



MONASH University

FILICIDE: RECASTING RESEARCH & INTERVENTION

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Past Understanding of Filicide

- Filicide, the unlawful killing of a child by a parent, has attracted little research in the past, in Australia and overseas
- Internationally, the earliest research explained filicide in terms of categorising the act according to the perpetrator's motives (Resnick, 1969); subsequent research used these categorisations as explanations but expanded or supplemented them with specific psycho-social stresses (Bourget, Whitehurst and Grace, 2007); the most recent explanation offered is that filicide arises from a complex constellation of multiple psycho- social stresses experienced by the perpetrator over their life time (Stroud, 2008)
- In Australia, Mouzos and Rushworth's (2003) pioneering national filicide study struggled to obtain explanatory findings, but saw a link between parental separation and filicide
- Currently, there is no theory explaining filicide in terms of wider societal factors (like culture, socio-economic conditions, social policies, and social programs); nor are there explanations integrating societal with individual factors

The Victorian Filicide Study

- In 2009 a Monash team began a filicide study covering all child victims (0-18) who were killed by a parent or equivalent (mother, father, step-parent or grandparent).
- Data was taken from the files of the Victorian Coroner's Office, 2000-2009.
- Children over 18, and children killed by a carer, were excluded, but they are two groups now being included in research.
- The team sought to identify:
 - incidence, nature, factors like motive, mental illness, parental separation, domestic violence, child abuse and substance abuse and the victims' and perpetrators' use of community services, in order to ascertain points of intervention
- The study sought quantitative and qualitative data and was typical of the recent and more inclusive filicide population studies.

Incidence

- A total of 52 children were killed in the 10 years.
- These Victorian numbers were lower per head of population than those in NZ (Martin and Pritchard, 2010), and in NSW (Buxton and Butler, 2013), but higher than in Canada (Bourget, Whitehurst and Grace, 2007).
- Children aged 0-4 were the most commonly killed, as was the case in other countries. Of interest is that the neo-naticide rate in Victoria was lower than in Canada (Bourget et al, 2007).
- Boys were killed at twice the rate of girls, as was found also by the NSW study (Buxton and Butler, 2013). However such a gender imbalance among victims was not found in the Canadian or European studies (Bourget et al., 2007; Liem & Koenraad, 2008; Putkonen, Amon, Eronen, Klier, Almiron, et al., 2010).
- Children from a NW outer Melbourne area were over-represented; similar geographical clusters were found in Chile (Manriquez, 2012) and may be related to the extent of community services provision.
- Children whose mothers were from SE Asia were over-represented.

Perpetrators: Parental Status and Gender

- The perpetrators were mothers, fathers, mother and father together, and step fathers, as was found in NZ, Canadian and European studies. In Victoria no other family member, like a grandparent or step-mother, was involved. The incidence of step-fathers as perpetrators was higher in Victoria, NSW and NZ, than in Europe (Finland and Austria), but is of concern in Canada (Dawson, 2013).
- Gender together with the Parental Status of the Perpetrator appeared to affect who was killed, the type of event, the factors associated with the deaths and the use of community services.
- While Parental Status is commonly used for data analysis, it has not been previously seen as such a differentiating factor.
- The following 4 tables show the links between the Gender and Parental Status of the perpetrator, and the victims, nature of event, associated factors and use of community services.

Parental Status, Gender and Type of Event

Type of Filicide	Numbers of Children Killed By (s)Parents			
	Mothers (n=13)	Fathers (n=12)	Step-Fathers (n=9)	Total
Single Death	7	8	9	24
Multiple Deaths	2	3	0	5
Single Child Death and Parent Suicide	3	1	0	4
Multiple Child Deaths and Suicide of Parent	2	2	0	4
Familicide	2	1	0	3

Parental Status, Gender and Age of Victims

Age of Child	Female Victims			Male Victims			Total
	Mother	Father	Step-Father	Mother	Father	Step- Father	
<1	1	2	0	4	6	1	14
1-4	1	1	4	5	1	3	15
5-9	2	0	0	1	1	1	5
10-14	0	0	0	2	2	0	4
15-18	0	1	0	0	1	0	2
Total	4	4	4	12	11	5	40

Parental Status, Gender and Other Factors

Factor	% Frequency Among Mothers (n=13)	% Frequency Among Fathers (n=12)	% Frequency Among Step-Fathers (n=9)
Diagnosed Mental Illness	92	58	56
Parental Separation	69	58	22
Victim or Perpetrator of Domestic Violence	23	8	67
Past Abuse of Child by Perpetrator	0	25	56
Substance Abuse	23	25	78
Expressed a Reason/Motive	58	33	33

