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Filicide: Implications of new research for practice

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Abstract

Filicide, the killing of a child by their parent, stepparent, or equivalent guardian, is a tragic event, but one that receives little attention except when a particularly distressing death occurs. It is not generally appreciated that Australia has a relatively high incidence of filicide in comparison with other countries of similar socio-economic development. One child dies in Australia almost every fortnight at the hands of a parent, stepparent or equivalent guardian.

Although late to begin investigating filicide, Australian researchers have undertaken a considerable amount of research on filicide in recent years, identifying incidence in each state and territory, the victims and perpetrators, and the constellation of factors that surround them. Research has shown that a different constellation of factors surrounds each of the three major parental types of perpetrators: mothers, fathers and stepfathers. Research also has shown the contacts that have occurred between victims, victim families, perpetrators and the services that attempted to intervene and, sadly, how the interactions between them failed to prevent the child's death.

The task now is to move this new research-based knowledge into the practice of professionals and the programs and policies of services encountering these families. In this article, recent Australian research is reviewed and integrated to produce new practice insights, including red flag alerts, for relevant professionals and services.

Keywords:

child abuse, domestic violence, familicide, filicide, filicide-associated factors, mental illness, red flags.

Introduction

Filicide is a tragedy for the child, for the non-perpetrating parent, for other family members and for the wider community. It occurs in every country in the world; it is a universal social problem, but one that shows a different face in different countries (Koenraadt, 2013).

Australia is a country with a surprisingly high incidence of filicide in comparison with countries in similar socio-economic circumstances (Pritchard et al., 2012, 2018). Australia's high filicide incidence has not been recognised, nor has the fact that it has become a social problem requiring action (Buiten, 2022).

After a late start, Australian research on filicide has grown rapidly, but there is further work ahead if prevention is to be achieved. This article presents recent summarised research and discusses how it can be incorporated into professional practice, including professional and organisational case management practice programs and policies.

Definition of filicide

Filicide is generally defined as the killing of a child, or children, by a parent, a stepparent or an equivalent guardian, such as a grandparent or foster parent, who is a guardian of the child. Carers and babysitters do kill children, but they are usually not included as perpetrators in filicide research. For example, they are not included as perpetrators in the research led by the Monash Deakin Filicide Research Hub (Brown et al., 2014, 2019, 2022). However, they have been included in the Queensland Family and Child Commission's (2022a) research.

Filicide encompasses several types of killing, namely: (1) neonaticide, the killing of a newborn child; (2) infanticide, the killing of a child up to 2 years of age by the child's mother; (3) familicide, the killing of all family members, all the children and the other parent; and (4) filicide–suicide or familicide–suicide, where the perpetrator kills themselves as well.

The emergence of Australian research on filicide

While research on filicide began internationally some 60 years ago (Resnick, 1969), it did not commence in Australia until the Australian Institute of Criminology used the National Homicide Monitoring Program, located in Canberra, to explore filicide, its incidence, the victims, the perpetrators and possible factors associated with it (Mouzos & Rushworth, 2003).

That research found that approximately twenty-five children died at the hands of their parent, stepparent or equivalent guardian each year at that time. Thus, one child was killed in these circumstances almost every fortnight at that time. Subsequent research (Brown et al., 2019) confirmed this annual toll and, in addition, showed the numbers did not decrease in the 12 years covered by the study. The numbers vary from state to state, with Victoria having the lowest incidence per capita and Queensland the highest. Thus, these deaths are not rare, as is often assumed; they occur regularly and in every Australian state and territory. The most recent national filicide study (Australian Domestic and Family Violence Death Review Network, 2024) has produced slightly lower numbers of deaths but the boundaries defining deaths in this study are different from the earlier national study (Brown et al., 2019).

Constellation of factors surrounding the deaths

The earliest research (Resnick, 1969) focused on finding a cause for the perpetrator's actions and explored the perpetrator's motivation. However, research shifted to investigating potential multiple causes (Bourget et al., 2007; Brandon, 2009; Sidebotham et al., 2016; Stroud, 2008), and Australian research followed this change. Australian research has found multiple factors surround both the victim and the perpetrator, and these have been termed a constellation of associated factors.

