



**SUBMISSION TO ROYAL COMMISSION ON FAMILY VIOLENCE (VICTORIA)**

**This is a submission prepared by the Monash University Filicide Project**

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## FILICIDE AND FAMILY VIOLENCE

### INTRODUCTION

Filicide, the unlawful killing of a child or children by a parent or equivalent guardian (for discussion of definition see Brown, Tyson and Fernandez, 2012) is a form of family violence; the act is both symbolically and actually violent and it often occurs in the context of other family violence, namely intimate partner violence and child abuse. Nevertheless, filicide is not usually considered within a family violence framework but more often within a child protection framework (Butler and Buxton, 2013; Kirkwood, 2012), although two thirds of the children killed in Victoria are not known, or likely to be known, to child protection (Brown, Tyson and Fernandez, 2014).

Filicide has received little attention, in Victoria, in the other states and territories and overseas, from health and welfare services, from researchers, from policy and program experts and from practitioners. The tragedies of the deaths of individual children are acknowledged with shock and sadness by the community when they occur, and subsequent Coroner's enquiries make recommendations for prevention from the individual cases that may or may not be implemented. However as a group these deaths are not usually explored beyond that point. Prevention of filicide through research to build policy and program development and professional expertise does not occur.

### **The Monash Filicide Project**

The Monash Filicide Project team's submission to the Royal Commission is based on our ongoing research and advocacy. We have been involved in work on filicide since 2011 and in that time have:

- Conducted the only retrospective whole of population study, that of all filicide victims in Victoria, 2000 – 2009 inclusive, using the case files of the Victorian Coroner's Office; findings have been published and are attached as Appendix 1,
- Staged the first international conference on filicide (May, 2013 in Prato Italy) and followed up by the second international conference (June, 2015),
- Edited a special themed edition on Filicide of *Child Abuse Review UK (Child Abuse Review UK, March 2014)*,
- Commenced a national study on filicide in partnership with the Australian Institute of Criminology (Dr Adam Tomison) and the NSW Attorney-General's Department (Anna Butler and Emma Buxton), covering all Australian filicide deaths, 2000 to 2012, and extending the age range of victims into adulthood,

- Commenced an exploration of the practice of professionals in a range of family services in Melbourne in relation to filicide with the aim of developing a pilot prevention program,
- Set up a number of international research networks focusing on filicide.

**Based on these studies and initiatives, the team wishes to make recommendations to the Royal Commission to reduce the number of such deaths as follows:**

1. That filicide be recognised as a form of family violence
2. That a public health approach be taken to filicide prevention comprising
  - **Policy and program development** for health, welfare and criminal justice services aimed at prevention of filicide, with funding to support this,
  - The **education of professionals** in health, welfare services and criminal justice services (social workers, psychologists, psychiatrists, general practitioners, mental health staff, criminal justice staff, family law court, magistrates and children's court staff), with funding to support this,
  - The **requiring of targeted services** comprising GPs, mental health services, child and family welfare services, criminal justice services, drug and alcohol services and domestic violence services **to develop and implement**
    - (a) screening for the safety of the children of client parents,
    - (b) safety plans for those children then identified at risk,
    - (c) intervention, short and long term, with those parents identified to be a risk

### **Incidence of Filicide in Victoria**

Pritchard's recent work on filicide, where he compared the incidence of filicide in a range of nations (Pritchard, 2013), shows that Victoria (and the other Australian states) have a relatively high incidence of filicide, higher than that of England. The incidence in Victoria over a ten year period (2000 to 2009) is 5.7 deaths per year (Brown, Tyson and Fernandez, 2014). NSW has a slightly higher incidence in keeping with its slightly larger population (Butler and Buxton, 2013). The annual incidence in all states has never been reliably established but has been variously estimated as ranging from 25 to 27 deaths per year (Mouzos and Rushworth, 2003; Kirkwood, 2012). The new national study should produce a more precise and reliable picture of incidence 2000 to 2012.

