media attention.<sup>2</sup> The legislation was

---

<sup>1</sup> "If the court believed that they were too dangerous to be given their freedom, a separate civil commitment hearing had to be conducted before they could be confined as dangerous lunatics. Two justices of the peace might order their confinement under the Vagrancy Act of 1744, but the system was mainly informal and irregular, and it was difficult to detain insanity acquittees for long periods of time. Most insanity acquittees were sent home; some were placed under the care and protection of friends or relatives; only a few were confined in asylums or gaols, or chained to the walls of churches or public places" (Moran, 1985a, p. 32).

<sup>2</sup> Prior to the 1740s, insanity pleas in criminal cases were rare however, from the 1740's to 1799 this rate increased significantly. It is believed that the rates increased due to the Industrial Revolution and the subsequent social-structural changes (Moran, 1985b).

modified to “not guilty on the grounds of insanity” creating a new category of offenders: the criminal lunatic (Moran, 1985b). Although the court in this case accepted delusions as a defense of insanity, a legal precedent was not established.<sup>3</sup> Hadfield’s acquittal and the resulting lack of authority over him caused *The Criminal Lunatics Act of 1800* to be introduced four days after his acquittal and was retroactively applied to Hadfield. This Act legislated the confinement of insanity acquittees until the King decided they should be released. Thus, people acquitted of a felony, murder or treason due to insanity no longer were freed and able to live within society, instead they were incarcerated in an asylum or a prison for the rest of their lives (Andrews, Briggs, Porter, Waddington & Tucker, 2013). As a legal precedent was not established in Hadfield case, the courts inconsistently applied the insanity plea for the next four decades, whereby delusions as a valid defence and the outcome of cases largely depended on the judge presiding.

In 1843, this judicial inconsistency of the insanity defense was halted after Daniel M’Naghtan, who believed he was being persecuted by the Tory party, attempted to assassinate the British Prime Minister and instead killed his secretary (Verdun-Jones, 1979). M’Naghten’s lawyer, relied heavily on Isaac Ray’s<sup>4</sup> authoritative text on forensic psychiatry which argued that the insanity test was too narrow. The lawyer persuaded the judges to accept that although M’Naghten’s behavior seemed “rational” and he was aware of what he was doing and could differentiate right from wrong, he was deprived of all “power of self-control” due to insanity. Due

---

<sup>3</sup> “This is probably because the verdict can best be explained by the court’s acceptance of the physical cause of Hadfield’s mental disorder and not by the persuasiveness of the legal or medical arguments. Hadfield had been discharged from the army due to insanity, and he had been receiving a pension from the Chelsea Hospital. Anyone who saw his badly disfigured face or examined the exposed membrane of his brain must have felt tremendous sympathy for the man. And, of course, Hadfield had missed the king.” (Moran, 1985a, p. 35)

<sup>4</sup> Isaac Ray was an American psychiatrist and one of the founders of forensic psychiatry as a discipline.

to this test, the jury found M'Naghten not guilty due to insanity and he spent the rest of his life in psychiatric custody (Moran, 1977; Walker, 1968).

The public outrage to this trial convinced the British Parliament to establish the *M'Naghten* Rule; a new standard for insanity cases to ensure criminal liability was not escaped in future cases (Verdun-Jones, 1979). The *M'Naghten* Rule determined if an accused could distinguish right from wrong, providing

that to establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring under such a defect of reason, from disease of mind, and not to know the nature and quality of the act he was doing; or if he did know it, that he did not know he was doing what was wrong (Oosterhuis & Loughnan, 2014, p. 4).

Thus, this rule states that to be convicted of a crime, the individual must have known the difference between right and wrong.

The Hadfield and M'Naghten trials shaped the function and administration of the contemporary NCRMD defence. The Hadfield case created insanity into a distinct defence with a distinct verdict that presumed the individual to be dangerous and required to be confined. The M'Naghten case created a very strict standard that was designed to limit successful insanity defences by restricting and eliminating most people who were deemed to be Mad from using this defence. It is important to acknowledge that these legal changes, which are the modern features of the NCRMD, were not made for humanitarian concerns about the care and treatment of Mad offenders. The protection the insanity defence once afforded to this population were eradicated and instead a dual mechanism to deter insanity pleas and punish those who murdered while

experiencing mental distress replaced it (Moran, 1985a). The punitive nature of the NCRMD's historical roots is further exemplified by the *Criminal Lunatics Act of 1800*, which embodied the loss of individual and political rights by enabling the government to detain individuals found to be insane for the rest of their lives, and came into effect at the same time insanity as a distinct verdict was created (Moran, 1985b).

### **2.1.2. Evolution of Psychiatry in the 18<sup>th</sup> and 19<sup>th</sup> Centuries**

During the first half of the 18<sup>th</sup> century, insanity was in constant flux and evolution as it was being transformed into a medical and legal concept from the 17<sup>th</sup> century view as melancholia.<sup>5</sup> Although psychiatry emerged in the early 19<sup>th</sup> century (Marková & Berrios, 2012), it was not until 1840 that psychiatry formally established itself as a profession and insanity became medicalized through the works of a transnational group of doctors in Britain, the U.S., France, and Germany (Marková & Berrios, 2012; Scull, 1979).

Prior to 1840, doctors in this area were labeled as 'mad-doctors', keepers of the madhouses and ultimately had a very low status. The M'Naghten case in 1843 marked the acceptance of the "budding science of psychiatry" by the courts, effectively opening the doors for mad-doctors to fully participate in the criminal trial process as expert witnesses (Gray, 1972, p. 567). Psychiatrists at this point also began to claim expertise in predicting and controlling dangerousness of the prison population (Smandych & Verdun-Jones, 1981).

## **2.2. The Portrayal of Madness in the United Kingdom and Ireland by the Press: 1800s**

This section predominantly relies on the findings of two Master's theses. Krysova (2016) examined the British newspaper coverage from 1808-1840 to illuminate how cases that used an

---

<sup>5</sup> For a description of this transformation, see Diogo, T. & Marques, J. (2015). Melancholia before the twentieth century: Fear and sorrow or partial insanity? *Frontiers in Psychology*, 6. doi: 10.3389/fpsyg.2015.00081.

insanity defence, which were mainly violent domestic cases, were deliberately sensationalized by newspapers to their middle-class readership while utilizing language that was class-based, gendered, and moralistic, and how these reports were influenced by politicians and reformers. In the second historical study, O'Neill (2013) concentrated on seven decades in the pre-famine period of 1772-1845 and how the Irish newspapers constructed and portrayed madness and their role in influencing popular perceptions on insanity. O'Neill (2013) found that despite the legislative changes that occurred throughout this period, the Irish press maintained the old stereotypes and that the label of lunatic, once applied to an individual, followed them in their daily lives and they were viewed as the deviant 'other' which was clouded by economic, gender, and class.

Krysova (2016) and O'Neill (2013) both found that the newspapers' priority in Britain and Ireland when reporting on madness in the 1800s was the ability to attract, sustain readership and sell newspapers, thus the distortion or suppression of facts within these accounts were found to be substantial. As newspapers were the most accessible and available form of information during this era this broadly impacted society as madness was sensationalized as an explanation of deviant actions to attract readership. During this period, newspapers were largely owned and dominated by middle-classed male Protestants who held conservative views, therefore, religion, class and gender largely determined the representation of insanity in British and Irish newspapers as political interests and newspaper reporting were closely aligned (Krysova, 2016; O'Neill, 2013).

Media attention was heightened through the opening of large asylum in the early 19<sup>th</sup> century while the late 1820s brought about heated discussions regarding the insanity defence due to the increase of insanity cases. In the 1820s, there was a lack of attention in the press in relation to the medicalization of insanity, while in the 1830s the press started to report on the

implementation of the insanity defence in courtrooms. Through the increasing frequency of doctors testifying in cases of insanity, a change in attitude towards the medicalization of madness started to become visible yet, criminal insanity was not met with public acceptance, another similarity in contemporary times (Krysova, 2016; O'Neill, 2013). The *Poor Law Amendment Acts* in the 1830s<sup>6</sup> altered the way in which newspapers reported insanity cases whereby poverty became treated as a crime (Krysova, 2016; O'Neill, 2013).

Social class, followed by the gender of the individual were found to be the most influential factors in how articles were framed and how newspaper representations reinforced the unequal gender and class relations of the early 19<sup>th</sup> century (Krysova, 2016; O'Neill, 2013). The press blamed the increase of insanity cases on poverty and on the subversion of social morals of the lower classes while subsequently campaigning for the *Poor Law Amendment of 1834* (United Kingdom) and *1838* (Ireland). The Poor Law reform campaigns also influenced how criminal insanity was gendered by the press. Female insanity was reported in a paternalistic tone and portrayed as a lower-class issue caused by family dysfunction and digression of the expected role as mothers and wives, and reports predominantly focused on infanticide and child murder.<sup>7</sup> On the other hand, male criminal insanity generally portrayed individuals as dangerous and causes were associated with “financial trouble, religious fanaticism, eccentricity and, increasingly, intemperance” (Krysova, 2016, p. 16).

---

<sup>6</sup> Poor Law Amendment Act of 1834 in Britain and Poor Law Amendment Act of 1838

<sup>7</sup> The Amendment Act of 1834 targeted mothers with illegitimate children making them financially responsible and no rights to assign a father, leaving them few choices except but to join workhouses. These new laws were to discourage women from behaving immorally.

The highly sensationalistic accounts in the press during the late 1770s created a deviant image of Mad people and sounds familiar to today, engendering a moral panic. Similar to the present, the press was very particular in their selection of the offenders and crimes they reported. Another similarity to contemporary times, in Ireland and Britain, newspaper reports on criminal insanity were predominantly on violent crime: attempted murders and murders, while unexplained murders were attributed to madness which increased the public's fear about insanity (Kryssova, 2016; O'Neill, 2013).

The portrayal of those deemed Mad in the context of crime and deviancy in these eras in the press differentiate very little from the current framing: they were portrayed as dangerous, broken, unproductive, uncontrollable, and unpredictable. Similar to modern mass media,<sup>8</sup> madness was represented in newspaper reports as a person's main personality trait to the extent that it was the central way of defining that person and explaining any deviant actions on their part (Kryssova, 2016; O'Neill, 2013). Deviant actions were not always criminal in nature however, criminal actions were generally associated with madness, a standpoint also found in modern media.<sup>9</sup> Another similarity still occurring in the present is that public and political anxiety concerning the insanity defence and the fear that individuals may be malingering in order to escape punishment was a prospect that terrified government officials and the press (Kryssova, 2016; O'Neill, 2013).

---

<sup>8</sup> Rob Olstead, 'Contesting the text: Canadian media depictions of the conflation of mental illness and criminality' in *Sociology of mental health and illness*, Vol. 24, no. 5 (2002), pp 621-43 discusses this in relation to the modern mass media of the late twentieth century.

<sup>9</sup> Mark Walsh argues from a similar standpoint in his evaluation of the mentally ill in modern media, '(Mis)representing mental distress?' in Jill Reynolds et al (eds.), *Mental health still matters* (London, 2009), pp. 135-140.

## 2.3. NCRMD in Canada

### 2.3.1. Evolution of NCRMD in Canada

In 1892, the *Criminal Code of Canada* was established and although Section 11 was based on the M’Naghten Rule, it was significantly modified and considerably broadened the insanity defence making it applicable to more cases. The most substantial and critical change was the substitution of “know” with “appreciate” with regards to the awareness one has that their actions were wrong (Roche, 1959). As appreciation involves knowledge and appraisal, it refers to a deeper form of understanding, being capable of engaging in practical reasoning and to understand the consequences of one’s actions (Roche, 1959). Over 100 years would pass before the Not Guilty by Reason of Insanity (NGRI) defence was fundamentally altered in the historical case of *R. v. Swain*.<sup>10</sup>

### 2.3.2. *R. v. Swain*

Owen Swain experienced religious delusions that caused him to believe he was protecting his family from demonic forces and led him to attack his wife and children in 1983. He was subsequently charged with assault and aggravated assault, found NGRI, and detained at a psychiatric facility in 1995 (Broderick, 2006). However, by the time Swain was found NGRI, he was no longer in mental distress and challenged the ruling by arguing that his automatic detention violated his *Charter* rights by making a broad assumption of dangerousness (Broderick, 2006). In 1991, the *Supreme Court of Canada* (SCC) ruled in favor of Swain and that his automatic detention: violated section 9 of the *Charter* (i.e. “Everyone has the right not to be arbitrarily detained or imprisoned”); was overbroad in its pursuit to protect the public; and that less restrictive measures would be sufficient for the particular NGRI accused (Swaminath, Noms, Komer, & Sidhu, 1993;

---

<sup>10</sup> Technical changes to the insanity defence took place in 1906, 1927, and 1954.

Verdun-Jones, 1994). The SCC instructed Parliament to modify the law within 6 months, leading to Bill C-30, Part XX.I in the *Criminal Code* (Verdun-Jones, 1994; Wilson, 1992). Before Swain, NGRI individuals could be held indefinitely in detention as public safety preceded the liberty of the NGRI accused: the SCC ruling deemed this to be unacceptable.

In February 1992, Bill C-30 was enacted and made significant changes to Canada's not criminally responsible laws by providing more procedural safeguards for the accused while minimizing restrictions on their liberty (Davis, 1994). The name of the verdict was also changed from "not guilty by reason of insanity" (NGRI) to "not criminally responsible on account of mental disorder" (NCRMD) to emphasize that the accused was not criminally responsible at the time they committed the act (Davis, 1992; Swaminath et al., 1993; Verdun-Jones, 1994; Wilson, 1992).

The most substantial changes that the Bill C-30 amendments had on the NCRMD legislation was its transformation to the role of Review Boards, whereby the boards went from an advisory role to the primary gatekeepers of NCRMD accused (Broderick, 2006). Prior to Swain, a NGRI verdict resulted in an automatic detention to a psychiatric facility and release decisions were made by their respective provincial or territorial governments (Gelinias, 1994; Wilson, 1992). Bill C-30 empowered Review Boards to grant one of three dispositions (absolute discharge, conditional discharge, or hospital custody order) based upon whether the accused posed a significant threat to public safety (Verdun-Jones, 1994; Wilson, 1992). An absolute discharge means the patient is released from the psychiatric hospital into the community with no supervision (*Criminal Code*, 1985, s. 672.54(a)). This disposition is only granted if the board finds that the person is not a "significant threat" to public safety. A conditional discharge allows the patient to live in the community if they abide by the conditions put upon them by the Review Board (this usually

includes being supervised by mental health officials) (*Criminal Code, 1985, s. 672.54(b)*). For patients who receive a conditional discharge, if they disobey a condition in their disposition order, the individual may be arrested. If arrested, the patient will be required to appear in court to determine if the condition was actually breached. The court has two options, to release the individual back into the community or order their detention at the forensic hospital until a Review Board hearing can be held (*Criminal Code, 1985, s. 672.93(2)*). Lastly, a hospital custody order detains the patient in a psychiatric facility until the Review Board decides a conditional or absolute discharge is appropriate (*Criminal Code, 1985, s. 672.54(c)*).

Prior to the enactment of Bill C-30 in 1992, the NCRMD legislation had been largely unchanged since the defence originated in the *Criminal Code of Canada* in 1892 (Balachandra, Swaminath, & Litman, 2004). The *Criminal Code's* section 16 defence pre-dates Confederation as the insanity defence operated under English common law provisions, whereby Canadian courts applied the M'Naghten rule to establish a verdict negating criminal responsibility due to mental distress (Verdun-Jones, 1979).

### **2.3.3. NCRMD Reform Act (Bill C-14)**

On July 11th, 2014, the NCRMD Reform Act (Bill C-14) went into effect across Canada due to Parliament's concern over the threat NCRMD individuals posed to public safety, substantially altering the *Criminal Code* provisions. Although this legislation has been widely criticized for not being based on evidence and research (Criminal Lawyers' Association, 2013; Crocker et al., 2015b; Lacroix et al., 2017; Sutton, 2013), proponents of the legislation claimed that Bill C-14 would enhance public safety by strengthening the *Criminal Code* and creating more restrictive conditions

for those designated NCRMD (Government of Canada, 2014).<sup>11</sup> Not only is this legislation not based on evidence and research, the government willfully did not consult with mental health organizations during the drafting process as they “declined to meet with any mental health organizations” and to collaborate on the legislative changes (Lacroix et al., 2017, p. 46). The controversial nature of this Reform Act is that certain elements actually “run counter to the scientific evidence on the trajectories of Canadian individuals found NCRMD” (Crocker et al., 2015b, p. 206).

The NCRMD Reform Act has four key amendments: First, it created a new category within the NCRMD population, those designated as "high-risk." The court may now label NCRMD individuals as "high-risk" if

(a) the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or (b) the court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person (*Criminal Code*, 1985, s. 672.64(1)).

High-risk NCRMD persons must be detained within a psychiatric hospital, cannot receive unescorted day passes into the community and may only be granted escorted day passes for medical reasons (*Criminal Code*, 1985, s. 672.64(3)). Additionally, Review Board<sup>12</sup> hearings for high-risk

---

<sup>11</sup> The NCRMD Reform Act is strikingly similar to the U.S. insanity defence's reassessment that took place after a series of high-profile cases and led to a reform in 1984 (Lacroix, O'Shaughnessy, McNiel, & Binder, 2017).

<sup>12</sup> A Review Board panel consists of a minimum of five members who are either psychiatrists, professionals with training and experience in mental health and entitled to practice medicine or psychology, judges or lawyers or community members (no specific professional qualifications prescribed in the *Code*) (*Criminal Code*, 1985, s. 672.38). These boards must be chaired by a judge or qualified lawyer (*Criminal Code*, 1985, s. 672.4(1)), and be comprised of at least four other members, one of which must be licensed under the particular province or territory to practice psychiatry (*Criminal Code*, 1985, s. 672.39). If only one practicing psychiatrist is a panel member, then at least one

NCRMD individuals may be extended up to three years between hearings whereas previously it was one year (*Criminal Code*, 1985, s. 672.81(1.31)). For the high-risk designation to be revoked, the Review Board must refer the case to a superior court (*Criminal Code*, 1985, s. 672.84(3)).

Secondly, Bill C-14 significantly altered how Review Boards assign dispositions to NCRMD individuals. Before Bill C-14, boards were to make the "least onerous and least restrictive" disposition concerning the competing goals of public safety, the accused's mental condition, other needs of the accused, and their potential re-integration into society. The phrase "least onerous and least restrictive" was replaced by the phrase "necessary and appropriate in the circumstances" (*Criminal Code*, 1985, s. 672.54). The Review Board must now relegate the NCRMD individual's rights and make the "safety of the public" the "paramount consideration" when making disposition decisions (*Criminal Code*, 1985, s. 672.54) whereas previously the liberty interests of NCRMD individuals and public safety were twin goals (*Winko v. British Columbia*).

The third significant change was the expansion of what can be considered a "significant threat to the safety of the public." Bill C-14 codified that a significant threat can be a significant risk to physical or psychological well-being "resulting from conduct that is criminal in nature but not necessarily violent" (*Criminal Code*, 1985, s. 672.5401). This amendment gives Review Boards the authority to detain non-violent NCRMD individuals charged with less serious offences in a psychiatric facility for an indefinite and extended period.

The final change was increased participation or consideration of NCRMD victims in the disposition process. Bill C-14 claimed to ensure that victims would be notified when NCRDM

---

other member must be a licensed psychologist or medical doctor with experience or training in mental health (*Criminal Code*, 1985, s. 672.39)

individuals were being discharged, to permit the victim to have non-communication order with the NCRMD individual and to ensure the victims safety (*Criminal Code, 1985, s. 672.5*).

#### **2.3.4. Critique of Bill C-14**

Parliament's concern regarding NCRMD individuals and their threat to public safety, which evolved into Bill C-14 occurred during four isolated, yet high-profile cases involving NCRMD offenders who committed extreme acts of violence, and were highly sensationalized by the Canadian media. Two of these four cases were fathers who committed filicide of their non-disabled children. High-profile media reports on NCRMD cases exacerbate negative attitudes towards those who experience madness. However, on a positive note, these high-profile cases seemed to also undermine public faith in the forensic mental health system and mental health system as a whole. Not only did the government not consult with any mental health organization during the drafting process, "Justice Ministers Nicholson and Mackay declined to meet with any mental health organizations", let alone collaborate on the changes to the legislation (Lacroix et al., 2017, p. 46). In regards to the high-risk designation, Bill C-14 shifted the decision-making power to the criminal justice courts, whereby judges, whose expertise are sentencing criminals, are now the decision makers for an individual's mental state as they decide who is given the high-risk designation and when it is revoked (Fedoroff, 2013). This issue has drawn substantial interest, as forensic mental health professionals currently manage NCRDM individuals and are viewed as the experts in forensic mental health, even by the courts themselves however, they do not decide who receives this designation (Barrett & Shandler, 2006; *DH v British Columbia, 1994*). Prior to the Reform Act, courts had the ability to hold the first disposition hearing through section 672.45 and yet the majority of cases where there was a NCRMD finding, courts deferred the hearing to the

Review Board (Crocker, et al., 2013; Livingston, Wilson, Tien, & Bond, 2003). As Barrett and Schandler (2006) point out “courts are at a distinct disadvantage in writing dispositions, as they simply do not have the institutional knowledge, expertise and experience Review Boards have” (p. 3). Additionally, Review Boards cannot revoke a high-risk designation if they find that the individual does not pose a substantial likelihood of using violence, instead the matter must be referred to a court (*Criminal Code, 1985, s. 672.21(3)*). By revoking the Review Board’s authority, the government has located the NCRMD system’s deficiencies within the Review Boards themselves without any evidence to indicate that these boards are not functioning properly (Sutton, 2013).

By denying high-risk NCRMD individuals unescorted leaves, “an essential component of any progressive but cautious reintegration program” is halted (Fedoroff, 2013, para. 3). The goal of reintegration into the community is of high importance as the NCRMD legislation is premised upon and designed to not criminalize individuals with this designation, which is attained through their reintegration into the community (Department of Justice, 2015). Revoking annual reviews for those designated as high-risk also threatens the constitutionality of this section of the *Criminal Code*, and can result in the arbitrary detention of individuals deemed high-risk as their mental health is not assessed on a regular basis (Grantham, 2014). Additionally, as annual reviews are only revoked for high-risk designations a “distinction in the NCR population based on the nature of the offence arguably imports an element of personal responsibility for the criminal act” rather than the potential risk the individual poses (Barrett & Shandler, 2006, p. 7). Important to realize is that NCRMD verdicts are premised on the individual being detained in custody solely until the psychological distress experienced is no longer a threat to society rather than being based on the

crime committed as “the disposition is also not considered to be punitive in nature” (Department of Justice, 2015, para. 16; *Winko v. British Columbia*, 1999). This is significant as those deemed high-risk are now being detained independent of mental status which results in the designation being punitive.

The high-risk designation and the expansion of what can be considered a “significant threat to the safety of the public” detains NCRMD individuals more securely and for longer periods of time within the forensic system (British Columbia Prosecution Services, 2018; Goossens et al., 2018). Furthermore, the Reform Act diverts attention from the underfunded civil mental health system in which the government does not intend to invest additional resources into (Sutton, 2013). This is of interest, as research has found that 75% to 87.5% of NCRMD individuals were previously hospitalized in a psychiatric facility prior to committing their crime which indicates that hospital support and treatment is inadequate (Crocker et al., 2011; Livingston et al., 2003). Furthermore, in regards to the three changes to increase victim involvement in the NCRMD process, these were already assured prior to the enactment of Bill C-14 (Fedoroff, 2013).

One of the key challenges to acquiring evidence-based laws and policies for this population is the media’s poor knowledge transfer from the experts to the public and decision makers (Cocker et al., 2015b). As Grantham (2014) states, “sensationalistic cases involving mentally disordered offenders combined with a lack of understanding by the public as to how the mental disorder defence operates have caused the current government to push for unnecessary and unconstitutional amendments to the NCRMD regime” (p. 63). The legislation of the Reform Act was based on the government’s fear-based tough on crime approach and was supported due to the excessive media prominence of these rare high-profile cases (Crocker, Nicholls, Seto, & Cote,

2015a; Sutton, 2013). Focusing on the public's insecurities and fears resulting from these rare acts of violence, there was a shift in government policy making from being based on expert opinion and research to policy being "pulled and contorted by reflex and emotion" (Criminal Lawyers' Association, 2013, p. 6). Through emphasizing harsher crime control policies, the government symbolically portrayed that public security and well-being were being prioritized by putting the rights of the public over those of the accused.

The way stories and the attribution of responsibility are constructed for the event influences changes in public policy and legislation. Whether a murder is committed by a person experiencing mental distress is framed as being a consequence of policy, or if capability is firmly placed onto the individual, the link between public safety exists (Paterson, 2006a).<sup>13</sup> Despite this, blame on policies is usually avoided due to pressure groups and politicians who control and dominate the interpretation of events to the public (Paterson, 2006a). Politicians then generally opt for coercive measures, that is, these "strategies that minimize the impact on the political official rather than equitably balancing risks" (Wolff, 2002, p. 802, as cited in Paterson, 2006a, p. 299).

## **2.4. Contemporary Canadian News Media and Mad People**

### **2.4.1. The News Media's Coverage of Mad People**

Research has indicated that for the general public, the media is still the primary source of information about psychiatric diagnosis (Baun, 2009; Coverdale, Nairn, & Claasen, 2002; DYG, Inc., 1990; Mindframe, 2008; Pirkis, Warwick, Blood, Francis, & McCallum, 2005; Stout, Villegas

---

<sup>13</sup> Nikolas Rose (2002) draws attention to the fact that risk-thinking dominates psychiatry and although always has, it has evolved since the 1990s to include all psychiatricized persons. Rose also highlights that viewing the public as victims of community mental health policies has overtaken the once public view that psychiatric patients were victims of the institutionalized asylum. In Rose's words, it has gone "from care in the community to scare in the community" (p. 182).

& Jennings, 2004; Wahl, 1992; Whitley & Berry, 2013; Yankelovich, 1990). Yet, the media's coverage of people who experience mental distress remains exceptionally and consistently inaccurate, invoking stereotypes of the unpredictable, violent, dangerous, and dishevelled *Other*, who is a burden upon society, incurable, dehumanized, and indecipherable (Harper, 2005; Salter, 2003; Sieff, 2003). The inaccurate and stereotypical news coverage significantly contributes to the stigmatization and the public's sanist views of people with psychiatric diagnoses (Stout, Villegas & Jennings, 2004; Wahl, 1992) in particular those diagnosed with schizophrenia (Nairn & Coverdale, 2005; Read & Haslam, 2004), as well as, creating more support for coercive psychiatric practices through mental health laws and policies (Cocker et al., 2015; Cross, 2010; Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008; Wahl, 2003).

The news media's "grossly inaccurate representations" distorts the image of Mad people and creates a stereotype that is highly dissimilar of the reality of the people within this community, even those who experience the most intense mental distress (Wahl, 1995, p. 86). The dehumanization that occurs to this population by the media's portrayal of them as different and *Other*, constructs stereotypical representations of madness that creates a divide between this population and the rest of society (Price, 2011). As in the 19<sup>th</sup> century, this portrayal also provides little, if any, recognition past one's diagnosis thereby forging their diagnosis as their identity (Wahl, 1995).

Sympathetic news coverage is rarely utilized and when it is, Mad folks are portrayed as helpless and in need of help by "experts" (Philo et al., 1994). Competency and independence are rarely depicted, stories of accomplishments or recovery are few and far between, while stories that do not predominantly focus on crime or violence, usually accentuate "dysfunction and disability"

(Corrigan, et al., 2005; Wahl, 2003, p. 1597). Along with this, the voices of the Mad community are rarely included in news media coverage. This reinforces the inaccurate notion that this population cannot speak for themselves (Berry & Whitley, 2016; Wahl, Wood & Richard, 2002; Wahl, 2003), which is further reinforced by journalists seeking out medical experts instead of people with lived experience (Philo et al., 1994). Furthermore, as medical expert opinions dominate the discussion within the news media, other professional voices regarding policy, law and treatment are excluded. This results in media representations contributing to the medicalization of mental distress and support for coerced hospitalization and medication as solutions while evading community and social interventions (economics, homelessness) (Wahl et al., 2002; Wahl, 2003) as well as, silencing the institutional and social violence this population endures from being discussed (Harper, 2005). Despite this, most media professionals “reject the notion that they are responsible for the perpetuation of harmful stereotypes, claiming instead that they merely mirror the values and beliefs of our society” (Bolton, 2000 as cited in Salter, 2003, p. 123). Even when a violent crime occurs by someone deemed to be sane, the media tends to report the act using “loaded terms” such as madman, psycho, and maniac (Corrigan et al., 2005; Philo et al., 1994, p. 279; Wahl, Wood, & Richards, 2002), which ultimately links criminal violence to the Mad community.

Despite changes within society concerning mental health as a whole, people diagnosed with schizophrenia, predominantly due to the sensationalized<sup>14</sup> stories concerning this population, has led to them experiencing the worst prejudice and discrimination within the Mad community

---

<sup>14</sup> Sensationalism is not merely exaggeration of the events or bad reporting, it distorts stories and reinforces ignorance and perpetuates, in this instance, sanist views and disserves the public through misinforming them about the people who live in the world with them and the criminal justice system. The media exists to inform the public but facts become secondary to “getting the scoop, to grab attention, to make a big splash” (McCormick, 2010).

(Read & Haslam, 2004), due to these incidences being taken as the norm. Mad people “live with the double challenge of disabilities and fighting unfair stereotypes and prejudice... as a consequence, this population is doomed to a vicious circle of marginalization, alienation, poverty and social exclusion” (Guarniero, Bellinghini, & Gattaz, 2017, p. 242).

## **Demographics**

The news media produces more stigmatizing articles about men diagnosed with schizophrenia than women, where they are stereotyped as violent and dangerous (Whitley et al., 2017) and the resulting rights violations are carried out through coercive psychiatric practices based on their gender, class, and race (Van Veen, Ibrahim, & Morrow, 2018).

Numerous Canadian studies have examined the media’s portrayal of people labelled with a psychiatric diagnosis. A Canadian study analyzed over 11,000 news articles between 2005 to 2010 and found that approximately 40% of stories relating to people labelled with a psychiatric diagnosis were in the context of crime and violence with repeated associations made between “danger, violence, criminality, and” mental distress – “and specifically schizophrenia”; that people with lived experience were only quoted or paraphrased in 17% of the articles; recovery or rehabilitation were mentioned in only 18% of articles; and “contextual factors such as resource shortages and/or the quality of existing care and services” were discussed in 29% of the articles reviewed (Berry & Whitley, 2016, p. 355-356; Whitley & Berry, 2013).

Another Canadian study analyzed newspaper coverage of psychiatric diagnoses to assess if media portrayals changed between the years 2005 and 2015. Researchers found that more recent articles were “significantly more likely to have a positive tone, to mention shortage of resources, to quote people with mental illness or mental health experts, and to be less stigmatizing in content”

(Whitley & Wang, 2017, p. 283). However, in the last five years of the study, even though this population is statistically less likely to be violent than the general population (Wipond, 2013), they found that stories relating to crime and violence increased by over 50% (Whitley & Wang, 2017).

The only Canadian study conducted on media representations of NCRDM stories consisted of a four-month review in 2015 consisting of 940 news articles from 20 different newspapers, whereby researchers compared NCRMD articles and general articles reporting on people diagnosed with a psychiatric label. Their findings revealed that NCRMD stories were substantially more negative and stigmatizing than general articles and that the Mindset guidelines for journalist to follow when reporting on case where the individual experiences mental distress were “infrequently followed” (Whitley, Wang, Carmichael, & Wellen, 2017, p. 700). The previous research was nested in a larger study that assessed media portrayal changes between the years 2005 and 2015 and was independently published (Whitley et al., 2017).

Another Canadian study attempted to influence the content of two of the most popular newspapers concerning articles discussing schizophrenia through a media intervention. Reporters were provided with background information that accurately represented Mad people and assisted them in the development of positive news stories. The results of this intervention were that although positive stories about mental health increased by 33%, as did their word count by 22% per report, correspondingly, negative stories also increased by 25% and their word count doubled. Most compelling though was that within the negative stories, stigmatizing articles about schizophrenia increased by 46% (Stuart, 2003).

In comparison to studies conducted a decade ago, current research indicates that media representations have reduced the volume of negative stories associated with psychiatric diagnoses

overall, however stories concerning violence and crime, especially if it involves a person diagnosed with schizophrenia or a NCRMD case, have significantly increased in volume and sensationalistic portrayals (Corrigan et al., 2005; Nairn & Coverdale, 2005; Stuart, 2003; Whitley et al., 2017; Whitley & Wang, 2017).

Although the news media's coverage of Mad people is shamefully inaccurate and willfully ignorant, one exception was Canadian mainstream media journalist Scott Simmie's responsible, inclusive, and constructive coverage in the late 1990s and early 2000s. Simmie publicly self-identified as having a "mental illness" (this is the language he identified with) and took the views of Mad people seriously. Despite having a medical model of mental health orientation, his contributions to fighting sanism by reaching the general public are significant. An example of this is his 7-day series on mental health whereby he divulged his history with madness and described in great detail his employer's unsupportive response, attempts to get treatment, and his length journey to recover. Scott then juxtaposed his story with that of Edmond Yu, a medical student whose experience with madness resulted in being cornered and killed by the Toronto police on a bus. Simmie's articles continued to be carefully researched intertwined with real life examples to inform society about the many problems occurring for Mad people and potential solutions written in a manner that elicited reader's interest in the article and produced a level of understanding (Simmie, 1998). It is unusual that a person with a psychiatric history had such a prominent role writing in the mainstream newspaper about Mad people from a sympathetic point of view, even if it was from a medical model standpoint.

#### **2.4.2. Influence of Negative Media Reporting on Policies and Laws**

As recent research indicates, articles that include negative portrayals of psychiatricized people have been found to increase public beliefs about dangerousness, social distance, and fear. One study found that after reading news stories about a mass shooting by a person experiencing mental distress, readers attitudes were negative towards, and were significantly less likely to live near or want to work with, this population (McGinty, Webster, & Barry, 2013). Researchers also found that after a pilot deliberately crashed a flight while experiencing mental distress, public beliefs about unpredictability and psychiatric diagnoses significantly increased, as did their opinions that this population is different from the general public (Schomerus, Stolzenburg, & Angermeyer, 2015). Another study found that research participants significantly perceived people diagnosed with a psychiatric label as dangerous if they recalled negative media coverage about this community (Reavley, Jorm, & Morgan, 2016).

The impact of news should not be underestimated as their repeated stories about particular cases can create an insistent drumbeat that policymakers cannot ignore. The media as a whole, misrepresents social problems and “tends to exaggerate the threat of crime and to promote policing and punishment as the antidote. This is likely to accentuate fear, and thus support for law and order policies” (Potter & Kappeler, 2012; Reiner, 2002, p. 407). In essence, “the news media are as much an agency of policing as the law enforcement agencies whose activities and classifications are reported on” (Ericson, Baranek, & Chan, 1991, p. 74). Thus, the news media embodies and emulates the social order’s official version of events.

Social issues are still misrepresented by the mainstream news media in several ways through negative over simplistic stereotypical group representations of specific identities (age, class, race,

sexual orientation, disability, mental distress, religion). The focus on certain stereotypical identities as offenders in crime news while omitting their victimization rates<sup>15</sup> reinforces prejudice and bias towards these groups while further dismissing identities deemed to be normative (white, male, heterosexual, middle-class) (Levin & Madfis, 2012). Aside from the authenticity of government crime statistics themselves,<sup>16</sup> when statistics are employed by the media, these can be completely unreliable through the selective manner (uncritically portrayed) to interpret the statistical claims that ensure conformity with their simplified crime narrative while discounting an otherwise complex issue (Little & McGivern, 2012; Silverman, 2012). Another way the media tends to misrepresent social issues is through repeated coverage on an issue that falsely creates the appearance that the issue is out of control while negating to show the statistics that prove otherwise (Little & McGivern, 2012).

A causal link exists between changes in policy and legislation and media representations (Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008; Wahl, 2003). The media influences public policy by giving issues specific attention, shaping public opinion, providing information to policymakers, setting new issues on the political agenda by “amplifying” events (Wolfsfeld & Sheafer, 2006), framing events in particular ways that construct a problem, legitimizing certain social policies and courses of action, and then recommending solutions (Happer & Philo, 2013; Van Aelst, 2014). Not only do media portrayals disproportionately focus on criminality and dangerousness, but when a rare act of violence does occur, the repetition of the story that links

---

<sup>15</sup> People with psychiatric diagnoses have a greater likelihood to be victims of violence than perpetrators (Hiday, Swanson, Swartz, Borum, & Wagner, 2001; Sadeh et al., 2013; Silver et al., 2005).

<sup>16</sup> See Lewis, C. (2013). The truth about crime statistics. *The Police Journal*, 86(3): 220-234, DOI: 10.1350/pojo.2013.86.3.625 for an article written by a Chief Statistician at the Home Office (U.K.) that looks at 60 years of statistics in order to improve public understanding of crime statistics.

violence with mental distress, perpetuates sanism, stigma and societal fears of the Mad population (Wahl, 2003). Furthermore, the repetition of these kinds of news articles reinforces the construction of two opposite portrayals, the worthy victim and the deranged killer, which then shapes public perceptions and policy solutions in the absence of alternatives (Happer & Philo, 2013; Walker, 2008).

The media rarely reports on NCRMD cases but when they do it is on the statistically rare cases that are violent and heinous in nature, which are then covered in a sensationalized and excessive manner depicting the individual as a public danger and who is escaping punishment (Ewing, 2010; Kachulis, 2017; Ryan & Whelan, 2012; Vitello & Hickey, 2006). To report on a verdict that is rarely covered in a sensationalized manner while evading to report on the complexity of the defence misleads society and skews public opinion (Vitello & Hickey, 2006). The excessive and prolonged media focus on rare acts of violence committed by individuals experiencing mental distress, in particular those diagnosed with schizophrenia, who are viewed as the epitome of risky madness, has previously influenced mental health policy and legislation changes in Canada, U.S., Scotland, and England (Cocker et al., 2015; Cross, 2010; Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008; Wahl, 2003).

In Ontario, there is Brian's Law<sup>17</sup>; In New York, Kandra's Law<sup>18</sup>; and in California, Laura's Law<sup>19</sup> – each of these has been named after the victims of people killed by an individual diagnosed with schizophrenia.<sup>20,21</sup> Therefore, the excessive amount of focus by the media links mental distress and violence after a rare act of violence while concurrently demanding legislation and policy reform has resulted in legislation that coerces this population to be involuntarily committed to psychiatric hospitals and forced drugging.

### 2.4.3. Public Misconceptions about NCRMD Verdict

Consistently, empirical studies and public surveys reveal the strong negative views and vast misconceptions society has towards the NCRMD defence (Ewing, 2010; Daftary-Kapur, Groscup,

---

<sup>17</sup> Brian's Law was a direct result of the intense media coverage of the killing of a well-known sports reporter, Brian Smith by psychiatric out-patient, Jeffrey Arenburg (Walker, 2008). Legislated in 2000, Brian's Law amended the *Mental Health and Health Care Consent Act* and legislated involuntary treatment outside hospitals through forced drugging and/or electroshock of psychiatric outpatients – otherwise known as Community Treatment Orders (CTOs) (Fabris, 2011; Hartford et al., 2003) and enabled quicker involuntary commitment. This legislation privileges medical and legal conceptualizations of madness and mental distress while increasing sanism, ultimately pushing alternative approaches to the periphery and effectively silencing them (Mulvale, Abelson, & Goering, 2007; Stuart, Arboleda-Florez, & Sartorius, 2012). CTOs have pitted the wider community against psychiatrized people by creating the dichotomy of public safety versus threat. While legal mechanisms ensuring individuals are not forced to take psychiatric drugs are supposedly in place, the reality is that patients are given two choices: comply with the designated treatment or remain confined in a psychiatric hospital.

<sup>18</sup> Similar to Brian's Law, Kendra's Law resulted from Kendra Webdale being pushed onto the subway tracks by Andrew Goldstein in New York City in 1999. This law allows psychiatrized people to be forced into outpatient treatment (Wahl, 2003).

<sup>19</sup> Akin to the previous two laws, Laura's Law was legislated in 2002 in California after a woman was killed by an individual experiencing mental distress due to not taking his psychiatric medication. This law allows court-ordered community treatment for people who have been previously involved with the law and confined to a psychiatric hospital (Department of Health Care Services, 2015).

<sup>20</sup> In England, between 1985-2000, the news media's sensationalization of two deaths committed by people experiencing mental distress also had a substantial impact on mental health social policy (Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008).

<sup>21</sup> Laws that frame individuals as the problem have detrimental effects upon the population they belong to (Walker, 2008) and are clearly attributed to the failures of mental health policy. As a constant reminder of the killing, the way "Brian's Law" was framed as "the untreated psychiatric outpatients, in particular those diagnosed with schizophrenia, living in the community as posing a threat to society" (Graham & Mulvale, 2013, p. 37). It also suggests that people mandated onto a CTO are potentially cold-blooded killers; thus they are dangerous to the public (Walker, 2008). This frame emphasizes the erroneous link between violence and psychiatric diagnoses while further obscuring that psychiatrized people are four times more likely to be victims of violence than the rest of the population (Canadian Mental Health Association (CMHA), 2018); not the perpetrators of violence (Elbogen & Johnson, 2009; Stuart, 2003; Teplin, McClelland, Abram & Weiner, 2005).

O'Connor, Coffaro, & Galietta, 2011; Maeder, Yamamoto, & Fenwick, 2015; Perlin, 1996; Skeem, Loudon, & Evans, 2004). This is reinforced by the media's inaccurate reporting about the verdict and lack of information the public receives about the institutional treatment of those detained within the forensic psychiatric system<sup>22</sup>. Six misconceptions have been identified.

*Misconception #1: The NCRMD verdict allows individuals to escape criminal liability through a criminal justice loophole* (Golding, 1992; Hans, 1986; Perlin, 1994; Pilon, 1999; Kachulis, 2017; Silver, Cirincione, & Steadman, 1994; Taylor, 2016).

It is regularly expressed that the NCRMD defence is overused even though it is invoked in less than 1% of all Canadian and American criminal cases (Lilienfeld et al., 2010; National Commission on the Insanity Defense, 1983; Skeem & Golding, 2001; Statistics Canada, 2014; Vitacco et al., 2009; Wahl, 1995). Moreover, in North America, only 25% of those 1% of cases are successful in invoking this defence (Lilienfeld et al., 2010; Tory & Billick, 2010). In other words, it is extremely rare for a crime to be committed due to a psychiatric diagnosis as the contributing factor, yet the media consistently reports on only the high-profile cases that are successful in attaining the verdict which is deceptive (Lilienfeld et al., 2010; Wahl, 1997). For individuals who experience delusions and are instructed to commit an illegal act, this is clearly the contributing factor to their crime, yet this is exceptionally rare. This misconception ties into the inaccurate belief that people who experience mental distress have a greater probability and higher rates of violence than people without a diagnosis.

This misconception can be attributed to a variety of sources such as the portrayals of madness by the mass media as a whole and the inaccurate ways certain studies have defined and

---

<sup>22</sup> Forensic facilities are secure hospitals resembling more that of a prison with guards that holds individuals who have come in conflict with the law and are deemed unfit to stand trial or not criminally responsible due to mental distress.

measured dangerousness.<sup>23</sup> Another factor is the dismissal of intersectional and contextual factors associated with violence statistics in relation to people who experience mental distress. A person with a psychiatric diagnosis can commit a criminal act that is unrelated to their diagnosis, yet their crime will be added to the statistics of mental distress and violence (Wahl, 1995). Statistics on the higher rates of dangerous and violent behavior among people who are discharged from public hospitals are likely reporting the effects lower socioeconomic status rather than psychiatric diagnoses. Individuals treated in hospitals “come disproportionately from lower socioeconomic backgrounds, and lower socioeconomic status is itself strongly associated with most measures of crime and violence” (Wahl, 1995, p. 79). Likewise, other risk factors related to violence, and the underlying cause of the violence such as substance abuse (Pickard & Fazel, 2013; Steadman et al., 1998; Yang, Mulvey, Loughran & Hanusa, 2012), childhood abuse (Fazel, Gulati, Linsell, Geddes, & Gram, 2009; Van Dorn, Volavka, & Johnson 2012), violent previous victimization (Elbogen & Johnson, 2009; Sadeh, Binder, & McNeil, 2013; Silver, Arseneault, Langley, Caspi, & Moffitt, 2005), and/or unemployment and precarious living conditions (Elbogen & Johnson, 2009) may be dismissed and ignored.