Factors surrounding victims

Most of the filicide victims in Australia are children in the under-5-year-old age group, and especially in the under 1-year-old age group (Brown et al., 2019), although a small number of children are older. Male children are slightly more numerous than female children among Australian victims. Aboriginal and Torres Strait Islander children are over-represented, particularly in Queensland and NSW, and this has been viewed as stemming from the disadvantages these families have suffered from colonisation, intergenerational trauma and the ongoing absence of justice and appropriate service provision (Australian Domestic and Family Violence Death Review Network Data report, 2024). Most recently, victims with health problems requiring hospitalisation, and victims with disabilities, have been found to be over-represented (Brown et al., 2022; Queensland Family and Child Commission, 2022a; Rupp, 2018). Many victims (40% in Victoria and 47% in Queensland) had previously been notified to Child Protection, some repeatedly (Brown et al., 2022).

Thus, being under 5 years-of-age, being notified to Child Protection, having health problems and being Indigenous comprise the constellation of factors surrounding victims.

Factors surrounding perpetrators

Perpetrators in Australia have been found to be mothers, fathers, fathers and mothers acting together, stepfathers and stepfathers and mothers acting together (Brown et al., 2012, 2014, 2019, Brown et al., 2022). The death of Elizabet Struhs, aged 8 years, and killed by her mother, father and a brother acting jointly with members of a community church group, all of whom have now been convicted of manslaughter, involved an extraordinary group of perpetrators in the Australian environment (Messenger, 2025). Stepmothers have been reported as perpetrators in overseas research (Dawson, 2018). Mothers and fathers occur almost equally as perpetrators, with some variations in the different states. Stepfathers are over-represented. Male perpetrators taken together (fathers and stepfathers) outnumber female perpetrators (mothers).

The most common factors found across all perpetrators in the Australian studies are: suffering mental illness; perpetrating domestic violence; suffering domestic violence; experiencing, or having had, a partnership separation; using illegal substances; having a criminal history; and having been a victim of childhood abuse (De Bortoli et al., 2013; Brown et al., 2014, 2014; Butler &

Buxton, 2013; Eriksson et al., 2014; Brown et al., 2019; Johnson & Sachmann, 2018). Very recent Queensland research, which reviewed case files of children killed by a parent, stepparent, carer or guardian in that state over the years 2004 to 2020, confirmed these factors but added an additional and important one, the threat to kill a child that was reported to an agency (Queensland Family and Child Commission, 2022a, 2022b). This was also noted by Brown et al. (2022).

Victorian research has examined these factors and found that mothers, fathers and stepfathers have different constellations of factors associated with them (Brown et al., 2022). These differences are displayed in the breakdown of the occurrence of factors in each parental group as follows:

- Inflicting physical violence on partner (0% of mothers, 90% of fathers, 100% of stepfathers);
- Being a victim of physical domestic and family violence (36% of mothers, 0% of fathers, 0% of stepfathers);
- Inflicting physical child abuse, (19% of mothers, 80% of fathers, 100% of stepfathers);
- Suffering mental illness, (72% of mothers, 60% of fathers, 33% of stepfathers);
- Having a partnership break down (45% of mothers, 50% of fathers, 0% of stepfathers);
- Inflicting physical domestic and family violence after separation (0% of mothers, 40% of fathers, 0% of stepfathers),
- Being involved in a parenting dispute (0% of mothers, 30% of fathers, 0% of stepfathers);
- Using illicit substances (18% of mothers, 40% of fathers, 100% of stepfathers),
- Having a criminal history (18% of mothers, 60% of fathers, 33% of stepfathers); and
- Threatening to kill a child that was reported to an agency (0% of mothers, 30% of fathers, 0% of stepfathers).

The relationships between each of these factors are not clear. Some relationships between factors have been identified, such as the relationship between violent and abusive fathers, parental separation and the child or children's death, and the relationship between mothers who have migrated recently who suffer domestic violence and depression and a child's death. The question of the role of trigger or tipping events is uncertain. Stroud's (2008) male perpetrators often recounted trigger events but an Australian study of female perpetrators found there were none (Buiten, 2022).

The role of services

Most researchers see health and welfare services as the key to prevention, emphasising the importance of the services' accessibility and availability, their use of appropriate models of intervention and their employment of expert trained staff. Indeed, research has confirmed the role of services in prevention by discovering that areas with few or no services have higher rates of filicide than nearby areas with many more services (Australian Domestic and Family Violence Death review Network, 2024; Brown et al., 2014; Manriquez & Fernandez Arias, 2018).