Parental Status, Gender and Use of Services

Factor	% Frequency Among Mothers (n=11)	% Frequency Among Fathers (n=7)	% Frequency Among Step-Fathers (n=9)
Approached the GP	73	57	22
Used Mental Health Services	73	14	0
Contacted by Child Protection	36	14	22

Case Example: Mothers

- **Mother C20:** Born overseas, Asia
- **Filicide-suicide involving multiple victims A22/A23:** male age 4, female age 7
- **Cause of death:** Effects of fire **Location:** Family home
- **Brief narrative of the event:** *The mother was sponsored to come to Australia to get married. Following the birth of her 1st child she found out her husband was having an affair and she attempted suicide. She had contact with multiple govt and non-govt services who all noted her growing feelings of abandonment and distress over her husband constant demands to have sex with other women and withdrawal of emotional and financial support. At this time, relatives suggested she separate and noted that she made threats to kill the children. Following birth of second child she again attempted suicide. The relationship deteriorated as did the mother's mental health and 6 months prior to the event the couple separated but were living under one roof. In the year prior to the children's deaths the mother was seeing a GP who did not prescribe any medication for depression and assessed her as at low risk of suicide. Such assessments were made without further follow-up of children's safety.*

Case Example: Fathers

- **Filicide-suicide involving single victim A03:** male age 3 months
- **Cause of death:** head/neck injury **Location:** home
- **Brief narrative of event:** *The father and mother had had a on-and-off relationship and had separated about one week to one month prior to the event. On the night of the event, the mother and father were arguing about the father's unemployment situation. A friend of the father said that his attitude towards the mother changed after she became pregnant and that he became angry about it and was disinterested in and didn't adequately care for the baby. The father's relatives reported that the father's biological father was a schizophrenic and was violent towards him, his sister and his mother and had been committed to institutionalized care. The father was described as being 'slow' , having 'limited intelligence' and 'an unfortunate speech impediment' but not enough to warrant special education. The father's mother remarried and he was subjected to severe sexual and emotional abuse for which the stepfather was charged. The father was later sent to a residential youth program for 18 months. The father was also reported to suffer from epilepsy, mood swings and temper tantrums. The father suicided 2 months after the filicide.*

Case Example: Stepfathers

- **Filicide involving single victim A07:** male age less than 1 month
- **Cause of death:** unascertained / bbs **Location:** home
- **Brief narrative of event:** *The mother and stepfather had been together for a period of time and had separated once before and another time due to the stepfather serving a period of imprisonment relating to offences involving violence towards a previous partner in another state. At the time of the event, the mother and stepfather were living together in a caravan park. The stepfather had a history of excessive cannabis use and speed. He had also previously abused the child of a previous partner. A number of witnesses including the mother reported a number of incidents during which he was physically violent and abusive towards her child and also observed injuries on her child. The stepfather and mother had previous contact with police who were responding to a call by a neighbour who saw that they had left the son unattended in an annex outside with only a blanket on a very cold night. No action was taken.*

Intervention and Prevention

- The study showed perpetrators experienced multiple stresses, especially mental illnesses and parental separation, but also domestic violence, substance abuse and child abuse. National research is required to test these findings; also the relationship between the stress factors needs further exploration.
- As perpetrators were in contact with health, mental health, counselling, child protection and parental separation services, education is required for these professionals as to the dangers for children whose parents experience the stresses of mental illness, (depression), parental separation, domestic violence, substance abuse and child abuse. Currently underway for GPs. Further research needs to probe why these services seemed unable to respond satisfactorily. A broad service system intervention plan needs to be negotiated (Vincent, 2014).
- Similarities and differences with overseas studies suggest wider societal factors affect the incidence of deaths; thus analytic frameworks integrating the individual with the societal, such as proposed by Brown and Tyson (2014), need to be tested with international comparative studies to platform prevention.

National and International Action Plans

- The Victorian study points to the need for a **National Plan to address Filicide**. Such a plan should develop an **Agenda** for prevention that incorporates research to underpin policies, strategies and models of service provision and education for service system change.
- Similarly, the study suggests an **International Plan** is needed to undertake the same tasks on an international level. Some international research and action networks are emerging that should be further developed to support such a plan. The study suggests that international collaboration is needed for local solutions for intervention and prevention.



The *Second International Filicide Conference*
is to be held 3-4th June 2015
at the Monash Centre Prato, Tuscany, Italy (near
Florence, Pisa, & Lucca)

We hope you will come!