The numbers of deaths of children known to the child protection service in Victoria that are killed by a parent or equivalent guardian is known to that service, but it is not clearly reported publicly. However, one study (Victorian Child Deaths Review Committee, 2009) suggests

that the number of the child protection deaths has been decreasing slowly over time. The Victorian filicide study shows that the whole of population filicide deaths has not.

### **Victims**

The Victorian study showed that profile of the age range of victims is similar to that of children who are abused physically (Australian Institute of Health and Welfare, 2012), that is most are very young (under one year of age) or young (under school age). At the same time victims can be any age from 0 to 18 years of age. Boys are more likely to be victims than girls, more commonly so than when they are the victims of parental child abuse. Victims are killed in a variety of ways, including drowning, asphyxiation, assault, knifing, smoke inhalation from a fire, drug overdose or withholding prescribed medication. While the occasional child killed suffered from an illness or disability, this was unusual but bears further investigation.

### **Perpetrators**

Perpetrators fell into three groups in the Victorian study and this breakdown has been confirmed in the most recent studies on filicide undertaken overseas (Pritchard, 2013; Honyck and Zahringer, 2015). The three groups, (1) mothers, (2) fathers and (3) step-fathers, represent a combination of gender and parental role. Mothers and fathers have been found to be responsible for almost equal numbers of deaths and for all types of events, single and multiple filicides, filicide and suicide and filicide, the killing of another family member and suicide (termed familicide). Step-fathers were found to be responsible for fewer deaths (25%) but were disproportionately over-represented in terms of their numbers in the community. Step-fathers kill mostly very young victims and only the one victim; they did not commit suicide or kill other family members. One mother and father acted together. In some other states another family member (aunt, grandparent, step-grandparent) has been involved.

It is important to explain that each perpetrator group carries out a different act; the perpetrator group determines the age at which the child is killed, the gender of the child killed, and the method of killing the child. Furthermore, the range of stresses being experienced by the perpetrator varies according to the perpetrator group as does the way the perpetrator engages with helping services.

### **Stress Factors Associated with Perpetrators**

There is no simple explanation of the cause(s) of filicide. Interviews with surviving perpetrators after the event have produced some explanatory data but approaching filicide from the motivation of the perpetrators has been found to be unproductive in developing intervention (Sidebotham, 2013). In the Victorian study only one third of perpetrators gave an explanation and these were mostly unclear, with "I lost control" being the most frequent one expressed.

However, a number of potentially stressful factors were found to be associated with the perpetrators' situations. Two factors, mental illness and partner separation, spread across all three perpetrator groups but not equally, and three further factors were more specific to one or two groups of perpetrators. Distinct constellations of factors belonged to each perpetrator group. Such constellations have been identified in overseas research (Bourget, Whitehurst and Grace, 2007; Dawson, 2015). Below is a table showing the frequencies of stress factors within the constellations of factors associated with each perpetrator group.

**Table 1: Constellations and Frequency of Stress Factors associated with each of the three Perpetrator Groups**

<b>% Frequency of stress factors within the constellation for Mothers</b>	<b>% Frequency of stress factors within the constellation for Fathers</b>	<b>% Frequency of stress factors within the constellation for Step-fathers</b>
Diagnosed Mental Illness (Depression most common) 92%	Diagnosed Mental Illness (Depression most common) 67%	Perpetrated Child Abuse 87%
Partner Separation 69%	Partner Separation 58%	Abused Drugs or Alcohol 87%
Victim of Intimate Partner Violence 23%	Abused Drugs or Alcohol 23%	Inflicted Intimate Partner Violence 75%
Perpetrated Child Abuse 21%	Perpetrated Child Abuse 23%	Partner Separation 75%
Abused drugs or alcohol 21%	Inflicted Intimate Partner Violence 7%	Partner Separation 22%

### **Use of Helping Services**

Most perpetrators had used health and welfare services within the twelve months preceding the deaths. However the pattern of usage and the type of services used varied according to the perpetrator group. Mothers initiated contact with family and friends, GPs, mental health services, and child protection. Fathers contacted GPs, their family and friends, only occasionally mental health but no other services. Few step-fathers initiated contact with

friends or services but over half were contacted by criminal justice services and one fifth by child protection.

