

Risk Factors for Parental Child Homicide

Results of an English Study[†]

ANIA WILCZYNSKI*

*Judgements about predicting future risk and determining whether a child should or should not be removed from the family are among the most critical which any professional must face. These decisions involve the weighing up of complex moral, legal and psychosocial questions. The death of a child known to the protective system is a powerful reminder that Child Protection decisions are made in a context of great uncertainty.*¹

An important trend in the child protection field world-wide has been the increasing emphasis placed on risk assessment.² In identifying and evaluating factors thought to increase the risk of abuse, child protection professionals work to avoid or minimise the chance of harm to the child. But child protection is a very risky business, and sometimes things can go very wrong. For any worker in the child protection field, their “worst case scenario” will be the death of a child. At this most extreme end of the abuse spectrum, too, the vital importance of careful and comprehensive risk assessments has been one of the key findings to emerge from research, particularly from inquiries into individual cases of child death and the work of Child Death Review Committees (first established in America and now spreading to other countries such as Australia). For example, “inadequate or inappropriate risk assessment” has been an important theme to emerge from the Ministerial inquiries carried out into child deaths in Victoria. These inquiries have identified problems in risk assessment concerning factors such as substance abuse, psychiatric illness, intellectual disability, the protective history of siblings and medical vulnerability of the child, and recommended that protective workers receive training in the indicators for abuse and neglect.³ Likewise, an English report into the death of three-year-old Toni

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* Lecturer, Faculty of Law University of Sydney.

1 Health and Community Services, *Ministerial Inquiries into Child Deaths: Annual Report 1992/3* (1993) Victoria at Preface.

2 See, for example, Dalgleish, L I and Drew, E C. “The Relationship of Child Abuse Indicators to the Assessment of Perceived Risk and to the Court’s Decision to Separate” (1989) 13 *Child Abuse and Neglect* 491 and Browne, K and Saqi, S, “Approaches to Screening for Child Abuse and Neglect” in Browne, K, Davies, C and Stratton, P (eds), *Early Prediction and Prevention of Child Abuse* (1988) at 57–85.

3 Above n1 at 25.

Dales highlighted the need for training in risk assessment; for example, in that case it was felt that there had been inadequate recognition of the significance of domestic violence (against an adult) as an indicator that placed the child at risk of abuse.⁴ Greenland, too, highlights the need for risk assessment in his concept of a "critical path" of warning signals and help-seeking behaviour by parents leading to a fatality or serious injury.⁵ He has developed a "high risk checklist" for child homicide to aid in this risk assessment process.⁶

Although child deaths provoke considerable anxiety among professionals and the public, the subject has received comparatively little attention from researchers. The literature is also very scattered, and each study tends to analyse cases on only a relatively small number of variables. Further, there is little attention to sex differences. The studies are typically either of only male or female offenders, or fail to provide findings separately by sex.

This article provides a detailed profile of the common background "risk" factors in cases of filicide (child-killing by parents or parent-substitutes such as step-parents). The work draws upon the findings of an empirical study carried out in England.⁷ However, the risk factors described are certainly not unique to that country. In fact, generally the risk factors described appear to be remarkably uniform across the other industrialised countries from which literature was examined (Australia, America, Canada, New Zealand, Sweden and Hong Kong).⁸

All of the risk factors identified in the study have been noted in at least one other filicide report.⁹ Each factor has also been identified in previous research for non-fatal abuse. However, some factors seem to be clearly more common among fatal cases. These (relatively few) factors are referred to below.

Methodology

A sample of 48 case files was examined from the Director of Public Prosecutions (DPP) in London. This included all cases of homicide by a parent or parent-substitute in England and Wales referred to the DPP by police in 1984.¹⁰ Police referred cases to the DPP when they felt there was a prima facie case of homicide by the suspect. All cases involving children aged under 18 years were included in the sample. The typical case file contained the suspect's interview with the police, witness statements, photographs, the post-mortem report, psychiatric report(s), an "antecedents form" by the police giving brief details of matters such as the suspect's finances, the Police Report, and documentation concerning the legal processing of the case. Of these cases, 75 per cent were prosecuted, and 72.9 per cent re-

4 National Children's Bureau, *Investigation into Inter-Agency Practice following the Cleveland Area Child Protection Committee's Report concerning the Death of Toni Dales* (1993) England.