Harper (2009) emphasized in his study of 20<sup>th</sup> century media that the mass media tend to portray mental distress differently depending on social class, gender, and race of the individual, and that these portrayals reinforce the gender, class, and race oppressions:

---

<sup>23</sup> “Some have used post-hospitalization arrest records, some records of in-hospital assault, and others self-reported acts of aggression by those in the community. Moreover, each of these measures may not reflect the kind of intense, injurious acts the public associates with the term “violence.” Studies using posthospitalization arrest records, for example, sometimes have not excluded the minor charges (loitering, trespassing) that are increasingly used to get people with mental illnesses off the streets. Some hospital “assaults” involve little more than shoving someone in a crowded lunchroom and verbal as well as physical altercations. Self-reported violence might include throwing objects at someone else or bruising a child with a hard spanking. Such acts, while clearly unacceptable, are nevertheless not the random savagery one might infer from the term “violence.”” (Wahl, 1995, p. 201)

There is a clear link between violence and poverty...[P]eople suffering with mental distress often belong to a lower social class than those who do not; their higher rates of violent behaviour might therefore be explained in terms of their frustration or anger at their lack of social power... Understanding violence as a response to social coercion is useful, dislodging the stigmatizing notion of violence as an individual act of evil. (p. 46 )

Therefore, the contextual factors may better explain any degree of violence among people with a psychiatric diagnosis rather than diagnosis as the cause. In addition, the lived realities of people who experience mental distress are generally given little attention, such as people with psychiatric diagnoses are more of a danger to themselves than to others (Carpiniello, Girau, & Orrù, 2007) and have a greater likelihood to be victims of violence (Hiday, Swanson, Swartz, Borum, & Wagner, 2001; Sadeh et al., 2013; Silver et al., 2005). Mental distress can be relevant to the risk of violence however the causes of violence are indirect, complex and are arguably more fixed in historical, situational and individual contexts rather than a psychiatric diagnosis (Elbogen & Johnson, 2009). Despite the sensationalistic, dramatic, and frightening headlines of the rare and tragic violent acts by the few people with psychiatric diagnoses who commit violent acts, that the public should be questioning “which groups in [Canadian] society pose the greatest threat to the community in terms of inflicting death and serious injury on others?” (Shah, 1990, p. 2021). Notably, the strongest socio-economic factors associated with violence, are the combination of being young, lower socioeconomic status, single, and male (Monahan, 1983, 1992; Statistics Canada, 2012; Wahl, 1995).

*Misconception #2: Detainment in a forensic hospital is easier than being sentenced to prison.*

This can partly be attributed to forensic hospitals emphasizing that they “rehabilitate” rather than punish NCRMD inmates (Community Legal Assistance Society [CLAS], 2014). It is clear from the historical cases that the NCRMD defence is founded upon that the justice system transformed the insanity defence in order to retain authority over individuals who were at one point in history, able to walk free. Although Hadfield and M’Naghten were both acquitted, due to the legal changes, they spent the last few decades of their lives confined<sup>24</sup> (Moran, 1985b).

Another point is that therapeutic interventions that are integrated into sites of punishments and control, such as NCRMD, are not only punitive but also cruel (Pollack, 2009). Carlen and Tombs (2006) refer to the relationship between therapy and prison as a ‘therapeutic rhetoric’ whereby the prison is presented as a location for correcting the causes of crimes and facilitating rehabilitation, while deemphasizing the fundamentally exclusionary and coercive carceral space it is, which frames therapeutic interventions within a context of inflexibility, punitiveness, and hostility. Thus, when a therapeutic modality is linked to punitiveness, treatment operates as a form of penalty. Psychiatric and forensic hospitals should be recognized as punitive in nature as they are an extension of the penal system and part of carceral net-widening (Dej, 2015).

Unlike a prison sentence that has a definitive end date<sup>25</sup>, NCRMD verdicts are indefinite and indeterminate that require a Review Board to grant one of three dispositions (absolute discharge, conditional discharge, or hospital custody order) based upon whether the accused poses a significant threat to public safety (Verdun-Jones, 1994). An absolute discharge means the patient

---

<sup>24</sup> Hadfield spent the last 41 years of his life confined while M’Naghten spent the last 22 years of his life confined.

<sup>25</sup> Prison sentences have a definitive release date unless the offender commits another crime while incarcerated and receives more time added to their sentence.

is released from the psychiatric hospital into the community with no supervision and is only granted if the Review Board decides the person is not a “significant threat” to public safety (*Criminal Code, 1985, s. 672.54(a)*). A conditional discharge may allow the patient to conditionally live in the community (this usually includes being supervised by mental health officials) (*Criminal Code, 1985, s. 672.54(b)*). For patients who receive a conditional discharge, if they disobey a condition in their disposition order, they may be arrested (*Criminal Code, 1985, s. 672.93(2)*). However, conditional discharges can also require the individual to reside in the psychiatric hospital (Grant, 1997). Lastly, a hospital custody order detains the patient in a psychiatric facility until the Review Board decides a conditional or absolute discharge is appropriate (*Criminal Code, 1985, s. 672.54(c)*). This indefinite detainment results in most individuals spending considerably longer in the forensic hospital and on conditional discharges compared with pursuing a guilty conviction and sentence through the criminal justice system (CMHA, 2015; Lilienfeld et al., 2010). Not only are individuals usually detained longer once a NCRMD verdict is reached, but these cases take 17% longer to complete than regular criminal cases on average (Miladinovic & Lukassen, 2014). This is a proportionality issue, which within the legal arena refers to sanctions being appropriate to the crime committed (Cavadino & Dignan, 2008).

When NCRMD individuals are given incremental privileges by the Review Board (such as having outside escorted walks on the hospital’s property), they are publicly scrutinized due to the media’s consistent and excessive coverage (CMHA, 2015). A year after Vince Li was found NCRMD and detained in Manitoba’s Selkirk Mental Hospital, the Review Board granted him outdoor passes on hospital grounds, twice daily if accompanied by two staff members. Due to the media’s coverage, a public frenzy was created and the Justice Minister vetoed the outings (Brodsky,

2017). The simple privilege of walking on hospital grounds for 15 minutes a day is something some NCRMD patients wait years to be granted while other psychiatric inmates are never granted. O'Brien, an NCRMD patient at the same facility Vince Li was detained in was denied this privilege even after ten years of detainment (Brodsky, 2017). The vast majority of society are not aware of people like O'Brien within these facilities as the media does not report how the NCRMD process works and instead reports on the rare cases, which then become perceived to be the NCRMD norm. Individuals are not allowed to wander through the forensic hospital without staff and are held for the majority of the days in isolated secure units where they do not have access to entertainment (internet, television) (CLAS, 2014). Yet, within a penitentiary, unless in solitary confinement, prisoners can roam the grounds daily during particular times and have access to a library, gym, and outside organized sports. Inmates usually have televisions in their cells, have the right to participate in paid labour while also developing skills in a particular trade. NCRMD individuals are not afforded the privileges inmates receive on the very first day at a penitentiary (Brodsky, 2017).

Most compelling though is that NCRMD and forensic inmates are vulnerable populations that are subject to cruel, inhumane, and degrading punishment under the guise of “treatment” and these practices are widely ignored by just about everyone: policymakers, advocates, media, lawyers, judges, and society members. Nationally and internationally “studies about forensic facilities tell – with deadening similarity – stories of mistreatment, lack of treatment, wholesale violations of civil and constitutional rights, and abuse” (Perlin & Schriver, 2013, p. 19-20).<sup>26</sup> In a penitentiary,

---

<sup>26</sup> For a comprehensive study describing the conditions of forensic facilities see: Hafemeister, T. & Petrila, J. (1994). Treating the mentally disordered offender: Society's uncertain, conflicted and changing views. *Florida State University Law Review*, 21(3): 729-869. For litigation challenging the conditions of the forensic system in the U.S. see: Loring, K. (2002). The catalyst theory meets the Supreme Court—Common sense takes a vacation. *Boston College Law Review*,

inmates are not forced to take medications, whereas as an NCRMD verdict requires medication and other psychiatric “treatments” that cause irreversible brain damage to be physically forced upon individuals (Brodsky, 2017). NCRMD individuals who do not comply with these treatments are deemed ineligible for privileges and to be released (Brodsky, 2017). Perlin and Schriver (2013) beautifully articulate that the Convention against Torture (CAT) and the Convention on the Rights of People with Disabilities (CRPD) did not include NCRMD nor forensic inmates in their conventions and that the legal academic literature is conspicuously void in addressing this issue.

*Misconception #3: NCRMD individuals are feigning mental distress to get away with a crime.*

This is a common depiction however, in the forensic hospital environment, this is next to impossible to accomplish long term with the constant surveillance inmates are under (CLAS, 2014). They are constantly under surveillance and monitored twenty-four hours a day, repeatedly questioned about their thoughts and actions throughout the day which are then logged into reports (CLAS, 2014).

*Misconception #4: Review Boards put the liberty interests of NCRMD inmates before public safety.*

This popular misconception is strongly upheld by the media. This is highlighted by the media's persistent and adverse reporting on privileges afforded to high-profile NCRMD case. Yet, studies have shown that Review Boards are not lenient in their decisions and rule with an err of

---

43(4): 973-1008. For international examples of forensic facility conditions see: Mental Disability Rights International (MDRI). (2009). *Ruined lives: Segregation from society in Argentina's psychiatric asylums*. Retrieved from [https://www.driadvocacy.org/wp-content/uploads/MDRI.ARG\\_.ENG\\_.NEW-Argentina.pdf](https://www.driadvocacy.org/wp-content/uploads/MDRI.ARG_.ENG_.NEW-Argentina.pdf); Exworthy, T., Samele, C., Urquia, N., & Forrester, A. (2012). Asserting prisoners' right to health: Progressing beyond equivalence. *Psychiatric Services*, 63(3): 270-2755. doi: 10.1176/appi.ps.201100256.; Human Rights Watch Statement for the Record to the Senate Judiciary Committee Subcommittee on Human Rights and the Law. (2013). *Mental illness, human rights, and US prisons*. Retrieved from <http://www.hrw.org/news/2009/09/22/mental-illness-human-rights-and-us-prisons>; *Madrid v. Gomez*. (1995). 889 F. Supp. 1146, 1265 (N.D. Cal.).  
Perlin, M. (2007). International human rights law and comparative mental disability law: The universal factors. *Syracuse Journal of International Law and Commerce*, 34: 333-54.

caution while refraining from granting liberties if they suspect any public danger (Bloom & Schneider, 2006; Crocker et al., 2013; Fedoroff, 2013; Latimer & Lawrence, 2006; Livingston et al., 2003). The Department of Justice (Latimer & Lawrence, 2006) conducted an analysis of Review Board dispositions that encompassed seven provinces<sup>27</sup> and involved a total of 6,802 NCRMD cases, found that 51.7% of all NCRMD individuals between 1992 and 2004 were given a forensic hospital detention order. Of these cases, 30.9% were detained for 5 years while 24.9% were held for over ten years under the Review Board's jurisdiction. Crocker et al.'s (2013) research analyzed a sample of 2,670 NCRMD individuals in British Columbia, Ontario and Quebec and found at the end of their data collection that 50.8% of NCRMD inmates who were committed for a violent offence were still under the Review Board jurisdiction after eight years.

*Misconception #5: The NCRMD defence is only invoked for serious violent crimes.*

The next misconception is that the NCRMD defence is only invoked for serious violent crimes (murder and attempted murder) when in reality these offences represent only a small proportion of all NCRMD offences (Kachulis, 2017), leaving the public to draw knowledge from the only NCRMD cases reported to the public by the media – the most extreme cases. From 2005 to 2012, homicide accounted for 1% of all the NCRMD cases in Canada (Miladinovic & Lukassen, 2014). This indicates that the news media does not accurately represent this population, as contrary to public belief, NCRMD verdicts are not predominantly for crimes of murder and attempted murder. Historically, this defence has been defined as being designated for violent and dangerous individuals (Arboleda-Florez, 2003; Standing Committee on Justice and Human Rights, 2002) yet in reality, a small percentage of this population commit crimes of serious violence.

---

<sup>27</sup> The seven provinces included in this study were Prince Edward Island, Quebec, Ontario, Alberta, British Columbia, Nunavut, and Yukon.

*Misconception #6: Individuals with an NCRMD designation will always be a danger to the public.*

Lastly, the notion that individuals with an NCRMD designation will always be a danger to the public is yet another myth. In actuality, this population has low recidivism rates overall and extremely low violent recidivism rates (Mental Health Commission of Canada [MHCC], 2013). Crocker et al.'s (2013) research further found that recidivism rates were approximately 10.4% among this population over three years following a conditional or absolute discharge. According to Crocker et al.'s (2012) study (as cited by the Mental Health Commission of Canada, 2013) they found that a 19.7% recidivism rate existed for all NCRMD cases while for violent offences the rate was 7.7%. By comparison, research conducted of all long-term offenders released from Canadian federal custody found that the recidivism rates were 33.5% overall and 11.6% for violent crimes (Harris, 2002; Johnson & Grant, 2000; Villeneuve & Quinsey, 1995).<sup>28</sup> In Ontario, the 2015-2016 recidivism rate for provincial offenders was 59.6% (Ministry of the Solicitor General, 2019). Given these statistics, it is evident that NCRMD inmates are less likely to re-offend and therefore less of a public danger than inmates released from prison.

### **Conclusion**

The historical attitudes of the public and press towards criminal insanity, now referred to the NCRMD verdict, can arguably reveal contemporary attitudes towards madness as the stereotypes, press reporting styles, and content they report on legal cases involving insanity are all strikingly similar. The fact that the majority of society still gets their understanding about madness and crimes committed by people experiencing mental distress, as they did in the 17<sup>th</sup> century, puts an

---

<sup>28</sup> These numbers are quite dated as they use statistics from the mid-1990s. During and since the period that Stephen Harper served as Prime Minister, the Correctional Service of Canada did not measure recidivism rates (Harris, 2002).

ethical responsibility on journalist and news outlets to change how they report on this issue and an even larger onus on activists and social justice advocates to implement these changes.

## Chapter Two: Filicide

### Introduction

This chapter will discuss the literature on filicide utilized in this dissertation. Section 2.1. introduces the concept of filicide. Section 2.2. will discuss the motivational factors for parents who commit filicide. Section 2.3. deals with the historical and cultural background in relation to filicide. Section 2.4. addresses the risk factors for filicide. Section 2.5. describes filicide-suicide. Lastly, section 2.6. discusses the limited amount of literature on the justice system, NCRMD and filicide.

### 2.1 Filicide

Filicide is a rare event. In Western countries during the past two centuries, filicide rates have declined (Dawson, 2015; Sturup & Granath, 2014). In Canada in 2017, 34 children were killed by their parents and in 2018, 30 children were killed (Statistics Canada, 2018). This rate has decreased from 50 children a year since Tracy Latimer was killed in 1993 (Sobsey, 2001). This rate is lower than in the U.S. where it is estimated that 300 children a year are killed by their parents, and it is the third leading cause of death (DenverPost, 2016).

Depending on the age of the child, various definitions exist and are used interchangeably for the act of filicide within the literature. Generally, *filicide* refers to the murder of any child up to 18 years old by a parent(s) or stepparents or guardians. *Neonaticide* applies to newborns who are murdered within their first 24 hours of life; these are predominantly committed by mothers (Brown & Lynch, 1995; Crittenden & Graig, 1990; Grimmins, et al., 1997; Marks, 1996; Schloesser, et al., 1992; Schmidt, et al., 1996). *Infanticide* refers to the murder of a child under one year. Infanticide is committed by both mothers and fathers however, the literature on paternal

filicide is far less prevalent than maternal filicide as it has attracted less research attention than maternal filicide and is therefore less understood.

## 2.2 Filicide - Motivational Factors

Based on motivation factors, Phillip Resnick (1969) was the first to identify 5 main types of filicide and created one of the most influential classifications of filicide. This extensive classification system applies to males and females who commit filicide. Philip Resnick reviewed 155 cases described in the world literature between 1751 and 1967 and divided these cases into having 5 underlying motives:

1. Altruistic filicide: This is murder “committed out of love”. The motivation for the parent to kill the child is because they perceive this to be in the best interest of the child.
  - a. These homicides are associated with parental-suicidal ideation where the parent believes that the world is too cruel to leave the child behind after their death.
  - b. These homicides are meant to relieve the child’s suffering where the child had a disability, either real or imagined, and that the parent finds intolerable.
2. Acutely psychotic filicide: The motivation of the parent is due to psychosis and the murder has no other apparent motive is present.
3. Accidental filicide: The child is unintentionally murdered by the parent and is the result of abuse.
4. Unwanted child filicide: The child is murdered due to being viewed as a hindrance. Included in this category are parents who benefit from the death in some fashion (i.e. marriage where the spouse doesn’t want children or collecting insurance money).
5. Spousal revenge filicide: The parent murders the child as revenge to the other spouse suffer. The other parents may be abandoning the spouse or committing infidelity.

Scott, in 1973, published another classification system based on motivation solely on the actions of fathers (Paternal Filicide).<sup>29</sup>

1. Elimination of an unwanted child by assault or neglect
2. Mercy killing
3. Gross mental pathology
4. Stimulus arising outside the victim
5. Victim as stimulus

Based on Resnick’s system, Guileardo, Prahlow & Barnard (1999) also formulated another classification system however, this classification consists of a broader range of motives.

---

<sup>29</sup> The system was derived from his research involving 46 fathers who killed their children.

1. **Altruism**
2. Euthanasia
3. Child suffering from real adverse event
4. **Acute psychosis**
5. Postpartum - This is applied to mood or brief psychotic disorder if onset occurs within four weeks of delivery
6. Drug and alcohol abuse
7. Seizure disorder
8. **Unwanted child**
9. Unwanted pregnancy or neonaticide
10. Angry impulse (**accidental** renamed)—deliberately inflicted injury but not meant to cause death
11. Innocent bystander—parent often is the intended victim
12. Sadism and punishment—planned, disturbing acts meant to cause harm
13. Sexual abuse
14. Negligence and neglect
  - a. Negligence—acts outside the realm of behavior of a reasonable person
  - b. Neglect—long-term lack of appropriate care
15. Munchausen-by-proxy—intentional or unintentional
16. Violent older child—physical altercation between parent and older child
17. **Spouse revenge**

Finally, Meyer and Oberman (2011) produced a classification system for maternal infanticide

1. Neonaticide
  - a. Denial and Dissociation
  - b. Deliberately hide pregnancy
2. Women who kill in conjunction with their violent or abusive male partners
3. Neglect secondary to distraction or preoccupation
4. Discipline gone awry—child abuse
5. Purposeful infanticide—may be secondary to mental illness

These classification systems have been useful for understanding a parent's motivation for killing their child. Multiple classification systems have been devised based on gender and crime to better delineate the motives but overlap between the classification systems do exist. Further, research on paternal filicide has been limited. Where the child has a disability, the classification of altruistic filicide alarmingly overlaps mercy killing for a few reasons. Primarily, this can be attributed to the use of the terms assisted suicide/dying, euthanasia, and mercy killing being used interchangeably in some academic publications and in the media. To clarify, in assisted suicide/dying, the physician supplies the lethal drug to the patient however the patient administers it (Government of the Netherlands, n.d.). Voluntary euthanasia refers to physicians administering a fatal dose of a

drug to the patient at the request of the patient, thus it is suicide undertaken with the aid of another person (Government of the Netherlands, n.d.). Involuntary euthanasia refers to mercy killing where the person with a disability or terminal illness does not request to die and the murderer claims they did it with compassionate motives (Legal Information Institute, 2020). Disability activists believe legislating voluntary euthanasia and assisted suicide/dying opens the door for involuntary euthanasia (Not Dead Yet, n.d.) The end result of these terms being used interchangeably is misleading and obscures the issues (Palermo, 2000).

Filicide has been justified in certain circumstances against certain infants over others. Scientific academics such as Blaffer-Hrdy (2003), who have correlated infanticide in the animal kingdom in order to explain this human behavior, these human criminal acts (Dowling, 2003) sustain and fuel genetic deterministic and utilitarian ideology and contribute to the dehumanization of people with disabilities and addressing practices such as mercy killing. The social approval of mercy killing, especially in terms of children with disabilities is equally important as this can obstruct and justify understanding filicide and can lead to some parents copycatting the murder.

### **2.3. Filicide – Historical and Cultural Background**

Though long believed by eugenicists and others (including disability rights advocates who have also made these claims), that Ancient Greek culture required parents to commit filicide if their child had a birth defect or a disability, this is now contested by historians of ancient disability history (Rose, 2003). The work of Martha Rose has shown that ancients like Aristotle, in effect, scolded parents in writing for **not** killing their children who had what we would now call disabilities. Rose (2003) notes that Aristotle, and a few other writers, were upset that disabled

children were being allowed to live, something which many later readers took to mean disabled children were therefore killed because figures like Aristotle said murdering disabled infants should be done. Rose (2003) argues the opposite, that ancient Greeks and Spartans were far less murderous in reality. A few very prominent writers from this period who did advocate for killing children were public in doing so because people were not listening to their murderous injunctions. While historians like Rose have shown that disabled infants were not regularly murdered, as has been commonly believed, the idea that esteemed figures like Aristotle, among others, have promoted an ancient form of proto-eugenics in Greece, has had and continues to have a negative impact on disabled people to this day.

In the medieval age, disability was linked with sin and divine intervention was required, as was conversion to Christianity (Drew, 2015). When scientific reasoning replaced religion, the killing of children with disabilities was based on eugenics movement's scientific claims in the late 1800s and early 1990s. In 1939, the Nazi government endorsed the mercy killing of one child with disabilities at the father's, Richard Kretschmar, request which ultimately led to approximately 275,000 executions of people with disabilities (including children) in Germany (Friedlander, 2001). This filicide is considered to have established state policy towards children with disabilities. Motivated by the Kretschmar case, and with the country at war, the Nazis seized the opportunity to legislate for a more consistent approach for similar children (Friedlander, 2001). To some, this child was used to test the euthanasia policies and shortly after a 'Reich Ministry decree' was enacted and their euthanasia program for children with disabilities commenced (Friedlander, 2001). This history represents an example of children with disabilities being cast outside the law. After World War II, killing children with disabilities was deemed a crime against humanity

whereby the eugenics movement lost support. Despite this, according to Sobsey (2001) bioethics gave new arguments for killing children with disabilities.

- 1) Quality of Life Rationale submits that all children with disabilities will suffer and will not enjoy life and it is in the parent's best interests to kill them.
- 2) Personhood Rationale advocates that if the child does not meet a minimum of communication abilities or intelligence for example, they are not human and should not have the rights to have their lives protected. Therefore, if the child is deemed not to be human the act of murder is not immoral.
- 3) Replaceability rationale states that since families must limit the size of their units, it is best to kill a child with a disability and have another child without a disability as the latter, will enjoy life and have greater potentials more than the former.
- 4) Burden rationale insists that children with disabilities are a burden on families and society (Sobsey, 2001).

Across various cultures and throughout history, filicide has been legitimized for one reason or another. Some of these reasons were children produced from rape, adulterous relations or before marriage. Children with disabilities or birth defects were the most widely accepted reasons for filicide and some argue that it is still today.

#### **2.4. Risk Factors**

In the literature, filicide risk factors include the lack of support resources and networks, stresses of caring for a child with disabilities (Rimmerman & Duvdevani, 1996), parents who experience mental distress (Olsson & Hwang, 2001), and characteristics intrinsic to victims such as behaviors that include being physically aggressive toward others, frequent behaviors in certain

disabled populations or repetitive movements and behaviors (Militeri et al., 2002) may contribute to but **do not** justify the killing of children. Studies have also shown that parents, who experienced mental distress while they committed filicide were also socially isolated with a low level of support, were experiencing significant life stressors, and had a history of abuse in childhood (Bourget et al, 2007; Eriksson et al., 2014)

According to Statistics Canada, in 2016, the most common motive for child and youth homicide by a family member was “frustration, anger or despair” (63%), no apparent motive, which includes parents with a psychiatric disorder and dementia was found for 9% of murders while 6% were deemed as other which includes financial gain, mercy killing and sexual violence (Burczycka & Conroy, 2016, p. 77).

American research suggests that children with developmental disabilities are at a greater risk of altruistic filicide (United Nations Office on Drugs and Crime (UNODC), 2019). Risk factors for parents who fatally abuse their children,

include social isolation, economic stressors such as unemployment and low income, alcohol abuse, violence between intimate partners, and suffering from a mental health condition.

Having a functional disability was identified as a risk factor among child victims of abuse in a sample of schoolchildren in the United States; the study showed that children with disabilities were more than three times more likely to be abused than those without disabilities. (UNODC, 2019, p. 45).

Analyzing a decade of child murder in two U.K. counties, Stroud & Pritchard (2001) offer a conceptualization of child murder, dangerousness and psychiatric diagnoses. Parents with a psychiatric diagnosis consisted of 27 parents (14 women and 13 men) who killed 33 children.

Their findings reveal that the large majority of people with psychiatric diagnoses do not pose any threat to their children but they are over-represented in child murder case sample as they represented a total of 44%: 51% were mothers, thus two-thirds of the women had a psychiatric diagnosis and were the largest category for the women. The other mothers were put into the category of 'neglecting'. All the biological fathers who killed their children in this study also had a psychiatric diagnosis. The step-fathers in this study were involved in the murder of children did so with the child's mothers and all had previous criminal convictions for violence. Neglectful mothers killed more than twice the number of children than mothers with psychiatric diagnoses but when a step-father who had a previous conviction for violence was involved, this number rose to more than 8 times more. No children were noted as having a disability.

#### **2.4.1. Psychiatric Diagnosis**

Numerous studies that do not separate by gender indicate an association between filicide and parents having a psychiatric diagnosis, with major depression with psychotic features being the most common (Bourget & Bradford, 1990; Bourget & Gagne, 2002; Bourget & Gagne, 2005; Karakus et al., 2003; Resnick, 1969; West, 1965). In Canada, Bourget and Bradford (1990) found that 31% of filicidal parents had a major depression diagnosis. Resnick (1969) in the U.S. noted in a review of 131 filicide cases that 75% of parents had either a major depression or schizophrenia diagnosis prior to the killing. In Karakus et al., (2003) review of 85 cases of filicide in Turkey, they found that almost half of the perpetrators had either major depression (22%) or schizophrenia (61%). Bourget and Gagne (2002, 2005), Canadian studies, found that 56% of fathers and 85% of mothers who killed their children were diagnosed with schizophrenia/other psychosis and major depressive disorder.

### 2.4.2. Poverty

Pritchard et al., (2013)'s decade-long study of child murderers is re-examined in the context of nineteen Western nations'<sup>30</sup> child mortality rates and child-abuse-related deaths, correlated with four international measures of relative poverty, focusing on income. These researchers found that child mortality and poverty are strongly correlated but child abuse-related deaths were not correlated to poverty. Thus, child abuse-related deaths were not caused by poverty. Even though child murderers are extremely rare, three distinct within-family assailant categories were identified: mothers with a child on the Child Protection Register, men with previous convictions for violence, and parents with a psychiatric diagnosis. The results show that there was no significant correlation between child abuse-related deaths and poverty. Findings also highlighted that parents (mothers and fathers) with a psychiatric diagnosis were the most frequent murderers however, violent men killed over five times the rate of parents with a psychiatric diagnosis. These results indicate that the issues are psycho-criminological, especially violence, rather than socio-economic, although poverty worsens most situations. Along with this, most research on filicide disregards socio-economics.

### 2.4.3. Race

Race is rarely included in the literature. Bourget and Gagne (2005) found that over 90% of the paternal homicide cases were white victims and Silverman and Kennedy (1988) found that over 90% of their maternal filicide cases were white. Kunz and Bahr (1996) found 38% of murderers were black and 54% were white, while the victim's race was nearly identical to the murder's. Dixon et al., (2014) indicated that out of 787 filicides from 1995 to 2009 in the U.S., fathers accounted for 55% of filicide cases, while mothers were the primary

---

<sup>30</sup> The countries were: U.S.A, Portugal, U.K., Australia, New Zealand, Italy, Greece, Ireland, Switzerland, Canada, France, Spain, Netherlands, Germany, Austria, Sweden, Norway, Finland, and Japan.

offender for only 45% of primary filicide offenders. As expected, offenders and victims were a homogenous group racially with 68% of offenders and 65% of victims white and 30% of offenders and victims were black. Therefore, filicide parents and victims are generally white.

#### **2.4.4 Gender of the Parent**

The research is inconclusive regarding the gender of parents who commit filicide. In the case of neonaticide and infanticide, mothers are vastly overrepresented. Despite that in cases of filicide being equally distributed among mothers and father, publicized cases and the literature overwhelmingly suggest that mothers commit filicide at an exceeding rate in comparison to fathers (Bourget & Bradford, 1990; Dawson & Lanagan, 1994; Copeland, 1985; Harder, 1967; Jason & Andereck, 1983; Kaplun & Reich, 1976; Meyers, 1970; Scott, 1969; Vanamo et al., 2001). Other research has shown that fathers perpetrate filicide more commonly than mothers (Bourget & Gagne, 2007; Dixon et al., 2014; Flynn et al., 2007; Marks & Kumar, 1993). Although the majority of studies focus on mothers who commit filicide, yet at least, if not more, than half are perpetrated by fathers (Adelson, 1961 & 1991; Bourget & Gagne, 2002; Fornes et al, 1995; Fox & Zawitz, 2007; Krugman, 1985; Kunz & Bahr, 1996; Lucas et al., 2002; Mariano et al., 2014; Marks, 1993 & 1996; Somander & Rammer, 1991; West et al., 2009). Additionally, fathers have been found to be the most frequent perpetrators of filicide in older children (Marks, 1996; Kunz & Bahr, 1996; Jason & Andereck, 1983; Brewster, et al., 1998; Lucas, et al., 2002; Bourget & Gagne, 2005). One explanation for the studies that state mothers commit filicide more than fathers could be due to the inclusion of infanticide and neonaticide as only mothers commit these acts (Marks, 1996). Thus, for filicide cases, children over the age of 1, many of the studies are not separate and include neonaticide, infanticide, and filicide cases. There is no standard definition

for filicide and studies often focus on different types of filicide using different sample parameters. As an example, some researchers use the term infanticide to refer to all killings that occur before a child's first birthday rather than separating neonaticide and infanticide. For studies that focus on filicides on a more general level, the ages of the children killed vary.

### **Maternal Filicide**

Filicidal mothers usually lack support and resources, are married, and report high levels of stress at the time of the murder (Bourget & Bradford, 1990; D'Orban, 1979; Haapasalo & Petaja, 1999; Hatters Friedman et al., 2005c; McKee & Shea, 1998; McKee et al., 2001; Resnick, 1969). Motivational factors, such as multiple psychosocial stressors, for maternal filicide have been determined including financial problems, limited social support, being the primary caregiver, conflict with family members, and ongoing abusive adult relationships (Bourget & Bradford, 1990; Bourget & Gagne, 2002; D'Orban, 1979; McKee & Shea, 1998; McKee et al., 2001; Lewis & Bunce, 2003). Common factors in maternal filicide are women who are socially isolated (McKee et al., 2001; Simpson & Stanton, 2000) and having a history of childhood abuse (Haapasalo & Petaja, 1999).

An extensive research study of the literature published by Hatters Friedman, et al., (2005c) on maternal filicide highlighted that the strongest risk factor was having a history of using psychiatric services for depression and suicidality or psychosis. Of the 39 studies included in this report 39 were conducted in the United States, 5 studies in Canada, 5 studies in the U.K., 4 studies in Australia, 3 studies in Finland, 3 studies in Japan, and one study in each of the following countries: Brazil, New Zealand, Hong Kong, Brazil, Turkey, and Sweden. This study investigated three populations: general, psychiatric and correctional. In the psychiatric population,

the highest risk factors were having a history of abuse, being unemployed and married. Overall, the correctional population generally lacked social support, had a history of abuse and limited education, were unmarried and unemployed. In the general population studies the highest risk for maternal filicide were being poor, socially isolated and full-time care providers who were victims of domestic violence.

### **Psychiatric Diagnosis and Maternal Filicide**

Psychiatric diagnoses have been a characteristic in maternal filicide studies with psychosis and depression most often reported (Bourget & Bradford, 1990; Bourget & Gagne, 2002; D'Orban, 1979; Gottlieb, 1996; Haapasalo & Petaja, 1999; Hatters Friedman et al., 2005a & 2005c; Husain & Daniel, 1984; Lewis et al., 1998; Lewis & Bunce, 2003; McGrath, 1992; McKee & Shea, 1998; McKee et al., 2001; Myers, 1970; Resnick, 1969; Scott, 1973; Silverman & Kennedy, 1998; Sommander & Rammer, 1991). Psychosis and depression are typical for mothers who kill older children (Cheung, 1986; D'Orban, 1979; Haapasalo & Petaja, 1999; Holden et al., 1996; Marks, 1996; McKee & Shea, 1998; McKee et al., 2001). In these studies, women who experienced psychosis had developed delusions within 24 hours of the murder and also lacked premeditation whereas women experiencing depression reported thinking of their children's deaths days and sometimes weeks prior to the act being committed.

In a study comparing characteristics of filicidal mothers with and without psychosis at the time of the murder, Lewis and Bunce (2003) found that women experiencing psychosis tended to be more educated, older, unemployed, and usually separated or divorced than those not experiencing psychosis. Those experiencing psychosis were also more likely to have previous

psychiatric hospitalizations, ongoing psychiatric treatment, suicide attempts, and a history of substance abuse.

### **Paternal Filicide**

Paternal filicide has attracted limited research, despite that men commit filicide as often as or more often than women (Adelson, 1961 & 1991; Farooque & Ernst, 2003; Fornes et al., 1995; Krugman, 1985; Lucas et al., 2002; Marks, 1996; Marks & Kumar, 1993; Sommander & Rammer, 1991). Most studies that have analyzed paternal filicide have utilized small samples which limits the generalizability of the results (Campion et al., 1988; Daly & Wilson, 1988 & 1994; Krugman, 1985; Resnick, 1969; Rodenburg, 1971; Scott, 1973).

Fathers often commit fatal-abuse (accidental) filicide, which rarely involves psychiatric disorders or suicide attempts and is generally results from battered-child syndrome (Bourget & Bradford, 1990; Bourget & Gagne, 2005; Brewster et al., 1998; Resnick, 1969; Scott, 1973; Stanton & Simpson, 2002). Fathers are more likely to commit familiacide and kill more than one child (Leveille et al., 2007; West et al., 2009).

Significant life stressors have been reported by fathers who commit filicide including fear of or impending separation and financial difficulties (Lucas et al., 2002; Marleau et al., 1999; Wilczynski, 1997). Filicidal fathers generally have a low socioeconomic status and many have below-average education levels and are unemployed (Adinkrah, 2003; Bourget et al., 2007; Campion et al., 1988; Hatters Friedman et al., 2005a; Karakus et al., 2003; Marks & Kumar, 1993; Marleau et al., 1999; West et al., 2009). Lack of social support and social isolation are also common (Campion et al., 1988; Marleau et al., 1999). A subgroup reported by Putkonen et al.,

(2011) was men who did not have socio-economic issues but had difficulties with relationships and are suicidal due to desperation and exhaustion.

Motivational factors for paternal filicide include misinterpreting the child's behavior and trying to control the child's behavior (Campion et al., 1988; Marleau et al., 1999; Resnick, 1969). A high incidence of substance abuse was reported in several studies (Bourget & Bradford, 1990; Champion et al., 1988; Lucas et al., 2002; Marleau et al., 1999; Putkonen et al., 2011; Sommander & Rammer, 1991; West et al., 2009). Paternal filicide frequently takes place within a context of prior domestic abuse (Bourget & Gagne, 2002; Bourget, Grace, & Whitehurst, 2007; Jaffe et al., 2014; Putkonen et al., 2011; Wilczynski, 1997) and prior violence within the home is a risk indicator of filicide (Browne & Lynch, 1995; Vanamo et al., 2001; Wilczynski, 1997).

### **Psychiatric Diagnoses and Paternal Filicide**

Psychiatric diagnoses have been a characteristic in paternal filicide studies as well with psychosis and depression most often reported (Bourget and Gagne, 2005; Champion et al., 1988; Hatters Friedman et al., 2005a; Marleau et al., 1999; Resnick, 1969).

### **Similarities**

A significant amount of maternal and paternal cases, the parents had psychosis and/or depression. Other similarities include a history of childhood abuse, the presence of significant life stressors, social isolation and a lack of social support. Despite attracting limited research and media attention, men commit filicide as often or more than women, especially of older children. Common factors for maternal filicide is having a history of abuse, being unemployed and being older. While men tend to commit fatal-abuse filicide, women commit filicide due to psychosis and/or depression.

#### **2.4.5. Gender of Victims**

There is an equal amount of male and female filicide victims according to the literature (Bourget & Gagne, 2007; Dixon et al., 2014; Flynn et al., 2007; Kunz & Bahr, 1996; Laporte et al., 2005; West et al., 2009). Nevertheless, whether the victim's gender attributes the filicide to the parent's gender is contradictory in the literature as well. For instance, certain research shows that mothers kill male children more often than female children (Dawson & Lanagan, 1994) while other research indicates that mothers will kill girls and fathers are more likely to kill male children (Bourget et al., 2007; Daly & Wilson, 1998; Kunz & Bahr, 1996; Mariano et al., 2014; Rodenburg, 1971; Wilczynski, 1997). Differences in sample size may account for these inconsistencies.

#### **Gender Differences of Victim – Disabilities**

Infants, children and adults with disabilities, especially developmental, have a greater likelihood to be abused – physically and sexually (Ammerman et al., 1994; Crosse et al., 1993; Galey & Pugh, 1995; Sobsey et al., 1997; Sobsey & Varnhagen, 1988; Sullivan & Knutson, 1997), and three times more at risk for assault within the home (Galey & Pugh, 1995) than for people without disabilities. U.S. research has shown that parents seem to respond more negatively to sons with disabilities than to daughters with or without disabilities or sons without disabilities (Sobsey et al., 1997). Children with disabilities as a whole have been found to be at 1.6 times higher for sexual abuse and 1.8 times higher risk for physical abuse than children without disabilities (Crosse et al., 1993). In a study by Sullivan and Knutson (1997), children with developmental disabilities were at risk 3.3 times more for abuse than nondisabled children. A U.S. population-based epidemiological study found that children with disabilities were abused 3.4 times more than 9%

for children without disabilities (Sullivan & Knutson, 2000). Statistics Canada (2014) reported that 40% of Canadians with a disability were physically and/or sexually abused during their childhood, compared to about 27% of those who did not have a disability and that 24% of women with a cognitive disability and 26% of women with a mental health-related disability were sexually abused by an adult before they were 15 years of age. (Cotter, 2014) Thus, children with developmental disabilities are more at risk for filicide – the most severe form of physical abuse. As a whole, children with disabilities are generally devalued and dehumanized and altruistic filicides for children with developmental disabilities are on the rise (Sobsey, 2001).

## **2.5. Filicide-Suicide**

Parents who commit filicide are more likely to attempt suicide and are often successful (Bourget & Gange, 2002; Bourget & Gagne, 2005; Harder, 1967; McGrafth, 1992; McKnight et al., 1966; Myers, 1967; Rodenburg, 1971; Somander & Rammer, 1991; West, 1965). Between 1993 and 2002 in Canada, 4% of parents committed suicide after killing an infant while 60% of parents committed suicide when they killed children between the ages of 12 to 17 (Gannon, 2004). Therefore, after killing an older child, suicide occurs more often than when a younger child is killed (Gannon, 2004; Hatters Friedman et al., 2005a; Lucas et al., 2002; Somander & Rammer, 1991). This increase in filicide-suicide may be related to motivational differences as parental suicide is not typical for unwanted child filicide, neonaticide, fatal abuse (accidental) filicide, and retaliating filicide (Bourget & Gagne, 2002; Bourget & Labelle, 1992; Brewster et al., 1998; D’Orban, 1979).

## **Psychiatric Diagnosis & Filicide-suicide**

Psychiatric diagnoses, particularly depression, is a compelling finding in filicide-suicide cases (Bourget & Gagne, 2002; Bourget & Gagne, 2005; Hatters Friedman et al., 2005a; Somander & Rammer, 1991; Felthous & Hempel, 1995; Hanzlick & Koponen, 1994; Palermo et al., 1997). Earlier studies indicate that filicidal mothers are more likely to commit suicide after the killing (Harder, 1967; Rodenburg, 1971; West, 1965), more recent studies conclude that fathers more often commit suicide after the act (Cooper & Eaves, 1996; Critten & Graig, 1990; Daly & Wilson, 1998; Felthous & Hempel, 1995; Hanzlick & Koponen, 1994; Hatters Friedman et al., 2005a; Leveille et al., 2007; Marks, 1996; Marleau et al., 1999; Palermo et al., 1997; Vanamo et al., 2001).

## **Filicide-Suicide, Parental Psychiatric Diagnosis and Children with Disabilities**

Hatters Friedman et al. (2005a) study investigated coroner's files in Cleveland, Ohio pertaining to 10 mothers and 20 fathers who had committed filicide-suicide and had a history of psychiatric diagnoses. The children had real or imagined disabilities. Their study found that 70% of women were depressed and 30% were experiencing psychosis while fathers experienced depression in 50% of cases and psychosis in 25%. This study also found that mothers filicidal-suicide motive were 90% altruistic and 10% psychotic altruistic while fathers were 60% altruistic, 20% psychotic altruistic and 10% acute psychosis. Thus, the majority of mothers and fathers were motivated by the desire to alleviate real or imagined suffering of their children. Thus, the motives for these parents who had psychiatric diagnoses were primarily altruistic and infrequently acutely psychosis. Although some parents killed due to an imagined suffering, some parents killed children with actual disabilities. However, some killed out of "love" when there was evidence of

financial difficulties. In certain altruistic filicides, the parent's primary goal through their haze of depression was an extended suicide. In this study, most of the children were older.

Utilizing 22 U.S. news articles, Coorg & Tournay (2013) found that 26 children with disabilities were victims of filicide-suicide between 1982 and 2010. They found that 81% of children murdered were male and 55% of all children had autism. The remainder of the children were reported as having either an intellectual disability, attention-deficit hyperactivity disorder or epilepsy. The parents who committed filicide and were diagnosed with a psychiatric disorder (depression and psychosis) accounted for 38% of the sample. Completed filicide-suicide rates consisted of 71% of the sample whereby 90% of the fathers and half of the mothers did so after killing their child. Attempted but not successful filicide-suicides had an equal amount of mothers and fathers. Almost half were married, 38% were single and 9% were in the process of getting a divorce. This study did not involve the court's verdict.

Declercq et al., (2017) analyzed a single case study of paternal filicide-suicide found that there was a double motive: altruistic and spousal revenge. Despite having 3 children, the perpetrator only killed his son who had a disability. The father was unsuccessful in killing himself but attempted. The article does not discuss the verdict but did mention that he was diagnosed with schizoid personality disorder. The victim, along with previous research indicates that children with disabilities in general and with autism in particular are frequent filicide-suicide victims (Ammerman, et al., 1994; Coorg & Tournay, 2012; Palermo, 2002; Shields, et al., 2015; Sobsey et al., 1997). Palermo (2003) found that more than 1,600 cases of filicide that the victims had a developmental disability while 5% were diagnosed with autism. Additionally, Shields et al., (2015)

analyzed three cases of filicide-suicide and concluded that “Diligent attention to a parent's life stressors may aid in determining risk factors for filicide-suicide” (p. 2010).

The majority of parents were motivated to commit a filicide-suicide to alleviate real or imagined suffering of their child while thus the motivations of parents with and without psychiatric diagnoses were primarily altruistic and infrequently acutely psychosis. Older children with disabilities, with autism or developmental disabilities were the most common victims.

## **2.6. The Justice System and NCR and Filicide**

According to the limited literature, the filicide of children with disabilities generally do not receive much media or public attention. When a case does receive attention, it is generally due to extreme violence against a vulnerable child, when diminished responsibility associated with the stress of having a child with disabilities is initiated, parents who commit a mercy-killing, and children reported as missing initially (Sobsey, 2001).

On the one hand, opinions regarding filicide is that an innocent life was taken and justice needs to be accounted for while on the other hand, society believes that for a parent to kill their own child, there is something wrong, psychologically, with the parent, which brings in the NCR argument. From the literature, mothers are shown more mercy by the courts and are deemed NCR more often than men, who are generally sent to prison (West, 2007). When parents commit filicide and are deemed NCR, they are labelled as depressed or experiencing psychosis or both (Bourget et al., 2007; Hatters Friedman et al., 2008; Leveille et al., 2007), particularly for mothers (Flynn et al., 2013)

Hatters Friedman et al., (2005b) study analyzed 39 female forensic hospital records who committed filicide and were given the verdict of NCR in the U.S. (Ohio and Michigan). Their

results showed that 72% had previous contact with the mental health system. At the time of the act, 49% of women were experiencing depression and 69% of women were experiencing command auditory hallucinations. Developmental trauma such as incest or death of their mothers, was experienced in 72% of women. Finally, altruistic or acutely psychotic were predominantly the motives. Twenty-five girls and twenty-one boys were killed. 97% of the parents were the primary care giver. No children were noted as having a disability.

The gap identified in this literature for filicide, pertains to parents deemed NCR for filicide of children with disabilities.

## Chapter Three - Theoretical Frameworks

### Introduction

The NCRMD case studies examined in this dissertation will be informed by a Mad and Critical Disability Studies Intersectionality lens through which I can interrogate the content of the legal cases and news reports pertaining to people deemed NCRMD for filicide of their child with a disability. Section 3.1. will introduce Critical Disability Studies. Section 3.2. will discuss the field's agreed-upon principles of Mad studies along with a discussion on sanism and stigma. Section 3.3 will focus on intersectionality broadly.

### 3.1. Critical Disability Studies

I will be drawing upon critical disability studies (CDS) for this study as a lens through which I can interrogate the content of the news reports pertaining to people deemed NCR for committing filicide of their child with a disability. This diverse body of theory forces us to re-examine the assumptions we make about people with disabilities and challenges individual notions of disability alongside further intersections of class, sexuality, race and so on. Central to CDS is the social model of disability which defines disability as a socially constructed notion based upon how society is organized rather than an individual difference (Oliver, 2013). Critical disability studies is a theoretical framework and perspective that scrutinizes “the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations” (Minich, 2016). Critical disability studies is a framework for the analysis of disability and challenges the ableist assumptions which shape society. Central to CDS is that disability is a social construct, not the inevitable result of impairment and that disabled people's social disadvantage is the result of the social environment's failure to

accommodate and respond adequately to the diversity of disability (Davis, 2006). This dissertation acknowledges the limits of the social model which supports a liberal and rights-based notion of disability justice (Carey, 2009). The social model is inadequate for certain people with disabilities who would still not be capable of informed participation socially even if the social was rectified (Allen & Fuller, 2016) .