Although services failed to prevent these particular deaths, there was evidence from the City of Wyndham that services do prevent deaths. The outer-suburban Melbourne municipality of Wyndham showed an undue proportion of deaths and it was considered that the likely explanation was a relative absence of health and welfare services accessible to the local people.

### **Role of Family Violence**

Family violence was present for many of these children but its role varied according to the type of perpetrator who killed the children. Family violence was at its height for those children killed by a step-father. Many of them, and their mothers, had suffered abuse from him prior to being killed. Some mothers who had killed a child or children had suffered from intimate partner violence inflicted on them from their child's father. Some fathers who killed a child had previously inflicted intimate partner violence on the mother; more had abused the child prior to their death. However, family violence did not exist in isolation for these families. Constellations of stress factors existed at the same time (see Table 1) but the linkages between them, apart from their co-existence, are not yet known.

### **Leadership in Research, Policy and Program Development and Professional Practice**

Research, policy and program development in filicide in Victoria, and in Australia more broadly, is embryonic. The Monash Filicide Project and its current partners from the AIC and AGD NSW are very active. The National Study will give reliable data on filicide that will underpin further policy and program development nationally and for the various states, including Victoria. The work with Family Life will lead to new local service intervention models for the use of all similar community services and for the professional practice of the staff employed there. The International Conference series on Filicide and the associated ongoing research networks and research collaboration ensures a constant stream of knowledge flowing in to the Monash Filicide Project.

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**Appendix 1: Paper published as article in Child Abuse Review UK, April, 2014****TITLE OF PAPER: FILICIDE AND PARENTAL SEPARATION AND DIVORCE**

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**ABSTRACT**

This paper discusses the findings of a 10 year study of filicide in Victoria, Australia, using the data from selected case files held in the Victorian Coroner's Office for the period 2000-2009. The study sought to examine whether separation is a factor in filicide cases as well as the role of other factors, such as domestic violence and mental illness. Also, the study sought to identify whether filicide perpetrators had contact with support services including family and friends, General Practitioners, mental health services and child protection services in order to ascertain how these services might more appropriately identify those families most at risk prior to the filicide.

The study found that while separation was a factor identified in a significant number of cases, more cases analysed showed evidence of mental illness, mainly depression. These findings suggest the need for improved strategies in preventing filicide by identifying risk factors and improving service responses for victims prior to these tragic events.

## **Introduction**

In Australia, there have been a number of recent high profile cases reported in the media involving the murder of a child or children by a parent, many of which occurred within the context of parental separation. While such cases typically give rise to much speculation as to whether, and to what extent, the motive for the filicide and/or filicide-suicide was a legal dispute about parenting following separation, there is little information about the background of perpetrators or the circumstances of the offence (Johnson, 2008).

While there is a growing body of research examining filicide that has identified parental separation and divorce as a factor in filicide cases (Mouzos and Rushworth, 2003; Johnson, 2005, 2008; Kirkwood, 2012), Australia currently lacks any comprehensive review of filicide cases (cf. Strang 1996; Alder and Polk 2001). There are state reviews of the deaths of children known to child protection services (eg. AIHW, 2012; Victorian Child Death Review Committee, 2009), and reviews of deaths resulting from domestic violence (eg. Bugeja *et al.*, 2013), and many states and territories have Child Death Review Teams which consider every child death (AIFS, 2013; Newton *et al.*, 2010; NSWCDRT, 2008). In order to fill this gap in existing Australian research, we commenced the study with the aim of identifying whether, and to what extent, there was a relationship between separation and filicide. However, similar to the findings in other research in the UK, we found that the experiences of perpetrators who killed a child were much more complex particularly if they had developed psychological and/or relationship problems throughout their lifespan (Stroud, 2008: 499-501).