5 Greenland, C, *Preventing CAN Deaths* (1987) at 15.

6 Id at 185-7.

7 Wilczynski, A, *Socio-Legal Study of Parents Who Kill Their Children in England and Wales* (1993) PhD in Criminology thesis, University of Cambridge England. The study also examined the incidence of and classification of child-killing, and the legal system's response to child homicide offenders.

8 References to the literature have been chosen to reflect a broad range of research from all these countries. However, emphasis is placed on the research from England, America and Australia, and work carried out more recently.

9 The only exception to this is lack of sleep, which is only mentioned in the non-fatal literature.

10 1984 was the most recent year for which a centralised national sample could be obtained. In 1985 the Crown Prosecution Service was created, and after it commenced operation in 1986 all homicides were prosecuted at a regional level.

sulted in a criminal conviction.¹¹ However, the terms "suspect", "offender" and "perpetrator" are used interchangeably throughout this article.

Variables were coded as "no" (that is, absent) where either there was a positive statement in the file that the factor was not present (for example, stating that the suspect had never received psychiatric treatment), or more commonly, the issue was not addressed at all. Answers were only coded as "missing values" for those questions requiring some information to code them, and this was entirely absent — for example, coding the suspect's occupational status. These missing values were excluded from the data analysis.

Eight clusters of risk factors for filicide were identified: demographic, social, psychiatric, victim, situational, prior family conflict and maltreatment, family history, and prior contact with agencies. The total incidence in the sample of each factor is described below, as well as the incidence for men and women separately. Factors for which a statistically significant sex difference emerged are designated as follows: < .05 (*), < .01 (**), and < .001 (***). For certain demographic and social risk factors, comparison is made with the incidence in the general population (using a year close to 1984). The paper also describes the results of a cumulative analysis of different groupings of risk factors according to the sex of the offender.

There are two limitations to the data used. First, the sample is relatively small — although it is larger and more representative than many of the filicide studies in the literature. Second, the issues encountered in any research based on case files also apply to this study. Files are constructed to meet the needs of the agency concerned, rather than those of researchers. The police and DPP are not neutral bodies, and because of their prosecution function they only seek certain information; this can lead to bias and distortion and premature conclusions regarding the guilt of the suspect.¹² The contents of the files also varied considerably. The incidence of some of the risk factors described below may therefore be underestimated, particularly given the method of coding outlined above. This is true of some factors in particular — such as the offender's childhood history and the incidence of domestic violence and prior abuse of the child — since such information is only included when regarded as relevant by someone. Therefore some caution is required in interpreting the findings below.

Demographic features

*Therefore he is dead, and at those hands which least
of all hands should have killed him.*¹³

A number of demographic features of filicide offenders were identified. These concern the perpetrator's relationship to the victim, and his or her sex, class, ethnicity and age.

11 The cases in the sample are likely to be relatively strong from an evidential point of view. Studies using samples from earlier stages in the detection/prosecution process tend to find lower rates of conviction: see Showers, J and Apolo, J, "Criminal Disposition of Persons Involved in 72 Cases of Fatal Child Abuse" (1986) 26 *Med Sci Law* at 244.

12 Wallace, A, *Homicide: The Social Reality* (1986), NSW Bureau of Crime Statistics and Research, Sydney at 27.

13 Euripides, *The Bacchae* (1968), University of Nebraska Press, Lincoln, Nebraska (lines inserted by the translator between lines 1330–1 of the original).

