Filicide and Parental Separation and Divorce

This paper discusses the findings of a ten-year study of filicide in Victoria, Australia, using the data from selected case files held in the Victorian coroner's office for the period 2000–09. 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. Copyright © 2014 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:

- Filicide is uncommon but does occur.
- Perpetrators fall into three main groups and a different scenario is associated with each group.
- Associated (risk) factors were found to be mental illness (especially depression), separation, domestic violence and substance abuse.
- Any client/patient with mental illness and partner separation should be probed for thoughts of harm.
- Engagement with services is a protective factor.

KEY WORDS: filicide; parental separation; domestic violence; mental illness

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
Australia currently lacks any comprehensive review of filicide cases (Johnson, 2005, 2008; Kirkwood, 2012; Mouzos and Rushworth, 2003). There are state reviews of the deaths of children known to child protection services (e.g. Australian Institute of Health and Welfare (AIHW), 2012; Victorian Child Death Review Committee, 2009), and reviews of deaths resulting from domestic violence (e.g. Bugeja et al., 2013), and many states and territories have child death review teams which consider every child death (Australian Institute of Family Studies, 2012; New South Wales Child Death Review Team, 2008; Newton et al., 2010). 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, pp. 499–501).

This article presents the findings of a ten-year study of filicide in Victoria, Australia, using the data from available case files held in the Victorian coroner's office for the period 2000–09. 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 Koenradt, 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 (e.g. Bourget et al., 2007; Kirkwood, 2012; Putkonen et al., 2011). 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 (e.g. 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 (pp. 130–131). 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 (e.g. 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 stressful experiences on the perpetrator (e.g. 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 that 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 his/her 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, one case had both parents as perpetrators and two 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 (e.g. Scourfield et al., 2011), this study’s approach resembled that of Stroud’s (2008) 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.
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 newborn 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 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 newborn to 17 years (see Table 1). There were two 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 was the under-one-year age group, and just over one third (n = 14) of the total number of children who were killed were under four. At the same time, there were five children in the five-to-nine age group and four in the ten-to-14 age group. 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 stepfathers (n = 9). Table 1 shows the relationship between the numbers of children killed and the three major groups of perpetrators.

Although mothers and fathers were equally represented as perpetrators of filicide, there were twice as many male perpetrators of filicide compared to

<table>
<thead>
<tr>
<th>Parent child relationship, gender and numbers of victims</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Mother</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Stepfather</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>12</td>
<td>40</td>
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female perpetrators of filicide. When parent type, age of child and gender of child are combined as in Table 2 some further patterns emerged.

Table 2 shows cases that relate to the type of perpetrator. For example, stepfathers did not often kill children less than one year, possibly because they had not entered into the child’s family as the mother’s new partner at this point. However, stepfathers killed children mostly in the one-to-four-year age group. There was a little difference between the numbers of male or female children killed by stepfathers. Biological fathers, on the other hand, killed children less than one year more frequently and killed children in the one-to-four age group less frequently. Children aged 15 to 18 were only killed by their biological father. Moreover, biological fathers killed male children three times the rate of female children (11 compared to 4). Similar to biological fathers, biological mothers killed children under one year most frequently, and they killed substantial numbers of children in the one-to-four 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, just over half 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 shows the types of filicide for each perpetrator group.

Table 3 illustrates that across all single filicides, father, mothers and stepfathers are nearly equally represented. Multiple filicides were only perpetrated by

| Table 2. Parent type, age of child, gender of child and the numbers of children |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Age of child | Father | Mother | Stepfather | Father | Mother | Stepfather |
| < 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 |
| Total | 4 | 4 | 4 | 11 | 12 | 5 |

| Table 3. Incidence of the types of filicide as carried out by the type of perpetrator (n=40) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                               | Single filicide | Multiple filicide | Single filicide and suicide | Multiple filicide and 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 |

‘Stepfathers killed children mostly in the one-to-four-year age group’

‘Biological mothers killed male children at three times the rate of female children’
mothers and fathers. There were only three mothers who committed suicide and filicide and two who committed multiple filicide and suicide. 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 one and four, it may be that stepfathers 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 that 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, nine children whose father had killed them and two 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 five victims where it was not.

Mental Health of the 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, a general practitioner (GP) or 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. Fifteen 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 that 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 (Bagshaw et al., 2010; Brown and Alexander, 2007; Brown et al., 1998; 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 under-reported.

A total of ten victims suffered from domestic violence, for five 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 five 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 = 27) had been in contact with community services prior to the deaths and...
community services had approached families on their own initiative as well. Table 4 shows the incidence of contact made by the perpetrator and by both the perpetrator and the services added together.

Most perpetrators (81.5%, n = 22) had contact with at least one of these services (e.g. 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 per cent (n = 10) had initiated contact with the service themselves. Some 71.4 per cent (n = 5) of fathers were in contact with services and they had all made contact themselves. Some 66.7 per cent (n = 6) of stepfathers were in contact with services and 55.6 per cent (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 per cent of fathers had contact with child protection or criminal justice services, about half the rate of mothers. The pattern was very different for stepfathers. Their contacts were most commonly with criminal justice services (55.6%), drug and alcohol services (33.3%), 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 the 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 that 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 stepfathering 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 for biological mothers and fathers, it was not as common among stepfathers.

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 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 are not clear. Finally, there is a need for further research, particularly for inter-country comparisons, to build better theory for intervention.

References