This article presents the findings of a 10 year study of filicide in Victoria, Australia, using the data from available case files held in the Victorian Coroner's Office for the period 2000-2009. The study found that while separation was a factor in many cases, more cases analysed showed evidence of mental illness; most perpetrators had some form of contact with community services, yet filicide still occurred. This gives rise to questions as to how such services may be improved to facilitate better support and outcomes for families at risk.

## **Past Research**

There is a significant body of international literature in relation to filicide. While one Canadian study has linked parental separation with filicide deaths (Bourget *et al.*, 2007), the research as a whole has a narrow understanding of other associated factors, for example

mental illness which has been understood as limited to an acute psychotic episode or illness rather than including other less acute kinds of illness, such as depression (Liem and Koenrad, 2008).

While early studies suggested that filicide may have been gendered, this has since been refuted by other studies that refer to gender being a factor in different kinds of filicide deaths (eg. Bourget *et al.*, 2007; Putkonen *et al.*, 2011; Kirkwood, 2012). Domestic violence has also been linked with filicide (Jaffe *et al.*, 2012) and this association has often derived from the work of Family Violence Death Review Committees (Jaffe *et al.*, 2013; Martin and Pritchard, 2010) and from the examinations of the deaths of children under the care of state Child Protection Services (Jaffe *et al.*, 2012). Substance abuse has also been associated with filicide, particularly in relation to the deaths of children who were known to Child Protective Services in Australia (eg. Victorian Child Death Review Committee, 2009).

A study conducted in Western Australia by Johnson (2008) of all cases of familicide (meaning filicide, suicide and murder of a partner) for the period 1989 to 1999, examined the family's experiences of the Family Court of Australia and the perpetrator's history of domestic violence and mental illness. While many of the cases analysed by Johnson showed evidence that 'the perpetrator's lack of individuation from the children and the spouse leads to homicide as an extension of the perpetrator's suicide', she also found that many cases also 'pointed towards a retaliatory motive' following relationship breakdown (Johnson, 2008: 130-31). These findings are similar to early research on filicide that identified motives for the deaths and led to the categorisation of cases on the basis of motive, (eg. Resnick, 1970). More recent research has focused on biographical histories of the perpetrators in child homicides. A study by Stroud (2008) examined the pre-offence experience of 68 individuals, charged with child homicide or an attempt, who had been assessed by forensic psychiatrists as part of court processes. The study found that the interaction of past and enduring experiences of stressful experiences on the perpetrator (for example the presence, role and effects of psychological difficulties; difficulties in relationships across the lifespan or social isolation) with mental state was causative on the individual who went on to perpetrate the filicide (Stroud, 2008; see also Stroud and Pritchard 2001).

Other research has shown that perpetrators may give warning signs about their harmful intentions to family, friends and health or community services (Friedman and Resnick, 2007;

Kauppi *et al.*, 2010). Wilczynski (1997), one of the few researchers to consider the help seeking behaviour of filicide perpetrators, found perpetrators sought help from community services, usually from a medical or a social work service, prior to perpetrating filicide. In contrast, Stroud (2008) found that while just over a third of individuals sought help for their difficulties before the offence they sought help from the wrong service, did not reveal the full extent of their difficulties, or received a poor professional response. Moreover, there were some individuals who would not have been able to engage services unless they received in-depth therapeutic help over time to help them engage with, address and confront difficulties and conflicts (Stroud, 2008).

### **Research Aim and Design**

The aim of this research was to examine all cases of filicide in Victoria, Australia, in order to identify perpetrator characteristics and what factors were associated with the deaths including parental separation, mental illness, domestic violence, gender and substance abuse. The study also wanted to investigate whether the perpetrator had sought help for their difficulties prior to the offence and the interaction and outcome of service contact.