National, Victorian and Queensland studies have shown that almost all perpetrators have contact with services, and some with many services. The most recent study showed that perpetrators had contact with an average of three to five services, with fathers having the most contact and stepfathers the least (Brown et al., 2022). The type of service contacted, and the contact itself, varied according to the parental role of the perpetrator. Mothers had contact with supporting health services, Maternal and Child Health Centres most often, followed by psychiatrists and general practitioners. Fathers had contact with social control services, Child Protection most often, and with health services, hospitals and community health centres. Stepfathers had contact with Child Protection. However, the number of service contacts with fathers and stepfathers was deceptive because it was usually the services that instigated contact and the perpetrators did not stay in contact with them for long.

Mothers' contact with services

National, Victorian and Queensland research has identified that mothers kept contact with services for longer than fathers and stepfathers (Brown et al. 2014, 2022; Queensland Family and Child Commission, 2022a). Mothers attended Maternal and Child Health Centres for some months and longer but eventually drifted away from the service. They did not return to appointments and the Centres did not follow up. Sometimes mothers changed centres, but the centres did not appear to notice or to ask why or to consider taking further action. All the mothers were diagnosed currently or retrospectively by medical practitioners as depressed, but the services did not seem to notice the mothers were depressed. Some signs, like vagueness or sleeplessness, were noted but the significance was not understood. On occasions, mothers were described as coping well, when in fact they were not.

Fathers' contact with services

Fathers did not usually engage with the services that contacted them from the outset (Brown et al., 2022). They eluded the services, failing to appear for appointments and/or weren't home when workers called by for an appointment. Some would keep one appointment, appear willing to engage and to work to ameliorate the issues the service raised, but then miss further appointments. This pattern was repeated in their contact with the supporting services to which they were referred. They would either not follow up the referral or follow up, have some contact, and then not respond further. Some fathers refused health services for their partners and children. Some strived to avoid scrutiny from Child Protection. They took the child to several different emergency hospital services and/or community health centres. The mothers of these children raised possible physical illnesses at hospitals, but rarely raised their suspicions of abuse, except for one mother where the doctor did not recognise any abuse from her description.

Stepfathers' contact with services

Stepfathers were the most elusive and stayed well away from any contact when services attempted it. These children died shortly after the service was notified and opened a file (Brown et al., 2022).

Interaction between perpetrators and services

Overall, findings from Australian research studies revealed a pattern of interaction between perpetrators and the services whereby the service made an initial contact, but either did not recognise the severity of the family's problems, such as in the case of depressed mothers, or could not further engage the perpetrator, such as in the case of violent and mentally ill fathers and violent and abusive stepfathers. Thus, the perpetrator avoided the service. Reportedly, fathers and stepfathers were difficult to work with, but their evasions did not raise any alarm and they were not pursued. Mothers were usually not obviously difficult to engage, but they faded away and were not pursued.

The danger to the child was rarely recognised and, when abuse was identified, the possibility of filicide was not appreciated. Sometimes myths seemed to govern actions, like the myth of removing a violent father meaning the child was protected, or moving in another family member to protect the child or using another children's service to maintain vigilance over the child and family. These actions did not protect the children. The families were not part of a long-term plan and intervention had no timelines or regular and close surveillance. They needed long-term planned intervention that included support, understanding (despite the violence), parenting education, mitigation of violence, and addressing of the many problems the families had in addition to childcare problems.

Moving research into practice

The Queensland research is the first study to use its findings to develop new directions for practice (Queensland Child and Family Commission, 2022a, 2022b). Reviewing all the literature and all the case files, researchers took the factors surrounding victims and the factors surrounding perpetrators that had been identified and presented them as a set of integrated risk factors. These risk factors were named red flags to be used by service professionals to assess the danger of filicide happening in individual cases presenting to services. Researchers set out a schedule of 'red flags' to alert professionals to the signs that the research indicated warned of filicide. The red flags covered all perpetrators.

The Victorian research (Brown et al., 2022) took the same framework and developed constellations of risk factors that were red flags. However, that research developed constellations of risk factors for each parental group. The risk factors developed were as follows:

The constellation of interlinked red flags for mothers:

- Living with a child or children under 5 years of age, and
- Having a diagnosed mental illness, particularly depression, and
- Disengaging from services or not following up referrals to services.

Within the group of mothers were subgroups of mothers born overseas (in Brown et al. (2018), these mothers were from Southeast Asia and in last study from India) who had migrated to Australia as married or engaged women. David and Jaffe (2018) argued that the process of migration underlies their filicide and not their culture of origin. However, these groups of mothers need further exploration in terms of their problems and strategies for assistance. The risk factors for these mothers were four interlinked factors:

- Living with a child under 5 years of age, and
- Being born overseas, and
- Being a victim of domestic and family violence, and
- Having a diagnosed mental illness, especially depression.