Table 1: Demographic risk factors

Risk Factor	Female (%)	Male (%)	Total (%)
Non-biological carer	3.6	35.0	16.7
Not in paid employment	85.2	30.0	70.2
“Working” class	44.4	10.0	70.2
Non-white offender*	14.8	25.0	19.2
Young age**	60.7	65.0	62.6

*Afro-Caribbean or Asian

**Aged 27 or under

Relationship to victim

Children are most likely to be killed by their family members, particularly their parents. Between 1982 and 1991 in England and Wales, an average of 71 per cent of child homicide victims under 16 were killed by a parent or parent-substitute, 15 per cent were killed by others known to them, and only eight per cent were killed by strangers.¹⁴ Similarly in Australia, between 1989–1992, 68.6 per cent of the child victims of homicide under 15 years were killed by parents or substitutes, 19.8 per cent were killed by other family members or acquaintances, and only 3.5 per cent were killed by strangers.¹⁵

Previous studies have found that non-biological parents (predominantly men) are markedly over-represented among child-killers compared to their proportion in the population.¹⁶ In the DPP sample, 16.7 per cent of the offenders overall were non-biological carers, usually cohabittees of the natural parent (see Table 1). This contrasts with the findings of the Child Health and Education Study, that at the time of the killings 94.5 per cent of five year old British children lived with both biological parents.¹⁷ There were particularly high rates of non-biological parenthood among the male offenders in the sample. The proportion of male parent-substitutes and male cohabittees in the sample were nine and 50 times respectively, higher than the rates found in the Child Health and Education Study.

Sex

Among the sample cases, the perpetrator was more likely to be female (58.3 per cent) than male. However, other studies both in England and elsewhere have produced mixed findings:

14 Figures calculated from statistics provided by the Home Office, England.

15 Strang, H, “Child Abuse Homicides in Australia: Incidence, Circumstances, Prevention and Control” in Chappell, D and Egger, S (eds), *Australian Violence: Contemporary Perspectives II* (1995) at 75. In 8.1 per cent of the cases in Strang’s study the offender’s identity was unknown. Proportionately lower rates of familial child-killings and higher rates of non-familial homicides are reported in some recent American studies. This seems to reflect the high rate of teenagers killed by non-family members in the context of arguments with peers involving weapons: Jason, J, “Child Homicide Spectrum” (1983) 137 *American Journal of Diseases of Children* 578.

16 Daly, M and Wilson, M, *Homicide* (1988) at 87–91.

17 Golding, J and Henriques, J, “The Children and their Families” in Butler, N R and Golding, G (eds), *A Study of the Health and Behaviour of Britain’s 5-year-olds* (the Child Health and Education Study) (1986) at 13.

some have found similar proportions of men and women,¹⁸ while others report markedly more women¹⁹ or men.²⁰

Class

It is consistently reported in the literature that filicide offenders usually come from the lower social classes or are unemployed.²¹ Almost three-quarters of the offenders in the sample were not in paid employment, being either engaged in sole or primary domestic duties, unemployed or students (see Table 1). This was significantly* more common among the women than men. The rates of paid employment in the sample were much lower than those for both men and women with dependent children in the general population in 1984.²² The sample offenders were also markedly more likely to be in the lowest social class classification (unskilled employment), and markedly less likely to be in the highest categories, compared to the general population.²³

The sample cases were also classified as simply "working" or "middle" class, taking into account not only the offender's occupation but broader factors such as their partner's occupation and how the suspects were viewed by professionals and others. This classification criteria was used because a number of the women not in paid employment had husbands with "middle class" jobs, and these women were certainly viewed as "middle class" by the legal system. However, even using this system of classification, almost three-quarters of the offenders were "working" rather than "middle" class (see Table 1). Men were significantly* more likely to be of working class status than women.