The time period, 2000 to 2009 inclusive, was selected as coroner's files were not available for access prior to 2000. Another limitation was that some case files for the period were not closed and the researchers were therefore denied access to them. The initial data source for this study comprised a total of 57 cases of filicide; however, 14 of these were not closed by 2011, 1 case had both parents as perpetrators, and 2 cases had unidentified perpetrators which left the study with a final sample of 40 cases of filicide.

There is growing support for the value in undertaking research that draws on the tradition of psychological autopsies to analyse case files relating to a given phenomenon such as suicide or filicide. Whereas some have preferred the term sociological autopsy (eg. Scourfield *et al.*, 2011), this study's approach resembled that of Stroud's psychosocial analysis of forensic psychiatric reports that were prepared for court, and which provide fully the context of the offence and the individual's background and psychological history (2008)

### **Incidence**

In the sample of filicide cases for the period, there were 57 children who were found to have died at the hands of their parent or carer in Victoria. This is an average of 5.7 children, aged

between 0 to 17, per year. Mouzos and Rushworth (2003) have suggested that approximately 25 children across Australia die as a result of filicide each year. Without reliable data on the occurrence of filicide in each state, it is difficult to compare Victoria with other states. Based on figures from the National Homicide Monitoring Program (NHMP) database, housed within the Australian Institute of Criminology, it would seem that Victoria has the lowest per capita incidence of filicide in Australia. This comparative incidence of filicide across Australian states and territories requires further investigation.

### The Victims

The children who died were aged between 0 to 17 years (see Table 1). There were 2 cases identified as a neo-naticide death; that is, involving a child who was killed within the first 24 hours of birth. The most vulnerable group were the under 1 year age group and almost two thirds (n=15) of the total children who were killed were under 4. At the same time, there were 5 children in the 5 to 9 age group and 4 in the 10-14 age groups. These figures suggest that growing older was a protective factor but not an absolute one. The age distribution for filicide cases in this study is also reflected in child abuse statistics and has also been observed in other filicide studies conducted internationally (AIHW, 2012; Finkelhor and Ormrod, 2001). Male children were killed at almost twice the rate of female children killed (see Tables 1 and 2). This is similar to other research but the numbers of male children who have been killed is lower (Bourget *et al.*, 2007).

### Relationship of the Victims to the Perpetrators

This study considered cases of filicide perpetrated by biological or non-biological parents and step-parents. The victims were killed by: biological mothers (n=16), biological fathers (n=15), and step-fathers (n=9). Table 1 below shows the relationship between the numbers of children killed and the three major groups of perpetrators.

**Table 1: Parent Types and Numbers of Children Killed**

Parent Child Relationship, Gender and Numbers of Victims			
	Male	Female	TOTAL
Father	11	4	15
Mother	12	4	16
Stepfather	5	4	9

<b>TOTAL</b>	27	13	40
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Although mothers, fathers and stepfathers were almost equally represented as perpetrators of filicide, there were twice as many male perpetrators of filicide compared to female perpetrators of filicide. When parent type, age of child and gender of child are combined as in Table 2 below some further patterns emerged.

**Table 2: Parent Type, Age of Child, Gender of Child and Numbers of Children**

Age of Child	Female Victims			Male Victims		
	Father	Mother	Stepfather	Father	Mother	Step father
<1	2	1	0	6	4	1
1 to 4	1	1	4	1	5	3
5 to 9	0	2	0	1	1	1
10 to 14	0	0	0	2	2	0
15 to 18	1	0	0	1	0	0
<b>TOTAL</b>	4	4	4	11	12	5