Critical disability studies examines how language both reproduces and contests the social oppression of people with disabilities and centres the voices of people with disabilities to produce narratives of disabled lives that contest the depreciation of their lives. This discipline allows the production of knowledge about disability to originate from the lived experience and from multiple perspectives of people with disabilities and “challenges approaches that pathologize physical, mental and sensory difference as being in need of correction, and instead advocates for both accommodation and equality for disabled people in all areas of life” (Reaume, 2014, p. 1248).

Disability Studies (DS) is a derivative of a social movement, the disability rights movement, which asserted a resistance to the civil rights, legalistic approach in the early 1970s in the United Kingdom (Slorach, 2011), in the 1980s in the United States (Burch & Sutherland, 2006), and in Canada in the 1970s (Hansen et al., 2018). As an academic discipline, CDS perspective was set into motion “based on a transformative reevaluation of the category of ‘disability’” in the 1980s (Ingram, 2008). This reevaluation identified the nature of society as disabling rather than identifying characteristics of the individual, through a social model of disability, which allowed the government to grant legal rights only to individuals they defined as disabled. These deep roots in the disability rights community reflects that CDS is not merely an academic discipline that has its roots in activism; instead, the politics of disability are grounded in disability activism globally

through national organizations such as Disabled People's International and the United Nations Convention of the Rights of Persons with Disabilities (Goodley, 2013).

Initially, the dominating scholars were white, Eurocentric, middle-class, heterosexual, wheelchair users males whose exclusive focus was on physical/mobility disabilities. These social constructs created an identity norm, and re-inscribed the Euro-Western hierarchies of knowledge within DS are still relevant presently within CDS (Bell, 2011). According to Meekosha and Shuttleworth (2009), the divergence of CDS from DS was influenced by four factors: examining disability without binary understandings (social versus medical model; impairment versus disability); a reevaluation (social, political, and intellectual) of explanatory paradigms employed in understanding the lived experience of people with disabilities; a distancing from institutions that coopted DS language and inserted it within a normalization paradigm; and the identification of the diversified critical social theories. As critical theory scrutinizes social contexts and attempts to identify cultural beliefs and practices that legitimate inequalities (Cohen et al., 2011), CDS and DS will be discussed in relation to other bodies of critical theory such as feminism.

### **3.2. Mad Studies**

As Mad studies is an emerging discipline, an agreed-upon, all-encompassing definition does not currently exist. There are however, agreed-upon principles for this discipline, which include: challenging the notion of madness as a deficit by addressing how systems of oppression affect those deemed to be Mad; using activism and advocacy to seek social inequity redress; defying the notion that medical models of madness are an absolute interpretation (Gillis, 2015); critiquing the dominance of biomedical psychiatry and the psy disciplines; disrupting madness and sanity as they are culturally understood; and politicizing the identities and experiences of Madness (Spandler &

Barker, 2016). Specifically, Mad scholars and activists condemn and publicly denounce the past and present human rights violations that occur under the guise of psychiatric “treatment” (Baylous, 2017; Lewis, 2013). Mad narratives are also crucial to subvert the power relations that silence their voices while allowing “experts” to define psychiatric survivors’ experiences (Baylous, 2017; Coles, 2013; Russo & Beresford, 2014). Mad studies further problematizes the concept of mental distress as an individual medicalized issue and encompasses the social and cultural causes that contribute to madness through elevating the experiential knowledge of Mad people (Baylous, 2017; Cross, 2010).

Beresford and Russo (2016) highlight how Mad studies needs a strategy to safeguard and maintain the field from being inundated by the dominant models of psychiatry, while also contributing components of pivotal importance to the strategy. Two of those components, I feel, are indispensable. The first component is “the strength and solidarity that comes from seeking to build alliances between different groups of service users as well as different professions and disciplines. Mad studies cannot be narrowly owned” (Beresford & Russo, 2016, p. 273). Secondly, an intersectionality component contributes to the strategic approach in that:

Mad Studies must address diversity in all its expressions and issues of privilege with all their implications – concerning race, class, sexuality, culture, gender, age, disability, faith and belief. This needs to be central to both its aims and process. (Beresford & Russo, 2016, p. 273)

I see this as essential to the continued growth and evolution of MS. Yet, I also see the fragility of this relationship between the disability and Mad communities that both sides equally contribute to this fragility. Specifically, anti-psychiatry and many psychiatric survivors not only advocate against,

but adamantly reject association with the disability community, as they do not see themselves as disabled. This rejection of disability also is due to the concept of “impairment” as it has pathologizing implications (Beresford, 2000; Beresford, Nettle & Perring, 2010); yet, this attempt to remove themselves from “the disability umbrella manifests itself as active and overt disableism” (Withers, 2015, p. 119) through their negative discussions about disability. As Withers (2015) points out, statements such as “I am not disabled, I was targeted by an oppressive system, and there is nothing wrong with me” (p. 119) reinforce the stereotype that there is something wrong with people with disabilities. This scholar then goes on to point out how anti-psychiatrists’ argument to stop psychiatric drugging, because it creates more people with disabilities, also creates disability as undesirable and negative.

Few CDS scholars have included Mad folks as part of the disability community; rather, the discussion has been in the context of accepting “a medicalised individual model of ‘mental illness,’ where there would be little likelihood of them doing the same with impairment and disability” (Gabel, 1999, as cited in Beresford, 2000, p. 168). Otherwise, little consideration has been given to psychiatrized people by CDS scholars. In recent years though, these shifts are beginning to occur and bode well for a more comprehensive movement through university programs such as York and Ryerson in Toronto, On. Yet, the disability rights movement’s history is filled with psychiatrized people being excluded and discriminated against (Withers, 2015). If commonality can be found between the disability and Mad communities, as well as, within each community, an inclusive and powerful social justice movement could be formed. Differences aside, the current and historical oppressions this community has faced and the categorical labels externally imposed upon us, is perhaps where all can meet and have mutual understanding.

### 3.2.1. Sanism & Stigma

Within the news articles analyzed for this dissertation, I will be looking for evidence of sanism– a deeply embedded system of “irrational prejudice”, discrimination, and oppression of people perceived to be, or diagnosed with, a psychiatric label (Perlin, 1992; Perlin, 2003, p. 166; Poole et al., 2012). Michael Perlin (2003) defines sanism as a “largely invisible, and largely socially acceptable. It is based predominantly upon stereotype, myth, superstition, and deindividualization” (p. 166). Sanism further reinforces that Mad people are not different from people deemed to be ‘sane’ (Perlin, 2000; Poole et al., 2012). Sanism can result in blatant discrimination but more commonly is expressed unconsciously as microaggressions: multiple small subtle, stunning, often automatic insults and indignities (Kalinowski & Risser, 2005; Poole et al., 2012). Microaggressions are covert discrimination that devalue and depersonalize the personal boundaries of others. The most detrimental forms of microaggressions are usually delivered by well-intentioned individuals unaware that they have engaged in harmful conduct toward a socially devalued group. Professional judgements and low expectations of psychiatrized individuals such as being “incompetent, not able to do things for themselves, constantly in need of supervision and assistance, unpredictable, violent and irrational” (Chamberlin, 1990, p. 2) are examples of sanist microaggressions.

Privileging a pathological view of madness and focusing on the limiting concept of ‘stigma’ has merely minimized the sanism experienced by psychiatric consumers/survivors/mad folks (Poole et al., 2012; Thornicroft, 2003, 2006) as stigma is only possible because of “sanist beliefs, attitudes, and practices” (Coalition Against Sanist Attitudes, 2011, as cited in Poole et al., 2012, p.

25). Although this dissertation will be focusing upon sanism, an understanding of stigma is required.

Stigma can be defined as an “attribute that is deeply discrediting” (Goffman, 1963, as cited in Gormley & Quinn, 2009, p. 259). Stigma has also been further defined as “the co-occurrence of its components—labeling, stereotyping, separation, status loss, and discrimination—and further indicate that for stigmatization to occur, power must be exercised” (Link & Phelan, 2001, p. 363). Link and Phelan (2001) advance three aspects of stigma. First, they employ a sociologically-informed definition of stigma that encompasses discrimination and status loss therefore attitudinal and behavioral dimensions are blended. Next, stigma is produced through social, economic, and political power whereby privileged groups maintain their power and resources by using stigma to prevent others from attaining higher social positions. Finally, stigma exists on three levels (self, social, and structural) that reinforce and interact with one another.

Self-stigma occurs when those who possess stigmatized attributes and internalize them through being socialized into believing that they are devalued. This may lead to having lower life, work, and social expectations for oneself, lower self-esteem, and decreased quality of life (Livingston & Boyd, 2010).

Social stigma is the form that most people think of when stigma is mentioned. It refers to community members judging particular characteristics that are outside of the ‘norm’ and engage in harmful behavior towards individuals with the devalued characteristic. This form of stigma is “produced by the individual and collective beliefs of dominant members of society, from which the rules of engagement take shape and acceptable ways of behaving toward oppressed groups are defined” (Livingston, 2013, p. 7). Social stigma creates self and structural stigma. For

example, people who maintain that individuals with a psychiatric diagnosis are violent may not engage with anyone from this population socially, ultimately contributing to self-stigma, and may support coercive psychiatric treatments and interventions, contributing to structural stigma (Livingston, 2013).

Structural stigma refers to the “rules, policies, and practices of social institutions that arbitrarily restrict the rights of, and opportunities for” Mad people (Livingston, 2013, p.9). Injustices and inequities are embodied in institutional systems causing Mad people to have unequal access to power and resources (economic, political, and social) throughout a society that is created by and for people without psychiatric diagnoses (Link & Phelan, 2006). This form of stigma is reinforced in legislation, the procedures, policies, and regulations of private and public institutions, and professional practices to maintain social hierarchies and dominant ideologies (Livingston, 2013).

Structural stigma can further be subdivided into intentional and unintentional forms. The former, intentional structural stigma involves purposely restricting opportunities and rights of Mad people. Disqualifying individuals from being covered under policies because of a psychiatric diagnosis is overt while deliberately using a criterion that is strongly associated with psychiatric diagnoses to exclude this population from attaining equal opportunities is covert (Corrigan, Markowitz & Watson, 2004). For instance, organizations whose policy is to exclude anyone with a police record from volunteer work or employment while aware that many Mad folks access emergency health services through the police. Another form of covert structural stigma can be institutional officials that knowingly allow injustices and inequities. Support of mental health-related apprehensions and suicide attempts disclosure on criminal record checks by police officers

while aware that this practice decreases and obstructs job and volunteer opportunities for Mad people (Livingston, 2013).

On the other hand, when the inequities produced for Mad people are unintended, this is unintentional structural stigma. This seems to occur when Mad people are disproportionately represented within a larger population and are subject to a policy (Livingston, 2013). ‘Tough on crime reforms’ where harsher penalties for minor crimes are imposed, disproportionality effect Mad people due to their overrepresentation in prisons due to their general disadvantage, including unemployment, poverty and homelessness, substance abuse, deinstitutionalisation, a lack of community mental health services (Livingston, 2013). However, some academic experts argue that unintentional structural stigma “are actually contemporary reformulations of past policies and practices that were designed to intentionally stigmatize” (Corrigan & Lam, 2007; Livingston, 2013, p. 9). Therefore, structural stigma reproduces disadvantage through historical practices throughout generations. This is evident in terms of Mad people who were isolated from society through psychiatric hospital institutionalization, as presently they remain isolated and unable to become truly included within communities due to social and economic policies (Livingston, 2013).

### **3.3. Intersectionality**

#### **3.3.1. Intersectionality’s Genealogy.**

Although legal scholar Kimberle Crenshaw (1989) coined the term intersectionality, there is a rich history of activism that foreshadows this academic concept. Intersectionality evolved from the social activism of women of color, particularly Black feminists, many whom further identified as queer. The women who challenged feminist movements by solely focusing on gender discrimination or civil rights movements that solely fixated on racial discrimination, founded

intersectional activism (Cole, 2009; Collins, 2015; Grzanka, 2014; May, 2015). Patricia Hill Collins, Audre Lorde, Angela Davis, Bell Hooks, and the Combahee River Collection are some of the activists and scholars/authors who expanded upon the intertwining and inseparable interactions between aspects of social categories or locations (such as gender, race, geographic location, religion, sexual orientation, mental health status, age, language, ancestry, ethnicity, culture, socioeconomic status, and disability) that intersect at the individual level and reflect multiple interlocking systems of oppression and privilege at a societal level (Bowleg, 2012). The foundational work led to the evolution of this field of study but more importantly, their immeasurable contribution emphasizes those who were systematically excluded from institutions of higher learning and/or erased from history (Collins, 2000; May, 2015).

### **3.3.2. What is Intersectionality?**

An intersectional analysis focuses on an individual's multiple identities or social categories (gender, race, disability, ect.) which intersect and interact with each other and "create unique social locations that vary according to time and place" (Hankivsky, 2014, p. 11). Social categories are not viewed as "independent [or] unidimensional," in an intersectional analysis (Bowleg, 2012, p. 1268), rather they conceptualized as being fluid, mutually constructed and continuously shaped by, and shaping, power dynamics (Cho, Crenshaw, & McCall, 2013). Intersectionality acknowledges that at the individual level experiences are various and complex while also contextualizing those occurrences "within the interlocking macro-systems of mentalism, sexism, heterosexism, racism, and ableism" (Bowleg, 2012, p. 1268). Thus, an intersectional analysis requires a relational approach, as the systems of oppression and domination that each social category under study relies on in complex ways, creates an interlocking effect that is based on hierarchical frameworks that

oppress certain social categories (Crenshaw, 2015; Crenshaw & Schulz, 2016; Dhamoon & Hankivsky, 2011).

This requires contextualizing the discrimination and privilege individuals experience with other social locations rather than focusing solely on one (such as disability, gender or race) to account for the marginalization experienced (Adams, 2013). A study by Snodgrass (1985) investigated gender status and sensitivity to other people's feelings demonstrates this point. Women are often stereotyped as being more in tune with other people's feelings than men are however, Snodgrass' findings revealed that those in a low status position were more sensitive to other people's feelings than individuals in higher status positions, regardless of gender. Focusing on social categories rather than identity allowed the researcher to shift her focus from the problem from being a particular gender to identifying power as the issue (Snodgrass, 1985) and in this case, equalization of gendered power dynamics, not gender identity, required to be fixed (Yoder & Kahn, 2003). Therefore, intersectionality does not simply add social locations nor does it conceptualize privilege and discrimination as a hierarchy, "but rather how differences define and reinforce one another" (Adams, 2013, p. 6). By fully engaging in this form of analysis, with a prioritization of the structural/systemic power, intersectionality's goal can be more easily attained.

Intersectionality's goal is to provide an aspect of social justice. As intersectionality looks at how various forms of discrimination work together and create a complex web of discrimination, the goal is to recognize and address the inequities that are maintained by these relations and investigate how they can be contested (Collin, 2015). By examining multiple social categories and the complexity of their interactions through an intersectional lens challenges "systems and processes of domination and oppression [that] simultaneously produce experiences of

discrimination and privilege” (Hankivsky & Cormier, 2009, p. 7). Researchers must be open to other power relations being interwoven with the specific power relation (ex. sanism) previously identified to concentrate on (Morrow, 2017). Thus, social categories cannot be understood by analyzing the impact of one power relation nor by adding multiple power relations but instead by the collective effect of various power relations interacting simultaneously (Goel, 2015).

For example, a woman in a wheelchair cannot be treated as a woman on the one hand and a disabled person on the other. Her womanhood is constructed through her (so-called) disability just as her disability is constructed through her gender. In their interwovenness, these two features produce her particular experiences that differ both from those of other women and from those of other persons in wheelchairs. For example, while walking women tend to be overly sexualised, on the contrary, women in wheelchairs are likely to be constructed as asexual (Goel, 2015, para. 11).

Many Mad folks can and do belong to multiple oppressed and stigmatized social categories, thus only focusing on sanism will not reflect everyone’s experience within this social category.

Intersectionality involves understanding the relationship between power and social location by analyzing structures of power and recognizing that individuals possess multiple and complex social identities (Crenshaw, 2015). Therefore, politically, the goal of an intersectional analysis is to bring to light the complexities of the experiences, impact social justice initiatives and create space where historically oppressed and marginalized identities are made visible (Bowleg, 2012).

Another key point is that focusing solely on the intersections of minority statuses will not fully engage intersectionality; equally important is a critical analysis of privilege as even disadvantaged individuals have more power in certain aspects than others. For example, Canadian

“citizens have more power than immigrants; documented immigrants more than undocumented; undocumented children over undocumented adults” (Rinku, 2017, para. 16). Class privilege is also not generally accurately assessed. Although being a white male does provide a multitude of power, it does not mitigate or protect men from economic discrimination (Gorski, 2012; Rinku, 2017). This requires having a broad definition of poverty which includes being consistently excluded from employment, housing, education, and so forth (Gorski, 2012). Likewise, whiteness cannot be assumed to be neutral or the norm and must be countered which entails naming whiteness (Poisson, 2018). This requires taking into consideration the unmarked multiple group identities of those that are male, heterosexual, able-bodied, and white as power produces both privilege and discrimination while understanding that social categories/location are fluid as they are constructed relationally and socially and can, therefore, fluctuate (Caldwell, 2010; Staunaes, 2003).

Key to an intersectionality approach is analyzing the structures of privilege and power that sustain oppression rather than searching for the effects of oppression (Cole, 2009). For example, homonormativity has been utilized to highlight how privileged identities are promoted as the normative standard, even when it is invoked to contest homophobia. An intersectional analysis of homonormativity brings to light how the political priorities of white, cis-gender, middle-class, queer men are always equated with LGTB rights (Duggan, 2003). In terms of reporting on the potential causes of school shootings, the media has identified the shooters as kids, gender-neutral, while dismissing to mention that almost all school shootings have been committed by young men or boys in the last two decades, thus negating gender as a cause. One reason for this dismissal is due to the framing of the shooters as being deviants which completely diverts attention from

societal issues that may have contributed to these atrocities while omitting discussions of “school culture, race, and masculinity” and masculinity and violence specifically (Knop, 2012, p. 55). The mainstream media overwhelmingly uses gender-neutral language due to the normative standard throughout history that women are the “other” specified sex while men’s gender is unspecified and the norm (de Beauvoir, 1989). On the other hand, when acts of violence of this level are committed by females, the media highlights the gender of those who commit the act,<sup>31</sup> thus normalizing violence for boys and men (Knop, 2012). Furthermore, other unmarked identities of the majority of school shooters is that they were white, middle-class, and were heterosexuals. Gender-neutral, race-neutral, class-neutral, and sexuality-neutral discussions conceal these identities and result in solutions for school shootings being gender, race, class, and sexuality neutral (Knop, 2012). Therefore, intersectionality should be utilized to analyze oppression and privilege, and social inequalities and axes of power.

### **3.3.3. Crenshaw’s Theoretical Framework.**

Crenshaw (1991), points out that an analysis of identity politics is problematic as acknowledging the different experiences within groups is generally not actualized. This led to Crenshaw conceptualizing and formulating intersectionality as three different forms: structural, political, and representational.

The first form, structural intersectionality, examines how systematic discrimination is exacerbated by and overlaps with various social locations (such as psychiatric diagnosis, gender or race) and through their interaction, the structural inequalities (lack of employment or education,

---

<sup>31</sup> An example of the media specifying and focusing on gender in relation to females and violence occurred in the early 2000s when the media erupted with articles about “bad girls” and the dangerous rates of violence after an Illinois high school incident sent a few girls hospitalized (Chesney-Lind & Irwin, 2004).

homelessness, and so forth) are produced. Intersectionality “can investigate the interaction of numerous characteristics of vulnerable populations, not only at the individual level but also at the structural levels to capture the multiple contexts that shape individual lives and health statuses” (Dhamoon & Hankivsky, 2011, p.16). A structural intersectional analysis focuses on the structures of power and exclusion, otherwise known as social institutions (such as education, family, government, law, media, work, medicine, prison), that create and sustain life conditions in which marginalized identities are situated (Cho et al., 2013). To illustrate, the identity of an African woman exists and grows together with institutional dynamics such as employment and financial instability as opportunities within these areas transpire from the “economic politics of racism-but also those of sexism” (Hobbel & Chapman, 2009, p. 82). By understanding the history of racism, it becomes evident that the construction of Black women and men’s identities directly impacts the opportunities they experience currently, therefore one’s identity is closely linked with culture and history (Hobbel & Chapman, 2009). Thus, an emphasis on structures of inequality is an engagement with power rather than on identity categories.

Spade’s (2013) legal research highlights how many intersectional analyses confuse the relationship between power and identity by framing discrimination as the result of the government’s inability to surpass individual differences, which leaves systems that claim gender and race neutrality unanalyzed. Meanwhile these so-called neutral regimes produce and sustain race and gender categories that foster chances in the lives of specific groups. Spade (2013) not only critiques formal legal equality narratives, he reveals how legal systems are “violent capacities of racialized-gendered systems that operate under the pretense of neutrality” (p. 1033). The neutrality of the NCRMD legislation will be an interesting area to analyze within my dissertation given the

high predominance of white males within the NCRMD system in comparison to the racial and gender components of inmates who experience mental distress.

Political intersectionality is concerned with social structures and their intersection with political agendas, public policies, political systems, and advocacy initiatives as they are predominantly designed to privilege specific populations while oppressing others (Crenshaw, 1997). Crenshaw (1991) highlights how women of colour frequently find themselves situated within two political groups simultaneously that are pursuing exclusively separate or conflicting agendas. This form of intersectionality highlights how at times, the intersection of certain social categories are disempowered politically through conflicting goals and needs of different groups. Crenshaw uses the example of Black women simultaneously finding themselves engaged with a feminist and anti-racist movement and further explains that it is not simply the movement's inability to add gender or race dimensions rather, their discourses cannot adequately understand "the full dimensions of racism and sexism" (1991, p. 1252).

For example, racism as experienced by people of color who are of a particular gender – male – tends to determine the parameters of antiracist strategies, just as sexism as experienced by women who are of a particular race – white – tends to ground the women's movement" (Crenshaw, 1991, p. 1252).

A relevant concept coined by Carbado (2013) is "colorblind intersectionality" which is framing whiteness outside intersectionality legitimizes a broader epistemic universe in which the racial presence, racial difference, and racial particularity of white people travel invisibly and undisturbed as race-neutral phenomenon over and against racial presence, racial difference, and racial particularity of people of color (p. 823-824).

Among politicized movements trying to attain equality, colorblind intersectionality gives attention to those with privileged social categories while creating divisions among the constituents which ultimately halts attaining the movement's goal (Cho et al., 2013).

The first two intersectionality forms analyze social structures and political agendas, while the final form is related to social structures and politics through discourse. Representational intersectionality examines how cultural constructions are created through media, images, text, and language stereotypically and negatively portray and/or ignore specific social categories together “to create unique and specific narratives that shape and inform policies, laws, and institutions” and ultimately shape life paths for individuals (Crenshaw, 1997, p. 171). These inaccurate narratives are then accepted by the public and often accepted by the misrepresented group through symbolic violence. When discourse fails to include the intersections of an issue, the positions of power each social category is challenging, are reinforced.

For example, when feminists fail to acknowledge the role that race played in the public response to the rape of the Central Park jogger, feminism contributes to the forces that produce disproportionate punishment for Black men who rape white women, and when antiracists represent the case solely in terms of racial domination, they belittle the fact that women particularly, and all people generally, should be outraged by the gender violence the case represented (Crenshaw, 1991, p. 1282).

Thus, this form of intersectionality includes the representations that are created and disseminated to society through narratives of the specific social categories (gender and race) combined with how the critiques of oppression (sexist and racist) are represented; ultimately marginalizing (women of color) (Crenshaw, 1991).

Representational intersectionality is often combined with political intersectionality and for psychiatrized people this is the case as they have limited (if any) influence on legal, political, and health matters if they are deemed “incompetent”. Crenshaw describes how historically women of color have not been included in the decision-making process for political issues that concern them while having minimal positive effects on their representations in literature, media, politics and so forth as the cultural images of Black women were misleading (Crenshaw, 1991).

#### **3.3.4. Young’s Five Faces of Oppression.**

Young’s (1990) contributions on the structural dimensions of oppression are relevant in this analysis as well. After carefully reflecting on the re-marginalization of women of color within intersectional work, I have not incorporated the white, anti-racist thinker’s work with intersectionality but instead opened a dialogue between the two. Young conceptualized the five faces of oppression, which is a structural analysis of oppression that allows the unmasking of social and economic divisions that reflect and reinforce existing power relations in society through economic exploitation, marginalization, powerlessness, cultural dominance, and violence. Mad folks have and can experience all of these forms of oppression. Economic exploitation of psychiatrized people’s labour in sheltered workshops where they are not compensated a fair wage has historically occurred in certain areas and continues to this day which perpetuates class differences (Galer, 2018; Young, 1990). Marginalized groups are excluded from the labour market, they then are dehumanized when the social service system subjects them to “patronizing, punitive, demeaning, and arbitrary treatment by the policies and people associated with welfare bureaucracies” (Young, 1990, p. 54). Powerless groups are denied the opportunity to make decisions and often are required to take, but not give, orders (Young, 1990). The power relations

maintained by the mental health system being intertwined with a biomedical understanding that ultimately ignores the cultural, political, historical, and social factors that produce mental distress and results in lack of employment, social exclusion, stigmatization, abuse, and violence (Morrow & Malcoe, 2017). Groups that experience cultural imperialism are judged by the dominant group(s) norms and are socially constructed as outside the norm – as *Other* (Young, 1990), sanist labelling and the consequential marginalization of Mad people is an example of this. The final category is when violence is directed at a person simply because they are members of a social group, which is fueled by cultural imperialism (Young, 1990). The purported “help” of mental health professionals has resulted in various forms of violence inflicted upon the Mad community by disregarding their rights, capabilities, and freedoms through restrictive practices, social policies, and legislation (Morrow & Malcoe, 2017).

Each of these five forms of oppression overlaps with each other and are related to and reinforced by the many oppressions that exist in our society: classism, racism, ageism, ethnocentrism, homophobia, ableism, and heterosexism (Young, 1990). Concerning madness, it can be similarly impossible to discover whether the injuries incurred by a Mad person result from sex or race discrimination, from poverty, and/or from sanism. Given these points, it has been argued that “intersectionality can be thought of as the social, political, and economic processes through which oppression and privilege are experienced by individuals who have the added stigma and discrimination associated with having a mental illness diagnosis” (Weisser, Morrow, & Jamer, 2011, p. 2).

The social structures that simultaneously generate unique group histories and link them together in a specific society means that one group's experiences are not the same as another's.

However, finding commonalities is an important step to untangling the workings of the social systems that shape the experiences of different people and groups, and will allow me to move beyond just comparing different oppressions (ex. Oppression of being Mad with the oppression of poverty).

### **3.3.5. Intersectional Mad Studies**

Morrow (2017) advocates for “an intersectional Mad studies approach [which will] provide a framework that is attentive to both the lived experiences of mental distress and the structural contexts in which that distress emerges and is experienced” (p. 49). This requires a comprehension of how neoliberalism and biomedicalism facilitate an individualized understanding of mental distress rather than the social, political and environmental causes being recognized (Morrow, 2017). Morrow (2017) highlights that the dominant framework for understanding mental distress is biomedical. As such, policies and laws surrounding people who are psychiatrized revolve around fixing the individual through medication rather than taking a broader look at the social issues involved and trying to fix those. The author also points out that

neoliberalism dovetails with biomedicalism because both are focused at the individual level, rather than the social and structural levels. In a neoliberal climate individuals are increasingly asked to assume the roles and risks of the state, while governments avoid addressing systemic problems, resulting in, for example, increased employment and poverty. (Morrow, 2017, p. 43)

An intersectional Mad analysis within this dissertation will focus upon the discrimination of Mad people (sanism) but will also view Mad oppression as inseparable from other social locations

(gender, race, class, sexuality, ethnicity, class, disability, culture) and “what these intersections say about power” (Morrow, 2017, p. 47).

## Chapter Four - Methodology

### Introduction

This chapter discusses the methodological approaches utilized in this dissertation. Section 4.1. introduces the research purpose and research questions that will guide this research. Section 4.2. discusses the research design – multi-sited, multiple case studies. Section 4.3. deals with the data sources and collection methods. Section 4.4. addresses the data sample. Section 4.5. describes the methods used to analyze the data that were adopted for this dissertation – textual analysis and intersectionality analysis.

### 4.1. Research Purpose

The purpose of this multi-sited and multiple case study was to draw attention to different phenomenon within the broad umbrella of people deemed not criminally responsible on account of mental disorder (NCRMD) for filicide of children with disabilities, to help understand how NCRMD functions and learn more about how the social characteristics of the offender and victim get taken up in the media in particular ways but that the media, in turn, influences the public's understanding. Specifically, my analysis was two-fold: 1) what social characteristics of the victim and the individuals who receive a NCR verdict were present and 2) under what circumstances, for whom, and in interaction with what other factors by the legal system and how the case was reported on and how much coverage they receive, by the four Canadian national media coverage outlets– *Globe and Mail*, *National Post*, *CTV*, and *CBC*. Specifically, I will be analyzing what social characteristics of the victim and the individuals who receive a NCR verdict are present and under what circumstances, for whom, and in interaction with what other factors is the case reported on

and how much coverage they receive, by the four Canadian national media coverage– *Globe and Mail*, *National Post*, *CTV*, and *CBC*.

#### **4.1.2. Research Questions**

Three questions were used to guide this dissertation:

RQ 1: How did the Canadian national news media and the legal system represent people who were deemed NCR for committing filicide of children with disabilities?

RQ 2: How did the Canadian news media and the legal system represent people who were deemed NCR with other intersecting aspects of their embodiment, such as socioeconomic class, gender, race, ethnicity, ableism, and madness?

RQ 3: How did narratives of madness elucidate the relationship between psychiatry and colonialism, racism, disability, patriarchy and eugenics?

#### **4.2. Research Design**

A qualitative research design was used to answer the main research questions guiding the present study. The research design is a multi-sited multiple case study through a Mad and Critical Disability Studies intersectional analysis of the news articles reported by the four Canadian national newspapers during a 19-year period between the years 2000 to 2019.

##### **4.2.2. Case Studies**

A case study offers an opportunity for in-depth description and analysis because a single phenomenon or entity is concentrated on (Merriam, 2002). According to Yin (2018), a case study is a preferred method when the main research question(s) asks how or why something is happening, if a researcher has little or no control over various events during the time of the study, and if the study focuses on a contemporary phenomenon. Creswell and Poth (2018) add that a

case can be concrete (i.e. person or organization) or it can be less concrete (i.e. relationship or decision process).

The need for case studies as a research design comes from the desire to understand potential complexities a phenomenon presents, allowing researchers to focus on a case to “retain a holistic and real-world perspective” (Yin, 2014, p. 4). According to Yin (2018) four types of case study research design exist: 1) the single-case study with one unit of analysis; 2) the single case study with multiple units of analysis; 3) the multiple-case study with a single unit of analysis; and 4) the multiple-case study with multiple units of analysis. My study involves multiple contexts and multiple units of analysis; thus, it falls into Yin’s fourth type.

There are several reasons why the multiple case study is the most suitable research type for this dissertation. First, it allows for a rich illumination of “the experiences, implications, or effects of a phenomenon in different settings” (Bishop, 2010, p. 588). Second, it allows one to compare data “between different actors within a single case, between cases, and between groups of participants across cases” (Lewis, 2003, p. 52). Third, it facilitates triangulation by allowing the use of multiple and varied research methods, such as document and archival record analysis (McNabb, 2004; Yin, 2018). Fourth, the multiple case study allows for a holistic analysis of all cases, which will contribute to an increased understanding of the phenomenon of interest (McNabb, 2004). Lastly, the findings of a multiple case study are “more compelling than those from a sound study where the sample is a single phenomenon” “when the design, conduct, analysis, and reporting are sound” (Bishop, 2010, p. 588; Yin, 2018).

For my dissertation, there is one multiple-case study that will be conducted on individuals deemed NCR for filicide of their children with disabilities.

Following Yin's (2018) multiple-case study design, each of the NCR cases represents a case, while the four Canadian national newspapers are the units of analysis. Thus, the phenomenon is how Canadian newspapers report these NCR cases and verdicts.

For each unit of analysis of each multiple-case study, I conducted a within-case data analysis where the emerging concepts were analyzed separately from each case and patterns between these concepts were analyzed. Next, a cross-case analysis was conducted. In this stage of the analysis, familiar patterns and concepts between the different case sites was conducted.

I utilized a multi-sited studies approach. In addition to the national newspaper reports of each individual deemed NCR, I examined the given phenomenon from various sites in order to grasp the complexity of the phenomenon and the significant connections between the sites. The sites I collected data from are the local newspapers where the murder occurred, court hearings and/or trial transcripts, and review board hearings and cross-analyzed how and what each case reported for each individual deemed NCR and compared the information to the national coverage, if any.

### **4.3. Data Sources**

#### **4.3.2. Primary Data Sources and Collection Method**

To collect the NCR cases to be analyzed, the *Lexis Advanced Quicklaw* database was utilized. Under *Content Type*, *CA Cases* was chosen and under *Legal Topics*, *Criminal Law* was chosen. For the first search, I used the phrases "first-degree murder" and "not criminally responsible" while the second search utilized "second-degree murder" and "not criminally responsible" and the third search used "criminal negligence causing death" and "not criminally responsible". These searches were between January 2000 to December 2019. Combined, 195 cases were retrieved. After

creating a database of these cases based on who was killed, I decided to analyze one category: parents who killed children with disabilities - filicide (3 cases). The cases court trials and/or review board hearings for these cases were then downloaded from *Quicklaw*. For the court trials and review board hearings I was unable to retrieve through *Quicklaw*, I contacted the court or review board to access these.

I then performed a google search for each of these categories for cases in the news media where their trial and review board hearing transcripts that did not appear in the *Quicklaw* database. In the filicide category, one case was found. Combined, there are 4 filicide cases where the parent killed a child with a disability.

#### **4.3.3. Secondary Data Sources and Collection Method**

Since a database that systematically captures website-born content from major news sources does not exist, nor one medium that can search across multiple news media websites, I used a combination of methods to collect the rest of my data. Each case was subject to the following.

*Lexis Advanced Quicklaw* database was used for the first search. *CA News* was selected from the *Content Type* tab, the name of the individual deemed NCR was put into the search bar and the year of their offence was selected from the timeline. Under the *Location by Publication* tab, the province where the offence was committed was selected. Each newspaper article from that province was then documented. Next, if one of the national newspapers had an article in this database, I read and documented the article.

I then accessed the *Canadian Major Dailies* database for articles from the *National Post*<sup>32</sup> and

---

<sup>32</sup> “The *National Post* is owned by PostMedia, which owns several right-leaning media outlets throughout Canada. According to a report in the left-leaning CanadaLand, PostMedia has directed its publications to be more “reliably conservative.” The newspaper is funded through advertising and subscription fees.” These media sources are slightly to moderately conservative in bias. They often publish factual information that utilizes loaded words (wording that attempts to influence an audience by

*Globe and Mail*<sup>33</sup>, and cross-referenced them with results from their respective website search engines. For *CTV News*<sup>34</sup> and *CBC News*<sup>35</sup>, articles were retrieved through their websites, *ctvnews.ca* and *cbc.ca*. The article search was refined by type, whereby I chose “article” and by website whereby I chose “News”. For both mediums, the individual’s name was used as the search term to retrieve the news articles and the date of their offence was chosen. I also used full-text databases Factiva, LexisNexis, and Google Search to facilitate customized queries for archived data that were removed from, or had expired on, the *CBC* and *CTV* websites.

#### 4.3.4. Inclusion/Exclusion Criteria

For each national newspaper and for each case, a database was created. National newspaper articles were then reviewed for their relevance.

- Identical articles were not included in the final count.
- Duplicate articles were retained as the amount of news articles that are produced when an individual in mental distress commits a violent crime is highly disproportionate, giving the

---

using appeal to emotion or stereotypes) to favor conservative causes. These sources are generally trustworthy for information, but may require further investigation.” (*mediabiasfactcheck*, 2019)

<sup>33</sup> “The *Globe and Mail* is owned by The Woodbridge Company Limited, which is a Canadian private holding company based in Toronto, and the principal and controlling shareholder (62.35%) of Thomson Reuters. The newspaper is funded through a subscription and advertising model. These media sources are slightly to moderately conservative in bias. They often publish factual information that utilizes loaded words (wording that attempts to influence an audience by using appeal to emotion or stereotypes) to favor conservative causes. These sources are generally trustworthy for information, but may require further investigation.” (*mediabiasfactcheck*, 2019)

<sup>34</sup> “CTV Inc. owns *CTV*, a subdivision of Bell Media Inc., which is a subsidiary of BCE Inc. (*Bell Canada Enterprises*) a holding Company for Bell Canada. *Bell Media* is headquartered in East Toronto, Ontario. Gordon M. Nixon is Chair of the Board of both *BCE* and *Bell Canada*. George Cope is the President & Chief Executive Officer of *BCE* and *Bell Canada*. *CTV News* revenue is based on advertising and financial reports. These sources have minimal bias and use very few loaded words (wording that attempts to influence an audience by using appeal to emotion or stereotypes). The reporting is factual and usually sourced. These are the most credible media sources.” (*mediabiasfactcheck*, 2019)

<sup>35</sup> “The CBC Board previously consisted of 12 members, all appointed by the Prime Minister of Canada. The *CBC*’s main revenue comes from government funding (66%), other sources of revenue include advertising revenue (18%), subscriber fees (8%), and other sources. These media sources have a slight to moderate liberal bias. They often publish factual information that utilizes loaded words (wording that attempts to influence an audience by using appeal to emotion or stereotypes) to favor liberal causes. These sources are generally trustworthy for information but may require further investigation.” (*mediabiasfactcheck*, 2019)

public the impression that this it is a common occurrence (Stuart, 2006).<sup>36</sup>

- However, duplicate articles from CTV that were published for their national news and then published by one or more of the provincial CTV news outlets, the provincial articles were not included in the count.
- Articles that summarize the top weekly stories were not included in the newspaper count.

#### 4.4. Data Sample

The final national newspaper article count included for the filicide cases is as follows *CBC* (11)<sup>37</sup>; *Globe and Mail* (17)<sup>38</sup>; *National Post* (19)<sup>39</sup>; *CTVNews* (10)<sup>40</sup>. The total amount of newspaper articles is 57 articles. The amount of newspaper articles is important to document as this dissertation focuses on why certain individuals who commit filicide of children with disabilities and are deemed NCR are reported by the national newspapers and why others are not and why some cases are high-profile while others were not.

Table A Filicide

Name	Year and Month of Offence	Location	Number of National Articles
Rachel Capra-Craig	March 2001	Point-Claire, Quebec	12
Deng Hao Wan	October 2001	North York, Ontario	1
David Carmichael	July 2004	London, Ontario	25
Patricia Couture	April 2016	Alberta	19

<sup>36</sup> Duplicate articles are published under different headlines and/or have changes in content.

<sup>37</sup> Rachel Capra-Craig - 1; Deng Hao Wan - 0; David Carmichael - 3; Patricia Couture - 7

<sup>38</sup> Rachel Capra-Craig - 5; Deng Hao Wan - 0; David Carmichael - 12; Patricia Couture - 0

<sup>39</sup> Rachel Capra-Craig - 6; Deng Hao Wan - 1; David Carmichael - 9; Patricia Couture - 3

<sup>40</sup> Rachel Capra-Craig - 0; Deng Hao Wan - 0; David Carmichael - 1; Patricia Couture - 9

## 4.5. Data Analysis

### 4.5.2. Research Methodological Approaches

My analysis draws on a Mad and Critical Disability Studies intersectional approach, whereby some questions from the intersectional-based policy analysis (IBPA) and certain elements of textual analysis were drawn upon to analyze how the multiple social identities of individuals deemed NCR, intersect with one another in ways that lead to the murder being reported, or not being reported, by national newspapers, how they are reported and what news coverage they receive.

### Textual Analysis

Textual analysis is a qualitative method linked closely to cultural studies and is used to examine media and popular culture content by focusing on the underlying cultural assumptions and ideologies of a text. Textual analysis is distinguished from other content analysis forms by “its critical-cultural focus on power and ideology” (Fursich, 2018, p. 1). Unlike critical discourse analysis, linguistic aspects are not used as central evidence, nor is a pre-established code book employed.

Textual analysis follows an inductive, interpretive approach by finding patterns in the material that lead to “readings” grounded in the back and forth between observation and contextual analysis. Of central interest is the deconstruction of representations (especially but not always of Others with regard to race, class, gender, sexuality, and ability) because these highlight the relationship of media and content to overall ideologies. (Fursich, 2018, p. 1).

Textual analysis' significant addition is its goal is to "explicate the prevailing ideologies and power relations that allowed this content to be produced in the first place" (Fursich, 2014, p.1).

McKee's (2003) textual analysis model was employed to determine how the accuracy and inaccuracy of the representations of Mad people may affect public opinion. Textual analysis is a toolkit for examining the mass media and when it is performed, "we make an educated guess at some of the most likely interpretations that might be made of that text" (McKee 2003, p.1). The most important thing to note is that this is an educated guess and thus it is informed by research and utilizing tools. While performing a textual analysis, we attempt to identify and understand the ways in which the text may be interpreted (McKee, 2003).

McKee's (2003) textual analysis model offers a guide to sense-making practices to explore texts while not attempting to reveal any single given "truth" within a text, but aiding to clarify some of the subtle oppression, as related to power, being accomplished within and through society. McKee's method proposes a unique way to explore newspaper stories that contribute to alternative sense-making practices that in turn have real effects on people living within their societies.

Following McKee's (2003) model, this study predicts that themes will be located within dominant group ideals of representation and culture, which will indicate that the knowledge of dominant groups overpowers that of marginalized group members (McKee, 2003). To accomplish this and to "make invisible discourses more visible", stories will be contextualized within specific "sense-making" frames that are fragments of the power enacted within society (McKee, 2003, p. 111). One of the sense-making frames that will be utilized is "exnomination", which helps the researcher recognize the "common-sense" assumptions of a dominant group's perspective that are so accepted they do not even need to be named (McKee, 2003). Another one of these frames is

“structuring absences”, which are the systematic exclusion of alternative perspectives within a text (McKee, 2003).

To help uncover disability-related themes and to reveal the intricate and subtle ways in which newspapers represent madness and Mad identities, McKee’s two frames were further clarified by the following models of disability.

Model of Disability	Description
The medical model	disability as a disease and biomedical science as the solution (Retief & Letsosa, 2018)
The social model	disability as a socially constructed phenomenon (Retief & Letsosa, 2018)
The social pathology model	disabled people are a problem and require society to support them (Haller, 2015)
The human rights model	people with disabilities have human rights, civil and political as well as economic, social and cultural rights’ (Retief & Letsosa, 2018)
The recovery model	recovery from psychiatric diagnoses is possible through biomedical science and supporting a more person-centred approach to mental health services while ignoring the individual’s social and economic conditions (Beresford et al., 2010)
The social model of madness and distress	oppression can result in mental distress while the solution should be a change in the norm of social relationships by placing an emphasis on a social and political context and highlighting experiences of exclusion and discrimination (Beresford et al., 2010).

These various models of disability utilized, were helpful in understanding how journalists and editors view mental distress when writing and publishing stories pertaining to madness.

***Framing.***

Framing is organizing discourse from a specific perspective. A frame is similar to “a picture frame, it puts a border around something, distinguishing it from what is around it” (Gamson,

2004, p. 245). Frames either attract or avert attention to specific perspectives (Gamson, 2004).

They highlight specific information within the text to make it more meaningful, memorable, and noticeable to the reader through placement and repetition (Entman, 1993). The framing technique also involves selection, saliency, and composition. The inclusion of a story with specific opinions, beliefs, facts, judgements and by implication, the exclusion of other stories, is the selection criteria. The stories selected are then “made more salient” by the frame which accentuates specific aspects of the phenomenon. Saliency “selects some aspects of a perceived reality in a such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation (Entman, 1993. P. 52). Meanwhile composition refers to how these elements are arranged to create a specific meaning (Entman, 1993; Pan & Kosicki, 1993). “Through the presence or absence of certain keywords, stock phrases, stereotyped images, sources of information, and sentences that provide thematically reinforcing clusters of facts or judgments” frames are revealed (Entman, 1993, p. 52). In terms of mental distress, the media utilizes specific key words

such as “ex-mental patient,” stock phrases such as “pushed over the edge,” or as the New York Daily News put it earlier, “going berserk,” stereotyped images such as “the voices made me do it” or explicit descriptions of a crime, and sources of information confined to social authorities such as police officers, which reinforce a theme that connects violence and mental illness (Parrott, 2010, p. 17-18).

An entire article may frame an issue, as can a single sentence. According to Entman (1993), frames have four functions- define, interpret, evaluate, and recommend treatment for social issues. Frames define problems through attributing costs and benefits to an actor’s actions, they

interpret the problem's cause, they evaluate the actor morally, and they recommend treatment for the issue that is deemed to be a problem. These four functions may co-currently be present in a frame but not all four functions are necessarily present in a news story. Sieff (2003) describes how news stories about mental distress can perform all four framing functions by defining the problem as "mental illnesses make people violent;" interpreting the cause as "mental illnesses make people more likely to be criminals;" morally evaluating "people with mental illnesses are not capable of taking care of themselves;" and recommending treatment by suggesting "people with mental illnesses should be jailed when they fail to comply with treatment programs" (p. 263).