Ethnicity

Some studies report that ethnic minorities are over-represented among filicide offenders,²⁴ although not others.²⁵ In the present study, most of the offenders were white. However, a fifth were black Afro-Caribbeans or Asians (see Table 1). Although the proportions of black (14.9 per cent) and Asian (4.3 per cent) offenders were small, they were approximately eight times and twice their respective rates in the general population.²⁶

Age

Filicide offenders tend to be young.²⁷ The sample offenders ranged in age from 14 to 48 years, with an average age of 26.8 years: 31.3 per cent were aged 21 or under, and twice that proportion were aged 27 or under (see Table 1). Although both the men and the women tended to be young, there were some differences in their age distributions. Men tended to cluster in the "middle" 22 to 34 year old age groups. However, women were more evenly distributed, and 60.7 per cent (compared to only 30 per cent of the men) were

18 Block, S and Tilton, D, *ICAN Multi-Agency Child Death Review Team: Report for 1991* (1993) at 35.

19 Victorian Law Reform Commission, *Homicide Prosecutions Study. Appendix 6: Report No. 40* (1991), Victorian Law Reform Commission, Melbourne at 11.

20 Strang, above n15 at 77.

21 Children's Services Division, *Task Force Report on Child Fatalities and Critical Injuries due to Abuse or Neglect* (1993), Oregon Department of Human Resources. Oregon at 3.

22 Office of Population Censuses and Surveys (OPCS), *General Household Survey 1986* (1989), HMSO, London.

23 1981 figures using the Registrar-General's occupation classification system: OPCS, *Census 198: National Report Great Britain, Part 2* (1983) HMSO, London.

24 Weisheit, R A, "When Mothers Kill their Children" (1986) 23 *The Social Science Journal* at 443.

25 Silverman, R A and Kennedy, L W, "Women who Kill their Children" (1988) 3 *Violence and Victims* at 119-20.

26 Central Statistical Office, *Social Trends 1986. No. 16* (1986) London HMSO at 24 (figures for 1983).

27 Reder, P, Duncan, S and Gray, M, *Beyond Blame: Child Abuse Tragedies Revisited* (1993) at 38.

particularly young (21 or under) or old (35 or over). The average age of the women (27.4 years) was somewhat higher than that of the men (25.9 years).

Social characteristics

*Children are vulnerable and provocative; parents are often exhausted, harassed, isolated, underhoused, and multiply undersupported. It is not surprising that many children suffer violence and neglect from desperate mothers and fathers.*²⁸

The following section describes the following aspects of the social characteristics and problems of the offenders in the sample: child-care responsibilities, lack of sleep, marital status, the biological parents' marital status at the time of the victim's birth, having no partner or an unsupportive one, sources of income, financial and accommodation problems, youthful parenthood, lack of preparation for parenthood, social support, education, criminal convictions, and a current pregnancy.

Child-care responsibilities

As found in prior research, virtually all the 39 non-neonaticidal offenders (that is, those who killed children aged over one day) were living with the child at the time of death.²⁹ The only two exceptions were two biological fathers whose children lived with their biological mother.

Of the non-neonaticidal offenders, 53.9 per cent undertook either sole or primary child-care and domestic responsibilities in the household (see Table 2), while the remainder performed either some or none of these tasks. However, there was a significant*** sex difference here, consistent with prior research.³⁰ Virtually all the women were primary or sole carers of the victim. On the other hand, most of the men had only some or no responsibility for the child they killed.³¹ Typically they had been left alone with the child for a short period (usually less than an hour) while the mother went out.³²

Filicidal men's relative lack of child-caring responsibilities is underlined further by another finding in the literature which was confirmed here.³³ Non-biological parents (virtually always male) had usually only performed this role for a relatively short period: in six out of eight cases, less than six months. In another case also, a biological father had only had sole responsibility for eight months for the four-year-old son he killed, having been granted custody when his ex-wife's cohabitee abused the two children.

28 Ruddick, S, "Thinking about Fathers" in Hirsch, M and Keller, E F (eds), *Conflicts in Feminism* (1990) at 224.

29 Goetting, A, "When Parents Kill their Young Children: Detroit 1982-1985" (1988) 3 *Journal of Family Violence* at 343.

30 Baker, J, *You Can't Let your Children Cry: Filicide in Victoria 1978-1988* (1991) Master of Arts thesis, University of Melbourne at 106-7.