Table 2 shows cases that relate to the type of perpetrator. For example, stepfathers did not often kill children less than 1 year, possibly because they had not entered into the child's family as the mother's new partner at this point. However, step-fathers killed children mostly in the 1-4 year age group. There was no difference between the numbers of male or female children killed by stepfathers. Biological fathers, on the other hand, killed children less than 1 year more frequently and killed children in the 1-4 age group less frequently. Children aged 15 to 18 were only killed by their biological father. Moreover, biological fathers killed male children at twice the rate of female children (11 compared to 4). Similar to biological fathers, biological mothers killed children under 1 year most frequently, and they killed substantial numbers of children in the 1 to 4 age group (n=6). Biological mothers were also found to have killed older children less frequently and did not kill any children over the age of 14 years. Finally, biological mothers killed male children at three times the rate of female children (12 compared to 4).

### Types of Filicide

Single filicide deaths were found to be the most common (n=24 children), with a noticeable gap between the incidence of single and multiple filicide deaths (n=5 children). Single filicide and suicide (n=4 children) occurred as frequently as multiple filicide and suicide (n=4 children) and familicide, (n=3 children), occurred less often. Thus, three quarters of the deaths of children in our study occurred as single filicide and were perpetrated by a parent who did not commit suicide at the time. Table 3, below, shows the types of filicide for each perpetrator group.

**Table 3: Incidence of Types of Filicide as Carried out by Type of Perpetrator (n=34)**

	Single Filicide	Multiple Filicide	Single Filicide & Suicide	Multiple Filicide & Suicide	Familicide
Fathers	8	3	1	2	1
Mothers	7	2	3	2	2
Stepfathers	9	0	0	0	0
Total	24	5	4	4	3

Table 3 illustrates that across all single filicides, father, mothers and stepfathers are nearly equally represented. Multiple filicides were only perpetrated by mothers and fathers. There were only 4 mothers who committed suicide and filicide. Some studies have suggested that mothers may be more likely to perpetrate filicide in the course of ending their own life, due to concerns for the wellbeing of the children after the mother's suicide (Kirkwood, 2012). In this study, there were more mothers who committed familicide.

All the stepfathers in this study perpetrated single child filicides. Since stepfathers were also found to have killed those children between the ages of 1 to 4, it may be that step-fathers are less able to cope with the demands of parenting. This requires further investigation but it parallels findings from research by Finkelhor and Ormrod (2001) who found a link between a male caretaker's low levels of tolerance for young children's crying, soiling, and disobedience and child abuse fatalities (see also Cavanagh *et al.*, 2007).

### **Parental Separation and Divorce**

When examining the relationship between parental separation and divorce and filicide, the meaning of parental separation and divorce must be defined. Johnson (2008) has argued that



the process of separation and divorce can be extremely difficult and lengthy, spanning many years. Moreover it is the belief that parties hold about the status of their relationship that determines their actions rather than the objective facts (Johnson, 2008).

Thus, the current study included within the definition of separated and/or divorced: those who had separated and were living apart (n=6), those who had separated but were living together (n=2), and those who believed they were in the process of separating and or divorcing (n=10). The question of stepfathers was difficult in that they had all entered the family of the victim due to a separation or divorce between the child's biological parents. However they were considered to be separated or divorced only in cases where the stepfather had subsequently separated from the biological mother of the child.

Looking at the victims, just over half (n=23) had parental separation or divorce in their family background. These comprised 12 children whose mother had killed them, 9 children whose father had killed them and 2 whose stepfather had killed them. If the frequency of parental separation and divorce is assessed on the basis of perpetrators, it remains at just over half the perpetrators; that is, at the same level. Parental separation was also assessed as to whether it was recent or not. There were 17 victims for whom the separation between the parents was recent, in the sense that it was a contributing factor and 5 victims where it was not.