Due to the wide range of media, the public is exposed to multiple different fragmentary representations within a single news story by glancing at a headline, listening to the radio, or viewing a picture on the local news station (Sieff, 2003). However, how information emerges through various media formats is only one aspect of the framing process as automatic processes that allow the reader to interpret the narrative also play a substantial role (Sieff, 2003).

The role of how an actor frames reality must be acknowledged as this discursive strategy is necessary for individuals to speak about and construct the meaning of the reality being discussed. Schemas are generalizations of one's perception of the world that have been created through experience. Schemas are automatic processes involving sets of associations that are unintentionally and spontaneously activated and are developed through repeated memory activation (Grimes & Drechsel, 1996). Schemas guide perceptions, impose order and construct meaning of people, things, and places through guiding the processing of incoming information through labelling, identifying, and classifying (Grimes & Drechsel, 1996).

Even information that is not highly prominent or emphasized within the text can influence the reader if it agrees with their existing schemata. The reverse is also true. Information that is given high prominence in the news may not necessarily influence the reader if it contradicts with their existing schemata (Entman, 1993).

For example, media association of violence and mental illness does not create the perception that the mentally ill are “dangerous others” unless this perception previously existed in the schemata of readers. It is within these “familiar” and commonly understood narratives, then, that the media frames stories. (Wondemaghen, 2014, p. 346)

Stereotypes are a way that individuals comprehend their world and are an example of a schemata. Stereotypes of Mad people also constitute significant schemas as they have had a long history of activation and therefore are more accessible to most, if not all, readers. Furthermore, because these stereotypes are frequently activated, due to the repetitive nature of media frames, they are well learned sets of association that are activated automatically. Thus, the news media provides the “fundamental frameworks through which most Americans and people from developed nations come to perceive and understand the contemporary world” (Corrigan et al., 2005, p. 551). As evidenced by the multitude of studies worldwide, the media presents people who experience mental distress through negative frames thereby nurturing and perpetuating sanism (Corrigan et al., 2005).

Whether the attempt is to show a dangerous, violent character, or one who is carefree and happy, typical media portrayals use narrow definitions of mental illnesses, at odds with the much broader definitions of contemporary psychology ... Depictions of mental illnesses present at least two views, as characters portrayed as excessively dangerous and violent, or as

childlike, and unable to be dependent. These and other depictions are excessive in their simplicity, and fail to describe mental illnesses fully (Sieff, 2003, p. 262).

Framing is not an optional practice, it is a fundamental and necessary operation in news reports (Carvalho, 2008). Despite an individual's schemata, framing still maintains a high influential power over perception through omitting certain information and highlighting others as directing attention away from specific aspects of reality deeming them inconsequential while reinforcing incorrect stereotypes. Are there distortions in the news, for example "the race riot" schema versus the white "citizen protest" schema (Maneri & Wal, 2005). A recent example of how different types of civil disturbances are reported upon and policed is how the Black Lives Matters Protests during the summer of 2020 were violently policed by authorities while the policing of the Trump riots on Capitol Hill in Washington, DC on January 6<sup>th</sup>, 2021 were not (Aratani, 2021). Black Lives Matter protestors were met with hyper-police violence when protesting peacefully, had police in riot gear armed with rubber bullets that shot at them at close range, tear gas, stun grenades and batons while armed Trump rioters were just allowed to break into Capitol Hill by the police (Klemko et al., 2021). Framing is not an optional practice, it is a fundamental and necessary operation in news reports. Despite an individual's schemata, framing still maintains a high influential power over perception through omitting certain information and highlighting others as directing attention away from specific aspects of reality deeming them inconsequential while reinforcing incorrect stereotypes.

Following Christians and Carey's (1981 as cited in Haller et al., 2020) understanding that all aspects of the media texts should be analyzed such as direct and indirect quotes, story sources,

themes about parents who commit filicide on account of a mental disorder, missing perspectives about the issue, and terminology used.

#### **4.5.5. Intersectionality-Based Policy Analysis (IBPA)**

I conducted an open-ended reading of each of the national newspaper articles for each of the cases. The number of articles dedicated to reporting the event is a crucial indicator of the importance each newspaper attributes to a particular case (Carvalho, 2008). Next, I applied certain questions and sub-questions of the IBPA. This was done with every article for that case from the other 3 national newspapers. This was done for all the individuals.

Next, I asked:

- 1) “What is the problem under consideration?
  - a. What assumptions (e.g. beliefs about what causes the problem and which populations are most affected) underlie this representation?” (Hankivsky et al., 2012, p. 39)

As identities are “constituted within, not outside representation” (Hall, 1996, p. 4), I focused on making all values, ideologies, and norms to which the articles refer to, distinct. Thus, what questioned here is if the problem in the cases represent madness as the sole cause or if there another explanation (i.e. does the newspaper make demands on/blame the individual?) Before a mental health component was advanced as the cause for the offence, was there another cause being presented? Thus, do arguments change? How were the NCR offenders portrayed? For example, were there certain cases where the media implicitly argued for the need to control and securitize particular individuals because they were framed as being dangerous and a risk, while for others, they were empathized with? Did the news on parents who kill their child with disabilities incorporate analyses of processes of social, economic, or cultural change (Maneri & Wal, 2005)?

The second IBPA questions utilized was:

2) “How have representations of the ‘problem’ come about? What are the origins and history of NCR verdicts for filicide of children with disabilities?” (Hankivsky et al., 2012, p. 39)

This level of analysis required the underlying epistemological and ontological assumptions of the social identity being examined and went beyond the journalist’s biases and focused on the meanings and deep-rooted cultural values, that are often subconscious and lodged within society, which allowed the specific representation to make sense to the general population (Bacchi, 2009). For example, the representation of women deemed NCR and committed filicide in contemporary times was compared to those of gender relations in a legal context to understand how the framing of the ‘problem’ has or has not changed. The history has been discussed in Chapter Two of this dissertation.

The third IBPA question and sub-questions will be:

3) “How are groups differentially affected by this representation of the ‘problem’?”

- a. Who is considered the most advantaged and who is the least advantaged within this representation? Why and how?
- b. How do the current representations shape understandings of different groups of people?
- c. What differences, variations and similarities are considered to exist between and among relevant groups?” (Hankivsky et al., 2012, p. 39)

4) “What inequities actually exist in relation to the problem?”

- a. Which are the important intersecting social locations and systems? For example, how do ‘race’, ethnicity, class, sexuality, and other social locations and systems of inequality

(racism, colonialism, classism, heterosexism, sanism) interact in relation to how the media represents various NCR cases?” (Hankivsky et al., 2012, p. 40)

Thus, how systems of power and domination (such as sexism, racism, sanism, classism, patriarchy, capitalism, colonialism, biomedicalism) intersect with these social identities to influence how NCR cases were covered by the media. For example, I questioned how gender stereotypes influenced how the media perceived specific crimes, the differences in the constructions of NCR individuals in relation to their crime and gender. i.e. were women who killed their children represented differently than men who killed their children?

Following Matsuda, I will then ask the “other question”:

The way I try to understand the interconnection of all forms of subordination is through a method I call “ask the other question.” When I see something that looks racist, I ask, ‘Where is the patriarchy in this? When I see something that looks sexist, I ask, ‘Where is the heterosexism in this?’ When I see something that looks homophobic, I ask, ‘Where are the class interests in this?’ (1990, p. 1189)

b. “What are the knowledge/evidence gaps about this problem across the diversity of the population (those who commit murder)? (Hankivsky et al., 2012, p. 40)

When analyzing how problems such as people deemed NCR for murder were represented in the print media, it was important to examine what was invisible, what was taken-for-granted knowledge and what was not questioned (Bacchi, 2009). An example of “What was invisible?” and “Who benefits?” from media representations of people deemed NCR for murder relates to the lack of focus on the structural causes of Madness.

The last IBPA question and sub-question will be:

- 5) What are the current responses to the problem that the media reports?
- a. Who has responded to the problem and how? For example, how have governments and affected populations and communities responded to the framing of the problem?

(Hankivsky et al., 2012, p. 40)

Did the newspaper make demands on the mental health system? Did the newspaper make demands on the state? In particular, for articles that mention the NCR Reform Act or puts blame the mental health system, which NCR cases were mentioned and which were not? Did the media report on the structural violence from the state within forensic treatment centres which furthers the violence upon the Mad community?

- b. What are the responses trying to achieve according to the media?
- c. Does the media focus on certain NCR offences and individuals and disregard others? Who is stigmatized by this response?
- d. How does the media address, maintain or create inequalities between the different NCR groups?
- e. Do existing responses create competition for resources and political attention among differently situated groups within the Mad community? (i.e. mental health resources versus forensics).
- f. What levels or combination of levels of analysis exist (i.e. micro, meso, macro) ?

(Hankivsky et al., 2012, p. 40)

## Chapter Five - Analysis

### Introduction

This chapter will analyze the four cases utilized in this dissertation. Section 5.1. investigates the case of David Carmichael and his son, Ian Carmichael. This is the largest case due to the many areas of inquiry and amount of information that was found. One of the reasons for this, is due to David's status as a fitness guru and coach, as such, the media published more articles about him and also due to David producing his own blog and becoming an anti-psychiatry activist after his release from the forensic legal system. Section 5.2. discusses the case of Rachel Capra-Craig and her daughter Chelsea Capra-Craig. Section 5.3. deals with the case of Patricia Couture and her daughter Melissa Couture. Section 5.4. analyzes the case of Deng Hao Wan and his daughter Wen Yu Wan. Section 5.5. is an analysis of the four cases. Section 5.5. is the media analysis of these four cases.

### 5.1. David Carmichael and Ian Carmichael

#### What Happened?

On July 20<sup>th</sup> 2004, David Carmichael promised his 11-year-old son, Ian Carmichael, that they were going to a dirt biking track. That evening, after driving from Toronto to London, Ontario and renting a hotel room, David mixed sleeping pills with orange juice and gave it to Ian. At 2:30 am, David strangled his son for 20 minutes. Six hours later he called the 911 and confessed (Friesen, 2005, p. A13). David was diagnosed with severe depression and psychosis that led him to have delusions that his son's future was hopeless due to his disabilities and was deemed NCR on September 30<sup>th</sup>, 2005 (R. v. Carmichael, 2005) and was given an absolute discharge on January 21<sup>st</sup>, 2010 (O.R.B., 2010).

## Cast of Characters

**Ian Carmichael** was 11 years old when he was killed by his father. Ian was a competitive BMX<sup>41</sup> rider and excelled at this sport. He was diagnosed with epilepsy (R. v. Carmichael, 2005) and had minor learning disabilities (Janson, 2007). The December prior to his death, Ian had a brain aneurysm (Blatchord, 2004) however, his post-mortem revealed that he had “an essentially normal brain (R. v. Carmichael. 2005, p.3).” Ian’s MRI results from the previous year “showed mild or minimal changes at most” (R. v. Carmichael. 2005, p.3).

**David Carmichael** was a white male who killed his son Ian when he was 46 years old. David was previously the national director of Canada's ParticipaAction fitness program, a sports consultant (Taber, 2011) and was known in the sports world for developing many programs to help children get fit (Former ParticipAction director charged, 2004). David also gave hundreds of speeches nationally, in relation to how to be better parents and coaches (Blatchford, 2004). David’s state of mind, whereby he received an NCRMD verdict, was due to the side effects of taking anti-depressants without being under the supervision of a doctor.

**Philip Campbell:** Defense Lawyer

**Geoff Beasley:** Assistant Crown prosecutor

**Jeff Carmichael:** David’s twin brother

**Beth Carmichael:** Ian’s mother and David’s wife and is a former Canadian triathlon champion.

**Doreen Carmichael:** David’s mother and Ian’s grandmother and was a world-class athlete in the shot put at 73 years old (Blatchford, 2004).

---

<sup>41</sup> “The word BMX is an acronym for Bicycle Moto Cross. The term was originated in the 1970’s when kids started racing their bikes on dirt tracks in southern California. The origination was focused on the racing side of things with an emphasis on the jumping, speed and style. It wasn’t long until tricks started making their way into this new sport and a whole new genre of BMX was formed. BMX racing and Freestyle BMX.” (BMX Union, 2020).

## The Verdict

On September 30<sup>th</sup> 2005, Judge H.A. Rady J. stated that:

In mid-to late July, Mr. Carmichael seems to have witnessed some apparently trivial misbehaviour by Ian which, viewed through the haze of his depression, seems to have triggered Mr. Carmichael's negative thoughts about Ian's future. His misinterpretation of the MRI results and what he may have been told by Ian's pediatric neurologist compounded his profound pessimism and his view that Ian was brain damaged, that he would become aggressive, that he would be a threat to his sister and that he would likely be institutionalized. There can be no question but that Mr. Carmichael's beliefs were illogical, indefensible and contrary to reality. Ian's future was in reality quite the opposite of hopeless. He was a relatively normal 11-year-old boy. His epilepsy, recently diagnosed, was well controlled through medication. His health was otherwise good ... When confronted with contrary information about Ian, Mr. Carmichael ... persisted in his illogical views that his son was brain damaged and was in a living hell (R. v. Carmichael, 2005, p. 3).

Throughout the three-day trial, the judge completely disregards any evidence that could point to this being a murder of a child with a disability and solely focuses on David's depression. The judge described Carmichael misinterpreting the medical reports which intensified his view of Ian's disability and his future. The judge then goes on to claim that these thoughts were not grounded in reality as Ian's disabilities were not serious enough for a father to deem Ian's life as hopeless and having no future and thus, David was delusional. What is silenced by the judge is if Ian's disabilities were considered serious enough, would it have been alright to kill him. The legal system and the media from the start did not question the eugenic ideology that already existed within the

Carmichael family and may have influenced killing his son while in an altered state, meanwhile there was plenty of evidence.

To analyze this case and to bring forth the underlying eugenics ideology within this family that likely influenced David killing Ian, I utilize the trial judgement, the Ontario Review Board Hearing (ORB) documents, the 26 national media reports, and David's personal blog posts.<sup>42</sup> The *Globe and Mail* reported on every day of the three-day trial. I did not have the full court transcripts for the three-day trial due to availability, just the trial judgement however, a journalist was inside the courtroom every day and most are reported in verbatim. The limitations of not having the full-three-day trial is that I cannot see what was not reported in the news.

Through the media, it was evident that David's state of mind was not being judged as regular NCR offenders are, instead he was treated by the media for the most part, as a father who committed a mercy killing and he had the support and empathy from the legal system from the beginning. The legal system was extremely quiet about this case for over a year until it went to trial, leaving the news media to make assumptions through the few facts they had about the case and from what family members stated. David was consistently framed as a victim by his lawyer, the only legal representative that spoke to the national news media prior to the trial, and the situation was framed as a tragedy.

"This is an unspeakably tragic case," Mr. Campbell told reporters ... "My best hope is that the courts will find a way to comprehend the tragedy and not compound it." The lawyer refused to comment on rumours the boy suffered a debilitating aneurysm last year or had been diagnosed with a brain tumour. "I've given quite a lot of thought to what I can appropriately

---

<sup>42</sup> The *Globe and Mail* had a total of 11 articles; *National Post* had 7 articles and one guest article; *CBC News* had 3 articles and *CTV News* had 1 article.

say to the public through the media and the answer I have come up with is nothing," Mr. Campbell said. "To say a lot ~ to tell the whole story ~ is disrespectful to the court and the judicial process. To say little risks distortion and speculation, and I don't want to do that ... "I think one fair question is 'How is my client doing?' " he said. "And I think I'd answer that with just a single word: He's sad." (Cowan, 2004, p. A5)

Police are saying little about the case, withholding facts such as the cause of death or a possible motive for the killing. Some reports have suggested the boy had suffered a brain aneurysm and had been diagnosed with a brain tumour. (Carmichael Murder Case Put Off, 2004)

Ian apparently had also suffered a brain aneurysm last December. These disclosures ~ and the fact London Police are seeking the boy's medical records ~ have raised the spectre that perhaps Ian's death was a mercy killing, akin to the death of Tracy Latimer, the Saskatchewan girl whose father Robert was convicted of second-degree murder. (Blatchford, 2004)

The story line that this was a mercy killing and David was to be empathized with was established by the media before Carmichael went to trial and before anything was proven in court. The defense lawyer knew saying little risked distortion and speculation then skewed the issue of murder by eliciting sympathy for his client through framing his motives as compassionate and linked it with mercy killing.

The 3 day trial was completely sympathetic to David as the Crown and Defence agreed prior to the trial that Carmichael should be found NCR

Assistant Crown prosecutor Geoff Beasley said although the two sides agreed Mr. Carmichael should be found not criminally responsible, it was still necessary to hold a trial and allow a judge to decide Mr. Carmichael's fate. "I would say that from the beginning we were both on the same page, but ultimately the trial process has to go to its conclusion before the trial judge," Mr. Beasley said. "It's a tragedy. (Friesen, 2005, A13)

By time the trial occurred, the problem was already represented as David's psychosis which led to him killing Ian. Prior to the trial, the family was also extremely quiet about this case however, they did hint at a mercy killing.

At the funeral, Ian's uncle and David's twin brother said: "To the media and the curious, we have so much to say – but not now" (Pooley, 2005, p. A1). As reports circulated that Ian had suffered a brain aneurysm or brain tumour, speculation arose that Ian's death was a "mercy killing."

They [friends] cling to the theory that is faintly on the public record ~ the idea, given weight earlier this week when long-time track coach and friend Andy Higgins told a Toronto newspaper that Ian was recently diagnosed with a brain tumour. Ian apparently had also suffered a brain aneurysm last December. These disclosures ~ and the fact London Police are seeking the boy's medical records ~ have raised the spectre that perhaps Ian's death was a mercy killing, akin to the death of Tracy Latimer ... "I don't know how sick his son was," Mr. Shepley (friend) said yesterday. (Pooley, 2004, A1)

Neighbours and family members have hinted that Ian had serious health problems, including a brain aneurysm. These allegations have ignited speculation that his death could have been a mercy killing. (Harding, 2004, A7)

The media, quite naturally, speculated that Ian's medical condition is what motivated his father in taking his young son's life at first. By making assumptions and using the term "mercy killing" implies that Ian's murder was somehow justified. From the case of Robert Latimer, who killed his daughter who had cerebral palsy, many in the media and society saw absolutely nothing wrong with taking the life of a less than medically perfect child (Enns, 1999). Referring to Ian's murder as even a "possible mercy killing", some news media and journalists not only jumped to conclusions but put a child murderer in a positive light. He was not seen as a risk or dangerous by the media or the legal system but instead as a great father and member of society.

The absences and silences of the systematic exclusion of alternative perspectives within a text are highly significant. I will illustrate through my analysis, the lack of contrary evidence and the exclusion and disregard of specific facts being taken into consideration that would create a different meaning was apparent and vigorously drove the represented problem and its particular framing.

### **The Evidence not Taken into Account**

#### **Ableism**

There was an abundant amount of evidence mentioned but not taken into consideration, the Crown and the Defense agreed prior to the trial that David should be given an NCR verdict and therefore the only witnesses were David's family members, police investigators and psychiatrists as expert witnesses. One particular powerful and problematic testimony was Carmichael's twin brother. The trial heard how the family viewed certain disabilities, specifically epilepsy.

A dark family history of depression and suicide had long haunted David Carmichael before he was charged with drugging and fatally choking his brain-damaged 11-year-old son last summer, a court was told yesterday ... Jeff Carmichael recounted how his twin ... showed the same symptoms of depression that he himself endured 15 years earlier - including contemplating taking the life of his own seizure-prone son. Jeff described his occasional "suicidal scouting" trips, looking for places to kill himself after a series of traumatic events in 1989 that included the birth of his son Tyler, who has epilepsy. "It was at that moment that I thought the world was a very evil place," ... Mr. Carmichael described as a "very dark moment" the time he considered taking Tyler's life ~ the boy suffered frequently from nocturnal seizures ~ as well as his own. "I thought it would be better if I took Tyler with me so he didn't have to experience the pain of life," he tearfully told the packed court. "I quickly rejected it.". (Brautigam, 2005, A17)

Despite this, the trial did not link ableism as a possibility for the murder nor did the media, instead the judge solely relied on psychiatric rhetoric,

I heard that there is a significant family history of depression and other mental illnesses, and I heard evidence of a genetic predisposition to the development of depression. Mr. Carmichael's twin brother had strikingly similar episodes of depressive illness which originated in work pressure, which for Mr. Carmichael involved financial pressures as well. (R. v. Carmichael, 2005, p. 3)

The judge also did not consider in his ruling if Ian's disability and seizures had increased or led to his depression and psychosis and he certainly did not seem to care that a child died. When

the judge did mention Ian, it was in either in passing that David killed Ian or in a negative way that then applauded David for his exceptional parenting skills.

I have the impression that Ian was a bit of a handful, as 11-year-old boys can be, but his energy seemed to have been appropriately channelled through activities like BMXing, something at which he excelled and which undoubtedly fuelled his self-esteem, the importance of which was obviously recognized by Mr. Carmichael given his educational and his employment background. (R. v. Carmichael, 2005, p. 3)

The reference to Ian being a bit of a handful is completely insignificant to the case and depersonalizes Ian while also validating that he was difficult child and then goes on to applaud David for appropriately channeling Ian due to his educational and professional background. The judge never contemplated that perhaps Ian was having outbursts because of his father's treatment of him.

The judge, similar to the media, refers to David's educational and employment background a number of times. This highlights the importance of David as a white, middle-class, elite father whereby if he was poor and racialized, perhaps he would not have gotten the sympathy elicited by judge. This will become evident in the Deng Wan case in this chapter where the individual was racialized and poor and sympathy was not apparent from the judge.

By the time the trial took place, the media reports describe Ian as having serious disabilities, while also excusing David's behaviour, as he irrationally believed his son was deviant.

He said his son was being teased by other children and felt everyone was laughing at him.

In response, Ian had begun to exhibit aggressive behaviour toward younger children, pushing them and tossing volleyballs at children aged four and five. Mr. Carmichael said he was

increasingly concerned for the safety of his family and of others because of Ian's behaviour. (911 call reporting boy's death, 2005, p. A12)

In the third interview, Det. Whitford told Mr. Carmichael that other family members had a different view of Ian, seeing him as outgoing and energetic. Mr. Carmichael said Ian was in a "living hell." "I didn't believe anything could help him," he said. "I think he'd have hurt a lot of people." He said he spoke to Ian the previous Monday and learned his son was distraught about returning to school in the fall and greatly upset with how people were treating him. "It was the saddest day of my life when I talked to him," he told police. (911 call reporting boy's death, 2005, p. A12)

This highlights that Ian was being bullied at school not that he wanted to die.

By the third and last day of the trial, the media presumed Ian was suffering which then led to him becoming aggressive and how David had to protect the rest of the family from an eleven-year-old boy.

David Carmichael believed that by killing his 11-year-old epileptic son, he would spare him from a life of suffering, and at the same time protect his family from a boy so seething with aggression he could kill his older sister, Mr. Carmichael was in a shell of delusion and incapable of making rational decisions when he drugged and suffocated his son, Ian ... "He visualized that [Ian] would kill his sister, stab her in the back," Dr. Bradford told defence lawyer Philip Campbell. "He obsessed about it." In the two weeks before the killing, Mr. Carmichael was so gripped by severe depression and psychosis that he was convinced murdering his son, whom he believed was partially brain dead, was an act of altruism, Dr. Bradford concluded. (Brautigam, 2005, p. A16)

David was consistently empathized with by the judge while the verdict was being rendered. The judge stated that “Indeed, all of the evidence supports the proposition that Mr. Carmichael thought that he was justified in taking his son's life to save Ian from what Mr. Carmichael was convinced was a hopeless future” (R. v. Carmichael, 2005, p. 2). By stating that David was convinced the Ian had a hopeless future, this invokes the idea that some children with disabilities do have hopeless futures, need to be saved by killing them and pointing to the view that mercy killing can be justifiable. The judge goes on to say that:

We will probably never fully understand the despair and the desperation that led David Carmichael to take the life of his beloved little boy Ian on July 31st, 2004. What we do know is that depression is an extremely serious illness which if undiagnosed, if untreated, if not properly treated or if treatment is interfered with, it can have devastating, even tragic consequences as it has here for the whole Carmichael family ... Having heard the evidence and having reviewed the exhibits and the relevant case law, I am persuaded that Mr. Carmichael should be found not criminally responsible for the admitted planned and deliberate murder of Ian by reason of his mental disorder ... Indeed, he clung to the delusional belief that it was the only moral act a loving father could do in the circumstances. (R. v. Carmichael, 2005, p. 2-3).

Thus, the judge has stated that if Ian was disabled enough, Carmichael would have performed what a moral father would do.

### **Primary Reactions to Ian’s Murder**

The reactions and statements in the media made by the family, priest, neighbors and friends at Ian’s funeral are not consistent with the narrative that David murdered his son due to un-

sustained delusional beliefs that Ian was suffering. In the first few articles from the national news media, the family members do not seem outraged or even upset with Carmichael for killing Ian, rather it is framed through a sympathetic/tragedy lens, whereby family members, priest, neighbors and friends frame Ian as being put out of his misery rather than that his father just suddenly murdered his 11-year-old son.

According to his grandmother, Doreen Carmichael, speaking at the funeral, Ian was: ““a boy with a "difference" who "couldn't keep up with his peers academically, but he could sure surpass them on a BMX." ... [while] [n]eighbours and family friends have suggested the boy's murder could be related to a disability" (Cowan, 2004, p. A8). Despite the fact that Ian was not in physical pain, the pastor during the funeral stated that: “the boy may have been "suffering." "Today, I am confident Ian is no longer in pain, he's no longer in suffering" (Pooley, 2004, p. A1).

This reference to Ian's life is eerily reminiscent of how Tracy Latimer's life was also portrayed as a life of pain and suffering as well as "hopeless" and thus her murder by her father was rationalized upon this basis (Enns, 1999). Ian's pain might be referring to his mental pain which appears to have been used as a way to excuse his murder, as happened with Tracy Latimer who experienced physical pain. Ian Carmichael may have indeed experienced pain from being bullied at school and not being deemed and treated as intelligent by his family, as did Tracy Latimer in her short life however, the pain Ian experienced, just as the pain Tracy experienced, can never justify the actions of their father in killing them. They were autonomous individuals whom no parent had the right to end their life no matter what their motives. Since Ian is not alive to tell us, we cannot know what was going on in his mind but it is likely that Ian Carmichael did endure some

mental pain in his life given what he had to endure in the way of ableist prejudice from his family and children at school.

These reactions were coupled by hinting of a mercy killing. “Neighbours and family members hinted to the media that Ian “had serious health problems, including a brain aneurysm. These allegations have ignited speculation that his death could have been a mercy killing””.

(Harding, 2004, p. A7)

Further, the reactions of family members at the funeral, speaking on behalf of David are strikingly odd for an individual who experienced the murder of a family member as they lovingly and compassionately spoke on behalf of the boy's father.

If David were here, he would want to say to Ian: 'I loved you so much and I will always love you. I really treasured the time we spent together. I know that when you were with me, you were happy, you felt secured and loved,' his brother Jeff said. (Cowan, 2004, A8).

Beth Carmichael, Ian’s mother, Beth Carmichael, stated at the funeral that "Ian, your Dad loves you very much" (Cowan, 2004, A8). She also stated that "If David were here, I am sure what he'd say to his son Ian was that 'I love you so much,' " she said as Jeff sobbed uncontrollably at her side. (Pooley, 2004, p. A1).

These statements were made at Ian’s funeral, and in the primary media reports. Thus, the murder was not seen as out of the blue, with no reason attached to it as the judge in the trial transcript describes, yet this is ignored by the court and the media. And the rhetoric of David being a great father is reinforced by the judge.

In coming to the conclusion that I have, I have considered the evidence and I make the following findings. There is no doubt in my mind that David Carmichael loved his son Ian.

He was clearly a devoted and caring parent who looked for opportunities for his son to excel, notwithstanding any limitations that Ian may have had and in order to build his self esteem. It is said that a picture paints a thousand words. The home videos do attest to Mr. Carmichael's devotion and pride in his son. Mr. Carmichael's statements to police support this view as does the evidence of Jeff Carmichael and Mari Caravaggio. There is not a shred of evidence of a venal motive, that Mr. Carmichael was angry with or disappointed in or ashamed of his son Ian. (R. v. Carmichael, 2005, p. 2)

A similar comparison can also be made to Robert Latimer and David Carmichael as loving fathers based upon the photographic/video evidence. At Robert Latimer's trial, there was one particularly well-known photo of him with Tracy Latimer on his lap which was repeatedly used to show him in a sympathetic light (Enns, 1999). No matter how much both men showed love and affection, it can never justify what they did to their child.

There was plenty of evidence that there was an underlying motive, the judge also did not take into account, primarily the eliteness that ran through the Carmichael family which should have been investigated due to their reactions of Ian's murder.

### **Family Eliteness**

The Carmichaels and reference to their physical eliteness is a re-occurring theme in the news articles.

Ian was a competitive BMX rider ~ a mix of bicycling and moto-cross ... Mr. Carmichael and his wife Beth, a former Canadian triathlon champion herself ... sport runs like a river through Mr. Carmichael's family; even his mother, Doreen, is at 73 a world-class athlete in the shot put. Mrs. Carmichael was one of a team of three women, whose collective age

totalled 199, who competed in the Grenada Triathlon just last April. Beth Carmichael, meanwhile, had recently returned to the fitness world herself, last year bringing some of her recovering heart-patient clients ~ all men in their 60s ~ to one of Mr. Shepley's races.

(Blatchford, 2004, A1)

David Carmichael is a sports consultant and has been an avid supporter of Canadian amateur athletics for two decades. He began his career in amateur sport as a wrestler and went on to become a high-performance coach who was also involved with Wrestling Ontario and the Ontario Physical and Health Education Association. (Pooley, 2004, p. A1)

Further, the eliteness of the Carmichael family, hinging on a eugenics ideology, was never brought into question. According to newspaper reports, Carmichael was certainly preoccupied with negative thoughts about Ian prior to murdering him. At a conference in 2000, David's opening remarks were:

"Do a paper and pencil test and you can measure self-concept. Your thoughts. Your cognitive thoughts about your self-worth. 'I think I'm a good person. I think I do good things. I think I contribute to my family.' (Blatchford, 2004, A1)

This statement reveals David's view of cognition and self-worth. At this same conference, David only mentions his son once in terms of Ian lacking self-confidence:

Carmichael speaking ~ with the stubborn and even brilliant passion those in Canadian amateur athletics had come to know years earlier ~ about the harm that organized sport can inflict upon a vulnerable child. To a group of hard-core hockey men, Mr. Carmichael was preaching the merits of practicing over games, play versus pressure to perform and the importance of acquiring skills before competition. In the lengthy minutes of the conference

in which the key speakers were quoted verbatim, Mr. Carmichael was contemplative and, on paper at least, his words almost sounded sorrowful. Coaches, he said, have to be sure that before children are thrown into the rough-and-tumble of a game, they have at least "a minimal level of self-confidence" ... "There are kids that sign up in soccer on one night and they play their first game the next," he said wonderingly. "My son was one of those kids. You know, they take these kids. You put them in their coloured uniforms ~ like these kids don't even understand the game." It was his only mention of Ian that day. (Blatchford, 2004, A1)

The judge in the trial transcripts described that:

Carmichael's beliefs [about Ian] were illogical, indefensible and contrary to reality. Ian's future was in reality quite the opposite of hopeless. He was a relatively normal 11-year-old boy. His epilepsy, recently diagnosed, was well controlled through medication. His health was otherwise good. (R. v. Carmichael, 2005, p. 3)

All the evidence provided by the legal system supports the NCR verdict because evidence pointing to something else was not part of the proceedings. What is unquestioned here is the legal system's ideological beliefs on mercy killing as the judge is characterizing the murder of a child with a disability by a loving parent as a moral act if the disability was severe enough. The judge is also dehumanizing Ian and all children with disabilities as he is basically saying that it would be morally permissible to kill children with more serious disabilities, violating their human rights. Dehumanization has often played a role in eugenics, by stigmatizing those who are regarded as genetically inferior as less than human (Smith, 2014). If Ian did not have any disabilities, and David was not a white, middle-class fitness guru, it is very likely that the legal system have ruled differently.

**Knowing it was Wrong**

The judge states that:

The crux of the inquiry is whether the accused lacks the capacity to rationally decide whether the act is right or wrong and hence to make a rational choice about whether to do it or not. The inability to make a rational choice may result from a variety of mental dysfunctions; as the following passages indicate, these include at a minimum the states to which the psychiatrists testified in this case ~ delusions which make the accused perceive an act which is wrong as right or justifiable, and a disordered condition of the mind which deprives the accused of the ability to rationally evaluate what he is doing. (R. v.

Carmichael, 2005, p. 4)

Carmichael knew what he was doing was legally and morally wrong. Before driving to London, he did an internet research on the definition of first- and second-degree murder and looked into HIV/AIDS in prison (Friesen, 2005, p. A13). He then drove to London the next day with Ian on the pretence of taking him to a bike-riding track. At around 10 p.m. that same day, David mixed a sleeping medication with orange juice and gave it to Ian. Before falling asleep, Ian started hallucinating and around 2:30 am David manually strangled Ian for approximately 30 minutes, causing his death. David then packed his vehicle,

had a shower and at 9:30 a.m. phoned the front desk of the hotel and asked an attendant to contact the police. According to the evidence at trial the accused then informed the attendant that he had strangled his son, explaining that his son was brain-damaged and had emotional problems. (O.R.B., 2007, p. 2)

On the first day of the trial, the 911 call Carmichael made more than six hours after killing his son was played. Carmichael told the 911 dispatcher:

"I've killed my 11-year-old son." The dispatcher asked whether the boy is breathing. "No, he is quite dead," Mr. Carmichael responded. At another point in the call, Mr. Carmichael told the dispatcher: "I know I've done an awful thing." Later, he asked the dispatcher how his wife at home in Toronto would be notified about the death. "She's going to be quite shocked," he said. (911 call reporting boy's death, 2005, p. A12)

Carmichael also told the interviewing officer

that Ian suffered from a condition that caused the left temporal lobe of his brain to atrophy. The brain damage left Ian with greatly diminished intellectual capacity. The boy was suffering nearly constant minor seizures and had two major ones the previous December and January, Mr. Carmichael said. (911 call reporting boy's death, 2005, p. A12)

When the police arrived:

The accused was then arrested, advised of his rights but declined to contact a lawyer. He gave to the police a statement in which he stated that he had intentionally killed his son because "he would be better off in heaven". (O.R.B., 2007, p. 2)

The judge state states that:

The accused may by a process of reconstruction, after committing some harmful act, realize that he has committed the act and know that it was wrong. That is not inconsistent with an inability to appreciate the nature and quality of the act or to know that it was wrong at the moment of committing it. (R. v. Carmichael, 2005, p. 4)

On David's blog that he began writing when he was detained at the Brockville forensic centre, he wrote that he told the 911 operator that he was not suicidal, which is evident because after killing Ian he ensured the police did not kill him (Carmichael, n.d.a.). On his blog, in the "through

psychotic eyes" section, is evident that he valued his life as he "moved away from the phone to put a plastic cup under the door so the door would be open for the police. I didn't want them to break down the door or come in with their guns out" (Carmichael, n.d.a.). What is interesting in this section of 'my mistakes' there is no mention of Ian or that killing him was a mistake.

In an article in 2006, David is quoted as saying

It's been just over two years since I killed Ian. I'm just fortunate I've got a life back." He hopes to establish a career as an advocate for mental illness and to make "a public education contribution." As he says on his website, "My life revolved around my family and work. I neglected me." Not any more." (Blatchford, 2006)

Feeling fortunate that he has his life back just after killing his son two years prior is incompatible as the death of a child is "considered the single worst stressor a person can go through" (Krisch, 2020).

### **Attribution of Responsibility**

#### **What Caused David's Psychosis?**

The dangers of psychiatric medications were completely ignored in this case. David's madness, as described in the hospital report, and reiterated in the Review Board Hearing (2007) is told as,

He began to experiencing symptoms of depression in June 2003 and he received antidepressant medications from family members. He then saw his general practitioner and was prescribed Paroxetine (Paxil), which he took until approximately February 2004, when he stopped it on his own. He was feeling better by this time. He began to have symptoms of depression again in June 2004, in the context of work, financial and family stresses. He

started Paroxetine on June 8, 2004 although he had not seen his doctor. He increased the dose of Paroxetine himself as the symptoms of depression worsened, with suicidal thoughts then murder-suicide thoughts culminating in thoughts of killing his son. (p. 2)

On David's website he states that:

In wrongful death claims involving SSRIs, pharmaceutical companies argue that it was the illness that caused the psychosis, not the drug ... There is, however, a strong argument that Paxil caused my psychosis. I was in a major depression at the beginning of July 2004 when I put myself back on my previous prescription of Paxil and again when I arrived at the Royal Ottawa Mental Health Centre in November 2004 to be assessed. However, a few days after I killed Ian, I completed the Minnesota Multiphasic Personality Inventory (MMPI), which indicated that I was not in a major depression. I was delusional and functioning at an intellectual level beyond normal. It was like Paxil shot me out of my depression into a totally irrational state of thinking - calm, organized, but irrational. The evidence that I was not in a major depression when I killed my son was not presented as part of my criminal defense at my trial in September 2005. It probably would have been confusing to the Judge.

Pharmaceutical companies have not been effective at educating the public about the rare, but potentially lethal side-effects of SSRIs. Even though, for example, psychosis and delusions are listed as rare side-effects of Paxil in the Compendium of Pharmaceuticals and Specialties (CPS); a prescription drug guide published by the Canadian Pharmacists Association for doctors. Sadly and disturbingly, evidence suggests that I am one of those rare individuals. (Carmichael, n.d.b).

This information is not mentioned in any of the Review Board Hearing Documents. In the trial judgement, there is no mention of what could have caused David's psychosis however, it was mentioned in court on the last day. David contended that it was Paxil. He was prescribed this in 2003 but stopped taking it for several months when his mood improved. In July 2004, he began taking Paxil again without consulting a doctor, and increased his dosage. According to David, this made him delusional (911 call reporting boy's death, 2005, p. A12).

The psychiatrists did not concur that this was the cause and avoided a public inquiry into the matter (Janson, 2007). The way stories and the attribution of responsibility are constructed for the event influences changes in public policy and legislation. Whether a murder is committed by a person experiencing mental distress is framed as being a consequence of policy, or if capability is firmly placed onto the individual, the link between public safety exists (Paterson, 2006a).<sup>1</sup> Despite this, blame on policies is usually avoided due to pressure groups (such as mental health institutions and associations and pharmaceutical companies) and politicians who control and dominate the interpretation of events to the public (Paterson, 2006a). Politicians then generally opt for coercive measures, that is, these "strategies that minimize the impact on the political official rather than equitably balancing risks" (Wolff, 2002, p. 802, as cited in Paterson, 2006a, p. 299). The implementation of laws rather than policies for people who are psychiatrized are generally opted for. As discussed in the literature review, in Ontario, there is Brian's Law; In New York, Kandra's Law; and in California, Laura's Law – each of these has been named after the victims of people killed by an individual diagnosed with schizophrenia. In these instances, the excessive amount of focus by the media linked mental distress and violence after a rare act of violence while concurrently demanding legislation and policy reform which resulted in legislation that coerced

this population to be involuntarily committed to psychiatric hospitals and forced drugging.

Another example of laws being implemented rather than policies for public safety is Bill C-14, the NCRMD Reform Act. Parliament's concern regarding NCRMD individuals and their threat to public safety, which evolved into Bill C-14 occurred during four isolated, yet high-profile cases involving NCRMD offenders who committed extreme acts of violence and were highly sensationalized by the Canadian media. Two of these cases were fathers who committed filicide of their children who did not have disabilities. The Reform Act was explained in detail in chapter two.

### **David Carmichael versus Robert Latimer**

Blame was not put onto David, the pharmaceutical company or the system, it was squarely put onto madness. There is one major difference between the murders of David Carmicheal and Robert Latimer. Robert Latimer never claimed medication led him to commit the murder of his daughter, Tracy, whereas David Carmichael makes this claim in regard to his son, Ian, and David Carmichael had a psychiatric history of depression and mental health treatment unlike Latimer for whom no such history was used in his defence. So, there are significant differences too, however the similarities and the way the media and defense used them to garner sympathy for the accused is eerily similar and only a few years after Robert Latimer was finally convicted and sent to prison (Enns, 1999), unlike David Carmichael. Social class could have also attributed to the differences between Carmichael and Latimer as David was a known fitness guru and middle-class while Latimer was from a lower social class being a farmer.

The interesting part about David taking Paxil is that in 2000 at the hockey conference he stated that he was alarmed by the over prescription of Ritalin to hyperactive children, and said at one point:

It has an adverse effect to the brain and the body. It really does. You see the kids, it literally slows them right down." He spoke poignantly of a young baseball player he called Jimmy, who in a whole season of Little League, was taught virtually nothing about the game, rarely touched the ball, and was unlucky enough to have a key pop fly hit out to him in right field. (Blatchford, 2004, A1)

Thus, David acknowledges the dangers of psychiatric drugs and also that failing is problematic. Understanding the dangers of psychiatric drugs, he not only took them but took them without consulting a doctor.

### **Mad Community & David Carmicheal**

David Carmichael was a guest speaker at an anti-psychiatry activist conference in 2010 at OISE which the *National Post* wrote a harsh and critical article about.<sup>43</sup> Rather than providing a balanced report of the conference by going to highly credible professionals like Peter Breggin or going to websites like MindFreedom or Mad in America to assess how psychiatric medication harms people, the article ridiculed the conference and those who presented.

The Mad activists at the conference portrayed David sympathetically, similar to the media, but for very different reasons. The media had a more eugenically inclined rationale for supporting him while Carmichael's abstract for the conference presents him as a victim of drug companies (Brean, 2010). Naturally, the anti-psychiatry community grabbed a hold of David's story due to his

---

<sup>43</sup> The *National Post* also deleted from their website rebuttals from five Mad activists (Geoffrey Reaume, David Oaks, Don Weitz, Joseph Brean & Mark Federman) to this article showing the biased lens this newspaper has.

view that it was the anti-depressants that caused him to kill his son. In David's case, perhaps the anti-depressants did actually make David kill his son, maybe they did put him in an altered state but that altered state, that saw his son as not having a good life due to his disability was produced not only through the medication but it was an underlying factor in his thinking prior to taking the medication. It is evident that ableism ran rife through the Carmichael family. Paxil may have just increased those thoughts to delusions that Ian's life was hopeless.

An argument can be made about anti-depressants and all psychiatric medications and the dangers of them. During the past fifty years, studies have found that long-term outcomes of psychiatric drugs increase the likelihood of people being less able to function, more prone to physical illness and become chronically ill (Breggin & Cohen, 2000; Moncrieff, 2009; Whitaker, 2010; Wipond, 2013). Why we have ended up turning society into a medically dependent world rather than trying to understand what lies behind the symptom is due to economics. In the first two manuals of "The Diagnostic and Statistical Manual of Mental Disorders", symptoms were seen as representations of broad underlying issues and problems. Classification schemes were not relied on because psychiatrists did not treat the symptoms; it was what was behind the symptom that mattered, making diagnosis a minor role (Breggin & Cohen, 2000; Moncrieff, 2009; Wakefield, 1992; Whitaker, 2010). The DSM-III came out in 1980 and altered how we treat madness; with diagnosis being the centre of practice and research. This manual categorized people based on a symptom diagnosis which defined "mental illnesses". There was not any new scientific knowledge behind this new manual, it just re-categorized symptoms that are usually seen and can be measured in relation to a disease. The revision of the DSM-III was designed for specific reasons: reimbursement, scientific research and pharmacology. Prior, most people seeing a psychiatrist did

not have a label, making claims for reimbursement by insurance companies or governments harder and harder to do. They wanted proof, real diseases that were produced by symptoms not causes. This gave researchers a standardized scientific criterion that the government acknowledged, which allowed them to submit proposals for grants. It also left an infinite space for pharmaceutical companies to run rampant creating drugs that would cure the symptoms (Mayes & Horwitz, 2005). All these drugs have been created and distributed to society even though neurotransmitter levels have never been correlated with any DSM diagnosis (Leo, 2004).

Who really decides what is “normal” and what is “abnormal”? The power of “truth” and “knowledge” is based on “experts” opinions, yet psychiatrists receive drug information mainly from pharmaceutical companies. Through marketing they create a need for a product that millions do not need (Walker, 2006). Corporations have one purpose: to create wealth. They have broad powers to make money however and wherever they choose and they have limited liability. Therefore, the people behind the corporation have free reign and are not liable. Corporations do not have a conscious, as we have seen with the destruction and death of our planet and people due to their actions over and over again (Greenfield, 2005). People rarely question doctors therefore, we have lost all sense of what is really at stake here, people’s lives. The theories of how many drugs work are not proven, the medical world acknowledges this, yet the drugs are still used.

Another argument for the anti-psychiatry movement embracing David could be that a few activists on the left of the Mad community, which if not anti-disability are clearly aligned with not wanting to be identified as disabled as in "I am Mad, I am not disabled." There are others who would vociferously disagree with this line of thought.

Although Mad studies (MS) was “pioneered” by Critical Disability Studies (CDS), a fragility exists between the disability and Mad communities, one that is equally contributed to by both perspectives. Anti-psychiatry and many psychiatric survivors not only advocate against but adamantly reject association with the disability community due to the pathologizing implications involved with the concept of “impairment” (Beresford, 2000; Beresford et al., 2010); yet, attempting to remove themselves from “the disability umbrella manifests itself as active and overt disableism” (Withers, 2015, p. 119) by their negative discussions about disability. As Withers (2015) points out, statements such as “I am not disabled, I was targeted by an oppressive system, and there is nothing wrong with me” (p. 119) reinforces the stereotype that there is something wrong with people with disabilities. In the same fashion, when anti-psychiatrists argue to stop psychiatric drugging because it creates more people with disabilities; also creates disability as undesirable and negative (Withers, 2015).