The constellation of interlinked red flags for fathers:

- Living with a child under five, and
- Having a diagnosed mental illness, and
- Perpetrating domestic violence, and
- Perpetrating child abuse, and
- Currently using illicit substances, and
- Having a partnership breakdown, and
- Having a criminal history, and
- Eluding, avoiding, disengaging, or refusing services.

Within this group was a subgroup of separated fathers. The risk factors for these fathers were seven interlinked factors:

- Living near to children who now lived apart from the father, and
- Having had or having a partnership breakdown, and
- Perpetrating domestic and family violence prior to separation, and
- Perpetrating domestic and family violence after separation, and
- Having a parenting dispute, and
- Abusing the child or children, and
- Threatening to kill the child and that threat being reported to an authority.

The constellation of red flags for stepfathers:

- Living with a stepchild, and
- Perpetrating domestic and family violence, and
- Perpetrating child abuse, and
- Having a criminal history, and
- Using illicit substances, and
- Eluding, avoiding, disengaging, or refusing services.

Red flags are well established in the field of domestic homicide (Ferguson & McLachlan, 2020), but only the Queensland and Victorian frameworks have been developed to alert for the danger of filicide. The alerts are not infallible, but they do encourage professionals to consider potential danger and, when danger is identified, to take preventive action. The emphasis is on the constellation of factors and not on any single factor.

Moving the red flag or risk factor alerts into organisational processes

Canadian research (Bourget et al., 2007) has suggested that the members of families in which filicide occurs, the victims and the perpetrators, have contact with a wide variety of services prior to the child's death, and research confirms it is the same in Australia (Brown et al., 2022). Many different services and professionals encounter them. However, two services, Maternal and Child Health Centres and the state Child Protection service, have the most contacts with these families. Maternal and Child Health Centres were used by almost every mother and some violent fathers, who accompanied the mothers on the visit, and Child Protection

services were in contact with almost every father and stepfather, and one mother. The Maternal and Child Health Centres might be described as the first protective service for children, and Child Protection as the last protective service for children. Thus, moving research knowledge on filicide into these two organisations is a high priority.

Maternal and Child Health Centres

Maternal and Child Health Centres initiate contact with the parents of all newly born babies shortly after they leave hospital. They are the first line of defence in the wellbeing and health of children, but they are not structured, like Child Protection services, to address actual or potential abuse of a child. Nevertheless, they were in contact with almost all the mothers, as found in four of the various Australian filicide studies (Brown et al., 2014; Brown et al., 2019; Brown et al., 2022; De Bortoli et al., 2013). Thus, they need to integrate research knowledge on filicide into their organisational processes.

First, they need to educate their staff, both existing and new, about filicide. Their staff need to learn that filicide occurs, that they will encounter victims and perpetrators, and how to identify victims and perpetrators. They need to learn the constellation of risk factors for all parents, but especially the risk factors that surround the child and the mother. Risk factors for children will surface in Maternal and Child Health Centres, such as the child being under 1 year of age, the child being hospitalised, or the child suffering a disability. Again, all the risk factors need description, explanation and clarification. Case examples for use in identification of risks need to be presented and discussed.

Maternal and Child Health Centres need to focus some education on mothers who are depressed, many of whom were depressed prior to the child's birth. These are the clients they will encounter who are most in danger of killing their child. It may be difficult for the staff to recognise these mothers' depression because its severity is disguised; it seems to appear in a low-key manner, as vagueness, as complaints about their lack of sleep or the baby not sleeping, and these mothers may drift away or move around centres to gain help. The staff need education on how depression presents and how to investigate it and its history in their meeting with mothers. They also need to be alert to mothers where depression is linked to intimate partner violence, especially watching for mothers who have migrated to Australia recently.

Second, the constellation of risk factors needs to be embedded in the Centre's practices. Staff customarily write up brief comments on the mother and baby at each visit. They need to include a risk assessment for each visit and assess and note if they identify the constellation of risks for a mother. If they assess such a constellation of risk factors, this is a red flag that they need to follow her up to discuss her mental health and any possible danger to the baby. Any failure to appear to a follow-up appointment is an indication of danger and the mother must be approached again vigorously to keep the appointment and if danger is assessed, a notification to Child Protection should be made. And protocols to support such referrals need to be developed. Another type of encounter is a sign of potential danger. This is when a father or stepfather accompanies the mother and takes a leading and assertive role in the meeting. When the father or stepfather behaves in this way, for example they criticise the service and reject future meetings or referrals, they may be perpetrators of violence, even if it is not immediately apparent.