### **Mental Health of Perpetrator**

Determining whether or not a perpetrator was suffering from a mental illness is difficult. This study used the presence of a mental illness as formally diagnosed by a medical practitioner, by a General Practitioner (GP) or by a Psychiatrist, as the definition of the existence of a mental illness. In this study, this definition included psychotic illnesses (such as paranoid schizophrenia) and other mental illnesses (such as bipolar disorder or depression) but it did not include descriptive assessments of behaviour (such as "very anxious" or "very angry").

There were 29 children (almost 75% of the overall dataset) who were killed by a perpetrator who had been diagnosed with a mental illness. 15 victims were killed by mothers with a mental illness (n=15) and only one female perpetrator was not suffering from a mental illness. Mental illness varied according to prevalence by perpetrator group; for instance,

mental illness was an important factor across all groups of parents (n=24) but more so for mothers (n=12) than for fathers (n=7) or stepfathers (n=5).

There were a variety of mental illnesses that were found to be present in the cases. This study's findings illustrate that depression was by far the most common mental illness (59.3% of all perpetrators), followed by paranoid schizophrenia (18.5%), obsessive compulsive disorder (3.7%) and a variety of diagnoses that were less precise, such as psychosis, (11.1%), suicidal ideation (11.1%), nervous breakdown (7.4%), homicidal ideation (3.7%), irrational violence behaviour (3.7%) and mood swings (3.7%).

Depression was almost equally common amongst mothers (72.7% of all perpetrators) and fathers (71.4%) but far less so among stepfathers (33.3%) who were less likely to be suffering from any kind of mental illness. Fathers suffered from depression, homicidal ideation, paranoid schizophrenia, obsessive compulsive disorder and mood swings. Mothers suffered from the same range of illnesses with the addition of suicidal ideation. Mental illness among the perpetrators, whichever way it was counted, was more common than parental separation. One issue was notable, the medical assessments of suicidal ideation and homicidal ideation. These were made without further follow up of children's safety according to the case file data.

### **Domestic Violence, Child Abuse and Substance Abuse**

Given the extent to which domestic violence and child abuse have been found to be both a cause and consequence of parental separation (Brown *et al.*, 1998; Brown and Alexander, 2007; Bagshaw *et al.*, 2010; see also Kirkwood, 2012), the relatively low incidence of domestic violence and child abuse in the study is surprising. Domestic violence in particular may have been understated due to the focus of the data collection being the child's death, and because domestic violence like child abuse is often kept as a secret within the family and/or underreported.

A total of 10 victims suffered from domestic violence, for 5 victims it was unknown but could have been likely, and 25 victims had no reported presence of domestic violence. Similar numbers are identified for child abuse with 13 victims suffering child abuse and 5 unknown but likely victims. There were also 13 victims with a parent with substance abuse though this was most commonly present in stepfathers (n=7). Mothers (n=3) and fathers

(n=3) were not likely to have substance abuse problems. The findings show that stepfathers are the most common perpetrators of domestic violence and child abuse and suffer from substance abuse.

### Prior Use of Services

As demonstrated in the international literature filicide perpetrators in the study (n=22) had been in contact with community services prior to the deaths and community services had approached families at their own initiative as well. Table 4 below shows the incidence of contact made by the perpetrator and by both the perpetrator and the services added together.

**Table 4: Contact by community services with perpetrator and contact with community services made by perpetrator according to type of perpetrator**

PERPETRATOR			CONTACT SOUGHT WITH COMMUNITY SERVICES						CONTACT SOUGHT BY PERPETRATOR					
			YES		NO		UNKNO		YES		NO		UNKN	
<b>Father</b>	7	25.9	5	71.4%	1	14.3%	1	14.3%	5	71.4	1	14.3	1	14.3
<b>Stepfa</b>	9	33.3	6	66.7%	0	0.0%	3	33.3%	5	55.6	2	22.2	2	22.2
<b>Mothe</b>	1	40.7	11	100.0	0	0.0%	0	0.0%	1	90.9	1	9.1	0	0.0%
<b>TOTA</b>	<b>2</b>	<b>100.</b>	<b>22</b>	<b>81.5%</b>	<b>1</b>	<b>3.7%</b>	<b>4</b>	<b>14.8</b>	<b>2</b>	<b>74.1</b>	<b>4</b>	<b>14.8</b>	<b>3</b>	<b>11.1</b>