Similarly, few CDS scholars truly included Mad folks as part of the disability community; instead, the discussion has been on accepting “a medicalised individual model of ‘mental illness,’ where there would be little likelihood of them doing the same with impairment and disability” (Gabel, 1999, as cited in Beresford, 2000, p. 168). This is changing with disability studies at Ryerson and York University and their inclusion of Mad studies in their curriculum. Otherwise, little consideration has been given to psychiatrized people by CDS scholars even though the disability rights movement’s history is filled with Mad folks being excluded and discriminated against (Withers, 2015). Thus, some mad activists have had a problematic way of thinking of disability in relation to madness. I think the point that can be made is that, in this case, the anti-drug company view, shared by many activists who do or don't identify as anti-psychiatry, has

resulted in avoiding a more critical examination of what was going on in the murder of Ian Carmichael by his father David.

My close reading of the trial reports and how the family interpreted this murder and Ian Carmichael's life as a child with epilepsy and a learning disability is an important critique to the previously accepted view based solely on the defense claims around the impact of SSRIs on David Carmichael without looking at the ableist implications of his and his family's views. Being anti-drug company should not be used to diminish the father's responsibility for what he did to his young son and the anti-disability, ableist notions surrounding Ian Carmichael's murder.

#### **Inconsistencies in trial documents and review board and media- the story changes**

In the trial verdict summary, the judge states that David assumed Ian would become aggressive:

His misinterpretation of the MRI results and what he may have been told by Ian's paediatric neurologist compounded his profound pessimism and his view that Ian was brain damaged, that *he would become aggressive*, that he would be a threat to his sister and that he would likely be institutionalized. (R. v. Carmichael, 2005, p. 3)

However, in the Review Board Hearing transcript it states that:

His son's illness *caused him to become increasingly aggressive* and Mr. Carmichael feared that he might do some harm to his mother and his sister. Mr. Carmichael also observed that some people were making fun of his son and were frustrated with him. (O.R.B., 2007, p. 3)

It is also written as a fact that Ian had become aggressive as reported in some of the *Globe's* newspaper articles: "He told investigators he was worried about the safety of his son, who had begun to act aggressively toward younger children because of his difficulty reading (Brautigam,

2005a, p. A17). The *National Post* reported more accurately stating that “During the trial, the court heard the fitness expert believed that by killing his son he would spare his suffering, and protect his family from the boy's perceived aggression” (Father avoids jail, 2005, p. A4).

The media rarely reports on NCRMD cases but when they do it is on the statistically rare cases that are violent and heinous in nature, which are then covered in a sensationalized and excessive manner depicting the individual as a public danger and who is escaping punishment (Ewing, 2010; Kachulis, 2017; Vitello & Hickey, 2006). This did not happen with this case, which misleads society and skews public opinion (Vitello & Hickey, 2006). The usual excessive and prolonged media focus on rare acts of violence committed by individuals experiencing mental distress, in particular those diagnosed with schizophrenia, who are viewed as the epitome of risky madness, has previously influenced mental health policy and legislation changes in Canada, U.S., Scotland, and England, but did not influence policy here (Crocker et al., 2015b; Cross, 2010; Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008; Wahl, 2003).

A causal link exists between changes in policy and legislation and media representations (Paterson, 2006a; Paterson, 2006b; Sulitzeanu-Kenan, 2008; Wahl, 2003). The media influences public policy by giving issues specific attention, shaping public opinion, providing information to policymakers, setting new issues on the political agenda by “amplifying” events (Wolfsfeld & Sheaffer, 2006), framing events in particular ways that construct a problem, legitimizing certain social policies and courses of action, and then recommending solutions (Happer & Philo, 2013; Van Aelst, 2014). Yet this was avoided completely by framing David as being NCR rather than looking at the eugenics ideology readily apparent in the Carmichael family.

## 5.2. Rachel Capra-Craig and Chelsea Capra-Craig

### What Happened

On March 19<sup>th</sup>, 2001, Rachel Capra-Craig killed her daughter Chelsea Capra-Craig by giving her a “deadly cocktail” of medication consisting of antihistamines and other drugs, and then ingested the same mixture herself in an attempt to kill herself (Woman who killed disabled daughter, 2002) in their suburban home (Peritz, 2002). Rachel was semi-conscious when her husband returned from work and found her and Chelsea (Hamilton, 2001b). Rachel survived after being brought to the hospital (Hamilton, 2001c). Rachel was deemed NCR on February 20<sup>th</sup>, 2002 and diagnosed with paranoid delusional disorder (Mother found not responsible, 2002). Rachel wanted to die but she wanted to protect Chelsea from her father, whom she thought was sexually abusing her, thus trying to kill Chelsea. An autopsy did not find evidence of sexual abuse (Mother found not responsible, 2002). In June 2002, while on an unsupervised leave from the forensic hospital Rachel killed herself (Woman who killed disabled daughter, 2002).

### Cast of Characters

**Chelsea Capra-Craig** was 14 years old when her mother killed her with a “deadly cocktail” of medication (Hamilton, 2001a). Chelsea had Rett syndrome.

**Rachel Capra-Craig** was Chelsea’s mother and primary caregiver. She was 46 years old when she killed Chelsea and attempted to kill herself. Rachel experienced depression for most of her life (Peritz, 2002). From the pictures it is obvious that Rachel and her daughter are racialized but their ethnicity is never explicitly stated. The family was middle-class and lived in a suburban home (Peritz, 2001a).

**James Capra-Craig** was Chelsea's father and Rachel's husband. From the pictures, James is a white male.

**Jim Chism** was the vice-president of a Quebec Rett Syndrome Association

This case is solely analyzed by the media articles as the Quebec court system would not send me the requested trial documents. After months of requesting these documents, I was told that Quebec does not keep court records of any trials after 10 years, even for murder. After contacting the Quebec Review Board for the judgement transcript, I paid for and received a transcript that was less than two pages in length that reiterated that Rachel be sent to a psychiatric hospital instead of prison due to not criminally responsible due to mental disorder. This transcript did not have any other identifying information in it. Thus, this analysis is on the media reports. The national media covered the time period before the trial and the verdict but did not cover her trial. The murder of Chelsea Capra-Craig was not covered by the news media as they usually are for NCR murder cases, instead it was covered as a mercy killing, even though the justice system stated that it was not a compassionate homicide. There were 12 national articles reported. The *Globe and Mail* had 5 articles, the *National Post* had 6 articles, *CBC News* had one article and *CTV News* had no articles.

### **Mercy Killing**

The *Globe and Mail* quickly labelled her actions as a "mercy killing", while the *National Post* rejected this term but structured their news reports as they would for a mercy killing case. Yet, if Chelsea had not been disabled, the press would not have maintained this position.

She could walk and was able to attend the neighbourhood high school, where she participated in regular classes with the help of a personal aide. One neighbour, who

declined to give her name, said she thinks the constant demands of Chelsea's condition took a toll on the parents. (Hamilton, 2001a).

Thus, most of society justifies the murder of children with disabilities by their parents because they are framed as murdering them for a good reason. If we compare this to how other parents who kill their children and are labelled as monsters then we are in essence forgiving the murder of children with disabilities and thereby increasing the likelihood of murder of the most vulnerable group of people with disabilities who are located on the bottom of the hierarchy: children with disabilities.

This killing took place a month after Robert Latimer was sentenced to prison by the *Supreme Court of Canada* (Enns, 1999) which is more likely the reason why the justice system quickly stated this was not a mercy killing and halted the disability community from being involved as they were in the Tracy Latimer case (Enns, 1999).

Lt.-Det. Martin stopped short of calling the killing a crime of compassion. "When you talk about compassion, often you want someone's suffering to end, but you don't kill yourself, too," he said. "From what we understand, [the mother] was indeed depressed." (Hamilton, 2001a)

In the courtroom, defining this as a mercy killing or not a mercy killing is largely irrelevant as under Canadian law the "mercy" defense does not exist.<sup>44</sup> This was an issue with the Latimer case where debating mercy was only an issue in the 'media trial' (Enns, 1999). For the Crown, they needed to prove that Latimer not only killed his daughter but that it was also premeditated. Yet, in 2001 for Capra-Craig, the media immediately turned to the mercy killing narrative. The media in this case did not have articles or sources that were unsympathetic to Rachel. Statements before the

---

<sup>44</sup> See Strange, C. (2001). Mercy or murderers? A historical perspective on the Royal Prerogative of Mercy. *Saskatchewan Law Review*, 64: 560-558.

trial revolved around Chelsea's disabilities, lack of supports, and the family isolating from the supports available, which are attributed to Rachel's depression and were presented as facts. These were not tested or disputed. However, less than a year later, Chelsea's murder was "depicted instead as the act of a paranoid and psychotic woman unable to tell right from wrong" (Peritz, 2002).

### **Missing Narratives**

The newspapers stated that debates were taking place "Rachel Capra Craig, 46, appeared briefly in the prisoner's box as debate swirled outside over whether she deserves compassion or condemnation for allegedly taking her daughter's life" (Peritz, 2001b).

At her first-degree murder trial yesterday, she was found not criminally responsible for killing Chelsea Craig, whose death last March opened a debate about the pressures of caring for disabled children. Yesterday, the child's death was depicted instead as the act of a paranoid and psychotic woman unable to tell right from wrong. (Peritz, 2002)

Due to this being an NCR trial, the debates and disability rights organizations led by people with disabilities were not quoted in the newspapers. Meanwhile, the Quebec and Ontario Rett Syndrome Associations take up this narrative and excuse Rachel due to how dependent children with Retts Syndrome are.

"The whole thing is just absolutely tragic. A human being can only take so much and they snap." Jim Chism, vice-president of the Quebec Rett Syndrome Association, said ... "They were a very loving family, but I guess there was some fragility there that gave," he said. Gene Valeriote, president of the Ontario Rett Syndrome Association, said the Craigs belonged to his organization. His own 24-year-old daughter, Elinor, suffers from the syndrome. "They are

generally beautiful, delightful girls, but they do place heavy burdens on a family because they are so dependent," he said.

The Quebec and Ontario Rett's Syndrome Association are parent-led, rather than disability activist led, organizations. Disability activist organizations and parent organizations verge and diverge on certain issues. In "Nothing About Us without Us", Charlton (2000) contends that organizations within the disability rights movement focus on interdependence and integration, self-help and self-determination, and empowerment and human rights. Longmore (2003) argues that disability rights activism share a focus on the quest for collective and individual empowerment, the use of the civil rights frame to participate in society and demand rights, and the use of the social model of disability to reform society. Employing these sources, Carey, Block, and Scotch (2020) established three key principles that organizations that are led by activists with disabilities maintain:

- The prioritization of the social model rather than the medical model
- The goal of integration and equal access to the community's social institutions (e.g. work, workship, education) rather than exclusion, segregation, and disability-specific settings and programs.
- The empowerment of people with disabilities rather than paternalism. (p. 153)

Although parent-led organizations have led to many achievements for people with disabilities<sup>45</sup>, they generally follow a medical model of disability and endorse paternalism (Carey et al., 2020).

---

<sup>45</sup> Parent-led activism and organizations paved the way for activists with disabilities through "laws protecting the rights of all children to a free and appropriate education, to be free from undue constraint and segregation, as well as laws to prohibit discrimination." (Carey, Block, and Scotch, 2020, p. 3)

More balanced reporting would have brought in activists with disabilities rather than only parent-led organizations.

### **Abuse**

Ms. Capra Craig, 47, had become convinced that the child's father was sexually abusing her. Although her beliefs were unfounded, she decided to kill Chelsea to spare her the imagined abuse, court heard. Ms. Capra Craig had suffered throughout her life from neglect and isolation, and caring for her daughter was an added stress, court was told. (Peritz, 2002). Dr. Renee Fugere testified that Capra Craig wanted to protect her child from the girl's father, who she believed was sexually abusing her. An autopsy found no evidence of sexual abuse and experts determined the accusations against James Craig were false ... Psychiatrists concluded she wanted to kill herself, but decided to kill her daughter as well when she realized the severely disabled girl would be left in her father's care. (Mother found not responsible, 2002)

An autopsy could not determine if Chelsea was sexually abused as sexual abuse can take many forms. The fact that Rachel believed these things about her husband and then killed herself after shows how much she did not want to live and return to her life with James.

Abuse runs rampant in the disability community however, violence against females is not just a gender-based issue, it is also a disability-based violence. When a female also has a disability, they have “an extremely high risk of violence.” Violence and disability researchers who do not take an intersectional analysis into this issue “contribute to the ‘invisibility’ of the victimization of women with disabilities” (DisAbled Women’s Network (DAWN), 2014, p. 1). Although males with disabilities also have a high rate of violence, the rates of violence for females with disabilities

are generally higher. In a study by Sullivan and Knutson (1997), children with developmental disabilities were at risk 3.3 times more for abuse than nondisabled children. A U.S. population-based epidemiological study found that children with disabilities were abused 3.4 times more than 9% for children without disabilities (Sullivan & Knutson, 2000). Statistics Canada (2014) reported that 40% of Canadians with a disability were physically and/or sexually abused during their childhood, compared to about 27% of those who did not have a disability and that 24% of women with a cognitive disability and 26% of women with a mental health-related disability were sexually abused by an adult before they were 15 years of age. (Cotter, 2014). Thus, research clearly demonstrates that people with disabilities, especially female children, experience all forms of abuse from their caretakers. Additionally, fathers who take an active role in the caretaking of their children with disabilities are less likely to abuse than those who do not (Sobsey, 1995). James Capra-Craig did not take an active role in the caregiving to Chelsea.

Additionally, unlike the Latimer trial, there were no family photos, all the photos were separate photos of the individuals. Not having family photos is telling of a family that is not close. Once an NCR verdict was found, the conversation changed immediately to providing the media with vignettes of a dedicated but depressed and suicidal mother under enormous stress who was trying to save her daughter from being left with a sexually abusive father. Although this accusation was deemed to be unfounded as an autopsy was used as evidence that no sexual abuse had occurred an autopsy would not prove that he was not sexually abusing her.

### **Blame put on the Parents**

Jim Chism, vice-president of a Quebec group helping families of children with Rett syndrome stated that

they (Capra-Craig's) changed their telephone to an unlisted number and he has not spoken to them in more than a year. They stopped sending Chelsea to a summer camp his group organizes for Rett children and pulled her out of a special school for the disabled. "I think there's a danger that families for one reason or another kind of cut themselves off, isolate themselves, and when that happens it gets awful scary," he said.

They [parents] always carry in the back of their minds fears of what will happen to their daughters when they die. "You see some institutional settings that you wouldn't really die very happily thinking your child might end up there. The kind of facilities that I candidly refer to as snakepits, where people are understaffed and you're just kind of put off in a corner and maybe medicated strongly so you don't move around much," he said. He described the Craigs as a nice, private couple who fought hard to obtain services for Chelsea. Too often, he added, services are available to help the child but no attention is paid to the parents. (Hamilton, 2001b)

This negates talking about why people end up isolating, that there are not enough supports in place to help parents. There was inadequate supports and resources for Chelsea at school and outside of school.

Jim Wilson, president of the union that represents teachers at the high school Chelsea attended in the Montreal suburb of Pointe Claire, said school board officials offered limited support to the Craig family. "The school board doesn't have any kind of special services for this type of kid. So what they do is put her in a regular school and say, 'This is inclusion,' " Mr. Wilson said. "This kid was totally inappropriately placed." He said school board officials attempted to place Chelsea in a classroom this past fall, but it was too much for her.

Within weeks she was moved to a resource centre, he said, where she spent her days with a teacher's aide. "This was a very, very seriously handicapped child. She was still in diapers. She could scarcely walk," Mr. Wilson said. "She required a permanent aide, who from what I can see did little more than bounce a ball at her." He said he had spoken to the teacher who had Chelsea in his class at the beginning of the year. "He said this is a kid who could not in any sense hit the letter 'A' on a keyboard in a way that she understood what was going on."

(Hamilton, 2001b)

This is systemic violence.

Systemic violence is the often catastrophic consequences of the smooth functioning of our economic and political systems ... We're talking here of the violence inherent in a system: not only of direct physical violence, but also the more subtle forms of coercion that sustain relations of domination: including the threat of violence (Zizek 2008: 1-8).

The violence in the education system is apparent by not having a teacher that worked with Chelsea specifically and her being left with an aide who did not educate Chelsea. This violence against Chelsea as a child with a disability reflects a wider systemic intolerance for children with disabilities and their continued exclusion and marginalization. The exclusion is innate to the culture of schools despite that they hold themselves to be inclusive. Despite this, no new policies or new services were implemented. Anyone would be depressed if they did not have the support, services and resources to help take care of a child with a disability. The Rett's Syndrome Association and the school legitimized Rachel killing Chelsea by mentioning the burdens of caretaking rather than focusing on government services and supports that could have been put in place.

Murder of children with disabilities by parents with psychiatric diagnoses is an ambiguous legal issue rather than a human rights issue. The economical, social and political issues that affect a caregivers mental health are ignored once an NCR verdict is reached. This narrative ignores the disability rights perspective and that there were other options than to kill Chelsea. Similar to the argument that people with disabilities who choose physician-assisted suicide are motivated by external factors rather than their disability, such as being “clinically depressed and not receiving treatment; they may not have adequate pain management or health care; they may not have proper attendant services; they may not have access to assistive technology; or they may incorrectly feel they are a burden to their loved ones” (Haller & Ralph, 2001). Instead of acknowledging the reasons why a caretaker could become depressed, they follow a medical model of disability where disability is seen as biological and Capra-Craig was bound to commit this act. Using other parents with children with disabilities as sources of understanding and empathy of their burdens of caregiving and a complete devoid of disability rights advocates, the news media absolved from discussing the external factors that may have led to her depression and suicide.

Although the media did not indicate the ethnicity or race of Rachel or Chelsea, they were racialized while James was white. Racism and sexism are linked and create a system of oppression that silences racialized women and makes them susceptible to discrimination, sexual violence, sexism in ways that white women do not experience (Collins, 2000; Sue, 2010). Multiple forms of discrimination are associated with poorer mental health than when an individual experiences gender or racial discrimination alone (Collins, 2000; Thomas et al., 2011). Rachel’s depression, neglect, isolation, suicide attempt and suicide were discussed strictly in clinical terms independent from external factors.

### 5.3. Patricia Couture and Melissa Couture

#### What Happened?

Melissa Couture was found dead in her home April 27<sup>th</sup>, 2016 after not receiving the care she required from her mother, Patricia Couture who was also her primary caregiver. Patricia did not provide the standard level of care set out in the Criminal Code to Melissa and was charged with criminal negligence causing death (Charge upgraded, 2016). When the paramedics found Melissa's body, it was cold to touch and the house smelt of feces, urine and decay. Melissa died from choking on food (Father testifies at trial, 2017) and weighed 50 pounds at her time of death (Trial underway, 2017). Melissa had not received medical care for 4 years and was in a state of starvation when she died (Calgary woman not criminally responsible, 2018). Due to Patricia's mental distress she did not realize how badly Melissa's health had deteriorated (Calgary mother found, 2018). Patricia remained free on bail until the trial (Lawyer still waiting, 2016). Patricia was deemed not NCR on January 9<sup>th</sup>, 2018 due to long-standing complex delusional disorder aggravated by extreme depression (R.v. Couture, 2018). On February 13<sup>th</sup>, 2019, Patricia was given an absolute discharge (Alberta Review Board, 2019).

**Melissa Couture** was a 38 -year-old white female who had a developmental disability, (Calgary mother charged, 2016) cerebral palsy, was deaf and was unable to communicate (Woman charged, 2016).

**Patricia Couture** was 68 years old when Melissa died. Patricia was Melissa's primary caregiver as she had been divorced since 1998. She is a middle-class (Grant, 2016c) white female.

**Bryan Couture** was Melissa's father and visited her weekly at her home. He is a middle-class white male.

To analyze this case, I utilize the full transcript of the last day of the trial, which was January 9<sup>th</sup>, 2018, the Alberta Review Board hearing documents retrieved from the Review Board themselves and the 19 national media reports.

This is a very tragic story where the mother believed neighbors and friends were making her daughter sick through contact points in the house. She believed there were demons in the walls of her house which made her not seek medical help (R. v. Couture, 2018). Patricia had been experiencing delusions for about 30 years (R. v. Couture, 2018). Patricia and James were divorced however, James visited weekly and had dinner with Melissa and Patricia. James told the police and the court that he had planned to get Melissa out of her mother's house but that she died before he had a chance to do so. During the trial, the Canada Evidence Act was invoked before Bryan spoke which protected him from self-incrimination (Grant, 2017c).

The judge ruled that nothing said by Bryan in his evidence can be used against him in the future. Bryan testified Thursday that he saw his daughter just four days before her death. He said he'd noticed her decline but when he confronted Patricia about it was told that she would "get back to [him] on that." He said he'd been concerned about his former wife's mental health for years but trusted Melissa in her care because Patricia loved, protected and devoted her life to her daughter ... Chief Crown prosecutor Sue Kendall pressed Bryan on why he did nothing, watching during his weekly visits as his daughter wasted away to half her body weight, her teeth rotting to the gums. He said he was going to take his daughter "out by force" but she died before he could enact that plan. Bryan would visit and grocery shop for his daughter and ex-wife once a week. He sent Patricia \$1,700 per month in support for Melissa. He helped with yard work, dishes and cleaning after their weekly meal. (Grant, 2017c)

Melissa was 50 pounds when she died and this weight loss was happening quickly as Melissa was in a state of starvation and was literally wasting away (Grant, 2017c). Rather than find guilt on Bryan's part, the court protected him for doing nothing. This allowed the court to solely focus on Patricia's state of mind for the death of Melissa. Patricia may have been too mentally distressed to seek help for Melissa but Bryan certainly was not experiencing this. If this would have been a child without disabilities who was criminally neglected causing death, the father would have been held responsible as well but because Melissa was disabled the court protected him rather than holding him responsible. This is patriarchal discourse and behavior. If the table were turned and Patricia would have been visiting once a week it is highly plausible that she would be held responsible at least partially for Melissa's death. Patricia was deemed to be the primary caregiver by the court and therefore total responsibility for Melissa's death was put on her rather than the father. This is a gender stereotype, that the mother is responsible for the caregiving and the father is responsible for the financials, which Bryan was seen to have done his duty by giving Patricia \$1700.00 a month in support.

Patricia's lawyer in the court trial transcript highlights the stresses that Patricia was under which affected her mental health.

And I wondered how that could have happened because for a number of years she hadn't attended to her own physical health, she hadn't attended to Melissa's physical health. But after Melissa's death, then she started to leave the house. So I - my explanation for that is that the stresses involved had diminished. So Melissa was no longer there, she was no longer required to ... provide the care for Melissa. Although she was grieving for Melissa, there were also things that she was mandated, she was compelled to deal with, so she started

to leave the house. And in starting to leave the house, she started to attend to her own physical health problems, she started to realize ~ the first thing she said she noticed was her sight, that she ~ she couldn't see, and that during the trial her sight started to ~ started to go to the extent that she lost sight in one eye. (R. v. Couture, 2018, p. 25)

Patricia was alone with Melissa, her family lived in Saskatchewan and her mother was ill. The psychiatrists at the trial both highlighted connection with people.

Q So let's go back. One of the reasons that she ... omitted to act properly in the case of Melissa, would you agree with me, is because of the isolation, she was alone with Melissa all ~ for a large part of her life; is that correct?

A She was.

Q Melissa was dependent on her physically ... she couldn't walk, she couldn't feed herself ... so if there's no dependent, then that reduces any potential risk, even speculative risk?

A It would reduce ... the risk with Melissa was because Melissa was totally dependent on her.

Q Let me go back ... from the examinations you've conducted, your opinion, is she a risk to herself physically?

A Well, she neglected herself over the years. Although, she has now started to look at taking care of herself.

Q Clearly, then, she's resumed being able to function is what you're telling me?

A It would appear so.

Q Now, let's go back to the question about treatment. Other than what you speculate could be a risk that we don't know about, what reason is there for treatment? ...

A So when you've talked about she's resumed her functioning, she's still very socially isolated ... So those things perpetuate the illness, those things predispose her to ... major depressive disorder. So she seems to be functioning on the surface ... but in order to improve her quality of life, we all need to be connected to people, we all need that relatedness. It enriches us, it keeps us well. So in order to be able to do that, which her persecutory delusions limited her, prevented her, from doing before, it will be important to treat her. (R. v. Couture, 2018, p. 34-35)

A in my opinion, the combination of depression and delusional disorder fuelled each other and prevented her from appreciating that what was happening and knowing that what she was doing was wrong.

Q At page 20 of your report, you posit that the crucial question appears to be why Mrs. Couture did not obtain medical help for her daughter given her obvious deterioration. And did you come to a conclusion as to why she did not obtain that medical help?

A Yes. I think that she did not seek medical help due to ... Mrs. Couture was so protective of Melissa that, if Melissa was in distress, this will overcome even her delusional ideation about doctors and she will seek help. Unfortunately, what happened is that there were two significant events in Ms. Couture's life that triggered a depressive episode. The first thing that happened is that she derived considerable support from her mother. Since her divorce ... her mother came every year and stayed with her for a number of months and this was a considerable source of support for Ms. Couture. Unfortunately, in 2011, the mother becomes sick and she cannot come anymore. So, of course, that is going to have serious consequences for Mrs. Couture and these consequences are compounded by the fact that,

approximately in 2014, Melissa, her daughter, couldn't walk anymore. So in a way, if you like, you have a perfect storm. So you have somebody that's lost all support, is becoming increasingly isolated, and her daughter is becoming increasingly demanding of her and she's now in her late 60s. So it seemed that this combination of factors eventually triggered her depressive episode that fuelled the delusional disorder and prevented her from understanding what was happening and from knowing that what she was doing was wrong.

Q What role would social isolation have in the situation Mrs. Couture was facing?

A Well, she couldn't talk to anybody and, of course, then she became increasingly lost in her psychotic reality. So we are human, so it is important for us to socialize and to have some outlets about our worries and our preoccupations and our obsessions and it seems that that was lost in Mrs. Couture's case, that by the time that her mother stopped coming to see her really was left with nobody to talk to. And she couldn't talk to her mother or her brothers on the phone, either, because she was convinced that it was tapped, so, yes. (R. v. Couture, 2018, p. 61).

From the transcript, it is evident that the stresses of looking after Melissa combined with the social isolation, lack of support and age caused Patricia to experience significant mental distress yet this was completely and utterly ignored by the media and ignored by the legal system as a cause. This is a significant matter to the disability community, to be connected and have resources and support yet the media ignored this and solely focused on Patricia's mental health as a cause. The media accounts are rather short articles that do not go into much detail but from the very first article and for every article after, the extent of Melissa's disabilities are described while most articles also describe how dedicated Patricia was as a mother.

Police say that Melissa had a developmental disability, along with other chronic medical issues, and that she did not receive the medical attention she needed while under her mother's care ... “Pat has been a single parent for most of Melissa’s life and I would say I don’t know a more dedicated mother than Pat was to Melissa. 24-7, she fought for her to get her into regular public school so she could be integrated more into the community but Melissa was just, she couldn’t speak, she couldn’t hear, she was mentally challenged. I mean this is a shock to me, because Pat spent her whole life looking after Melissa,” said Byers. (CTV Calgary Staff, 2016).

This case highly resembles a case in Oakville, On, where the mother starved her 9-year-old daughter who had physical disabilities and received one day in jail (Hunter, 2019). Women and girls with disabilities face another layer of violence that is not talked about or discussed or shown as a high level of importance by society. From these cases, women with disabilities are viewed as disposable and that their lives are not worthy. Globally, women with disabilities face up to 10 times more violence than those without disabilities and this violence goes unreported and largely unpunished even when reported (Koistinen et al., 2019). The unacknowledged biases in this case can be seen by adopting an intersectional lens to make visible how legacies of forced sterilization and prenatal testing have shaped Canada’s perceptions of women with disabilities as these same biased perceptions and discourses have shaped how the courts and media view women with disabilities lives as unworthy. An intersectional analysis reveals that the sterilization policy in Canada was influenced by discriminatory systems of power and discriminatory social attitudes that viewed sterilization as being in the ‘best interests of feeble-minded individuals’ (Moss, et al., 2013, p. 111). Influenced by neoliberalism, people with disabilities and First Nations were framed as

economic and social burdens in sterilization policy which was part of a wider ableist and racist system that wanted undesirable populations to disappear (Moss, et al., 2013). Women with disabilities were deemed to be unsuitable mothers, which justified their sterilization (Malacrida, 2009).<sup>46</sup> First Nations were also sterilized and deemed as an undesirable population during this period (Logan, 2015; Soldatic & Meekosha, 2012; Stote, 2015; Viridi, 2018). Although the official sterilization policy has been revoked in Canada, women with intellectual disabilities often do not receive adequate support and face challenges (Malacrida, 2009). Prenatal testing and selective abortion presents disability as hereditary while the medical system “exaggerates the suffering or burden of disability” while relying on the ableist and neocolonialist assumption that life with a disability is not worth living. (Saxton, 2013, p. 88; Wehbi et al., 2010, p. 416) The discourse around children with disabilities being born is problematic and is intimately connected to forced sterilization of women with disabilities and prenatal testing. These biases affect our social policies and our laws and the outcome of cases when a child with a disability dies due to neglect or outright murder. The multiple and intersecting forms of discrimination on the basis of disability and gender result in violence, exploitation, dehumanization and a denial of human rights and the invisibility of the violence that occurs to this population.

Patricia Couture’s class allowed her to have a lawyer who not only defended her actions but advocated for Patricia to not serve any time in a forensic institution due to her stressors (Melissa as a dependent) being eliminated as Melissa was now deceased. The legal system and the forensic system followed through with this as Patricia did not serve anytime as an inpatient, she served a year as an outpatient in the forensic legal system. Meanwhile, Melissa’s father was

completely absolved from responsibility by protecting him from incriminating himself during his testimony. This is an additional layer of violence for Melissa as her death, although her mother was quite ill, Melissa's life was dismissed as unimportant which creates additional risks for all children with disabilities.

## 5.4. Deng Hao Wan and Wen Yu Wan

### What Happened?

Deng Hao Wan suffocated his 3-year-old daughter, Wen Yu Wan, on July 13, 2000 by choking her with his hands. Wan then repeatedly cut himself and hit himself with a hammer. Wan told the police “that he dearly loved his daughter and had told her so shortly before killing her and that after she died he decided to go with her” (O.R.B., 2006, p. 2). Deng was deemed NCR on June 20<sup>th</sup>, 2001 (R. v. Wan, 2001). In February of 2006, Deng received a conditional discharge from the hospital and was “moved to an apartment complex in Kingston” (O.R.B., 2006, p.2). Deng was given an absolute discharge on September 3<sup>rd</sup>, 2010 (O.R.B., 2010).

### How the Legal System Framed Wen Yu’s Killing

To analyze how the legal system framed Wen Yu’s killing, I utilize the one-day trial transcript that I attained through the courts, the Ontario Review Board Hearing documents retrieved online, the final Ontario Review Board transcript was retrieved through the Ontario Review Board itself and the single media report published by the *National Post*.

### Background

Four months prior to the murder, in March 2000, Deng and his family immigrated to Canada. Deng was a successful senior engineer in China “with a major steel-making company who acted as the company’s representative on important foreign assignments in Italy and liaised with U.S. firms” (Owens & Blatchford, 2000).

He [Deng] enjoyed virtually all aspects of his life at the time, seemed privileged in terms of material ability while in China, enjoyed a high status, commensurate with his education, and all of that was seemingly turned on its head when he came to Canada (R. v. Wan, 2001, p. 3)

Despite both Deng and his wife being professionals in China, both had difficulty acquiring meaningful employment and as a result they worked minimum wage jobs once in Canada. The family lived in a single room in a house in Toronto, Ontario with “about a dozen other people” (Owens & Blatchford, 2000). Deng immigrated to Canada reluctantly but based on an immigration agent that assured him “a choice of jobs in his professional field and was told that there was a shortage of skilled workers in Canada” (R. v. Wan, 2001, p. 16). Once he arrived here, he found out that was not the case. Unable to find suitable employment he became discouraged and depressed around May 2000 whereby he started to experience

irritability, a reduction of his appetite, a significant weight loss, reduced concentration. He was isolative. He was sleeping poorly. His future outlook looked hopeless, and he developed suicidal ideation and reports having made several suicide attempts even by May or June of 2000, including attempting to electrocute himself, which at that point in time he thought would be the best way ~ the best means of committing suicide. He also started to ruminate about his daughter's health. (R. v. Wan, 2001, p. 9-10).

Mr. Wan became convinced that, due to coming to Canada, his daughter:

was losing weight, failing to thrive and that her physical stature, her height was, in fact, decreasing. He noted a change in her skin colour. It was darker than he thought was normal. He noted a change in her intellectual functioning, and, in particular, a change in her memory ... He had also noticed a spot in the pupil of her eye, a black spot, which to him suggested that there was something amiss (R. v. Wan, 2001, p. 10).

Mr. Wan also felt

that she was losing her eyesight. Ah, um, confirmation to him of the failing eyesight was when she tried on his glasses ~ Mr. Wan's glasses ~ and she reported that her vision had improved. She also complained that she was seeing "blood red". This frankly terrified Mr. Wan, and "terrified" was the word that he used. And he wanted to take his daughter to ~ to the hospital. They visited a family doctor. His fears were not confirmed. On the night in question, the 13th and 14th of ~of July, 2000, he was sitting on the floor with his daughter. He began to despair over the fact that his daughter was dying and his daughter was dying because they had moved to Canada. He himself had a number of months where he felt that life was not worth living. And he decided that "death would be a relief for both me and my daughter". Just after midnight, he kissed his daughter and put his hands over her face and suffocated her "in order to end her misery". He then unsuccessfully tried to suicide himself. (R. v. Wan, 2001, p. 18).

### **Reasons for an NCR Verdict**

On July 20<sup>th</sup>, 2001, Judge Watt stated:

Mr. Wan unlawfully killed his daughter ... The accused suffered from a major mental illness at the time he killed his daughter: a major depression ... Mr. Wan is a continuing danger. The disorder derives from an internal cause or condition ... Mr. Wan was deprived of the capacity to know that his act of killing his daughter was morally wrong. In his psychotic state, he thought he was morally right in doing as he did ... I am satisfied beyond a reasonable doubt that the accused committed the act that formed the basis of the offence charged, first degree murder. He unlawfully killed his daughter by suffocating her. I am also satisfied, on a balance of probabilities, that at the time he committed that act, he suffered from a mental disorder to

such an extent that it rendered him incapable of knowing that his act was wrong. As a consequence, I find that he committed the act that forms the basis of the offence charged, but is not criminally responsible for it on account of mental disorder (R. v. Wan, 2001, p. 27-28).

### **Interpreter Provided**

During the trial, Deng had an interpreter however it seems as though when he was interviewed by forensic psychiatrists he did not. This is exemplified by forensic psychiatrist Dr. Bloom during the trial when he stated that Mr. Wan thought his

life was useless and that his head was made out of wood and that something was happening to his thinking, and that he was deteriorating. This may be a ~ this may have ~ this may be a cultural overtone to a depressive picture. (R. v. Wan, 2001, p. 11)

May is the optimal word, as they did not look into this cultural reference. Deng may have been treated differently if he was able to have culturally appropriate responses but without an interpreter, his responses were not completely understood contextually. Deng may have been understood more in the context of the effects of migration and racism along with sanism and thus treated differently if he had had an interpreter within the forensic legal system. The forensic legal system and justice system may have also understood the pressures of migration and gender role expectations of Asian men (to support their families) as well as the social stigma related to mental health within the Asian community (Morrow et al., 2020).

From 2006 to 2008, during the ORB hearings Deng had an interpreter (O.R.B. 2006, 2007, 2008). However, from the list of attendees in the 2009 ORB hearing, no interpreter was provided. In 2008, during the ORB hearing they noted that:

The Board noted the contrast between Mr. Wan's behaviour with the interpreter and his behaviour at other times during the hearing and his reported behaviour in hospital. With the interpreter his behaviour appeared to be animated and cheerful, while otherwise his behaviour appeared to be flat and lifeless. The Board was concerned that Mr. Wan's latter behaviour seemed so often to be attributed to shame and guilt to the exclusion of any other possibility. The Board was of the opinion that a consultation with a Mandarin speaking psychiatrist, preferably with a similar cultural background to the accused might be helpful to the accused and the hospital. (p. 4)

Dr. Chan was his psychiatrists from the time he was deemed NCR until he was released, so Deng never did get a Mandarin speaking psychiatrist (O.R.B., 2010, p.4).

Due to not having a Mandarin speaking psychiatrist, the way he conducted himself potentially was misinterpreted and the cultural relevance of his act was not taken into consideration. In China there is a long history of eugenics. In particular, in 1980 when the one-child policy was implemented. Under this policy the government addressed scarce economic resources for families with children with disabilities (Xun, 2002). In 1995, the Chinese eugenics law came into force, this was known as *The Law of the People's Republic of China on Maternal and Infant Health Care* (MIHCL) (Stone, 1996; Xun, 2002). Under this law, babies with disabilities were prevented from being birthed and it was a normal practice for babies with disabilities to be killed. Certain categories of people were deemed unfit for reproduction and were sterilized (Stone, 1996; Xun, 2002).

In China, under the 1995 eugenics law, those deemed to have a psychiatric diagnosis were viewed by the medical professionals as incurable and were banned from reproducing and marriage

as it was viewed as a hereditary disease (Xun, 2002). Thus, their economic social and political marginalization was justified. Even prior to the eugenics law, in 1993, a national exhibit entitled “Human reproduction and health” described the lives of people with disabilities as not worth living as human life was reduced to finances and those with disabilities were represented as burdens (Xun, 2002). This created a deep fear of those with disabilities as they threatened the lives of those without disabilities.

The cultural shame Deng would have felt due to having psychiatric diagnoses were never viewed through this lens, rather it was viewed through a Western lens.

the accused has avoided the small Chinese community in Kingston because he is afraid that his well publicized past would be recognized. He is reluctant to return to the Chinese church and generally is very shameful about his past becoming known to others, especially to the Chinese community. Dr. Chan sees this as a significant road block to the accused's reintegration, requiring the accused to undergo a significant adjustment. Before any further independence is extended to the accused, Dr. Chan would like to see a good and stable community agency connection as well as increased social contact by the accused in the community. (O.R.B., 2006, p. 3)

On questioning by Ms. MacIntyre of the Panel, Dr. Chan confirmed that a large part of the accused's concern is shame which is cultural in origin. There is a limited Chinese culture in Kingston. Dr. Chan does not know if the accused gets pleasure out of his withdrawal ... It may be that the accused is currently "not in the right place." The Board recognizes that there is a much greater therapeutic and cultural opportunity for communication with and relating to

the accused in Toronto or perhaps even Ottawa. It is suggested that the hospital look carefully at the resources available in these cities. (O.R.B, 2008, p. 3- 4)

Although the doctor states that the shame is cultural, he is not understanding this in the correct cultural sense. If he had of, he would realize that it would not matter which Chinese community he would be involved with as the shame is more likely to due to having psychiatric diagnoses.

The accused expresses no desire to pursue his education or vocational pursuits despite the fact that he is a trained engineer. In general he does not wish to engage in any opportunities that would come along ... On questioning by Dr. Heasman of the Board, Dr. Chan indicated that there was little or no explanation from the accused as to why he did not wish to attempt suggested programs, vocation, et cetera. Seemingly the accused has no interest although he simply says "No." to the hospital's suggestions. Dr. Chan believes he wishes to isolate himself from the Chinese community since there is a continued great deal of shame associated with the index offence. The hospital has not asked if the accused wishes to make contact with his family in China because no one at the hospital can speak the family's language. (O.R.B., 2008, p. 3)

It is completely irresponsible to not have someone at the hospital who could communicate with Deng in order to be able to understand why Deng is not interested in these ideas and why he is isolating himself. Further, it was acknowledge that

The accused led a socially isolated existence at school, not having any friends or associating with other children. He holds a Bachelors and a Masters Degree in Engineering. While attending university, although living in a dorm with seven other men, he did not interact much with them ... Since the accused's entry into the Review Board hospital system five years

ago, he has been treated for depression, but with the achieving of good clinical stability with medications, the emphasis has recently been on his personality issues, with the biggest area of deficit being the accused's lack of social skills (O.R.B., 2006, p. 3-4).

Deng was always socially isolated, he is an introvert and always has been but somehow the doctors here see it as psychiatric problem rather than just the personality he has. By nature, he was never a very social person and preferred to be by himself. This itself is not a psychiatric issue.

Mr. Wan has shown no interest in either a vocational program or in attending educational programs notwithstanding the fact that he has attended University in China. Should Mr. Wan not have the ongoing support from the hospital and members of the treatment team he would likely withdraw and this would result in a return to a depression. (O.R.B., 2007, p.3)

As previously stated, Deng was always socially isolated and enjoyed this. Due to his personality, his diagnosis then changed from “depression with psychotic features” (R. v. Wan, 2001, p. 8) to “bipolar illness, personality disorder (with borderline and schizoid features)” (O.R.B., 2007, p. 2). The fact that Deng never had a psychiatrist who could speak his language prevented him from having culturally appropriate responses and being understood through a cultural lens. Rather than viewing Deng through a culturally appropriate lens as he had just immigrated to Canada from China, he was viewed through a Western lens which kept him within the forensic legal system for 9 years. The Canadian mental health system as a whole has a westernized view of mental health and generally does not take into account the social determinants of health of immigrants which leads to discrimination and prejudice for these individuals as highlighted in Kwok (2006) who has written about her experiences immigrating to Canada from Hong Kong.

## 5.5. Analysis of the Four Cases

### Psychiatric Expert Testimony

The evidence invoked at all the trials was solely psychiatric expert testimony however, the selection of evidence often suits specific political agendas (Marston & Watts, 2003). Evidence rhetoric delegitimizes embodied lay knowledges and privileges those “presumed to know the truth of disease” (Holmes et al., 2006, p. 183). “Truths” assumes the portrayal of science as a value-neutral enterprise that separates lived experience or value judgements from “scientific facts” in this model, even though psychiatrists are merely human beings and are not able to accurately demarcate their judgements from “the social-economic functions (promoting moral-political causes that “feel self-evidently right”)” (Mandel & Tetlock, 2016, p. 1). More fundamentally, single-minded concentration on evidence diverts attention from the designated “problem” about which the “evidence” is solicited and hence, from what the “problem” is represented to be (Bacchi, 2009). Here, the only evidence was psychiatric expert testimony which completely diverted attention from the eugenic ideology apparent in the Carmichael family, the potential abuse in the Capra-Craig family, James Couture lack of action and the cultural issues in the Wan case.

In all these cases except for Wan, the media represent the issue as madness being the sole cause. The news articles may mention social factors but follow the courts decisions and put the blame on madness, excusing blame on the lack of policies, services and support. This also prevented disability advocates and experts from being quoted in the media and providing an alternate view of the situation. Carmichael, Capra-Craig & Couture were all portrayed as good moral people and parents. The issues as reported are structured as mercy killings in the media reports and are not how NCR offenders generally reported are until the verdict. Once the verdict

was NCR, the media reports are still sympathetic however the headlines change from being sympathetic to being sanist, for example headlines for David Carmichael went from “Toronto father accused of killing son ‘sad’: lawyer says” (Cowan, 2004b) to “Killer was delusional, doctor says” (Brautigam, 2005). In Rachel Capra-Craig’s case the headlines went from “Disabled girl’s parents needed help, friends say: Cut off from support” (Hamilton, 2001b) to “Psychotic mother not guilty of murder” (Peritz, 2002). For Patrica Couture the headlines went from “Patricia Couture charged in daughter’s death ‘distraught,’ according to lawyer” (Grant, 2016b) to “Mother on trial in disabled daughter’s death kept ‘immaculate’ care of her but believed in demons, court hears” (Grant, 2017c). For Wan, the one article blamed the stresses of immigrating to a new country for the death of his daughter. Headlines are written by editors not journalists and this can account for the change in tone between the headline and the article content. Although some of the headlines were sanist once an NCR verdict was reached, within the articles the authors maintained their empathy and sympathy for the parents. Thus, aside from the few sanist headlines, all individuals were sympathized and empathized with rather than be portrayed as other Mad people even if they do not receive an NCR verdict. The significance of this is that, even though they are deemed to be Mad, their crimes are somewhat forgiven due to their children having disabilities. Whereas parents who kill their children that do not have disabilities and are deemed NCR are completely demonized in the media during their trials and at every annual review board hearing, for example in the cases of Allan Shoenborn and Guy Turcotte; two fathers who also killed their children but their children did not have disabilities. Due to the Schoenborn and Turcotte cases, along with two other high-profile NCRMD cases, the NCRMD Reform Act was implemented (as discussed in chapter one). High-profile media reports on NCRMD cases

usually exacerbate negative attitudes towards those who experience madness however, in these cases they elicited sympathy for the parent.