31 This difference is found in the general community also: see review in Lewis, C and O'Brien, M, "Constraints on Fathers: Research, Theory and Clinical Practice" in Lewis, C and O'Brien, M (eds), *Reassessing Fatherhood: New Observations and the Modern Family* (1987) at 1-22.

32 As found by other researchers, for example, Lansdowne, R G, *Child-killing and the Offence of Infanticide: The Development of the Offence and its Operation in New South Wales 1976-1980* (1987) Master of Laws thesis, University of New South Wales at 156, 241.

33 Above n30 at 107-8.

Table 2: Social risk factors

Risk Factor	Female (%)	Male (%)	Total (%)
Performed sole/ primary child-care role*	94.7	15.0	53.9
Living with a partner	51.8	80.0	63.8
Biological parents not married at victim's birth	51.9	40.0	46.8
No or unsupportive partner	71.4	25.0	52.1
Dependency on welfare	33.3	45.0	38.3
Financial problems	35.7	60.0	45.8
Accommodation problems	60.7	75.0	66.7
Youthful parenthood**	46.4	45.0	45.8
Poor social support	68.0	63.2	65.9
Low education***	71.4	94.4	82.1
Previous Criminal con- victions	17.9	70.0	39.6

*Non-neonaticidal offenders only

**Became parent when aged 21 years or less

***No educational qualifications or only "O" levels or equivalent (leaving school at 16 years)

Lack of sleep

Lack of sleep before the offence is a factor occasionally mentioned in the non-fatal (but not fatal) child abuse literature.³⁴ Of the sample offenders, 22.9 per cent complained of this, with similar proportions of men and women. This lack of sleep was usually due either to disturbed sleep because of child-care or the child crying, or stress/depression. For example, Kate said in interview "I've been up with her [the victim] for the past two nights. I've had no sleep at all."

Marital status

As in previous filicide studies,³⁵ the majority of the offenders (almost two-thirds) were living with a partner at the time of the killing — either married or cohabiting (see Table 2).

34 See Albee, G W, "Primary Prevention and Social Problems" in Gerbner, G, Ross, C J and Zigler, E (eds), *Child Abuse: An Agenda for Action* (1980) at 108.

35 Above n21 at 3.

However, the proportion of lone parents (36.2 per cent) was almost three times the proportion in the general population in 1984.³⁶ There were also some marked sex differences in the marital status of the men and women. Forty per cent of the men were cohabiting, but none of the women. 48.2 per cent of the women but only 20 per cent of the men were living alone without a partner. Previous studies have likewise found high rates of co-habitation among male filicide offenders³⁷ and lone parenthood among female filicide offenders.³⁸

Biological parents' marital status at victim's birth

The biological parents of filicide victims are often not married at the time of the child's birth.³⁹ This was true of almost half the sample cases — almost three times the rate in the general population in 1984⁴⁰ — and a somewhat higher proportion of female rather than male cases (see Table 2).

No or unsupportive partner

Over half the offenders had either no partner or an unsupportive one (that is, one described as such in an emotional or practical sense by either the suspect or another) (see Table 2). This was found for significantly** more of the women than men. When looking only at the issue of unsupportive partners, this applied to twice as many women as men (53.6 per cent versus 25 per cent). For example, Janine had sole responsibility for her one-year-old and six-week-old sons (she ultimately killed the younger child). Her husband would shout at her when his meals were late and his shirts not ironed. He also resented being woken by the youngest child at night, and so Janine would lie awake at night waiting for the baby to cry so he would not waken her husband and the older child. Some previous studies have also mentioned the significance of unsupportive partners as a feature of filicidal women's histories.⁴¹

Source of income

Filicide studies often find that many offenders are reliant on welfare payments.⁴² Here, too, almost two-fifths of the sample offenders were dependent on welfare for financial support (some also with assistance from their parents) (see Table 2). This is almost three times the rate in the general population in 1983.⁴³ Men were somewhat more likely than women to be financially dependent on welfare payments. Overall 46.8 per cent of the offenders were dependent on welfare and/or parents, or had no source of support. This finding applied to similar proportions of men and women. None of the men, and 33.3 per cent of the women were solely financially dependent on their partners.⁴⁴

36 Above n22.

37 Scott, P D, "Fatal Battered Baby Cases" (1973) 13 *Med Sci Law* at 197.

38 Above n16 at 63-4. For an exception see Cheung, P T K. "Maternal Filicide in Hong Kong, 1971-85" (1986) 26 *Med Sci Law* at 186.