Most perpetrators (81.5%, n=22) had contact with at least one of these services (eg. GPs and Mental Health services, counselling, child protection or criminal justice services, drug and alcohol services), and most (74.1%, n=20) had made contact themselves. In this sample all of the biological mothers were in contact with services (100%, n=11) and 90.9% (n=10) had initiated contact with the service themselves. Some 71.4 % (n=5) of fathers were in contact with services and they had all made the contact themselves. Some 66.7% (n=6) of step-fathers were in contact with services and 55.6% (n=5) had made contact themselves.

Mothers were in contact most frequently with GPs and Mental Health services (72.7%), and counselling (45.5%). Fathers sought help less often from GPs (57.1%) and not at all from mental health services. Only 14.3% of fathers had contact with child protection or the criminal justice services, about half the rate of mothers. The pattern was very different for stepfathers. Their contacts were most commonly with the criminal justice services (55.6%),

drug and alcohol services (33.3%), with child protection services (22.2%) and with GPs (22.2%).

For mothers and fathers the key services contacted were health services, particularly the GP. Given that many perpetrators were suffering from mental illnesses questions arise as to whether the GP would be the best professional to manage the perpetrator's illness and the associated safety concerns. For example, would GPs recognise the risks to perpetrator's children and in the event that the risks were identified, would they then be able to manage them? Furthermore, are there local services available to support or complement the GPs in this work? A number of the GPs expressed great distress that their patient had committed filicide. They had thought they were managing the patient well, had the trust of the patient and had not predicted the fatal outcome, even when a patient had a history of suicidal depression with admissions to hospital.

### **Family Profiles**

The study suggests that there are a variety of stress factors which may increase the risk of filicide in families. In the study mental illness, (especially depression) combined with parental separation, was the most commonly associated factor for mothers and fathers in the killing of their children. Parenting very young (1-4 years) to young children (5-9 years), especially boys, combined with parental separation and mental illness, created vulnerability for children. Danger for older children remained, albeit somewhat less, from fathers. Some parents where separation had occurred expressed a clear association between the separation and their actions. Some expressed an association between mental illness and their actions. Mental illness was more frequent among those who were separated than those who were not and this was even more so for mothers. Mothers attempted to engage with services for help more than fathers but both nonetheless used services.

For stepfathers parental separation was not an associated factor in the same way, rather it was an underlying factor that allowed their entry to the family. Considering the lower incidence of stepfathers in the study they present with higher rates of co-occurring mental health and substance abuse issues. When step fathering is combined with parenting very young to young children (of both genders), domestic violence, and substance abuse the danger for children is high. While mental illness is an associated factor, it is not as common among stepfathers as among mothers and fathers.

## **Conclusions**

Using a psychosocial approach, this filicide study showed an average of 5.7 children were killed annually in Victoria, a State of 4.5 million people; the perpetrators were either mothers, fathers or stepfathers, mental illness was commonly found across all perpetrator groups as was parental separation, although somewhat less. Family violence was less common and so was substance abuse and both were frequently associated with stepfathers. Perpetrators consulted services but this did not prove to be a protective factor. Consequently it seems important to alert services further to the issue of filicide and to work with them to develop plans to address this client group.

The small number of filicide studies in Australia, and internationally, makes it difficult to determine the full meaning of the findings, thereby reducing the certainty of findings relating to causes and to intervention. The studies undertaken overseas suggest that social conditions and social policies impact on filicide deaths but which conditions and which policies and to what effect is not clear. Finally, there is a need for further research, particularly for inter-country comparisons, to build better theory for intervention.

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