The findings in this dissertation are in stark contrast to the research in chapter one of this dissertation. The parents in these cases are not framed as innately dangerous murderers, they are framed as being good parents who did their best and eventually succumbed to their own (psychiatric) disability. They are not framed as dangerous criminals with stigmatizing labels and content, aside from the three headlines mentioned above when an NCR verdict was rendered. While the victims are depersonalized, the parents are personalized and also a discourse of victimhood is attribute to them which produces a sympathy frame; that they succumbed to their disability. In David's case, he is also portrayed as protector of society and his family from Ian's violent, dangerous and aggressive behaviors. The real issue is that Ian needed protection from his father and society. Unlike most reports from the media about NCR offenders who kill, David and Rachel are not framed as violent dangerous offenders instead they are framed similar to Latimer, as mercy killers. The news media's "grossly inaccurate representations" which distort the image of Mad people and creates a stereotype that is highly dissimilar of the reality of the people within this community, even those who experience the most intense mental distress (Wahl, 1995, p. 86) was absent. The dehumanization that generally occurs to this population by the media's portrayal of them as different and *Other*, and constructs stereotypical representations of madness that creates a divide between this population and the rest of society (Price, 2011) was also absent. As was recognition past one's diagnosis thereby forging their diagnosis as their identity (Wahl, 1995). The dehumanization that did occur was to the victims.

The language used to describe the victims is also significant. The word ‘handicap’ was used in every case in the media, although it was utilized less by journalists for the Couture case. The use of the word ‘handicap’ in articles by the *Globe and Mail* is compelling as this term was eliminated in the US newspapers by the year 2000 (Haller et al., 2012), but apparently not in Canada. Ian was described as being “brain-dead”, “brain-damaged” and “epileptic”<sup>47</sup> and Chelsea and Melissa were described in terms of their disabilities exclusively, while certain journalists went deeply into descriptions of their limitations while further referring to them as either babies or having the minds of a 3 or 4 year old. In Ian’s case, people first terminology such as ‘person with a disability’ or ‘people with disabilities’ was absent. Despite media guidelines that prohibit stigmatizing language, this language was consistently employed. The Canadian Press Stylebook (1999) state that when writing about people with disabilities, clarity, sensitivity, specificity and accuracy is required while also stressing the “danger of generalizations:” such as describing someone as ‘suffered from’, ‘suffers from’, and ‘suffering from’ a specific disability as this suggests pain and not everyone experiences pain and/or suffers due to their disability (Lucardie & Sobsey, 2005, p. 101). A national organization for editors, The Editors’ Association of Canada (2000), suggest that “depressing clichés can unnecessarily emphasize the pathetic-victim picture of disability” (p. 112 as cited in Lucardie & Sobsey, 2005, p. 101). The *Globe and Mail* style book, in 1998, suggest expressions like sufferer, suffers from, and afflicted not be used as people with disabilities dislike this language and how they wish to be described should be respected by journalists (McFarlane &

---

<sup>47</sup> Although referring to someone as epileptic may be alright presently if the person with epilepsy says so (NCDJ Style Guide, 2018) but not in 2004.

Clements, 1998 Lucardie & Sobsey, 2005, p. 101). Despite this stylebook, the Globe and Mail, clearly did not follow their own guidelines. The type of language used to describe Ian subjugated him and presented him only in terms of his disability, “rather than as multidimensional” person. (Haller et al., 2006). Haller et al., (2006) study had a similar finding that the “imbedded cultural beliefs” of journalists surpassed and rejected the rules of the journalist profession (p. 70). However, ‘person with a disability’ and ‘disabled person’ are used by the media for Chelsea Capra-Craig and Melissa Couture. Journalists should also try to use specific disability terminology that the particular disability community prefers as some groups prefer identity-first versus person-first language (Haller, 2016). Journalists can attain guidance on the language choices they use for the disability community by going to the National Center on Disability and Journalism (NCDJ Style Guide, 2018).

The killing of children with disabilities has existed since the dawn of mankind for different reasons as mentioned in chapter two. The history of filicide of children with disabilities goes beyond the journalist’s biases and are deep-rooted cultural values, that are often subconscious and lodged within society, which allows the specific representation to make sense to the general population.

It is important to note that all three individuals (Carmicheal, Capra-Craig and Couture) whose cases were followed by the media were middle-class individuals. The criminal justice system and mental health system intersect and produce the forensic mental health system. Class was very important to the media, in terms of which cases to follow. All cases, except Wan received considerable coverage, while Wan only had one article published about his case nationally and there no article provincially were published.

As far as the forensic mental health system, Wan spent 5 years before receiving conditional discharge from the hospital and was “moved to an apartment complex in Kingston” (O.R.B., 2006, p.2) and was given an absolute discharge on September 3<sup>rd</sup>, 2010 (O.R.B., 2010). Thus, he spent 9 years within the system. In comparison to the other cases this is quite lengthy. Carmichael spent 2 years in the forensic system before being allowed to live with his family (O.R.B., 2007) and was given an absolute discharge on January 21<sup>st</sup>, 2010 (O.R.B., 2010). Therefore, he spent a total of 5 years within the system. Rachel was deemed NCR on February 20<sup>th</sup>, 2002 (Mother found not responsible, 2002). In June 2002, while on an unsupervised leave from the forensic hospital Rachel killed herself (Woman who killed disabled daughter, 2002). Thus, she spent 5 months in the system before getting an unsupervised leave. Patricia remained free on bail until the trial (Lawyer still waiting, 2016). Patricia was deemed not NCR on January 9<sup>th</sup>, 2018 (R.v. Couture, 2018). In March 2018, Patricia was admitted into forensics system as an outpatient (A.R.B., 2018). On February 13<sup>th</sup>, 2019, Patricia was given an absolute discharge (Alberta Review Board, 2019). Therefore, she spent 1 year and 1 month as a forensic patient.

Wan spent the longest in the forensic mental health system, followed by David, Patricia and Rachel but there are significant differences in their time spent. Wan who was economically poor, racialized and a new immigrant spent 5 years before being moved into the community in comparison to David who spent 2 years and Patricia spent no time as an in-patient while Rachel was on unsupervised leaves within months of the NCR verdict. Racism is known to exist within the forensic psychiatric system and the diagnostic process (Fornando et al., 1998; McKenzie, 2004). A British study found that physician referrals to hospitals are less frequent for racialized individuals compared to white patients but referrals were more common by a criminal justice

agency (Morgan et al., 2005). Another study in Massachusetts found that regardless of criminal charges or diagnosis, racialized individuals were more likely than whites to be referred for an inpatient evaluation in a strict-security facility (Pinals et al., 2004).

Deng and David spent the longest under the forensic mental health system which is not surprising as from the literature, mothers are shown more mercy by the courts and are deemed NCR more often than men, who are generally sent to prison (West, 2007). When parents commit filicide and are deemed NCR, they are labelled as depressed or experiencing psychosis or both (Bourget et al., 2007; Hatters Friedman et al., 2008; Leveille et al., 2007), particularly for mothers (Flynn et al., 2013). This can be related to perhaps to historically and presently the Infanticide Acts and societal beliefs that there must be something psychologically wrong with a mother if she were to kill her child. Infanticide is rarely punished by the courts due to diminished responsibility and NCR verdicts (Lambie, 2001; Osbourne, 1987)

This also relates to women being deemed mad while men are deemed bad. Psychiatry is patriarchal and this can be traced back to the use of “hysteria” for any woman who isn’t following expected gender roles. In these cases, of particular significance, are the gender and class norms encapsulated in family ideology, implicit in the appropriateness of the nuclear family based on the sexual division of labor and heterosexual marriage. There is an assumption that more women become mad than bad and thus female offenders require compassion and treatment, not punishment (Chunn & Menzies, 1990). The women in this dissertation did not contravene their role as caregivers and David did not contravene his role as the financial provider in the family. Nor did Bryan Couture who was allowed to not incriminate himself in court by testifying on how his wife took immaculate care of Melissa but became mad which led to the inter-personal violence

leading to Melissa's death. Bryan Couture was viewed as performing his gender role through his monthly payments and weekly visits and chores of the grounds. The Capra-Craig family also did not contravene the gender roles with Rachel being the stay at home care provider for Chelsea and James being the financial provider of the family. In the Wan family, Deng was unable to provide financially for his family and thus his wife had to work as well. Thus, aside from Wan, they assumed the proper gender roles which seems to impact how they were treated by the forensic legal system and the media.

Men who are psychiatrized are generally “constructed through a lens of violence, which both justifies certain coercive practices in the mental health system ... and at the same time pathologizes violence in a way that undermines a discussion of its social causes (Van Veen et al., 2018. Unlike Carmichael, Capra-Craig and Couture who are described as “being sent for psychiatric help at a hospital”, Wan is referred to as a danger and “a continuing danger” during the trial (R. v. Wan, 2001, p. 21). The risk assessments for violence often use hallucinations and delusions as indicators of risk for violence, which is a stigmatized assumption connecting them to violent crime (Nilsson et al., 2009. These risk assessments are then “used as grounds for coercive measures and integrity violations” in the name of public safety, these include involuntary treatments and forced confinement (Nilsson et al., 2009, p. 400). This association between risk for violence and psychiatric diagnoses is also disproportionately directed to racialized individuals (Fernando, 2010; Fernando et al., 1998; Kaye and Lingiah, 2000; Metz, 2009; Thompson, 2005).

The historical, social and political issues are erased in the forensic mental health system (Dowbiggin, 1997, Fernando, 2010; Hopton, 2006; Ingleby, 1981; Metz, 2009) as seen with Deng.

The biomedical model of psychiatry reduces the individual to an object and ignores the subjective experiences (Beecher, 2009; Cohen, 2009). Pathologizing culture is common as Burr, 2002 notes:

Mental health care professionals constructed cultural difference in terms of fixed and immutable categories which operated to inferiorise Britain's South Asian communities.

It is argued that their knowledge is constructed upon stereotypes of western culture as superior to a construction of eastern cultures as repressive, patriarchal and inferior to a western cultural ideal. Ultimately, it is argued that these stereotypes become incorporated as 'fact' and have the potential to misdirect diagnosis and therefore, also misdirect treatment pathways (p. 835).

These inferiorizing contexts are a violent inheritance of colonization and dehumanization. Within psychiatry, the colonial agenda's goals are male, ableist, Eurocentric, white and neoliberalist (Roman et al., 2009; Tuhiwai-Smith, 1999). Western methods created taxonomies and produced disciplines that privileged the colonialist white Western male and produced knowledge that silenced and excluded of those oppressed (Tuhiwai-Smith, 1999). Colonial violence through sovereign power subjugated the oppressed and was integral to colonialism.

The "symptoms" of mental health such as delusions and hallucinations are part of the biomedical model and are represented as truth to be cured with biomedical intervention dictating that all mental health symptoms are produced from the body rather than the social, economical and political contexts. Even though social isolation and lack of support was mentioned in all cases except Carmichael's in the media and court accounts all that was considered relevant and all that was focused on was the individual and biomedical treatments. These homogenous categories such as "depression with psychotic features" and related symptoms such as "hallucinations and

delusions” maintain the erasure of broader political and social factors such as social isolation and lack of resources, this knowledge is deemed inferior. Generally, it is of the able-bodied Western white heterosexual male who is superior to the Other but in the case of filicide men in this study they were in the forensic mental health system longer than the females which can be attributed to our notion that women who kill their children must have something biologically wrong with them to commit murder of their children and correlates to the British Infanticide Acts.

Since the 18<sup>th</sup> century there has been a change in attitude towards women who kill their children due to illegitimacy and poverty. Prior to the 18<sup>th</sup> century women were viewed as having criminal liability and murderers under the Poor Law of 1576 and 1624. However, in the 1624 Act more of a humanitarian approach was taken (Jackson & Jackson, 1996). This approach regarded women as “passive, compassionate, pitiable and innocent” (Jackson & Jackson, 1996, p. 118). Although their conduct was still criminal, socially, women who killed their newborn children were pitied and punishment was avoided (Jackson & Jackson, 1996). This can explain why from the literature, mothers who commit filicide are shown more mercy by the courts and are deemed NCR more often than men, who are generally sent to prison (West, 2007). Above and beyond, social class, thus classism was important in this study. All individuals except Wan were middle-class and Wan spent the longest in the custody of the forensic mental health system and did not receive any media reports tying him to the forensic mental health system. Wan was also racialized and a new immigrant to Canada. As psychiatry was used historically on Chinese immigrants in Canada to maintain the social order from “conspicuous incidents of violence or long-standing conflicts with the surrounding community” (Menzies, 2002, p. 209) this shows the links between psychiatry,

racism, classism and government immigration policies and justifies the historical and ongoing colonialism and racism.

### 5.6. Media Themes

There's an extensive society-wide conception that disability equates to suffering. People experience difficulties in relation to disabilities but to assume having a disability is to suffer and that suffering leads to wishing to be dead is not accurate. In such contexts where disability is equated to suffering, murder is not viewed as a violent crime, but an act of mercy, stripping agency away from the victim. In the first article by the Globe and Mail about Chelsea Capra-Craig stated that

Chelsea suffered from a rare neurological disorder called Rett Syndrome, which strikes girls almost exclusively. They develop normally for the first six to 18 months of their lives, then gradually lose the ability to speak, walk or control their hands. They withdraw, suffer severe seizures, and can stop breathing at any moment. (Peritz, 2001a)

The journalists report this over and over again but in one report according to neighbours

Chelsea required constant care, but they saw no evidence she was in pain. She could walk and was able to attend the neighbourhood high school, where she participated in regular classes with the help of a personal aide. (Hamilton, 2001a)

In Ian Carmichael's case

Mr. Carmichael said Ian was in a "living hell." "I didn't believe anything could help him," he said. "I think he'd have hurt a lot of people." He said he spoke to Ian the previous Monday and learned his son was distraught about returning to school in the fall and greatly upset

with how people were treating him. "It was the saddest day of my life when I talked to him," he told police. (911 call reporting boy's death, 2005, p. A12)

This highlights that Ian was being bullied at school, not that he wanted to die.

A Pentecostal pastor from a nearby church who officiated at the hour-long ceremony also said the boy may have been "suffering." "Today, I am confident Ian is no longer in pain, he's no longer in suffering," he said" (Pooley, 2004). He may have been suffering, but immediately the killing is explained as ending suffering, without pausing to consider whether Ian wished his suffering to end or whether there would have been good alternatives to alleviate any real or perceived suffering.

### **Possible Mercy Killing**

In the first article's headline by the Globe and Mail about Chelsea Capra-Craig stated "Shy girl's death called mercy killing" (Peritz, 2001a). For Ian, journalists also explicitly used the phrase "mercy killing." "Neighbours and family members have hinted that Ian had serious health problems, including a brain aneurysm. These allegations have ignited speculation that his death could have been a mercy killing" (Harding, 2004).

Journalists also implied that the killing may have been merciful without using the exact phrase because Ian had a disability. The *National Post* exemplifies this for Chelsea and Ian. For Chelsea they insinuate a mercy killing by stating that

One neighbour, who declined to give her name, said she thinks the constant demands of Chelsea's condition took a toll on the parents. "Their whole life was devoted to looking after that child. She couldn't speak. She couldn't feed herself. She had to wear diapers," the woman said. (Hamilton, 2001a)

While for Ian, they stated that “Neighbours and family friends have suggested the boy's murder could be related to a disability that caused frequent seizures. There have also been reports Ian suffered an aneurysm last year.” (Cowan, 2004a)

Family members and friends, many of them boys and girls who knew Ian ... paused to remember his short life, while questions swirled about the circumstances of his death. Media reports have suggested that Ian had suffered a brain aneurysm last December and that although he had mainly recovered, he still had seizures. One Toronto newspaper also reported that he was diagnosed with a brain tumour and that he was developmentally handicapped. These disclosures, and the fact that London police are seeking the boy's medical records, have resulted in much speculation. Although Jeff Carmichael could not confirm yesterday the extent, or even existence, of his nephew's reported health problems, at least one family member hinted the boy may have had a "difficult" life. (Pooley, 2004)

These are complex stories however, these articles center on the parents who are tired of their child's suffering and chooses to end it. Chelsea's and Ian's choices and desires get no attention.

The victims with the more profound disabilities, Chelsea and Melissa, were described in brutally dehumanizing terms and defined the situation entirely from the parents point of view, which is a mercy killing narrative.

Chelsea suffered from a rare neurological disorder called Rett Syndrome, which strikes girls almost exclusively. They develop normally for the first six to 18 months of their lives, then gradually lose the ability to speak, walk or control their hands. They withdraw, suffer severe seizures, and can stop breathing at any moment. The demands of caring for the girls place a tremendous strain on families, according to support groups. (Peritz, 2001a)

Melissa lived with severe mental and physical disabilities, including hearing loss, visual impairment and stiffness in her extremities. Her mind was that of a three or four-year-old and she was completely immobile ... she was also having trouble swallowing. (Trial begins for Calgary senior, 2017).

The media outlets could have something positive about Chelsea and Melissa, what they enjoyed doing, what made them smile. In Ian's case, a child whose disabilities were not as profound as Chelsea and Melissa, there is some personalization "Ian Carmichael, then 11, did have some minor learning disabilities, but he also had a winning personality and a passion for BMX biking that David encouraged" (Janson, 2007). This narrative should have been afforded to all the victims.

#### **The problems with reporting testimony**

These murder cases presented journalists with significant challenges, yet self-advocates and self-advocate-led organizations emphasize telling victim-centered stories, and never implying that disability justifies violence. Such practices were not consistently followed.

The Globe explained Chelsea's murder as:

Chelsea had a neurological disorder called Rett Syndrome, which brought life-threatening seizures, as many as 15 diaper changes a day, and spoon feedings. "You had to be on constant lookout for death. It was a matter of life or death all the time," Dr. Fugère told Mr. Justice Fraser Martin of Quebec Superior Court. "This is the way Mrs. Craig felt ... it was a constant preoccupation. Ms. Capra Craig is to be sent for psychiatric help at a Montreal hospital. (Peritz, 2002).

Here's how one national paper explained Ian's murder:

Mr. Carmichael told the interviewing officer, Detective Andrew Whitford, that Ian suffered from a condition that caused the left temporal lobe of his brain to atrophy. The brain damage left Ian with greatly diminished intellectual capacity. The boy was suffering nearly constant minor seizures and had two major ones the previous December and January, Mr. Carmichael said. He said his son was being teased by other children and felt everyone was laughing at him. In response, Ian had begun to exhibit aggressive behaviour toward younger children, pushing them and tossing volleyballs at children aged four and five. Mr. Carmichael said he was increasingly concerned for the safety of his family and of others because of Ian's behaviour. He said he decided to kill his son during the drive to London on July 30, 2004. (911 call reporting boy's death, 2005)

Finally, this is how Melissa's murder was defined

Her daughter Melissa had cerebral palsy, had not received medical treatment for the last four years of her life and weighed just over 50 pounds when she died in April 2016.

According to an agreed statement of facts, Melissa lived with severe mental and physical disabilities, including hearing loss, visual impairment and stiffness in her extremities.

Melissa, who was 38, had the mind of a three or four-year-old and was completely immobile. Patricia Couture was Melissa's primary care giver and told the court that she didn't realize how much her daughter's health had deteriorated. She testified in her own defence and cited religious scripture, saying her belief in God protected her daughter.

Physicians who testified in the case said Patricia Couture had a long-standing delusional disorder. One psychiatrist said that Couture's judgement was impaired and that she

believed an external force or energy was making her daughter sick. (Calgary woman not criminally responsible, 2018)

These articles start by describing victims lives in the worst way possible, then finish by acknowledging it comes from testimony intended to excuse the murder. There are, of course, many people with communication challenges and significant care needs who are not murdered by their caregivers or parents.

### **Quoting neighbors**

Reporters frequently turn to family members and neighbors for their initial quotes when they come upon a murder. This is an understandable practice, but it leads to highly prejudicial remarks being featured and setting the narrative for the murder. Reporters did not engage disability rights self-advocates and experts to counterbalance these excerpts. Following are some examples of this

As Barrie Shepley, a former national triathlon coach, said yesterday, "I've known David for 15 years, and he was a net provider to the universe, as opposed to a net taker." The notion that such a man could now be accused of killing his only son is so antithetical to what Mr. Carmichael's friends know of him they can hardly believe what's happened. (Blatchford, 2004)

Mr. Chism, who knows the family, said both Chelsea's parents battled to obtain help for their girl. "They loved her and were fighting for services," he said, also describing them as quiet and withdrawn ... According to people who know her, Ms. Craig was a devoted mother who provided constant care for her daughter. (Peritz, 2001a)

Former friends ... testified she was a doting mother, with one saying she took "immaculate" care of herself, her home and her daughter for years ... Two of Patricia's former friends testified ... telling the story of a caring mother whose ability to care for her severely disabled daughter amazed them ... "They loved each other," said Melnychuk who visited the Coutures about once a month. "I'll never forget the look of love in Patricia's eyes when she looked at Melissa." ... "Immaculate, she was very very well cared for," said Johnson of Melissa's appearance. She even noted Melissa's sweatpants would be ironed. "[Patricia was] very energetic, very well kept, her house was immaculate; she's a great cook, she amazed us," said Johnson. (Grant, 2017c)

The charges against Patricia Couture have shocked the southwest Calgary neighbourhood where she's lived for decades. Neighbours say Patricia Couture was a loving single mother who dedicated her life to taking care of her daughter. "We've watch Pat age prematurely in the last 30 years," neighbour John Byers told CTV Calgary. "Melissa was not an easy person to look after." Byers said Patricia Couture fought to get her daughter into public school so she could be better integrated into the community. "It seems difficult to believe, given that she dedicated so much of her life to (Melissa Couture), that it would have an ending like this," he added. Neighbours said they used to see the pair out on walks in the community, but some residents said they haven't seen Melissa Couture in about a year. Elaine Yost, president of Calgary-based Options Rehabilitation Services, said community support is imperative when taking care of a sick family member, but it's often difficult to come by. "Exhaustion sets in and isolation sets in and it becomes very difficult," Yost said. (Woman charged in disabled's daughter's death, 2016)

The murders are being excused because they looked after their children well for many years while ignoring the fact that a murder has taken place and excusing the murder.

### **A Loving Act**

Neighbors and family members were already reporting Ian's murder as a case in which a loving father murdered his son out of love. The *National Post* ran headlines such as "'Your Dad loves you,' Ian's Mom says in farewell" (Cowan, 2004a). The article goes on to say that

The boy's mother, Beth, addressed her son during the ceremony yesterday. "Ian, your Dad loves you very much," she said ... "If David were here, he would want to say to Ian: 'I loved you so much and I will always love you. I really treasured the time we spent together. I know that when you were with me, you were happy, you felt secured and loved,'" his brother Jeff said.

There is no evidence that Ian wanted to die, making this murder, regardless of what the family and friends say.

### **Stories about the Burdens of Caregiving and Depersonalization of the Victim**

Many of the stories link the decision to murder with the difficulty of caregiving by quoting neighbors, friends and other parents with children with disabilities but they do not quote people with disabilities, disability experts or advocates. At the same time, they depersonalize the actual victim by focusing on the extent of their disabilities and how much caregiving is required.

We know [the mother] had to look after her continually," Lieutenant-Detective Jean Francois Martin said. "She was like a 14-year-old who was still a baby." Chelsea suffered from a rare neurological disorder called Rett Syndrome...gradually lose the ability to speak, walk or control their hands. They withdraw, suffer severe seizures, and can stop breathing at any

moment. The demands of caring for the girls place a tremendous strain on families, according to support groups. "Parents have to feed them, clothe them, toilet them and bathe them," said Jim Chism, vice-president of the Quebec Rett Syndrome Association. "For these families, the stress is really great." (Peritz, 2001a)

Articles that go through the litany of caregiving acts the parent performed seems to be their justifications for killing their daughter. These articles elicit sympathy for the parents and alienate the victims, who are portrayed as a burden and less than human. These narratives need to be rejected as a sympathetic article about a loving and kind father or mother who killed their non-disabled child because they could not deal with their temper tantrums and then just "snapped" and killed the child. It is difficult to raise children with disabilities in an ableist world but many parents do it without killing their child. These demeaning narratives need to be halted and their full humanity of the victims must be recognized. Not only because they are unfair to these victims, but because we can also prevent future tragedies from occurring.

"Pat has been a single parent for most of Melissa's life and I would say I don't know a more dedicated mother than Pat was to Melissa. 24-7, she fought for her to get her into regular public school so she could be integrated more into the community but Melissa was just, she couldn't speak, she couldn't hear, she was mentally challenged. I mean this is a shock to me, because Pat spent her whole life looking after Melissa," said Byers. Byers says last few years have been hard on Pat and says he hadn't seen Melissa in about a year. "You know when you get so exhausted from looking after somebody like that for so long, maybe something happened,' he said. "I thought maybe she had been institutionalized but that might not be

true and if she's been at home, looking after Melissa in a wheelchair, I mean, that shows her dedication." (Calgary mother charged in death, 2016)

### **The Killer Becomes the Victim before an NCR Verdict**

Rachel is continuously sympathized with in news articles before the NCR verdict

But Ms. Craig, who stayed home to care for her daughter and followed the latest developments in research on her child's syndrome, had the most difficulty. "She was just struggling," Mr. Chism said. "It's very sad. She was much more strongly affected than the father." According to people who know her, Ms. Craig was a devoted mother who provided constant care for her daughter. Chelsea attended a regular high school near her home in Pointe Claire, and a nurse checked on her several times a week. From all appearances, the girl was deeply dependent on her mother. A neighbour said he would see the two outdoors together. Chelsea wore a helmet to protect her during seizures. (Peritz, 2001a)

In the Globe and Mail's fourth article the leading sentence states that:

The lawyer for David Carmichael, the Toronto man recently charged with the first-degree murder of his 11-year-old son, said yesterday his client is "sad," but vowed to say nothing else about the mysterious case ... "I think one fair question is 'How is my client doing?' and I think I'd answer that with just a single word: He's sad," Mr. Campbell, a Toronto-based criminal lawyer, said. (Harding, 2004)

While the National Post's fourth article's headline states "Toronto father accused of killing son 'sad': lawyer says" and goes on to say "'This is an unspeakably tragic case," Mr. Campbell told reporters outside the courthouse. "My best hope is that the courts will find a way to comprehend the tragedy and not compound it" (Cowan, 2004b). For Patricia Couture they state that

The Calgary mother accused in the death of her disabled daughter was released on bail Thursday morning, but remains "distraught," according to her lawyer. Ouellette described his client as a dedicated mother who would often sleep on the floor so her daughter wouldn't be alone ... Couture's first concern is making funeral arrangements for her daughter, says Ouellette. But getting his client released isn't Ouellette's only concern. "She was browbeaten by police and accused of murder," said Ouellette. He called police tactics "completely inappropriate." "They showed a complete lack of respect for a person's rights." (Grant, 2016b)

These articles elicit sympathy for the parent who killed their child with disabilities rather than for child who was killed. As always, these are complicated stories, worthy of full analysis. Journalists have to exercise care presenting murderers as loving family members driven by despair over their loved one's disabilities.

There is an extraordinarily damaging and dangerous stereotype that people with disabilities want to die is often repeated by the media when it is able-bodied people who reveal their own death wish for people with disabilities when they make this claim. By continuously reporting on the disabilities these individuals had and their limitations, they are excusing and normalizing their deaths. Disabled activist Catherin Frazee (2018) made this point about federal law allowing medically assisted death which remains elusive and does not provide any monitoring assurance. In her article, she exemplifies how people with disabilities who are using this federal law do not want to die because of their disability but due to "the social determinants of health, such as poverty, insecure housing, isolation or social stigma" that people with disabilities endure. Haller and Ralph (2001) also found in their study that an oppositional frame to physician-assisted suicide in the

media is absent leaving the media frames medicalized in this debate, that people with disabilities are framed as “better dead than disabled” and that “modern assisted deaths are different from past euthanasia of disabled people”, an inaccurate notion (p. 412). However, this narrative is not solely caused by the media, bioethics is largely involved.

The intersection of disability and bioethics is perpetuated by the historical and continued devaluation of the lives of people with disabilities by researchers, legislators, and the medical community and attributes to the unequal access to medical care, including life-saving care. Legislation that is in favor of assisted suicide laws maintain the ‘mercy killing’ cultural attitudes within the medical field and society at large which devalue the lives of people with disabilities. A cultural shift in all areas are required and urgent for the disability community for their lives to be viewed as just as valuable of the lives of people without disabilities.

The four cases analyzed in this chapter provided an in-depth view of how the national media, legal system and forensic mental health legal system views parents who commit filicide and are deemed NCRMD of their children with disabilities. All of the cases received considerable national news coverage except Deng Hao Wan. David Carmichael who killed his son, Ian Carmichael, was viewed akin to Robert Latimer, as a mercy killer, as was Rachel Capra-Craig who killed her daughter Chelsea Capra-Craig in the media and the legal systems. Patricia Couture, who killed her daughter, Melissa Couture, was excused of the act which led to her daughter’s death (criminal negligence causing death) due to two factors: how disabled her daughter was and the immaculate care she provided Melissa with for years. Deng Hao Wan did not have much of a news presence; with only one national news article being published and this was before a mental health component was advanced. In the media, for all the cases except Wan, the parents were treated sympathetically, with

the focus being on the burden of caregiving and how these parents dedicated their lives to taking care of their children. Once an NCRMD verdict was established, the sole cause changed from the stresses of caregiving to their mental health.

## Conclusion

The purpose of this multi-sited and multiple case study was to draw attention to different phenomenon within the broad umbrella of people deemed not criminally responsible on account of mental disorder (NCRMD) in Canada over the last 20 years. I analyzed the legal and media cases of parents who were deemed NCRMD for filicide of children with disabilities, to help understand how NCRMD functions in these cases from a Critical Disability studies, Mad Studies and intersectional lens. This was to learn more about how the social characteristics of the offender and victim effect the forensic legal system process and get taken up in the national media in particular ways and how the media, in turn, influences the public's understanding.

The media rarely reports on NCRMD cases but when they do it is on the statistically rare cases that are violent and heinous in nature, which are then covered in a sensationalized and excessive manner depicting the individual as an innately dangerous criminal, a public danger who cannot be rehabilitated and who is escaping punishment (Ewing, 2010; Kachulis, 2017; Ryan & Whelan, 2012; Vitello & Hickey, 2006). According to the limited literature, the filicide of children with disabilities generally do not receive much media or public attention. The findings of this dissertation are significant to a number of areas: representations, policy and theoretical.

### **Representations**

The cases in this dissertation were not covered as every other NCRMD cases, nor were they covered as parents who kill their children without disabilities and are deemed NCRMD, as they are labelled as monsters (Ewing, 2010; Kachulis, 2017; Ryan & Whelan, 2012; Vitello & Hickey, 2006), such as the cases of Guy Turcotte and Allan Schoenborn. Instead, these cases were represented as mercy killings where the parent became the victim. Ableism was highly apparent in

all the cases in this dissertation: the parents were empathized with, were framed sympathetically and in essence were forgiven for murdering their child with a disability, akin to how Robert Latimer was framed (Enns, 1999). This increases the likelihood of murder of the most vulnerable group of people with disabilities, children with disabilities, who are located on the bottom of the impairment hierarchy. Society's attitudes and stigmatization of children with physical and intellectual disabilities and people who experience mental distress are predominantly negative, with behavior towards these populations ranging over time from incarceration to elimination through eugenic policies. However, when these two populations are compared, such as this dissertation did, the findings reveal that children with physical and intellectual disabilities are ranked as least preferred and accepted by society. This is evident as the parents in these cases were not framed as murderers by the courts, forensic legal system, the media, nor the public, instead they were framed as being good parents who did their best but eventually succumbed to their own (psychiatric) disability due to the stresses of caring for a child with disabilities (except Deng who was racialized, a new immigrant to Canada and had low economic status). Deng was framed by the media as an individual who had a difficult time immigrating to Canada and then as a dangerous individual by the courts and forensic legal system.

In the media, while the victims were depersonalized, the parents were personalized and also a discourse of victimhood was attribute to them which produced a sympathetic frame. In David's case, he was also portrayed as a protector of society and of his family from Ian's violent, dangerous and aggressive behaviors. The real issue is that Ian needed protection from his father and society. Unlike most reports from the media about NCRMD offenders who kill, David and Rachel were not framed as violent dangerous offenders instead they were framed similar to Robert Latimer, as

mercy killers. The news media's grossly inaccurate representations which distort the image of Mad people and creates a stereotype that is highly dissimilar of the reality of the people within this community, even those who experience the most intense mental distress was absent. The dehumanization that generally occurs towards the Mad population by the media's portrayal of them as different and *Other*, that creates a divide between this population and the rest of society was also absent (Wahl, 1995). The dehumanization that did occur was to the victims and these representations reflect societal prejudices and discriminatory behaviours towards this population.

The representation of NCRMD by the media received considerable coverage except for Deng as only one article was published about his case nationally and no provincial articles were published. The one national article did not mention madness as a cause, instead they focused on the hardships of immigrating to Canada. For all other cases the media represented the issue as a mercy killing until the NCRMD verdict, then they place the sole cause upon madness. The news articles did mention social factors, but this was to elicit sympathy for the parent and their perceived burdens of caregiving; overall they follow the courts decisions and put the blame squarely on madness, while excusing the lack of policies, services and support for families with children with disabilities.

### **Theoretical**

The findings of this dissertation are highly significant to Intersectionality, Mad Studies and Critical Disability Studies. The intersecting oppressions of gender and ableism were highly significant in these cases in the media for the victims. The reports by the news media on the female victims (Melissa Couture, Chelsea Capra-Craig) were extremely ableist as they dehumanized the females consistently through their narratives. There is absolutely no mention of the victims

aside from their disabilities and how difficult caregiving was for the parents. Meanwhile, in the case of the one male victim (Ian Carmichael), the media mentioned his disabilities but also included things he enjoyed doing.

Many of the stories in the media for these cases linked the decision to murder with the difficulty of caregiving by quoting neighbors, friends and other parents with children with disabilities but these were not balanced by engaging people with disabilities, local or national disability rights self-advocates and experts. Organizations led by activists with disabilities were missing in every case which left out the narrative that violence against females is not just a gender-based issue but also a disability-based violence, which contributed to the invisibility of the victimization of these women and girls. By focusing on the extent of their disabilities and how much caregiving was required, they depersonalized and dehumanized the actual victim. For the legal system, ableism and gender was apparent as the testimonies described the victims lives in the worst way possible, which was intended to excuse the murder.

In Deng's case, the intersections of madness, race and class were prevalent as he was seen as a dangerous threat by the legal system and forensic mental health legal system. Deng spent the longest in the forensic mental health system, followed by David, then Rachel and finally Patricia, but there were significant differences in their time spent. Deng who was economically poor, racialized and a new immigrant spent 9 years within the system. In comparison to the other cases this is quite lengthy. David spent 5 years within the system. Rachel spent 5 months in the system before getting an unsupervised leave while Patricia remained free on bail until the trial and then spent 1 year and 1 month as a forensic outpatient. This relates to how the infanticide (a crime

committed by mothers) is rarely punished by the courts due to diminished responsibility and NCRMD verdicts.

Deng and David spent the longest under the forensic mental health system, which is not surprising as from the literature, mothers are shown more mercy by the courts and are deemed NCRMD more often than men, who are generally sent to prison. Men who experience mental distress and commit a crime are viewed as more dangerous than women and when the intersections of race and immigration are also involved, this perceived danger increases. The relationship between psychiatry and racism was also apparent as Deng did not have a psychiatrist that could speak his language and therefore his answers could not be interpreted in a culturally sensitive way. The forensic legal system did not understand the pressures of migration and gender role expectations of Asian men as well as the social stigma related to mental health within the Asian community. The little, to no time, spent in the forensic mental health system by the female parents can also be related to the intersections of psychiatry and eugenics as their children had more serious disabilities which seemed to excuse the women for their actions more so than the children who were killed that had less severe disabilities.

Another reason for Deng spending much more time within the forensic mental health system than anyone else could also be related to the relationship between psychiatry and patriarchy, which was apparent in these cases. The gender and class norms encapsulated in family ideology, implicit in the appropriateness of the nuclear family based on the sexual division of labor and heterosexual marriage were maintained except in Deng's case. Within the families where a woman murdered their child, the role as caregivers by the mothers were not contravened and the men did not contravene their gender roles as financial family providers. David, Rachel, and

Patricia maintained the gender and class norms of family ideology even after they were deemed NCRMD while Deng did not, as he and his wife divorced once he was institutionalized within the forensic mental health system.

The findings of this dissertation are highly significant for Mad Studies as people deemed NCRMD for filicide of their children with disabilities are treated vastly differently than other people given this verdict. Rather than being treated as an innately dangerous criminal who could not be rehabilitated, they were treated as mercy killers and sympathetically framed by the media and the forensic legal system. When reporting on people who are psychiatrized or/and deemed NCRMD, journalists tend to focus on the details of the victim's interaction with police, not reporting the circumstances that occurred prior to police involvement. As the focus is drawn to the supposedly violent and unpredictable nature of the person killed by police, the systemic problems that led to the circumstances where interaction with police was deemed necessary are obscured (Baun, 2009).

Media representations shape many people's perception of madness, Mad people and mental distress (Wahl, 1995). Unfortunately, the overwhelming majority of these representations characterize people experiencing mental distress as violent and extremely dangerous, or even as nonhuman (Anderson, 2003; Blood & Holland, 2004; Cross, 2004; Nairn, 2007; Wahl, 1995). In the cases analyzed in this dissertation, journalists thoroughly reported on the circumstances prior to police involvement and on the systemic issues which led to the death of the child in a manner that excused the murders.

Similarly, representations of racialized groups often reinscribe racist stereotypes. However, when the intersectional oppressions of race, class and gender are present such as in Deng's case

(racialized, low-income, and male) were treated by the forensic system as regular NCRMD individuals are.

Another contribution this dissertation makes to Mad Studies is that there is one crime within the broad umbrella of NCRMD individuals whereby they are excused for their murder by society, the legal systems and media, which is evidence of a eugenics ideology and ableism. For Critical Disability Studies, this dissertation illuminates how perceptions of children with more severe disabilities have not changed since Robert Latimer despite the nation-wide outcry by disability experts and advocates. The media narratives portrayed the victims as burdens and their parents as hitting a breaking point. The actual victims became secondary in this rhetoric and positioned disability as the problem rather than the society around these children and their families, a society that leaves families with little support systems.

### **Policy**

The death of any child is a tragedy and parenting is always challenging and even more so for those with a child with a disability as they may need accommodations, medical treatment and other services and supports that children without disabilities do not require and the social isolation experienced by these families creates more challenges. However, when the media, society, legal system and families frame these challenges as arising solely from disability and that this is enough to trigger a parent to murder their child, it is highly problematic. The problem is that society as a whole is unwilling to provide such supports because they do not respect the rights of people with disabilities. The public treats accommodations as hardships, evident by the lack of structural supports, even for simple issues that would improve their quality of life. Given that all the cases except one (Deng) in this dissertation were middle-class families, this highlights the

urgency required to change the narrative of children with disabilities as burdens and tragedies. The narrative should be how the lack of social supports strain families rather than how disability does. This requires a change in how we view and talk about disability and requires the inclusion of the disability community and to hear their voices which were effectively silenced in these cases by the parents being deemed NCRMD. The lives of people with disabilities, including children, need to be valued by pressuring media outlets to change how they report on these cases and change the narrative even when a parent is deemed NCRMD. Parenting is challenging and it requires a village to raise a child, but through isolation and the metaphorical limits of that community excluding parents of children with disabilities and the lack of interrogation into how things need to change, the deaths of children with disabilities will ultimately continue, without these cultural shifts.

The justifications for the murders claimed as hardships were not challenged, they were accepted by the media rather than being questioned while disability-led organizations were not asked for comments which ultimately led to the victims being erased and resulted in killer-centered reporting rather than victim-centred reporting. This narrative leads to more violence against the disability community as it normalizes violence against people with disabilities

The deeply entrenched ableism was at the root of the media portrayals studied. As the majority of the families in my study were middle-class, these murders were not caused by a lack of services. The lack of services should not be utilized as discussion points for more disability services (although additional services are required and is important) as these murders were not caused by a lack of services, they were caused by the view that the lives of people with disabilities are less valuable and that they are a burden. When murders like these occur, the focus should be on the victim; their likes and dislikes, their personality; how any other victim would be remembered.

This is not merely a media issue, this is a societal issue: The narrative needs to change and this begins in the healthcare sector, whereby people with disabilities are valued and listened to beginning with bioethicists. Bioethicists need to listen to people with disabilities and the fear of practices that devalue the lives of people with disabilities and find common ground. As Oullette (2011) states, for the bioethics and disability communities, there is a “common interest in promoting a good, just medical system in which all people are treated with respect” (p. 329). With this common ground, the strained relationship and conflict between the disability and the bioethics community could be worked upon which would have an effect on the ignorance of the wider society in respect to the disability community.

This dissertation illuminated how stigmatized children who have physical and intellectual disabilities are in our society and how they are viewed as a fate worse than death, as the sanism that is usually produced from NCRMD verdicts was absent in all the cases. Rather than the parents being viewed as dangerous criminals that could not be rehabilitated (as people deemed NCRMD always are), they were portrayed as a victim. Representations of the joy and beauty of these murdered children were absent due to this stigmatization and their civil rights were not considered. The real tragedy is that society views children with disabilities as a waste of resources and a burden rather than embracing their experiences, capabilities, and differences.

A major contribution of this dissertation, above all else, highlighted the hierarchy of disability in society and the need for the disability community as a whole to not fall prey to this hierarchy or attempt to distance themselves from those they perceive to be lower down in the hierarchy, due to the stigma of association. Thus, by identifying as a person with a disability, rather than as a Mad or Blind person, the exclusive/elitist nature of disability identity from within

the disabled community can be challenged, building on the premise that the 'problem' is more one of representation and politics instead. Notwithstanding, while people with disabilities fight for a common cause of equality and discriminatory practices being removed, strategies for attitudinal changes should be targeted in the most effective way, such as focusing attention on disability groups that are ranked lowest on the hierarchy and face the most societal discrimination. This would also allow the disability community to evaluate their own personal beliefs towards other disability groups, while ensuring that discrimination and prejudice does not hinder the disability community's movement in seeking its goal of true social inclusion for all.

## References

- 911 call reporting boy's death played at father's murder trial. (2005, September 27). *Globe and Mail*, pp. A12.
- Adams, R. (2013). Disability studies now. *American Literary History*, 1-13.
- Adelson, L. (1961). Slaughter of the innocents: A study of forty-six homicides in which the victims were children. *New England Journal of Medicine*, 64: 1345-9.
- Adelson, L. (1991). Pesticide revisited: The slaughter continues. *American Journal of Forensic Medicine and Pathology*, 12:16-26.
- Adinkrah, M. (2003). Men who kill their own children: Paternal filicide incidents in contemporary Fiji. *Child Abuse and Neglect*, 27:557- 68.
- Albaek, E. (2011). The interaction between experts and journalists in news journalism. *Journalism*, 12(3): 335-348. <https://doi.org/10.1177/1464884910392851>.
- Alberta Review Board. (2019). *Couture*. Alberta Review Board Disposition February 13<sup>th</sup> 2019.
- Allan, H. & Fuller, E. (2016). Beyond the feeble mind: Foregrounding the personhood of inmates with significant intellectual challenges in the era of institutionalization. *Disability Studies Quarterly*, 36(2): 1-45.
- Ammerman, R. T. (1997). Physical abuse and childhood disability: Risk and treatment factors. *Journal of Aggression, Maltreatment and Trauma*, 1(1); 207-224.
- Anderson, R. (2016, August 30). *11 powerful artifacts from the psychiatric survivor archives of Toronto*. <https://canadianart.ca/features/11-powerful-artifacts-from-the-psychiatric-survivor-archives-of-toronto/>

- Andrews, J., Briggs, A., Porter, R., Waddington, K., & Tucker, P. (2013). *The history of bedlam*. New York, NY: Routledge.
- Applebee, L. & Wessely, S. (1988). Public attitudes to mental illness: the influence of the Hungerford massacre. *Medicine, Science and Law*, 28(4): 291-5. DOI: 10.1177/002580248802800405
- Aratani, L. (2021, January 7). White privilege on display: Police hypocrisy condemned after pro-Trump insurgence. *The Guardian*. <https://www.theguardian.com/us-news/2021/jan/06/us-capitol-trump-mob-police-protesters>.
- Arboleda-Florez, J. (2003). Considerations on the stigma of mental illness. *Canadian Journal of Psychiatry*, 48(10): 645-50. DOI:10.1177/070674370304801001.
- Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Pearson Publishing.
- Balachandra, K., Swaminath, S., & Litman, L. (2004). Impact of Winko on absolute discharges. *The Journal of the American Academy of Psychiatry and the Law*, 32(2): 173-177.
- Barrett, J., & Shandler, R. (2006). *Mental disorder in Canadian criminal law*. Thomson Reuters.
- Baun, K. (2009). *Stigma matters: The media's impact on public perceptions of mental illness*. Canadian Mental Health Association. Retrieved from [https://ontario.cmha.ca/wp-content/files/2012/07/olm\\_stigma\\_matters\\_200902.pdf](https://ontario.cmha.ca/wp-content/files/2012/07/olm_stigma_matters_200902.pdf).
- Bayliss, C. (2017). Mad practices and mobilities: Bringing voices to digital ethnography. *Digital Culture & Society*, 3(2): 229-236. DOI: 10.14361/dcs-2017-0214.
- Beckett, K. (1997). *Making crime pay: Law and order in contemporary American politics*. New York: Oxford University Press.

