Author’s response to reviews

Title: Differences between homicide and filicide offenders; results of a nationwide register-based case-control study

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Author’s response to reviews:

We thank both reviewers for their valuable comments and hope the revised paper is now acceptable. Below please find detailed response to each reviewer with a point-by-point description of the changes made.

Reviewer 1.
We are very grateful for the kind comments. We have now elaborated on the issue of attempted suicide. We added previous documented suicidal behavior in Table 1.

p. 11, para 2, sentences 6-7. We changed the sentence into “The association between filicide and suicide has been shown before (2,5). It seems filicide as a phenomenon is closely associated with suicide; perhaps at times it is even more about the suicide than the homicide.”

Reviewer 2.
We are grateful for the insightful comments. We have tried to address the comments as well as possible. Below please find our responses.

1. (reviewer’s numbering)
We changed the title in accordance with the reviewer’s suggestion:
Differences between homicide and filicide offenders; results of a nationwide register-based case-control study

2.
Regarding the inclusion we have written “We allowed a case for comparison if there was a single perpetrator and the crime itself was with no extreme, exceptional features.” By this we meant that had there been an exceptional and extreme case, e.g. severe body mutilation/violation or sadistic features, it would not have been included since it would have skewed the results. In such a small data even one exceptional case might change the results; even one exceptionally
psychopathic offender would have skewed the results showing the average homicide as more psychopathic than is true.

In Finland, all diagnoses are made by physicians. Many use SCID interviews, but the guidelines are that not only interviews but also history and clinical observations are noted while going over diagnostic criteria. Unfortunately, there is no information on how big a share of the examinations included MMPI's, SCID interviews or other (semi-)structured methods.

p. 7, para 1, sentence 9. We added: All of the above are made by the forensic psychiatrist.

3.

p. 8, para 1, 5 last lines. We have now elaborated on the Interrater issue.

Diagnoses in Table 1

We find it appropriate not to repeat in the tables what already is presented in the text. From past experience we find that readers generally do not like tables with many non-significant results. This is why we reported the results of psychotic disorders in the text, not the table. However, if the editorial board finds it necessary to take this information from the text and insert it into the Table, we will do it, of course.

In Table 1 we added the variable of comorbidity - personality disorder and alcohol dependence/abuse.

There was no comorbidity of psychotic disorders and alcohol dependence/abuse. There was only one offender with a psychotic disorder and a personality disorder. We have reported the gender distribution in the Methods section under Subjects. Unfortunately, with such small data it is not possible to make further analyses of subgroups.

On mourning of the dead child: the general guidelines of the examinations caution to accommodate assessments in view of reactive states. While it is true that the offenders might have reactive emotions and they might even simulate such, the same applies to all offenders.

5.

p. 11, para 1, sentence 4. we added the words “and societally” to emphasize the other meaning of the word socially. Before this sentence we have listed the variables in which the conformity showed. In the description of subjects, we added the number of parents in the comparison group:

p. 6, para 2, sentence 6. “Of the comparison offenders, 12 (60%) were parents of at least one child.”

The sentence “filicide offenders must have experienced some acute distress, not visible in the diagnoses…” has now been deleted.

The Warren-related sentence has now been revised:
p. 12, para 1, sentence 1. “The low prevalence of psychopathy among these female and male filicide offenders was in line with the results by Warren et al. [36], which would indicate that filicide is mostly a homicide similar to murder.”

There may indeed be a group of domestic batterers. Unfortunately our data does not include information of previous battering; we only made the point of our offenders presenting similar traits as domestic batterers.

p. 9, para 3, sentence 4. we added information on the outpatient treatment. “Ten filicide offenders and 12 of the other homicide offenders had previously received psychiatric outpatient treatment.”

p. 14, para 2, sentence 6. we added “Parents who are severely fatigued or otherwise not able to cope should receive adequate support.”

6.

The paper does indeed compare filicide offenders with other homicide offenders. This is defined in the Methods section and obvious throughout the paper. Now also in the title of the paper, which is changed according to the reviewer’s suggestion.

Other changes
Since Reviewer 2 wished the title to be changed, the focus is no longer on psychopathy. This is why we had to change the order of sentences at some parts of the manuscript.

Here we list the further changes:

p. 2, para 2, sentence 2. We changed PCL-R to be the last.

p. 2, para 3, sentence 3 onwards. We changed PCL-R-issues to be the last.

p. 5, para 2, last 2 sentences. We changed PCL-R-issues to be the last.

p. 8, para 2, sentence 1. “The Hare” was added

p. 10, para 1, sentence 1. We elaborated the expression into “prorated for missing items”.

p. 10, para 4. We changed the order of this paragraph in regard to the PCL-R results.

p. 12, para 1, sentence 5. We elaborated expression by adding “psychopathy using the cut-off score of”