Third, Maternal and Child Health Centres need a central register of all clients so that parents and stepparents moving their attendances around many centres to avoid scrutiny can be detected and followed up and investigated. Thus, when a client does not return as expected, the staff can consult a central register to see if they are 'centre shopping' and moving around several centres as distinct from just changing centres on one occasion.

Child Protection

Child Protection, as the last line of defence in protective services for children, and one that encounters some 40– 47% of children who are killed, is the organisation in which research knowledge needs to be incorporated most urgently into its organisational processes. The national studies (Australian Domestic and Family Violence Death Review Network, 2024; Brown et al., 2019; Johnston, 2022), the Victorian studies ({[6]Brown et al., 2014, 2022) and the Queensland study (Queensland Family and Child Commission, 2022a, 2022b) show the need for preventing the deaths of children at the hands of their parents or stepparents. This can be achieved in several ways.

First, Child Protection services need to provide staff, both new and existing, with education on filicide above and beyond the education it provides on child abuse more generally. Filicide should be tackled separately as an additional educational component. The component should stress that filicide does occur, and that staff need to be alerted to its possibility. Staff need to know how to identify likely victims and likely perpetrators. They need to learn the constellations of risk factors for the three parental groups: mothers, fathers, and stepfathers. Each of the risk factors needs presenting, explaining and clarifying. Case examples need to be presented to strengthen the educational process. Such education should be developed in a collaboration between researchers and Child Protection workers and services to ensure the education combines the current research-based knowledge, the experience of the workers and the structures of the service, so that the education reflects the research and adjusts to the service and its staff's needs. The education should be ongoing as the research and the service collaboration continues to illuminate future needs.

Second, Child Protection needs to embed the constellations of risk factors into the structure and processes of their staff's practice. As filicide can occur quickly, the risk or red flag alerts need to be embedded in the first contact staff have with any victim and family. The Family Court has recently moved to front loading their contacts with clients (placing program resources at the start of the program) in parenting disputes (Federal Circuit and Family Court of Australia, 2022). At the first contact, when they screen for all forms of violence, mental illness and drug abuse and identify these risk factors, they move the client to an immediate triage of further assessment and intervention with the help of supporting community services. Although it appears a resource-consuming approach, their evaluation contends it is saving them resources through quicker and more targeted intervention (Federal Circuit and Family Court, 2022). So, if on a first contact with Child Protection, an exploration reveals the constellation of risk factors,

the service should immediately move to an urgent full and further assessment using the risk factors as starting alerts . Current risk analysis used by Child Protection services in assessing for family violence does not include the risk of filicide such as is proposed in the framework outlined in this article (Department of Families, Fairness and Housing, 2021). If the risk analysis confirms a constellation of all risks outlined for any of the different parent types, the family should be moved to an immediate intervention. If such a move is resisted or evaded by the client, then the client must be vigorously followed up. Drifting or evasion is a strong sign of danger. The client must be maintained by Child Protection because referral to another service at this stage is likely to fail. The intervention must be intense, and surveillance must be close and will need to be long term. This may indicate a different intervention than is currently used – not removal but different family intervention.

Changing practice

Managing a family requiring child protection intervention because a parent or stepparent is at risk of killing their child or stepchild presents many difficulties and there are no current practice models to assist. The perpetrators that Child Protection workers encounter who pose a risk of filicide are usually male and they have many problems, including mental illness, particularly depression, they have perpetrated violence against a partner and child, and suffer from substance abuse. To protect the child, the problems of the father or stepfather need to be addressed urgently. Some programs exist for such fathers; for example, Caring Dads (Diemer et al., 2020), a closely supervised and intense group program for fathers with histories of abuse of their children. Unlike Men's Behaviour Change Programs that focus on men's violence to partners (Brown et al., 2016), with at-best a minor reference to children, this program focuses on the fathers' parenting and is aimed at overcoming their abuse of their children. However, perpetrators have many unmet needs, all of which need addressing.

Conclusions

Filicide occurs in Australia to a surprising extent. It has attracted an increasing amount of research that has explored and described the important features of filicide in Australia. The research needs now to be moved into professional and organisational practice. The authors suggest professionals and services need to use the current research to develop education on filicide and change their practice so that it incorporates the constellation of risk factors or red flags for assessment of families and uses that framework to plan urgent action when necessary. Changing practice using new research is difficult, as Rothman's seminal work based on many years of translating research into practice showed (Rothman, 1980). Much improved collaboration between university's education and research work, other research and education institutions and the professional services will be required to make these changes.

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