- Beecher, B. (2009). The medical model, mental health practitioners, and individuals with schizophrenia and their families. *Journal of Social Work Practice*, 23(1), 9–20.
- Bell, A. (1991). *The language of news media*. Oxford, UK: Blackwell.
- Bell, C. (2011). *Blackness and disability: Critical examinations and cultural interventions*. East Lansing: Michigan State University Press.
- Beresford, P. (2000). Service users' knowledges and social work theory: conflict or collaboration? *The British Journal of Social Work*, 30(4): 489–503.  
[doi.org/10.1093/bjsw/30.4.489](https://doi.org/10.1093/bjsw/30.4.489).
- Beresford, P., Nettle, M., & Perring, R. (2010). *Towards a social model of madness and distress? Exploring what service users say*. Retrieved from <https://www.jrf.org.uk/report/towards-social-model-madness-and-distress-exploring-what-service-users-say>.
- Beresford, P. & Russo, J. (2016). Supporting the sustainability of Mad Studies and preventing its co-option. *Disability & Society*, 31(2):1-5. DOI: 10.1080/09687599.2016.1145380.
- Berry, S. & Whitley, R. (2016). Representing risk: Criminality, violence, and mental illness in Canadian news-media reporting. In C. Richardson & R. Fullerton, *Covering Canadian crime: What journalists should know and the public should question* (pp. 346-365). Toronto, ON: University of Toronto Press.
- Bishop, R. (2001). News media, heal thyself: Sourcing patterns in news stories about news media performance. *Journal of Communication Inquiry*, 25(1), 22-37.  
<https://doi.org/10.1177/0196859901025001003>.
- Bishop, P. (2010). Multisite case study. In A. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp. 588-592). Los Angeles: Sage, Thousand Oaks.

- Blaffer-Hrdy, S. (2001). *Istinto materno [Mother nature]*. Milan, Italy: Sperling-Kupfer.
- Blaffer-Hrdy, S. (2003). New rules for an old game. *New Scientist*, 178: 46.
- Blatchford, C. (2004, August 5). Carmichael knew pressures of sport. *Globe and Mail*, pp. A1
- Blatchford, C. (2006, November 22). The distressing dichotomy between the Carmichaels. *The Globe and Mail*. Pp. A1.
- Bloom, H., & Schneider, R. (2006). *Mental disorder and the law: A primer for legal and mental health professionals*. Toronto, ON: Irwin Law Inc.
- BMX Union. (2020). What is BMX? What does it mean? <https://bmxunion.com/what-is-bmx-what-does-it-mean/>.
- Bourget, D., & Bradford, M.W. (1990). Homicidal parents. *The Canadian Journal of Psychiatry*, 35(3): 233-238. <https://doi.org/10.1177/070674379003500306>
- Bourget, D., & Labelle, A. (1992). Homicide, infanticide, and filicide. *Psychiatric Clinics of North America*, 15:661-73.
- Bourget, D., & Gagne, P. (2002). Maternal filicide in Quebec. *Journal of American Academy of Psychiatry and Law*, 30(3): 345-51.
- Bourget, D., & Gagne, P. (2005). Paternal filicide in Quebec. *Journal of the American Academy of Psychiatry and Law*, 33: 354-360.
- Bourget, D., Grace, J., & Whitehurst. (2007). A review of maternal and paternal filicide. *Journal of American Academic of Psychiatry Law*, 35: 74-82.
- Bowleg, L. (2012). The problem with the phrase 'Women and Minorities': Intersectionality~ an important theoretical framework for public health. *American Journal of Public Health*, 102(7), 1267-1273.

- Brautigam, T. (2005, September 28). Man charged in son's death was depressed, trial told. *Globe and Mail*, pp. A17.
- Brautigam, T. (2005, September 29). Killer was delusional, doctor says. *Globe and Mail*, pp. A16.
- Brean, J. (2010, May 8). Mind Control; Activists gather in Toronto for rare global event promoting the overthrow of psychiatry. *National Post*, pp. A8.
- Breggin, P. & Cohen, D. (2000). *Your drug may be your problem: How and why to stop taking psychiatric medications*. Philadelphia, PA: Perseus Book Company.
- Brewster, A.L., Nelson, J.P., & Hymel, K.P. (1998). Victim, perpetrator, family, and incident characteristics of 32 infant maltreatment deaths in the United States Air Force. *Child Abuse and Neglect* 22:91-101.
- British Columbia Prosecution Services. (2018). *NCRMD (Not criminally responsible on account of mental disorder) – High-risk accused designations*. Crown Council Policy. Retrieved from <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/prosecution-service/crown-counsel-policy-manual/ncr-1.pdf>.
- Broderick, L. (2006). The disposition of not criminally responsible accused persons in British Columbia: The impact of the Winko case on the decision-making process of the British Columbia review board. (Unpublished Master's Thesis). Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.861.3459&rep=rep1&type=pdf>.
- Brodsky, G. (2017). Proceed with extreme caution: The not criminally responsible defence. *Manitoba Law Journal*, 40(1): 89-116.
- Browne, K., & Lynch, M. (1995). The nature and extent of child homicide and fatal abuse. *Child Abuse Review*, 4:309-16.

Burczycka, M., & Conroy, S. (2016). Family Violence in Canada: A statistical profile, 2016.

Canadian Centre for Justice Statistics: Statistics Canada.

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54893/04-eng.htm>

Burch, S. & Sutherland, I. (2006). Who's not yet here? American disability history. *Radical History Review*, 94, 127-147. doi: 10.1215/01636545-2006-94-127

Burns, T., Rugkåsa, J., Molodynski, A., Dawson, J., Yeeles, K., Vazquez-Montes, M., Voysey, M., Sinclair, J. & Priebe, S. (2013). Community treatment orders for patients with psychosis (OCTET): A randomised controlled trial. *Lancet*, 381:1627-33. Doi: 10.1016/S0140-6736(13)60107-5.

Burr, J. (2002). Cultural stereotypes of women from South Asian communities: Mental health care professionals' explanations for patterns of suicide and depression. *Social Science and Medicine*, 55: 835-845.

Caldwell, K. (2010). We exist: Intersectional in/visibility in bisexuality & disability. *Disability Studies Quarterly*, 30(3).

Calgary mother charged in death of disabled daughter. (2016, April 27). CTV News.

<https://calgary.ctvnews.ca/calgary-mother-charged-in-death-of-disabled-daughter-1.2877076>

Calgary mother found not criminally responsible in 2016 death of disabled daughter. (2018, January 9). CBC News. <https://www.cbc.ca/news/canada/calgary/patricia-couture-not-criminally-responsible-1.4480152>

Calgary woman not criminally responsible for her disabled daughter's death. (2018, January 9).

*National Post*. <https://nationalpost.com/pmn/news-pmn/canada-news-pmn/calgary-woman-not-criminally-responsible-for-her-disabled-daughters-death>.

- Campion, J. F., Cravens, J. M., & Covan, F. (1988). A study of filicidal men. *The American Journal of Psychiatry*, 145(9), 1141.
- Canadian Mental Health Association. (2015). Landmark study dispels 'not criminally responsible' Myths. <https://ontario.cmha.ca/news/landmark-study-dispels-not-criminally-responsible-myths/>
- Canadian Mental Health Association. (2018). *The myth of violence and mental illness*. <https://cmhadurham.ca/finding-help/the-myth-of-violence-and-mental-illness/>
- Carbado, D. (2013). Colorblind intersectionality. *Signs: Journal of Women in Culture and Society*, 38(4): 811-845. DOI: <http://dx.doi.org/10.1086/669666>.
- Carey, A.C., Block, P., and Scotch, R.K. (2020). *Allies and obstacles: Disability activism and parents of children with disabilities*. Philadelphia, PA: Temple University Press.
- Carey, A.C. (2009). *On the margins of citizenship: Intellectual disability and civil rights in twentieth-century America*. (Philadelphia: Temple University Press: 15-35.
- Carlen, P. & Tombs, J. (2006). Reconfigurations of penality: The ongoing case of the women's imprisonment and reintegration industries. *Theoretical Criminology*, 10(3): 337-360. DOI: 10.1177/1362480606065910.
- Carmichael murder case put off. (2004, August 9). *CBC News*. <https://www.cbc.ca/news/canada/carmichael-murder-case-put-off-1.475450>
- Carmicheal, D. (n.d.). Through psychotic eyes. [Blog post]. <http://www.davidcarmichael.com/throughpsychoticeyes.shtml>
- Carmichael, D. (n.d.b.) SSRI-induced psychosis. [Blog post]. <http://www.davidcarmichael.com/ssriinducedpsychosis.shtml>

- Carpiniello, B., Girau, R., & Orrù, M. G. (2007). Mass-media, violence and mental illness: Evidence from some Italian newspapers. *Epidemiologia e Psichiatria Sociale*, 16: 251- 255.
- Carvalho, A. (October, 2000). *Discourse analysis and media texts: A critical reading of analytical tools*. Presented at International Conference on Logic and Methodology, Koln, Germany.
- Carvalho, A. (2008). Media(ted) discourse and society: Rethinking the framework of critical discourse analysis. *Journalism Studies*, 9(2): 161-177.  
<https://doi.org/10.1080/14616700701848162>.
- Cavadino, M., & Dignan J. (2008) Justifying punishing. In *The penal system: An introduction* (4th ed.) (pp. 35-65). London: SAGE Publications Ltd.
- Charge upgraded for Calgary mother accused in death of disabled daughter. (2016, August 2). CTV News. <https://calgary.ctvnews.ca/charge-upgraded-for-calgary-mother-accused-in-death-of-disabled-daughter-1.3012371>
- Chamberlin, J. (1990). The ex-patients' movement: Where we've been and where we're going. In Challenging the therapeutic state [Special issue]. *Journal of Mind and Behavior*, 11(3/4): 323-336.
- Charlton, J. (2000). *Nothing about us without us: Disability oppression and empowerment*. Los Angeles, CA: University of California Press.
- Chermak, S. (1997). The presentation of drugs in the news media: The news sources involved in the construction of social problems. *Justice Quarterly*, 14: 687.
- Cheung, P.T.K. (1986). Maternal filicide in Hong Kong. *Medicine, Science and the Law*, 26:185-92.

- Cho, S., Crenshaw, K., McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs*, 38(4): 785-810. Retrieved from <https://doi.org/10.1086/669608>.
- Chunn, D., & Menzies, R. (1990). Gender, madness and crime: The reproduction of patriarchal and class relations in a psychiatric court clinic. *The Journal of Human Justice*, 1(2): 33-54.
- Cohen, D. (2009). Needed: Critical thinking about psychiatric medications. *Social Work in Mental Health*, 7(1-3): 42-61.
- Cohen, L., Manion, L. & Morrison, K. (2011). *Research methods in education*. 7<sup>th</sup> edition. Abingdon: Routledge.
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3): 170-180. <http://dx.doi.org/10.1037/a0014564>
- Coles, S. (2013). Meaning, madness and marginalisation. In S. Coles, S. Keenan & B. Diamond (Eds.), *Madness contests: Power and practice*. Monmouth, UK: PCCS Books.
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). NY: Routledge.
- Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, 41: 1-20. <https://doi.org/10.1146/annurev-soc-073014-112142>.
- Collins, P. H. (2015). Still brave? Black feminism as a social justice project. *CEDREF Papers*, 20.
- Community Legal Assistance Society (CLAS). (2014). "Getting away with it": Misconceptions about the mentally ill in the criminal law context. Retrieved from [http://www.clasbc.net/getting\\_away\\_with\\_it\\_misconceptions\\_about\\_the\\_mentally\\_ill\\_in\\_the\\_criminal\\_law\\_context](http://www.clasbc.net/getting_away_with_it_misconceptions_about_the_mentally_ill_in_the_criminal_law_context).

- Cooper, M., & Eaves, D. (1996). Suicide following homicide in the family. *Violence and Victims*, 11(2): 99-112. <https://doi.org/10.1891/0886-6708.11.2.99>
- Copeland, A.R. (1985). Homicide in childhood: The Metro-Dade county experience from 1956 to 1982. *American Journal of Forensic Medicine and Pathology*, 6:21-4.
- Corg, R., & Tournay, A. (2013). Filicide-suicide involving children with disabilities. *Journal of Child Neurology*, 28(6): 745-751.
- Corrigan, P., Markowitz, F., & Watson, A. (2004) Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin*, 30 (3): 481-491.  
doi:10.1093/oxfordjournals.schbul.a007096.
- Corrigan, P., Watson, A., Gracia, G., Slopen, N., Rasinski, K., & Hall, L. (2005).  
Newspaper stories as measures of structural stigma. *Psychiatric Services*, 56:551-556.
- Corrigan, P. W., & Lam, C. (2007). Challenging the structural discrimination of psychiatric disabilities: Lessons learned from the American Disability Committee. *Rehabilitation Education* 21(1): 53-58. doi:10.1891/088970107805059869.
- Cotter, A. (2014). Violent victimization of women with disabilities, 2014. Statistics Canada.  
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>.
- Coverdale, J., Nairn, R., & Classen, D. (2002). Depictions of mental illness in print media: A prospective national sample. *The Austrian and New Zealand Journal of Psychiatry*, 36(5): 697-700. DOI:10.1046/j.1440-1614.2002.00998.x.
- Cowan, J. (2004a, August 6). 'Your Dad loves you,' Ian's Mom says in farewell. *National Post*, pp. A8.
- Cowan, J. (2004b, August 10). Toronto father accused of killing son 'sad': lawyer says. *National Post*, pp. A5.

- Cowan, J. (2004c, August 10). Father accused of killing son 'sad': lawyer says. *National Post*, pp. A7.
- Creed, M. & Whitley, R. (2017). Assessing fidelity to suicide reporting guidelines in Canadian news media: The death of Robin Williams. *Canadian Journal of Psychiatry*, 62(5): 313-317. DOI: 10.1177/0706743715621255.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6): 1241-1299. DOI: 10.2307/1229039.
- Crenshaw, K. (1997). Beyond racism and misogyny: Black feminism and 2 live crew. In D. T. Meyers (Ed.), *Feminist social thought: A reader* (Vols. 246-263). New York: Routledge.
- Crenshaw, K. (2015, September 24). *Why intersectionality can't wait*. Retrieved from [https://www.washingtonpost.com/news/in-theory/wp/2015/09/24/why-intersectionality-cant-wait/?postshare=7221484008066786&tid=ss\\_fb&utm\\_term=.ce6173fde449](https://www.washingtonpost.com/news/in-theory/wp/2015/09/24/why-intersectionality-cant-wait/?postshare=7221484008066786&tid=ss_fb&utm_term=.ce6173fde449).
- Crenshaw, K., & Schulz, P. (2016). Intersectionality in promoting equality. *Equal Rights Review*.
- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design choosing among five approaches*. (4th ed.). Thousand Oaks: Sage Publications, Inc.
- Criminal Code (R.S.C., 1985, c. C-46)*.
- Crittenden, P., & Graig, S. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence*, 5: 202-16.
- Crocker, A.G., Braithwaite, E., Côté, G., Nicholls, T.L., & Seto, M.C. (2011). To detain or to release? Correlates of dispositions for individuals declared not criminally responsible on account of mental disorder. *Canadian Journal of Psychiatry*, 56(5), 293-302. DOI: 10.1177/070674371105600508.

- Crocker, A.G., Seto, M.C., Nicholls, T.L., & Côté, G. (2013). *Description and processing of individuals found not criminally responsible on account of mental disorder accused of "serious violent offences."* Ottawa, ON: Department of Justice, Canada.
- Crocker, A.G., Nicholls, T.L., Seto, M.C., & Côté, G. (2015a). The national trajectory project of individuals found not criminally responsible on account of mental disorder in Canada. Part 2: The people behind the label. *Canadian Journal of Psychiatry*, 60(3): 96-97.
- Crocker, A.G., Nicholls, T.L., Seto, M.C., Roy, L., Leclair, M., Brink, J., Simpson, A., & Côté, G. (2015b). Research priorities in mental health, justice, and safety: A multidisciplinary stakeholder report. *International Journal of Forensic Mental Health*, 14(3): 205-217, DOI: 10.1080/14999013.2015.1073197.
- Cross, S. (2010). *Mediating madness: Mental distress and cultural representation*. New York, NY: Palgrave MacMillan.
- Crosse, S.B., Kaye, E., & Ratnofsky, A. C. (1993). *A report on the maltreatment of children with disabilities*. (Contract No. 105-89-1630). Washington, DC: National Center on Child Abuse and Neglect.
- CTV Calgary Staff, (2016, April 27). Calgary mother charged in death of disabled daughter. *CTVNews*. <https://calgary.ctvnews.ca/calgary-mother-charged-in-death-of-disabled-daughter-1.2877076>
- Daftary-Kapur, T., Groscup, J.L., O'Connor, M., Coffaro, F., & Galietta, M. (2011). Measuring knowledge of the insanity defense: Scale construction and validation. *Behavioral Sciences and the Law*, 29(1): 40-63. doi: 10.1002/bsl.938.

- Daly, M., & Wilson, M. (1988). *Homicide*. New York: Aldine de Gruyter.
- Davis, S. (1992). Changes to the Criminal Code provisions for mentally disordered offenders and their implications for Canadian psychiatry. *Canadian Journal of Psychiatry*, 38: 122- 126.
- Davis, S. (1994). Exploring the impact of Bill C-30 on the handling of mentally disordered offenders. (Unpublished doctoral dissertation, Simon Fraser University). Retrieved from [summit.sfu.ca/system/files/iritems1/4972/b14797586.pdf](http://summit.sfu.ca/system/files/iritems1/4972/b14797586.pdf).
- Davis, L. (2006). Introduction. In L. Davis (Ed.), *The Disability Studies Reader* (pp. xv-xviii). New York, NY: Routledge.
- de Beauvoir, S. (1989). *Second sex*. New York, NY: Vintage Books.
- Dawson, M. & Lanagan, P.A. (1994). *Murder in families*. Washington, DC: Bureau of Statistics.
- Dawson, M. (2015). Canadian trends in filicide by gender of the accused, 1961-2011. *Child Abuse & Neglect*, 47: 162-174. <http://dx.doi.org/10.1016/j.chiabu.2015.07.010>.
- Declercq, F., Meganck, R., & Audenaert, K. (2017). A case study of paternal filicide-suicide: Personality disorder, motives, and victim choice. *The Journal of Psychology*, 151(1): 36-48.
- Dej, E. (2015). Punishing the (Not) Guilty: Tracing the trajectory of the Not Criminally Responsible provision. *Criminologie*, 48(1), 37-58.
- DenverPost (2011). Parents who kill their kids are not always insane, expert says. <https://www.denverpost.com/2011/05/26/parents-who-kill-their-kids-not-always-insane-expert-says/>
- Department of Justice. (2015). *The review board systems in Canada: An overview of results from the mentally disordered accused data collection study*. [https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06\\_1/p1.html](https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06_1/p1.html)

- Dhamoon, R. K., & Hankivsky, O. (2011). Why the theory and practice of intersectionality matter to health research and policy. In O. Hankivsky (Ed.), *Health Inequities in Canada: Intersectional Frameworks and Practices*. (pp. 16-50). Vancouver, BC: UBC Press.
- DisAbled Women's Network (DAWN). (2014). *Factsheet: Women with Disabilities and Violence*. <https://www.dawncanada.net/main/wp-content/uploads/2014/03/English-Violence-January-2014.pdf>
- Dixon, S., Krienert, J.L., Walsh, J. (2014). Filicide: A gendered profile of offender, victim, and event characteristics in a national sample of reported incidents, 1995–2009. *Journal of Crime and Justice*, 37(3): 339-355. <https://doi.org/10.1080/0735648X.2013.803440>
- d'Orban, P.T. (1979). Women who kill their children. *British Journal of Psychiatry*, 134:560–71.
- Dowbiggin, I. R. (1997). *Keeping America sane: Psychiatry and eugenics in the United States and Canada* (pp. 1880–1940). Ithaca, NY: Cornell University Press.
- Dowling, C. (2003, February). Maternal instincts: From infidelity to infanticide. *Discover Magazine*. <https://www.discovermagazine.com/health/maternal-instincts-from-infidelity-to-infanticide>
- Drew, R. (2015). Lives of deprivation or lives of industry: Possible cerebral palsy on the Mary Rose. *The Medieval History Journal*, 18(1): 25-45.
- Driedger, S. M. (2008). Creating shared realities through communication: Exploring the agenda-building role of the media and its sources in the E. coli contamination of a Canadian public drinking water supply. *Journal of Risk Research*, 11(1): 23-40.
- Duggan, L. (2003). *The twilight of equality? Neoliberalism, cultural politics, and the attack on democracy*. Boston: Beacon Press.

- Elbogen E.B., & Johnson, S.C. (2009). The intricate link between violence and mental disorder: Results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry*, 66(2): 152-61. doi: 10.1001/archgenpsychiatry.2008.537.
- Enns, R. (1999). *A voice unheard: The Latimer case and people with disabilities*. Halifax, NS: Fernwood Publishing.
- Entman, R. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, 43(4): 51-58. <https://doi.org/10.1111/j.1460-2466.1993.tb01304.x>
- Ericson, R., Baranek, P., & Chan, J. (1991). *Representing order: Crime, law and justice in the news media*. London: Open University Press.
- Eriksson, L., Mazerolle, P., Wortley, R., & Johnson, H. (2014). Maternal and paternal filicide: Case studies from the Australian Homicide Project. *Child Abuse Review*.  
<http://dx.doi.org/10.1002/car.2358>.
- Ewing, C. (2010). *Insanity: Murder, madness, and the law*. Oxford Scholarship Online.  
DOI:10.1093/acprof:oso/9780195326130.001.0001
- Fabris, E. (2011). *Tranquil prisons: Chemical incarceration under community treatment orders*. Toronto, ON: University of Toronto Press.
- Fairclough, N. (2016). A dialectical-relation approach to critical discourse analysis in social research. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse studies* (3rd ed.) (pp. 1-22). Thousand Oaks, CA: Sage Publications Ltd.
- Fairmount Ventures, Inc. (2011). *Evaluation of Pathways to Housing PA*.  
<http://pathwaystohousing.org/pa/wpcontent/themes/pathways/assets/uploads/PTHPA-ProgramEvaluation.pdf>.

Farooque, R., & Ernst, F.A. (2003). Filicide: A review of eight years of clinical experience. *Journal of the National Medical Association*, 95:90-4.

Father avoids jail in son's death. (2005, October 1<sup>st</sup>). *National Post*, pp. A4.

Father tells Calgary trial he wanted to get help for disabled daughter. (2017, September 8<sup>th</sup>).

*National Post*. <https://nationalpost.com/pmnn/news-pmnn/canada-news-pmnn/father-tells-calgary-trial-he-wanted-to-get-help-for-disabled-daughter>

Father testifies at trial for mother accused in death of disabled daughter. (2017, September 7).

*CTV News*. <https://calgary.ctvnews.ca/father-testifies-at-trial-for-mother-accused-in-death-of-disabled-daughter-1.3580084>

Fazel, S., Gulati, G., Linsell, L., Geddes, J., & Grann, M. (2009). Schizophrenia and violence: Systematic review and meta-analysis. *PLOS Medecine*, 6(8) e1000120.

<https://doi.org/10.1371/journal.pmed.1000120>

Fedoroff, P. (2013). Bill C-14 only deals with Not Criminally Responsible Act. *Canadian*

*Psychiatric Association*. Retrieved from <https://www.cpa-apc.org/bill-c-15-only-deals-with-not-criminally-responsible-act/>.

Felthous, A.R., & Hempel, A. (1995). Combined homicide-suicide: A review. *Journal of Forensic Science*, 40:846-57.

Fernando, S. (2010). *Mental health, race and culture* (3rd ed.). Basingstoke: Palgrave Macmillan.

Fernando, S., Ndegwa, D., & Wilson, M. (1998). *Forensic psychiatry, race and culture*. London: Routledge.

Flynn, S.M., Shaw, J.J. & Abel, K.M. (2007). Homicide of infants: A cross-sectional study. *Journal of Clinical Psychiatry*, 68: 1501-1509.

Flynn, S.M., Shaw, J.J., & Abel, K.M. (2013). Filicide: Mental illness in those who kill their

- children. *PLoS ONE* 8(4): e58981. <https://doi.org/10.1371/journal.pone.0058981>.
- Former ParticipAction director charged in son's death. (2004, August 1). *CBC News*.  
<https://www.cbc.ca/news/canada/former-participaction-director-charged-in-son-s-death-1.477530>.
- Fornes, P., Druilhe, L., & Lecomte, D. (1995). Childhood homicide in Paris, 1990–1993: A case report of 81 cases. *Journal of Forensic Science*, 40:201–4.
- Fox, J.A., & Zawitz, M.W. (2004). *Homicide trends in the United States: 2002 update*. Bureau of Justice Statistics. <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=967>
- Fraze, Catherin. (2018, September 10). Medically assisted dying cases need stronger review to protect us all. *The Province*. <https://theprovince.com/opinion/op-ed/catherine-fraze-medically-assisted-dying-cases-need-stronger-review-to-safeguard-us-all>.
- Friedlander, H. (2001). The exclusion and murder of the disabled. In R. Gellately & N. Stoltzfus, (Eds.), *Social Outsiders in Nazi Germany* (pp. 145-164). Princeton: Princeton University Press.
- Friesen, J. (2005, October 1). Man not criminally responsible in son's death. *Globe and Mail*, pp. A13.
- Gabel, S. (1999). Depressed and disabled: Some discursive problems with mental illness. In M. Corker & S. French (Eds.), *Disability Discourse*, (pp. 38-46). Buckingham: Open University.
- Galer, D. (2018). *Working towards equity: Disability rights activism and employment in late-twentieth century Canada*. Toronto: University of Toronto Press.
- Galey, K., & Pugh, H. (1995). Crime and harassment: Its impact on people with disabilities. *International Review of Victimology*, 4: 63-66. <https://doi.org/10.1177/026975809500400105>
- Gamson, W. (2004). On a sociology of the media. *Political Communication*, 21(3): 305-307. DOI:

[10.1080/10584600490481334](https://doi.org/10.1080/10584600490481334)

- Gannon, M. (2004). Family homicide. In H. Johnson & K. Aucoin (Eds.), *Family violence in Canada: A statistical profile* (pp. 35–52). Canadian Centre for Justice Statistics, Ottawa: Statistics Canada.
- Gelinas, L. (1994). The new rights of persons held in psychiatric institutions following the commission of a criminal offence: The criminal code revised and connected. *Canada's Mental Health*, 42: 10- 16.
- Gillis, A. (2015, Nov 3). *The rise of Mad Studies: A new academic discipline challenges our ideas of what it means to be “sane.”* Retrieved from <https://www.universityaffairs.ca/features/feature-article/mad-studies/>
- Goel, U. (2015). From methodology to contextualisation: The politics and epistemology of intersectionality. *Raisons Politiques*, 2(58): 25-38. Retrieved from <https://www.cairn.info/revue-raisons-politiques-2015-2-page-25.htm>.
- Goff, D., Falkai, P., Fleischhacker, W., Girgis, R., Kahn, R., Uchida, H., Zhao, J. & Lieberman, J. (2017). The long-term effects of antipsychotic medication on clinical course in schizophrenia. *The American Journal of Psychiatry*, 174(9): 840-849.  
doi.org/10.1176/appi.ajp.2017.16091016
- Goodley, D. (2013). Dis/entangling critical disability studies. *Disability & Society*, 28(5): 631–644. doi.org/10.1111/j.1741-5446.2000.00025.x.

Goosens, I., Nicholls, T., Charette, Y., Wilson, C., Seto, M., & Crocker, A. (2018). Examining the high-risk accused designation for individuals found Not Criminally Responsible on Account of Mental Disorder. *Canadian Psychologist/Psychologie Canadienne*, 60(2), 102-114.

<http://dx.doi.org/10.1037/cap0000080>.

Gormley, D. & Quinn, N. (2009). Mental health stigma and discrimination: The experience within social work. *Practice: Social Work in Action*, 21(4): 259-272.

Gorski, P. (2012). *Complicating "white privilege": Race, poverty, and the nature of the knapsack*.

Retrieved from <http://www.edchange.org/publications/Complicating-White-Privilege.pdf>.

Graham, J. & Mulvale, G. (2013). Commentary: Framing people as the problem: The effects of problem definition in 'Brian's Law' on people with mental illness. *McMaster University Medical Journal*, 10(1): 36-38. <https://www.researchgate.net/publication/263>

Grant, I. (1997). Canada's new mental disorder disposition provisions: A case study of British Columbia criminal code review board. *International Journal of Law and Psychiatry*, 20(4): 419-43.

Grant, M. (2016a, April 27). 'Maybe something just cracked': Calgary mother charged in disabled daughter's death. *CBC News*. <https://www.cbc.ca/news/canada/calgary/patricia-melissa-couture-failure-necessaries-calgary-police-1.3555339>

Grant, M. (2016b, April 28). Patricia Couture charged in daughter's death 'distraught,' according to lawyer. *CBC News*. <https://www.cbc.ca/news/canada/calgary/patricia-couture-distraught-over-daughter-death-1.3556561>

- Grant, M. (2016c, July 19). Patricia Couture, charged in disabled daughter's death, denied state-funded lawyer. *CBC News*. <https://www.cbc.ca/news/canada/calgary/patricia-couture-failing-provide-necessaries-life-application-legal-aid-1.3686120>
- Grant, M. (2017a, September 5). Disabled woman weighed 51 pounds when she died, mother's trial hears. *CBC News*. <https://www.cbc.ca/news/canada/calgary/patricia-couture-melissa-criminal-negligence-trial-1.4275578>
- Grant, M. (2017b, September 6). Deep bed sores would have been painful leading to disabled woman's death, mother's trial hears. *CBC News*.  
<https://www.cbc.ca/news/canada/calgary/patricia-couture-melissa-criminal-negligence-trial-day-2-1.4277201>
- Grant, M. (2017c, September 7). Mother on trial in disabled daughter's death kept 'immaculate' care of her but believed in demons, court hears. *CBC News*.  
<https://www.cbc.ca/news/business/heinz-canada-ketchup-1.5804907>
- Grantham, L. (2014). Bill C-14: A step backwards for the rights of mentally disordered offenders in the Canadian criminal justice system. *Appeal*, 19: 63-81.
- Gray, S. (1972). The insanity defense: Historical development and contemporary relevance. *American Criminal Law Review*, 10: 559-635.
- Greenfield, K. (2005). New principles for corporate law. *Hastings Business Law Journal*, 2: 87-118.
- Grimes, T. & Drechsel, R. (1996). Word-picture juxtaposition, schemata, and defamation in television news. *Journalism & Mass Communication Quarterly*, 73(1):169-180. DOI: 10.1177/107769909607300115.

- Grzanka, P. (2014). *Intersectionality: A foundations and frontiers reader*. New York, NY: Routledge.
- Golding, S. (1992). The adjudication of criminal responsibility: A review of theory and research. In D. Kagehiro & W. Laufer (Eds.), *Handbook of psychology and law* (pp. 230–250). New York: SpringerVerlag.
- Gottlieb, C.B. (1996). Filicide: A strategic approach. *Psychology*, 33:40–2.
- Government of the Netherlands. (n.d.) *Euthanasia, assisted suicide and non-resuscitation on request*. <https://www.government.nl/topics/euthanasia/euthanasia-assisted-suicide-and-non-resuscitation-on-request>
- Grimmins, S., Langley, S., Brownstein, H.H., & Spunt, B. (1997). Convicted women who have killed children: a self-psychology perspective. *Journal of Interpersonal Violence*, 12:49–69, 1997
- Guarniero, B., Bellinghini, R. & Gattaz, W. (2017). The schizophrenia stigma and mass media: A search for news published by wide circulation media in Brazil. *International Review of Psychiatry*, 29(3): 241-247. doi: 10.1080/09540261.2017.1285976.
- Guileyardo, J.M., Prahlow, J.A., & Barnard, J.J. (1999). Familial filicide and filicide classification. *American Journal of Forensic Medicine Pathology*, 20(3):286–92.
- Haapasalo, J., & Petaja, S. (1999). Mothers who killed or attempted to kill their child: Life circumstances, childhood abuse, and types of killing. *Violence Victims*, 14:219 –39.
- Hall, S. (1996). Introduction: Who needs ‘identity?’ In S. Hall & P. Du Gay (Eds.). *Questions of cultural identity*. London: Sage Publications.
- Haller, B. and Ralph, S. (2001). Not worth keeping alive? News framing of physician-assisted suicide in the United States and Great Britain. *Journalism Studies*, 2(3): 407-421.

- Haller, B., Dorries, B., & Rahn, J. (2006) Media labeling *versus* the US disability community identity: a study of shifting cultural language. *Disability & Society*, 21(1): 61-75. DOI: [10.1080/09687590500375416](https://doi.org/10.1080/09687590500375416)
- Haller, B., Rioux, M., Dinca-Panaitescu, M., Laing, A., Vostermans, J., & Hearn, P. (2012). The place of news media analysis within Canadian disability studies. *Disability Mediations*, 1(2). DOI: <https://doi.org/10.15353/cjds.v1i2.42>
- Haller, B. (2015). *News media models: Models of narrative themes about disability in news stories*. Retrieved from <https://mediadisability.wordpress.com/news-media-models/>.
- Haller, B. (2016). *Journalists should learn to carefully traverse a variety of disability terminology*. National Centre on Disability and Journalism. <https://ncdj.org/2016/01/journalists-should-learn-to-carefully-traverse-a-variety-of-disability-terminology/>
- Hamilton, G. (2001a, March 21). Disabled teen dies, mother is charged: Suffered Rett Syndrome. *National Post*. P. A1
- Hamilton, G. (2001b, March 22). Disabled girl's parents needed help, friends say: Cut off from support: Mother makes first court appearance on murder charges. *National Post*. P. A7.
- Hamilton, G. (2001c, April 6). Woman accused of killing daughter fit to stand trial: Montreal mother of disabled teen buoyed by public support. *National Post*. P. A7.
- Hankivsky, O., & Cormier, R. (2009). *Intersectionality: Moving women's health research and policy forward*. Vancouver: Women's Health Research Network.
- Hankivsky, O., Grace, D., Hunting, G., & Ferlatte, O., Clark, N., Fridkin, A., Giesbrecht, M., Rudrum, S., & Laviotte, T. (2012). Intersectionality-Based Policy Analysis. In, Hankivsky, O. (Ed.). *An Intersectionality-Based Policy Analysis Framework*. (pp. 33-46). Vancouver, BC: Institute for Intersectionality Research and Policy, Simon Fraser University.

- Hankivsky, O. (2014). *Intersectionality 101*. Burnaby: Institute for Intersectionality Research and Policy, Simon Fraser University.
- Hans, V.P. (1986). An analysis of public attitudes toward the insanity defence. *Criminology*, 4(2): 393-415.
- Hansen, N., Hanes, R., & Driedger, D. (Eds.) (2018). Section IV: The 1960s to 1980s. In *Untold stories: A Canadian disability history reader*. (pp. 205-293). Toronto: Canadian Scholar's Press.
- Hanzlick, R., & Koponen, M. (1994). Murder-suicide in Fulton County, Georgia: Comparison with a recent report and proposed typology. *American Journal of Forensic Medicine and Pathology*, 15:168-73.
- Happer, C., & Philo, G. (2013). The role of the media in the construction of public belief and social change. *Journal of Social and Political Psychology*, 1(1): 321-336.  
DOI:10.5964/jspp.v1i1.96.
- Harder, T. (1967). The psychopathology of infanticide. *Acta Psychiatrica Scandinavica*, 43: 196 - 245.
- Harding, K. (2004, August 10). Carmichael's lawyer tight-lipped. *Globe and Mail*, pp. A7.
- Harper, S. (2005). Media, madness and misrepresentation: Critical reflections on anti-stigma discourse. *European Journal of Communication*, 20(4): 460-483.  
DOI:10.1177/0267323105058252.
- Harper, S. (2009). *Madness, power and the media: Class, gender, and race in popular representations of mental distress*. NY: Palgrave Macmillan.

- Harris, M. (2002). *Con game: The truth about Canada's prisons*. Toronto, ON: McClelland & Stewart Ltd.
- Harrow, M., Jobe, T., and Faull, R. (2014). Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study. *Psychological Medicine*, 44(14): 3007-3016. doi: 10.1017/S0033291714000610
- Hatters Friedman, S., Holden, C. E., Hrouda, D. R., & Resnick, P. J. (2005a). Filicide-suicide: Common factors in parents who kill their children and themselves. *Journal of American Academy of Psychiatry and Law* 33:496–504.
- Hatters Friedman, S., Holden, C. E., Hrouda, D. R., & Resnick, P. J. (2005b). Child murder committed by severely mentally ill mothers: An examination of mothers found not guilty by reason of insanity. *Journal of Forensic Science*, 50(6): 1-6.
- Hatters Friedman, S., Horwitz, S.C., & Resnick, P. (2005c). Child murder by mothers: A critical analysis of the current state of knowledge and a research agenda. *The American Journal of Psychiatry*, 162(9): 1578-1587. <https://doi.org/10.1176/appi.ajp.162.9.1578>
- Hatters Friedman, S., Holden, C. E., Hrouda, D. R., & Resnick, P. J. (2008). Maternal filicide and its intersection with suicide. *Brief Treatment and Crisis Intervention*, 8: 283-291.
- Hiday, V. A., Swanson, J. W., Swartz, M. S., Borum, R., & Wagner, H. R. (2001). Victimization: A link between mental illness and violence? *International Journal of Law and Psychiatry*, 24: 559–572. doi:10.1016/S0160-2527(01)00091-7
- Hobbel, N. & Chapman, T. (2009). Beyond the sole category of race: Using a CRT intersectional framework to map identity projects. *Journal of Curriculum Theorizing*, 25(2): 76-89.

- Holden, C.E., Burland, A.S., & Lemmen, C.A. (1996). Insanity and filicide: Women who murder their children. *New Directions for Mental Health Services*, 69:25–34.
- Holmes, D., Murray, S., Perron, A., & Rail, G. (2006). Deconstructing the evidence-based discourse in health sciences: truth, power and fascism. *International Journal of Evidence-Based Healthcare*, 4(3): 180-6. doi: 10.1111/j.1479-6988.2006.00041.x.
- Hopton, J. (2006). The future of critical psychiatry. *Critical Social Policy*, 26(1), 57–73.
- Hunter, B. (2019, August 18). Mom who starved disabled daughter gets a day in jail. *Toronto Sun*. <https://torontosun.com/news/local-news/mom-who-starved-disabled-daughter-gets-a-day-in-jail>.
- Husain, A., & Daniel, A. (1984). A comparative study of filicidal and abusive mothers. *Canadian Journal of Psychiatry* 29:596–8.
- Ingleby, D. (1981). *Critical psychiatry: The politics of mental health*. London: Free Association Books.
- Ingram, R. (2008, May 3). *Mapping "Mad studies": The birth of an in/discipline*. Disability Studies Student Conference, Syracuse University, Syracuse, NY. Retrieved from [https://www.academia.edu/34008410/Mapping\\_Mad\\_Studies](https://www.academia.edu/34008410/Mapping_Mad_Studies).
- Jackson, P.T. & Jackson, M. (1996). *New-born child murder: Women, illegitimacy and the courts in Eighteenth-century England*. Manchester University Press.
- Jaffe, P. G., Campbell, M., Olszowy, L., & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic Violence: Challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23: 142–153.
- Janson, K. (2007, April 21). Over the edge. *CTV News*. <https://www.ctvnews.ca/over-the-edge-1.238161>

- Jason, J., & Andereck, N.D. (1983). Fatal child abuse in Georgia: the epidemiology of severe physical child abuse. *Child Abuse and Neglect* 7: 1-9.
- Johnson, S., & Grant, B. (2000). *Release outcomes of long-term offenders*. FORUM. Correctional Services Canada. <https://www.csc-scc.gc.ca/research/forum/e123/e123e-eng.shtml>
- Kachulis, L. (2017). Insane in the mens rea: Why insanity defence reform is long overdue. *Southern California Interdisciplinary Law Journal*, 26:357-378.
- Kalinowski, C., & Risser, P. (2005). *Identifying and overcoming mentalism*. InforMed Health Publishing & Training. <http://www.newmediaexplorer.org/sepp/Mentalism.pdf>
- Kaplun, D., & Reich, R. (1976). The murdered child and his killers. *American Journal of Psychiatry*, 133: 809-13.
- Karakus, M., Ince, H., Ince, N., Arican, N., & Sozen, S. (2003). Filicide cases in Turkey, 1995-2000. *Croatian Medical Journal*, 44:592-5.
- Kaye, C., & Lingiah, T. (2000). *Race, culture, and ethnicity in secure psychiatric practice: Working with difference*. London, Philadelphia, Pa: Jessica Kingsley Publishers.
- Kisely, S. R., Campbell, L. A., & Preston, N. J. (2011). Compulsory community and involuntary outpatient treatment for people with severe mental disorders. *The Cochrane Database of Systematic Reviews*, (2). Doi: <http://doi.org/10.1002/14651858.CD004408.pub3>

- Klemko, R., Kindy, K., Bellware, K., & Hawkins, D. (2021, January 6). Kid glove treatment of pro-Trump mob contrasts with strong-arm police tactics against Black Lives Matters, activists say. *The Washington Post*. [https://www.washingtonpost.com/national-security/activists-contrast-treatment-blm-pro-trump-mob/2021/01/06/a59a5a0e-506a-11eb-bda4-615aaefd0555\\_story.html](https://www.washingtonpost.com/national-security/activists-contrast-treatment-blm-pro-trump-mob/2021/01/06/a59a5a0e-506a-11eb-bda4-615aaefd0555_story.html)
- Knop, B. (2012). These kids are killing each other: Gender-neutral vs. gender-specific framing in the school shooting media discourse. In D. Bissler & J. Conners (Eds.), *The harms of crime media: Essays on the perpetuation of racism, sexism and class stereotypes* (pp. 53-63). Jefferson, NC: McFarland & Company Inc.
- Koistinen, M., McClain-Nhlapo, D., Arango, D., & Gandini, C. (2019). Five facts to know about violence against women and girls with disabilities. WorldBank.org. <https://blogs.worldbank.org/sustainablecities/five-facts-know-about-violence-against-women-and-girls-disabilities>
- Krisch, J. (2020, December 3). What the loss of a child does to parents, psychologically and biologically. *Health & Science*. <https://www.fatherly.com/health-science/how-parents-experience-the-death-of-a-child/>
- Krugman, R.D. (1985). Fatal child abuse: analysis of 24 cases. *Pediatrician*, 12:68-72.
- Krysova, E. (2016). *Tales of wonder and horror: Coverage of insanity in the Leeds press, 1808-1840*. (Unpublished Master's Thesis). Victoria University of Wellington. Wellington, New Zealand.
- Kunz, J., & Bahr, S. J. (1996). A profile of parental homicide against children. *Journal of Family Violence*, 11: 347-362.

- Kwok, C.F. (2006). *Free to fly: A story of manic-depression*. Toronto, ON: Inclusion Press.
- Lacroix, R., O'Shaughnessy, R., McNiel, D., & Binder, R. (2017). Controversies concerning the Canadian not criminally responsible reform act. *Journal of the American Academy of Psychiatry and the Law*, 45: 44-51.
- Lamberti, J.S., Weisman, R. & Faden, D.I. (2004). Forensic assertive community treatment: Preventing incarceration of adults with severe mental illness. *Psychiatric Services*, 55(11):1285-1293, 1289. Doi: 10.1176/appi.ps.55.11.1285
- Lambie, I. (2001). Mothers who kill: The crime of infanticide. *International journal of law and psychiatry*, 24: 71-80
- Laporte, L., Tzoumakis, S., Marleua, J.D., & Allaire, J.F. (2005). Sex of victims in maternal filicide. *Psychological Reports*, 96: 637-643.
- Latimer, J. & Lawrence, A. (2006). *The review board systems in Canada: An overview of results from the mentally disordered accused data collection study*. Department of Justice Canada.  
[https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06\\_1/index.html](https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06_1/index.html)
- Lawyer still waiting for autopsy report on death of Calgary woman's daughter. (2016, August 11). CTV News. <https://www.ctvnews.ca/canada/lawyer-still-waiting-for-autopsy-report-on-death-of-calgary-woman-s-daughter-1.3024742>
- Legal Information Institute. (2020). *Mercy killing*.  
[https://www.law.cornell.edu/wex/mercy\\_killing](https://www.law.cornell.edu/wex/mercy_killing)
- Leo, J. (2004). The biology of mental illness. *Society*: 45-53.
- Leveille, S., Marleau, J.D., & Dube, M. (2007). Filicide: A comparison by sex and presence or absence of self-destructive behavior. *Journal of Family Violence*, 22: 287-295.

- Levin, J. & Madfis, E. (2012). Conclusion: Cultivating bias in the media. In D. Bissler & J. Conner (Eds.), *The harms of crime media: Essays on the perpetuation of racism, sexism and class stereotypes* (pp. 239-248). Jefferson, NC: McFarland & Company Inc.
- Lewis, B. (2013). A Mad fight: Psychiatry and disability activism. In L. Davis (Ed.), *The Disability Studies Reader*, (pp. 115-131). New York, NY: Routledge.
- Lewis, C.F., Baranoski, M.V., Buchanan, J.A., & Benedek, E.P. (1998). Factors associated with weapon use in maternal filicide. *Journal of Forensic Science*, 43:613-8.
- Lewis, C.F., & Bunce, S.C. (2003). Filicidal mothers and the impact of psychosis on maternal filicide. *Journal of American Academy of Psychiatry Law*, 31:459-70.
- Lewis, J. (2003). Design issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 47-76). London: Sage Publications.
- Lilienfield, S., Lynn, S., Ruscio, J., & Beyerstein, B. (2010). Busting big myths in popular psychology. *Scientific American Mind*, 21(1): 42-49.
- Link, B. & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27: 363-385.  
<https://doi.org/10.1146/annurev.soc.27.1.363>.
- Link, B., & Phelan, J. (2006). Stigma and its public health implications. *Lancet*, 367(9509): 528-529. doi:10.1016/S0140-6736(06)68184-1.
- Little, W. & McGivern, R. (2012). Deviance, crime, and social control. In, *Introduction to sociology* – 1<sup>st</sup> Canadian edition (Chapter 7). OpenStax College.  
<https://opentextbc.ca/introductiontosociology/chapter/chapter7-deviance-crime-and-social-control/>.

- Livingston, J., Wilson, D., Tien, G., & Bond, L. (2003). A follow-up study of persons found not criminally responsible on account of mental disorder in British Columbia. *Canadian Journal of Psychiatry, 48*(6).
- Livingston, J. D., & Boyd, J. E. (2010) Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine 71*(12):2150-2161. doi:10.1016/j.socscimed.2010.09.030
- Livingston, J. D. (2013). *Mental illness-related structural stigma: The downward spiral of systemic exclusion*. Mental Health Commission of Canada. Calgary, Alberta. Retrieved from [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca).
- Logan, T. (2015) Settler colonialism in Canada and the Métis. *Journal of Genocide Research, 17*(4): 433-452, DOI: [10.1080/14623528.2015.1096589](https://doi.org/10.1080/14623528.2015.1096589)
- Longmore, P. K. (2003). *Why I burned by book and other essays on disability*. Philadelphia, PA: Temple University Press.
- Lucardie, R. (2003). Homicide of people with developmental disabilities: Content analysis of print media. *Dissertation Abstracts International, 64*(7): 2653. (AAT NQ82135)
- Lucardie, R. & Sobsey, D. (2005). Portrayals of people with cerebral palsy in homicide news. *Analysis and Intervention in Developmental Disabilities, 33*(1-2): 99-128.
- Lucas, D.R., Wezner, K.C., Milner, J.S., Mccanne, T., Harris, N., Monroe-Posey, C., & Nelson, J.P. (2002). Victim, perpetrator, family, and incident characteristics of infant and child Homicide in the United States Air Force. *Child Abuse and Neglect, 26*:1 67– 86.

- Mack, T. (2014). The mad and the bad: The lethal use of force against mad people by Toronto police. *Critical Disability Discourse/Discours Critiques dans le Champ du Handicap* 6: 7-52.
- Maeder, E., Yamamoto, S., & Fenwick, K. (2015). Educating Canadian jurors about the not criminally responsible on account of mental disorder defence. *Canadian Journal of Behavioural Science*, 47(3): 226-235.
- Malacrida, C. (2009). Performing motherhood in a disablist world: Dilemmas of motherhood, femininity, and disability. *International Journal of Qualitative Studies in education*, 22(1): 99-117. doi:[10.1080/09518390802581927](https://doi.org/10.1080/09518390802581927).
- Mandel, D. & Tetlock, P. (2016). Debunking the Myth of Value-Neutral VirginitY: Toward Truth in Scientific Advertising. *Frontiers in Psychology*, 30.  
<https://doi.org/10.3389/fpsyg.2016.00451>.
- Maneri, M., & Wal, J. (2005). The criminalization of ethnic groups: An issue for media analysis. *Forum: Qualitative Social Research*, 6(3).
- Mariano, T.Y., Chan, H., & Myers, W.C. (2014). Towards a more holistic understanding of filicide: A multidisciplinary analysis of 32 years of U.S. arrest data. *Forensic Science International*, 236: 46-53.
- Marks, M.N., & Kumar, R. (1993). Infanticide in England and Wales. *Medical Science Law*, 33: 329-339.
- Marks, M.N. (1996). Characteristics and causes of infanticide in Britain. *International Review of Psychiatry*, 7:88-106.
- Marleau, J.D., Poulin, B., Webanck, T., Roy, R., & Laporte, L. (1999). Paternal filicide: A study of 10 men. *The Canadian Journal of Psychiatry*, 44(1): 57-63.  
<https://doi.org/10.1177/070674379904400107>

- Marston, G. & Watts, R. (2003). Tampering with the evidence: A critical appraisal of evidence-based policy-making. *The Drawing Board: An Australian Review of Public Affairs*, 3(3): 143-163.
- Matsuda, M. (1990). Beside my sister, facing the enemy: Legal theory out of coalition. *Stanford Law Review*, 43: 1183-1192.
- May, V. (2015). *Pursuing intersectionality, unsettling dominant imaginaries*. New York, NY: Routledge.
- Mayes, R., & Horwitz, A.V. (2005). DSM-III and the revolution in the classification of mental illness. *Journal of the History of the Behavioral Science*, 41(3):249-67. doi: 10.1002/jhbs.20103.
- McFarlane, J., & Clements, W. (1998). *The Globe and Mail stylebook: A guide to language and usage*. McClelland & Stewart.
- McGinty E., Webster D., & Barry C. (2013). Effects of news media messages about mass shootings on attitudes toward persons with serious mental illness and public support for gun control policies. *American Journal of Psychiatry*, 170(5):494-501.
- McGrath, P. (1992). Maternal filicide in Broadmoor Hospital. *Journal of Forensic Psychiatry* 3:271-97.
- McKee, A. (2003). *Textual analysis: A beginner's guide*. Australia: University of Queensland.
- McKee, G.R., & Shea, S.J. (1998). Maternal filicide: a cross-national comparison. *Journal of Clinical Psychology*, 54:679-87.
- McKee, G.R., Shea, S.J., Mogy, R.B., & Holdren, C.E. (2001). MMPI-2 profiles of filicide, marticial, and homicidal women. *Journal of Clinical Psychology*, 57(3): 367-374.
- <https://doi.org/10.1002/jclp.1018>

- McKenzie, K. (2004). Commentary: Ethnicity, race, and forensic psychiatry—is being unblinded enough? *The Journal of the American Academy of Psychiatry and the Law*, 32, 36–39.
- McKnight, C.K., Mohr, J.W., Quinsey R.E., & Erochko, J. (1966). Mental illness and homicide. *Canadian Journal of Psychiatry*, 11:91– 8, 1966.
- McNabb, D. (2004). *Research methods for political science: Qualitative and qualitative methods*. Armonk, NY: M.E. Sharpe.
- Meekosha, H. & Shuttleworth, R. (2009). What's so critical about critical disability studies? *Australian Journal of Human Rights*, 15(1): 47-75. Retrieved from <http://www.austlii.edu.au/au/journals/AJHR/2009/9.pdf>
- Mental Health Commission of Canada. (2013). *Fact sheet about the not criminally responsible due to mental disorder (NCRMD) in Canada*. [https://www.mentalhealthcommission.ca/sites/default/files/MHLaw\\_NCRMD\\_Fact\\_Sheet\\_FINAL\\_ENG\\_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/MHLaw_NCRMD_Fact_Sheet_FINAL_ENG_0.pdf)
- Menzies, R. (2002). Race, reason, and regulation: British Columbia's mass exile of Chinese 'lunatics' aboard the Empress of Russia, 9 February 1935. In J.P.S. McLaren, R. Menzies, & D.E. Chunn (Eds.). *Regulating lives: Historical essays on the state, society, the individual, and the law* (pp. 196-230). Vancouver: UBC Press.
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass.
- Metzl, J. (2009). *The protest psychosis: How schizophrenia became a black disease*. Boston: Beacon Press.
- Meyer, C. & Oberman, M. (2001). *Mothers who kill their children: Inside the minds of moms from Susan Smith to the "Prom Mom."* New York, NY: New York University Press.

- Miladinovic, Z. & Lukassen, J. (2014). *Verdicts of not criminally responsible on account of mental disorder in adult criminal courts, 2005/2006-2011/2012*. Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2014001/article/14085-eng.htm#a4>.
- Militerni, R., Bravaccio, C., Falco, C., Fico, C., & Palermo, M. (2002). Repetitive behaviors in autistic disorder. *European Child & Adolescent Psychiatry*, 11: 210-218.
- Mindframe. (2008). *Media reporting on mental illness*. Retrieved from <http://www.mindframe-media.info/for-media/reporting-suicide/Downloads/?a=6055>.
- Minich, J. (2016). Enabling whom? Critical disability studies now. *Lateral: Journal of the Cultural Studies Association*, 5(1). Retrieved from <http://csalateral.org/issue/5-1/forum-alt-humanities-critical-disability-studies-now-minich/>.
- Ministry of Health and Long-Term Care. (2012). *The legislated review of community treatment orders*. Retrieved from [http://www.health.gov.on.ca/en/public/programs/hepatitis/docs/cto\\_review\\_report.pdf](http://www.health.gov.on.ca/en/public/programs/hepatitis/docs/cto_review_report.pdf).
- Moncrieff, J. (2009). *The myth of the chemical cure: A critique of psychiatric drug treatment*. New York, NY: Palgrave Mcmillan.
- Moran, R. (1977). Awaiting the Crown's pleasure: The case of Daniel M'Naughton. *Criminology*, 15(1): 7-26. <https://doi.org/10.1111/j.1745-9125.1977.tb00046.x>
- Moran, R. (1985a). The modern foundation of the insanity defence: The cases of James Hadfield (1800), and Daniel McNaughten (1843). *Annals of the American Academy of Political and Social Science*, 477(1): 31-42.

- Moran, R. (1985b). The origin of insanity as a special verdict: the trial for treason of James Hadfield (1800). *Law & Society Review*, 19(3): 487-19.
- Morgan, C., Mallett, R., Hutchinson, G., Bagalkote, H., Morgan, K., Fearon, P., Dazzan, P., Boydell, J., McKenzie, K., Harrison, G., Murray, R., Jones, P., Craig, T., & Leff, J. (2005). Pathways to care and ethnicity. I: Sample characteristics and compulsory admission: Report from the AESOP study. *British Journal of Psychiatry*, 186: 281-289.
- Marková, I. & Berrios, G. (2012). Epistemology of psychiatry. *Psychopathology*, 45(4): 220-7. doi: 10.1159/000331599.
- Ministry of the Solicitor General. (2019). *Rates of recidivism (re-conviction) in Ontario*. <https://www.mcscs.jus.gov.on.ca/english/Corrections/RatesRecidivism.html>
- Monahan, J. (1983). The prediction of violent behavior: Developments in psychology and law. In C. J. Scheire & D. L. Hammond (Eds.), *The Master Lecture Series: Psychology and the Law*. Washington, D.C.: American Psychological Association.
- Morrow, M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., Patel, N., & Guruge, S. (2020). Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men. *International Journal of Mental Health and Addiction*, 18:1304-1317. <https://doi.org/10.1007/s11469-019-00140-y>
- Morrow, M. (2017). "Women and Madness" revisited: The promise of intersectional and Mad studies frameworks. In M. Morrow and L. Malcoe (Eds.), *Critical Inquiries for Social Justice in Mental Health* (pp. 33-59). Toronto, ON: University of Toronto Press.

- Morrow, M., & Malcoe, L. (2017). Introduction: Science, social (in)justice, and mental health. In M. Morrow, & L. Malcoe (Eds.), *Critical inquiries for social justice in mental health* (pp. 1-33). Toronto: University of Toronto Press.
- Moss, E.L., Stam, H.J., & Kattevilder, D. (2013). From suffrage to sterilization: Eugenics and the women's movement in 20<sup>th</sup> Century Alberta. *Canadian Psychology*, 54(2): 105-114.
- Mother found not responsible in death of disabled daughter. (2002, February 20). *CBC News*. <https://www.cbc.ca/news/canada/mother-found-not-responsible-in-death-of-disabled-daughter-1.305006>
- Mulvale, G., Abelson, J. & Goering, P. (2007). Mental health service delivery in Ontario, Canada: How do policy legacies shape prospects for reform? *Health Economics, Policy and Law*, 2: 363-89. doi:10.1017/51744133107004318.
- Myers, S.A. (1970). Maternal filicide. *American Journal of Diseases of Children*, 120: 534-6.
- Nairn, R., & Coverdale, J. (2005). People never see us living well: An appraisal of the personal stories about mental illness in a prospective print media sample. *Australian & New Zealand Journal of Psychiatry*, 39(4): 281-287. <https://doi.org/10.1080/j.1440-1614.2005.01566.x>
- National Centre on Disability and Journalism. (2018). *NCDJ Style Guide*. <https://ncdj.org/wp-content/uploads/2018/10/NCDJ-styleguide-2018.pdf>
- National Commission on the Insanity Defense (United States); National Mental Health Association. (1983). *Myths and realities: A report of the National Commission on the Insanity defense*. Arlington, VA: The Association.

- Nilsson, T., Munthe, C., Gustavson, C., Forsman, A., & Anckarsater, H. (2009). The precarious practice of forensic psychiatric risk assessments. *International Journal of Law and Psychiatry*, 32(6): 400–407.
- Not Dead Yet. (n.d.). *Not dead yet disability activists oppose assisted suicide as a deadly form of discrimination*. <https://notdeadyet.org/assisted-suicide-talking-points>.
- Oliver, Mike. 2013. The Social Model of Disability: Thirty Years On. *Disability & Society*, 28: 1024–26, DOI: [10.1080/09687599.2013.818773](https://doi.org/10.1080/09687599.2013.818773)
- Olsson, M.B., & Hwang, C.P. (2001). Depression in mothers and fathers of children with intellectual disability. *Journal of Intellectual Disability Research*, 45(Pt 6): 535–43. doi: 10.1046/j.1365-2788.2001.00372.x. PMID: 11737541.
- O’Neill, J. (2013). *The portrayal of madness in the Limerick press 1772–1845*. (Unpublished Master’s thesis). University of Limerick. Limerick, Ireland.
- Ontario. Legislative Assembly. (2000, May 29). Committee Transcript. Brian's Law (Mental Health Legislative Reform). *Bill 68*.
- Ontario Review Board. (2006). Wan No. 1426. *Ontario Review Board (Criminal Code) Decisions*.
- Ontario Review Board. (2007). Carmichael, No. 186. *Ontario Review Board (Criminal Code) Decisions*.
- Ontario Review Board. (2007). Wan No. 1197. *Ontario Review Board (Criminal Code) Decisions*.
- Ontario Review Board. (2008). Wan No. 1529. *Ontario Review Board (Criminal Code) Decisions*.
- Ontario Review Board. (2009). Wan No. 1925. *Ontario Review Board (Criminal Code) Decisions*.
- Ontario Review Board. (2010). Wan No. 3408. *Ontario Review Board (Criminal Code) Decisions*.

- Oosterhuis, H. & Loughnan, A. (2014). Madness and crime: Historical perspectives on forensic psychiatry. *International Journal of Law and Psychiatry*, 37(1): 1-16. doi: 10.1016/j.ijlp.2013.09.004.
- Osbourne, J. A. (1987). The crime of infanticide: Throwing out the baby with the bathwater. *Canadian Journal of Family Law*, 6: 47-59.
- Oullette, A. (2011). *Bioethics and disability: Toward a disability-conscious bioethics*. New York, NY: Cambridge University Press.
- Owens, A. & Blatchford, C. (2000). Accused child killer struggled to build new life in Canada: Toronto engineer worked in bakery. *National Post*. P. A4.
- Palermo, G.B., Smith, M.B., Jentzen, J.M., Henry, T.E., Konicek, P.J., Peterson, G.F., Singh, R.P., & Witeck, M.J. (1997). Murder-suicide of the jealous paranoia type: a multicenter statistical pilot study. *American Journal of Forensic Medicine and Pathology*, 18:374-83, 1997
- Palermo, G.B. (2002). Murderous parents. *International Journal of Offender Therapy and Comparative Criminology*, 46(2): 123-143. <https://doi.org/10.1177/0306624X02462002>
- Pan, Z. & Kosicki, G. (1993). Framing analysis: An approach to news discourse. *Political Communication*. DOI:[10.1080/10584609.1993.9962963](https://doi.org/10.1080/10584609.1993.9962963)
- Parrott, M. (2010). *News frames and attitudes toward mental illness*. (Master's Thesis). <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.468.9651&rep=rep1&type=pdf>
- Paterson, B. (2006a). Newspaper representations of mental illness and the impact of the reporting of 'events' on social policy: The 'framing' of Isabel Schwarz and Jonathan Zito. *Journal of Psychiatric and Mental Health Nursing*, 13: 294-300. DOI:10.1111/j.1365-2850.2006.00953.x.

- Paterson, B. (2006b). *Events and social policy: an exploration of the influence of two homicides on developments in mental illness social policy in England 1985-2000*. (Unpublished doctoral dissertation). University of Stirling, Scotland, UK.
- Penney, S., Prosser, A., Grimbos, T., Darby, M.B. & Simpson, A. (2017). Time trends in homicide and mental illness in Ontario from 1987 to 2012: Examining the effects of mental health service provision. *The Canadian Journal of Psychiatry*, 63(6): 387-94.  
doi:10.1177/0706743717737034
- Peritz, I. (2001a, March 21). Shy girl's death called mercy killing. *Globe and Mail*. P. A3.
- Peritz, I. (2001b, March 22). Psychiatric test ordered for mother. *Globe and Mail*. P. A8.
- Peritz, I. (2002, February 21). Psychotics mother not guilty of murder. *Globe and Mail*. P. A8.
- Perlin, M. (1992). On sanism. *SMU Law Review*, 46: 373-407.
- Perlin, M. (1994). *The jurisprudence of the insanity defense*. Durham, NC: Carolina Academic Press.
- Perlin, M. (1996). Myths, realities, and the political world: The anthropology of insanity defense attitudes. *The Bulletin of the American Academy of Psychiatry and the Law*, 24(1): 5-26.
- Perlin, M. (2000). *The law and public policy: Psychology and the social sciences. The hidden prejudice: Mental disability on trial*. Washington, DC: American Psychological Association.
- Perlin, M. (2003). Things have changed: Looking at non-institutional mental disability law through the sanism filter. *New York Law School Journal of Human Rights*, 19: 165-175.

- Perlin, M. & Schriver, M. (2013). "You that hide behind walls": *The relationship between the Convention on the Rights of Persons with Disabilities and the Convention Against Torture and the treatment of institutionalized forensic patients.*  
<http://ssrn.com/abstract=2412550>.
- Philo, G., Secker, J., Platt, S., Henderson, L., McLaughlin, G. & Burnside, J. (1994). The impact of the mass media on public images of mental illness: media content and audience belief. *Health Education Journal* 53, 271- 281.
- Pickard, H., & Fazel, S. (2013). Substance abuse as a risk factor for violence in mental illness: Some implications for forensic psychiatric practice and clinical ethics. *Current Opinion in Psychiatry*, 26: 349-354.
- Pilon, M. (1999, October 5). *Mental disorder and Canadian criminal law*. Retrieved from <http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/prb9922-e.htm>.
- Pinals, D. A., Packer, I. K., Fisher, W., & Roy-Bujnowski, K. (2004). Relationship between race and ethnicity and forensic clinical triage dispositions. *Psychiatric Services*, 55(8), 873-878.
- Pirkis, J., Warwick, Blood, R., Francis, C., & McCallum, K. (2005). *A review of the literature regarding fictional film and television portrayals of mental illness*. Melbourne: Program Evaluation Unit, University of Melbourne.
- Poisson, A. (January 11, 2018). *Practicing intersectionality: Against the colonization of Black thought in white feminist discourse.*  
<https://medium.com/@arianepoisson/practicing-intersectionality-against-the-colonization-of-black-thought-in-white-feminist-discourse-fa4db9ef96b8>.

- Pollack, S. (2009) "You can't have it both ways": Punishment and treatment of imprisoned women. *Journal of Progressive Human Services*, 20(2): 112-128. DOI: [10.1080/10428230903306344](https://doi.org/10.1080/10428230903306344).
- Poole, J., Jivraj, T., Arslanian, A., Bellows, K., Chiasson, S., Hakimy, H., Pasini, J., & Reid, J. (2012). Sanism, mental health, and social work/education: A review and call to action. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 1: 20-36.
- Pooley, E. (2004, August 6). Air of mystery shrouds young Ian's funeral. *Globe and Mail*, pp. A1.
- Potter, G. & Kappeler, V. (2012). Introduction: Media, crime and hegemony. In D. Bissler & J. Conner (Eds.), *The harms of crime media: Essays on the perpetuation of racism, sexism and class stereotypes* (pp. 3-17). Jefferson, NC: McFarland & Company Inc.
- Price, M. (2011). *Mad at school: Rhetorics of mental disability and academic life*. Ann Arbor: University of Michigan Press.
- Pritchard, C., Davey, J., & Williams, R. (2013). Who kills children? Re-examining the evidence. *The British Journal of Social Work*, 43(7): 1403-1438.
- Psychiatric Patient Advocate Office. (2016). *Annual statistics and trends for 2016*.  
[https://www.sse.gov.on.ca/mohltc/ppao/en/Pages/PPAOPublications/Annual\\_Report\\_2016.aspx?openMenu=smenu\\_AnnualReports](https://www.sse.gov.on.ca/mohltc/ppao/en/Pages/PPAOPublications/Annual_Report_2016.aspx?openMenu=smenu_AnnualReports)
- Putkonen, H., Amon, S., Eronen, M., Klier, M., Almiron, M., Cederwall, J., & Weizmann-Henelius, G. (2011). Gender differences in filicide offense characteristics—A comprehensive register-based study of child murder in two European countries. *Child Abuse and Neglect*, 35: 319-328.

- Read, J. & Haslam, N. (2004). Public opinion: Bad things happen and can drive you crazy. In J. Read, L. Moshier, & R. Bentall, (Eds.), *Models of madness: psychological, social and biological approaches to schizophrenia* (pp. 133-146). Hove, UK: Brunner-Routledge.
- Reaume, G. (2014). Understanding critical disability studies. *Canadian Medical Association Journal*, 186(16): 1248-9. DOI: <https://doi.org/10.1503/cmaj.141236>
- Reavley, N., Jorm, A., & Morgan, A. (2016). Beliefs about dangerousness of people with mental health problems: the role of media reports and personal exposure to threat or harm. *Social Psychiatry and Psychiatric Epidemiology*, 51(9):1257-1264.
- Reiner, R. (2002). Media made criminality: The representation of crime in the mass media. In M. Maguire, R. Morgan, & R. Reiner (Eds.), *Oxford Handbook of Criminality* (pp. 302-377). Oxford, UK: Oxford University Press.
- Resnick, P. J. (1969). Child murder by parents: A psychiatric review of filicide. *The American Journal of Psychiatry*, 126(3): 325-334. <https://doi.org/10.1176/ajp.126.3.325>
- Retief, M., & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Teologiese Studies/Theological Studies*, 74(1):4738. DOI:10.4102/hts.v74i1.4738.
- Ridgely, M., Borum, R., & Petrila, J. (2001). *The effectiveness of involuntary outpatient treatment: Empirical evidence and the experience of eight states*. RAND Institute for Civil Justice. Santa Monica, CA: RAND Corporation, 2001.
- [https://www.rand.org/pubs/monograph\\_reports/MR1340.html](https://www.rand.org/pubs/monograph_reports/MR1340.html).

- Rimmerman, A., & Duvdevani, I. (1996). Parents of children and adolescents with severe mental retardation: Stress, family resources, normalization, and their application for out-of-home placement. *Research in Developmental Disabilities, 17*(6): 487-94. doi: 10.1016/s0891-4222(96)00033-9.
- Rinku, R. (December 19, 2017). *How to do intersectionality*. Retrieved from <https://mavenroundtable.io/rinkusen/politics/how-to-do-intersectionality-VMDT82Ef0kKj0pMsNo-ulQ/>.
- Roche, P. (1959). Psychiatry and the M'Naghten Rule. *The Journal of Criminal Law, Criminology, and Police Science, 50*(2): 160-162.
- Rodenburg, M. (1971). Child murder by depressed parents. *Canadian Psychiatric Association Journal, 16*:41-9.
- Roman, L. G., Brown, S., Noble, S., Wainer, R., & Young, A. E. (2009). No time for nostalgia!: Asylum making, medicalized colonialism in British Columbia (1859-97) and artistic praxis for social transformation. *International Journal of Qualitative Studies in Education, 22*(1): 17-63.
- Rose, M. L. (2003). *The Staff of Oedipus: Transforming Disability in Ancient Greece*. Ann Arbor: University of Michigan Press.
- Russo, J. & Beresford, P. (2014). Between exclusion and colonisation: Seeking a place for Mad people's knowledge in academia. *Disability & Society, 30*(1): 153-157.
- R. v. Carmichael*, 2005, OSCJ 4781
- R. v. Couture*, 2018, A.J. 1335
- R. v. Wan*. (2001). O.S.C.J. 3284.

- Ryan, S., & Whelan, D. (2012). Diversion of offenders with mental disorders: Mental health courts. *Web Journal of Current Legal Issues*, 1. <https://ssrn.com/abstract=2010512>
- Sadeh, N., Binder, R. L., & McNiel, D. E. (2013). Recent victimization increases risk for violence in justice-involved persons with mental illness. *Law and Human Behavior*, 38: 119-125.  
doi:10.1037/lhb0000043
- Salter, M. (2003). Psychiatry and the media: From pitfalls to possibilities. *Psychiatric Bulletin*, 27: 123-125.
- Saxton, M. (2013). Disability rights and selective abortion. In *The Disability Studies Reader*, Lennard J. Davis (Eds.), pp. 84-97. 4<sup>th</sup> ed. New York: Routledge.
- Scull, A. (1979). *Museums of madness: The social organisation of insanity in nineteenth century England*. London, NY: Allen Lane.
- Shah, S. (1990). Violence and the mentally ill. *Journal of the California Alliance for the Mentally Ill*, 2: 2021.
- Shields, L., Rolf, C., Goolsby, M., & Hunsaker, J. (2015). Filicide-suicide: Case series and review of the literature. *American Journal of Forensic Medicine*, 36(3): 210-215.
- Sieff, E. (2003). Media frames of mental illness: The potential impact of negative frames. *Journal of Mental Health*, 12(3): 259-269. DOI: 10.1080/0963823031000118249.
- Schloesser, P., Pierpont, J., & Poertner, J. (1992). Active surveillance of child abuse fatalities. *Child Abuse and Neglect*, 16: 3-10.
- Schmidt, P., Grass, H., & Madea, B. (1996). Child homicide in Cologne (1985-1994). *Forensic Science International*, 79:131- 44.

- Schomerus G, Stolzenburg S, & Angermeyer, M.C. (2015). Impact of the Germanwings plane crash on mental illness stigma: Results from two population surveys in Germany before and after the incident. *World Psychiatry, 14*(3):362-363.
- Schwartz, S., Unger, J., Zamboanga, B. & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65*(4), 237-251.  
<http://dx.doi.org/10.1037/a0019330>
- Scott, P.D. (1973). Parents who kill their children. *Medicine, Science and the Law, 13*(2): 120-126.  
<https://doi.org/10.1177/002580247301300210>
- Scott, R. (2000). Evaluation of a mobile crisis program: Effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services, 51*(9):1153-6.
- Silver, E., Cirincione, C., & Steadman, H. (1994). Demythologizing inaccurate perceptions of the insanity defense. *Law and Human Behavior, 18*(1).
- Silverman, R.A. & Kennedy, L.W. (1988). Women who kill their children. *Violence Victims 3*:113-27.
- Silver, E., Arseneault, L., Langley, J., Caspi, A., & Moffitt, T. E. (2005). Mental disorder and violent victimization in a total birth cohort. *American Journal of Public Health, 95*: 2015-2021.
- Silverman, J. (2012). *Crime, policy and the media: The shaping of criminal justice, 1989-2010*. New York, NY: Routledge.
- Simmie, S. (1998). An "out of mind" series. *The Toronto Star*, October 3-10, 14.
- Simpson, A., & Stanton, J. (2000). Maternal filicide: A reformulation of factors relevant to risk. *Criminal Behavior and Mental Health, 10*:136-47.

- Skeem, J. & Golding, S. (2001). Describing jurors' personal conceptions of Insanity and their relationship to case judgments. *Psychology, Public Policy, and Law*, 7(3), 561-621. doi: 10.1037//1076-8971.7.3.561.
- Skeem, J., Louden, J., & Evans, J. (2004). Venirepersons's attitudes toward the insanity defense: Developing, refining, and validating a scale. *Law and Human Behavior*, 28(6): 623-648. DOI:10.1007/s10979-004-0487-7.
- Slorach, R. (2011). Marxism and disability. *International Socialism: A Quarterly Review of Socialist Theory*. Retrieved from <http://isj.org.uk/marxism-and-disability/>
- Smandych, R. & Verdun-Jones, S. (1981). Catch-22 in the nineteenth century: The evolution of the therapeutic confinement for the criminally insane in Canada, 1840-1900. *Criminal Justice History*, 2: 85-108.
- Smith, D. (2014). Dehumanization, essentialism, and moral psychology. *Philosophical Compass*, 9(11). DOI: [10.1111/phc3.12174](https://doi.org/10.1111/phc3.12174)
- Snodgrass, S. E. (1985). Women's intuition: The effect of subordinate role on interpersonal sensitivity. *Journal of Personality and Social Psychology*, 49(1): 146-155. <http://dx.doi.org/10.1037/0022-3514.49.1.146>.
- Sobsey, D., & Varnhagen, C. (1988). *Sexual abuse, assault, and exploitation of people with disabilities*. Ottawa, ON: Health and Welfare Canada.
- Sobsey, D. (1995) *The Latimer case: The reflections of people with disabilities: Latimer wins case in media*. Council of Canadians with Disabilities. <http://www.ccdonline.ca/en/humanrights/endoflife/latimer/reflections/media>

- Sobsey, D., Randall, W., & Parrila, R. K. (1997). Gender differences in abused children with and without disabilities. *Child Abuse and Neglect*, 21(8): 707-720.
- Sobsey, D. (2001). Altruistic filicide: Bioethics or criminology? *Health Ethics Today*, 12(1):327-333.
- Soldatic, K. & Meekosha, H. (2012). Moving the boundaries of feminist social work education with disabled people in the neoliberal era. *Social Work Education*, 31: 246-252.  
10.1080/02615479.2012.644975.
- Somander, L.H., & Rammer, L.M. (1991). Intra- and extrafamilial child homicide in Sweden 1971-1980. *Child Abuse and Neglect*, 15:45-55.
- Spade, D. (2013). Intersectional resistance and law reform. *Signs: Journal of Women in Culture and Society* 38(4): 1031-1055. <https://doi.org/10.1086/669574>.
- Spandler, H., & Barker, M. (2016). *Mad and Queer studies: Interconnections and tensions*.  
<https://madstudies2014.wordpress.com/2016/07/01/mad-and-queer-studies-interconnections-and-tensions/>.
- Standing Committee on Justice and Human Rights. (2002). *Review of the mental disorder provisions of the Criminal Code*. Ottawa: House of Commons.  
<http://www.ourcommons.ca/Content/Committee/371/JUST/Reports/RP1032130/justrp14/justrp14-e.pdf>.
- Stanton, J., & Simpson, A. (2002). Filicide: A review. *International Journal of Law and Psychiatry*, 25(1): 1-14. [https://doi.org/10.1016/S0160-2527\(01\)00097-8](https://doi.org/10.1016/S0160-2527(01)00097-8)
- Statistics Canada. (2012). *Police reported crime statistics in Canada, 2011*.  
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2012001/article/11692-eng.htm>.

- Statistics Canada. (2014). *Verdicts of not criminally responsible on account of mental disorder in adult criminal courts, 2005/2006-2011/2012*. Government of Canada.  
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2014001/article/14085-eng.htm>.
- Statistics Canada. (2018). *Table 7. Homicides by closest accused to victim relationship, Canada, 2017 and 2018*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00016/tbl/tbl07-eng.htm>.
- Staunaes, D. (2003). Where have all the subjects gone? Bringing together the concepts of subjectification and intersectionality. *NORA: Nordic Journal of Women Studies*, 11(2): 101-110.
- Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P. C., Appelbaum, P. S., Grisso, T., Roth, L.H., & Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighbourhoods. *Archives of General Psychiatry*, 55(5): 393-401.
- Stone, E. (1996). A law to protect, a law to prevent: Contextualizing disability legislation in China. *Disability & Society*, 11(4):469-483.
- Stroud, J., & Pritchard, C. (2001). Child homicide, psychiatric disorder and dangerousness: a review and an empirical approach. *The British Journal of Social Work*, 31(2): 249-269.  
<https://doi.org/10.1093/bjsw/31.2.249>
- Stote, K. (2015). *An act of genocide: Colonization and the sterilization of Aboriginal women*. Halifax: Fernwood Press.
- Stout, P., Villegas, J., & Jennings, N. (2004). Images of mental illness in the media: Identifying gaps in the research. *Schizophrenia Bulletin*, 30(3): 543-562.

- Stuart, H. (2003a). Stigma and the daily news: Evaluation of a newspaper intervention. *Canadian Journal of Psychiatry*, 48(10):651-656.
- Stuart, H. (2003b). Violence and mental illness: An overview. *World Psychiatry*, 2(2): 121-4.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525086/>
- Stuart, H., Arboleda-Florez, J., & Sartorius, N. (2012). *Paradigms lost: Fighting stigma and the lessons learned*. (1st ed.). Toronto: Oxford University Press.
- Sturup, J. & Granath, S. (2014). Child homicides in Sweden: A descriptive study comparing the 1990s and the 2000s. *Homicide Studies*, 19: 175-187.
- Sue D.W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken, New Jersey: John Wiley and Sons.
- Sulitzeanu-Kenan, R. (2008). Mental state of inquiry: Tragedy, policy and accountability in the case of the Ritchie Inquiry. *The American Society for Public Administration*.  
[https://www.researchgate.net/publication/262729830\\_Mental\\_State\\_of\\_Inquiry\\_Tragedy\\_Policy\\_and\\_Accountability\\_in\\_the\\_Case\\_of\\_the\\_Ritchie\\_Inquiry](https://www.researchgate.net/publication/262729830_Mental_State_of_Inquiry_Tragedy_Policy_and_Accountability_in_the_Case_of_the_Ritchie_Inquiry).
- Sullivan, P. M., & Knutson, J. F. (1997). *Maltreatment and disabilities: A school based epidemiological study*. (NCCAN Publication no. 90-CA-1562-01). Washington, DC: National Center on Child Abuse and Neglect Information Clearinghouse.
- Sullivan, P. & Knutson, J.F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10): 1257-1273.
- Sutton, R. (2013). Canada's not criminally responsible reform act: Mental disorder and the danger of public safety. *Criminal Law Quarterly*, 60: 41-70.

- Swaminath, R., Noms, P., Komer, W., & Sidhu, G. (1993). A review of the amendments to the Criminal Code of Canada (mental disorder). *Canadian Journal of Psychiatry*, 38: 567-570.
- Szigeti, A. (2013, July 10). *Mad Pride Tea Party - Lunacy, Laws and Lawyers*. Mad Pride 2013. Lecture organized by The Empowerment Council, Toronto.
- Taber, J. (2011, April 23). Tragedy gives pause for thought on the campaign trail. *The Globe and Mail*. Pp. A5.
- Taylor, M. (2016). *Evaluating public knowledge of the NCRMD defence*. (Unpublished master's thesis). Memorial University of Newfoundland, St. John's, Newfoundland.
- Teplin, L.A., McClelland, G.M., Abram, K.M., & Weiner, D.A. (2005). Crime victimization in adults with severe mental illness. *Archives of General Psychiatry*, 62(8): 911-21.  
doi: 10.1001/archpsyc.62.8.911
- The Canadian Bar Association. (2014). *The not criminally responsible reform act*. CBA/ABC National. <https://www.nationalmagazine.ca/en-ca/articles/law/rule-of-law/2014/the-not-criminally-responsible-reform-act>
- The Canadian Press. (1999). *The Canadian press stylebook: A guide for writers and editors*.
- Thomas, A. J., Hacker, J. D., & Hoxha, D. (2011). Gendered racial identity of black young women. *Sex Roles*, 64:30-42
- Thompson, M. (2005). *Race, gender, and mental illness in the criminal justice system*. New York: LFB Scholarly Pub.

- Thornicroft, G. (2003, June). An evidence base for anti-discrimination actions. In *Reducing stigma and discrimination: What works?* Rethink/Institute of Psychiatry conference. Birmingham, U.K. Retrieved from [http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Stigma\\_best-practices.pdf](http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Stigma_best-practices.pdf).
- Thornicroft, G. (2006). *Actions speak louder ... Tackling discrimination against people with mental illness*. London: Mental Health Foundation.
- Tory, D., & Billick, S. (2010). Overlapping universe: Understanding legal insanity and psychosis. *Psychiatry Quarterly*, 81: 253-262.
- Trial begins for Calgary senior accused of negligence in death of daughter. (2017, September 6). *National Post*. <https://nationalpost.com/pmn/news-pmn/canada-news-pmn/trial-begins-for-calgary-senior-accused-of-negligence-in-death-of-daughter>
- Trial underway for Calgary mother charged in death of disabled daughter. (2017, September 5). *CTV News*. <https://calgary.ctvnews.ca/trial-underway-for-calgary-mother-charged-in-death-of-disabled-daughter-1.3575999>
- Tuhiwai-Smith, L. (Ed.). (1999). Colonizing knowledges. In *Decolonizing methodologies: Research and indigenous peoples* (pp. 58–77). London: Zed.
- Ungar, S. (2003). Moral panic versus the risk society: the implications of the changing sites of social anxiety. *The British Journal of Sociology*, 52(2): 105-125. Doi: [org/10.1080/00071310120044980](https://doi.org/10.1080/00071310120044980)

- United Nations Office on Drugs and Crime (UNODC), 2019. *Global Study on homicide: killing of children and young adults*.  
<https://reliefweb.int/sites/reliefweb.int/files/resources/Booklet1.pdf>
- Van Aelst, P. (2014). Media, political agendas and public policy. In C. Reinemann (Ed.), *Handbook of Political Communication* (pp. 231-248). Berlin: De Gruyter-Mouton.
- Vanamo, T., Kauppi, A., Karkola, K., Merikanto, J., & Rasanen, E. (2001). Intrafamilial homicide in Finland 1970-1994: Incidences, causes of death and demographic characteristics. *Forensic Science International*, 17: 199-204.
- Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance use? *Social Psychiatry and Psychiatric Epidemiology*, 47: 487-503. doi:10.1007/s00127-011-0356-x
- Van Veen, C., Ibrahim, M., & Morrow, M. (2018). Dangerous discourse. Masculinity, coercion, and psychiatry. In J. Kilty and E. DeJ (Eds.), *Containing madness: Gender and 'psy' in institutional contexts* (pp. 241-266). New York: NY: Palgrave Macmillan.
- Verdun-Jones, S. (1979). The evolution of the defences of insanity and automatism in Canada from 1843 to 1979: A saga of judicial reluctance to sever the umbilical cord to the mother country. *University of British Columbia Law Review*, 14(1): 1- 73.
- Verdun-Jones, S. (1994). The insanity defence in Canada: Setting a new course. *International Journal of Law & Psychiatry*, 17: 175- 1 89.
- Villeneuve, D. & Quinsey, V. (1995). Predictors of general and violent recidivism among mentally disordered inmates. *Criminal Justice and Behavior*, 22: 397-410.

- Virdi, J. (2018). The coerced sterilization of Indigenous women. *New Internationalist*.  
<https://newint.org/features/2018/11/29/canadas-shame-coerced-sterilization-indigenous-women>.
- Vitacco, M., Malesky, L., Erickson, S., Leslie, W., Croysdale, A., & Bloechl, A. (2009). Measuring attitudes toward the Insanity defense in venirepersons: Refining the IDA-R in the evaluation of juror bias. *International Journal of Forensic Mental Health*, 8, 62-70. doi: 10.1080/14999010903014754.
- Vitello, C. & Hickey, E. (2006). *The myth of a psychiatric crime wave: Public perception, juror research and mental illness*. Durham, NC: Carolina Academic Press.
- Wahl, O. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology*, 20, 343-352. DOI: 10.1002/(ISSN)1520-6629.
- Wahl, O. (1995). *Media madness: Public images of mental illness*. New Brunswick, NJ: Rutgers University Press.
- Wahl, O. F., Wood, A., & Richards, R. (2002). Newspaper coverage of mental illness: Is it changing? *Psychiatric Rehabilitation Skills*, 6(1), 9-31.  
<https://doi.org/10.1080/10973430208408417>
- Wahl, O. (2003). News media portrayal of mental illness: Implications for public policy. *The American Behavioral Scientist*, 46(12): 1594-1600. DOI: 10.1177/0002764203254615
- Wakefield, J. C. (1992). Disorder as harmful dysfunction: A conceptual critique of DSM-III-R's definition of mental disorder. *Psychological Review*, 99(2), 232-247. <https://doi.org/10.1037/0033-295X.99.2.232>
- Walker, N. (1968). *Crime and insanity in England*. New York, NY: Columbia University Press.

- Walker, M. (2006). The social construction of mental illness and its implications for the recovery model. *The International Journal of Psychosocial Rehabilitation*, 10(1): 71-87.
- Walker, J. (2008). The legacy of a story: Commemoration and the double-narrative of Jeffrey Arenburg and Brian Smith. *Disability Studies Quarterly*, 28(1).
- Wehbi, S., Elin, L., & El-habib, Y. (2010). Neo-colonial discourse and disability: The Case of Canadian International development NGOs. *Community Development Journal* 45(4): 404-422. doi:10.1093/cdj/bsp035.
- Weisser, J., Morrow, M., & Jamer, B. (2011). *A critical exploration of social inequities in the mental health recovery literature*. Vancouver, BC: Centre for the Study of Gender, Social Inequities and Mental Health (CGSM).
- West, D.J. (1965). *Murder Followed by Suicide*. London: Heinemann.
- West, S. (2007). An overview of filicide. *Psychiatry*, 1: 48-55.
- West, S., Hatters Friedman, S., & Resnick, P. (2009). Fathers who kill their children: An analysis of the literature. *Journal of Forensic Science*, 54: 463-468.
- Whitaker, R. (2010). *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. New York: Broadway Books
- Whitaker, R. (2016, September). *The case against antipsychotics*. Retrieved from <https://www.madinamerica.com/wp-content/uploads/2017/01/The-Case-Against-Antipsychotics-2.pdf>
- Whitley, R., & Berry, S. (2013). Trends in newspaper coverage of mental illness in Canada: 2005-2010. *Canadian Journal of Psychiatry*, 47(7): 609-610. DOI:10.1177/070674371305800208.

- Whitley, R., & Wang, J. (2017). Good news? A longitudinal analysis of newspaper portrayals of mental illness in Canada 2005 to 2015. *Canadian Journal of Psychiatry*, 62(4):278-285.  
DOI: 10.1177/0706743716675856.
- Whitley, R., Wang, J., Carmichael, V., & Wellen, R. (2017). Newspaper articles related to the not criminally responsible on account of mental disorder (NCRMD) designation: A comparative analysis. *The Canadian Journal of Psychiatry*, 62(10): 697-701.
- Wilson, L.D. (1992). Bill C-30: An analysis of the legislative response to R. v. Swain. *Health Law Review*, 1: 1-28.
- Wipond, R. (2013). Pitching Mad: News media and the psychiatric survivor perspective. In B.A. LeFrancois, R. Menzies, & G. Reaume (Eds.), *Mad matters: A critical reader in Canadian Mad studies* (pp. 253-264). Toronto, ON: Canadian Scholar's Press Inc.
- Withers, A. (2015). Disability, divisions, definitions, and disablism: When resisting psychiatry is oppressive. In B. Burstow, B.A. Lefrançois & S. Diamond (Eds.), *Psychiatry disrupted: Theorizing resistance and crafting the (r)evolution* (pp. 114-128). Montreal, Quebec: McGill-Queen's University Press.
- Wilczynski, A. (1997). *Child Homicide*. London: Greenwich Medical Media.
- Winko v. British Columbia* (Forensic Psychiatric Institute), [1999] 2 S.C.R. 625
- Wolff, N. (2002). Risk, response and mental health policy: Learning from the experience of the United Kingdom. *Journal of Health Politics Policy and Law*, 27: 801-832.
- Wolfsfeld, G., & Sheafer, T. (2006). Competing actors and the construction of political news: The contest over waves in Israel. *Political Communication*, 23: 333-354.  
DOI: 10.1080/10584600600808927.

Woman charged in disabled daughter's death described as dedicated mom. (2016, April 28). CTV News. <https://www.ctvnews.ca/canada/woman-charged-in-disabled-daughter-s-death-described-as-dedicated-mom-1.2878624>

Woman who killed disabled daughter takes own life. (2002, June 26). *National Post*. P. A2.

Woman charged in disabled daughter's death described as dedicated mom. (2016, April 28). CTV News. <https://www.ctvnews.ca/canada/woman-charged-in-disabled-daughter-s-death-described-as-dedicated-mom-1.2878624>

Wondemaghen, M. (2014). Media construction of a school shooting as a social problem.

*Journalism*, 15(6): 696-712. <https://doi.org/10.1177/1464884913496498>.

Xun, Z. (2002). The discourse of disability in modern China. *Patterns of Prejudice*, 36(1): 104-112.

Yang, S., Mulvey, E.P., Loughran, T.A., & Hanusa, B.H. (2012). Psychiatric symptoms and alcohol use in community violence by persons with a psychotic disorder or depression. *Psychiatric Services*, 63: 262-269. doi:10.1176/appi.ps.201100354

Yankelovich, D. (1990). Public attitudes toward people with chronic mental illness. Unpublished manuscript prepared for the Robert Wood Johnson Foundation Program on Chronic Mental Illness.

Yin, R. (2018). *Case study research and applications: Design and methods*. (4<sup>th</sup> ed.). Thousand Islands: Sage Publications Inc.

Yin, R. (2018). *Case study research and applications: Design and methods*. (6<sup>th</sup> ed.). Thousand Islands: Sage Publications Inc.

Yoder, J. & Kahn, A. (2003). Making gender comparisons more meaningful: A call for more attention to social context. *Psychology of Women Quarterly*, 27(4):281-290. DOI: 10.1111/1471-6402.00108.

Young, I. (1990). Five faces of oppression. *Justice and the Politics of Difference*. Princeton, New Jersey: Princeton University Press.

Zizek, S. (2009). *Violence: Six sideways reflections*. Profile Books.