39 Kaplun, D and Reich, R, "The Murdered Child and his Killers" (1976) 133 *American Journal of Psychiatry* at 809.

40 OPCS, *Birth Statistics England and Wales 1984* (1985) HMSO, London.

41 Above n32 at 134.

42 Nersesian, W S, Petit, M R, Shaper, R and Naor, E, "Childhood Death and Poverty: A Study of all Childhood Deaths in Maine: 1976 to 1980" (1985) 75 *Pediatrics* 41.

43 Central Statistical Office, *Social Trends 1985* (1985) HM London at 75.

44 This is similar to the findings of Baker, above n30 at 104.

Financial problems

Filicidal parents have often had financial problems.⁴⁵ This was found for almost half of the sample suspects,⁴⁶ but was almost twice as likely for men as women (see Table 2). Baker found this sex difference also.⁴⁷

Accommodation problems

Difficulties with housing are another common hallmark of filicide offenders.⁴⁸ Two-thirds of the sample suspects faced this problem⁴⁹ (see Table 2). For example, Monica and her husband were about to sell the family home due to financial difficulties. One of the reasons Monica gave for the altruistic killing of her seven-year-old youngest daughter was that none of the four children knew about the selling of the home (where her youngest daughter had always lived), and she could not bear the child to face the uncertainty and instability of moving and not knowing where they were to live. Men were somewhat more likely than women to have suffered accommodation problems.

Youthful parenthood

Filicide offenders tend to have become parents at a young age.⁵⁰ Almost half the offenders first became parents or substitutes when aged 21 or under, with very similar proportions of men and women (see Table 2). Overall the average age at which the suspects became parents was 22.6 years (ranging from 14 to 43). For women the average age was 22.5 years (ranging from 14 to 43), over four years younger than the average age for the general population in 1984 (26.9 years).⁵¹ For men the average age was almost identical with the women (22.7 years), although the age range was narrower (16–30).

Lack of preparation for parenting

Another risk factor, no doubt in many cases associated with the youthful parenthood identified above, was a lack of preparation for parenting. As noted in previous studies, in some cases it appeared that the offender had little idea of how to care for a child,⁵² did not realise how exhausting and self-sacrificing parenthood would be, or had unrealistic expectations of parenthood or the child⁵³ — for instance, perceiving the child as older, more capable, or wilfully disobedient.⁵⁴ These cases involved both male and female offenders, although as noted above ignorance about child-care and behaviour seemed particularly apparent among the men.

45 De Silva, S and Oates, K, "Child Homicide — the Extreme of Child Abuse" (1993) 158 *Medical Journal of Australia* at 300.

46 Financial problems were defined as living on welfare payments alone with no other explicit mention of financial problems, or explicit mention of such problems.

47 Above n30 at 103.

48 Anderson, R, Ambrosino, R, Valentine, D and Lauderdale, M, "Child Deaths Attributed to Abuse and Neglect: An Empirical Study" (1983) 5 *Children and Youth Services Review* at 83.

49 Accommodation problems were defined as either living in rented council accommodation or with parents or in-laws (with no other explicit mention of problems), or having inadequate/overcrowded housing or frequent/recent moves, facing eviction or loss of the home, or being homeless.

50 Above n21 at 3.

51 Above n40.

52 See, for example, Fein, L G, "Can Child Fatalities, End Product of Abuse, be Prevented?" (1979) 1 *Children and Youth Services Review* at 40. This study reports that a "chaotic" disciplinary style was prevalent among the filicidal parents in the sample — such as very rigid or completely permissive.

53 Above n29 at 345.

54 Above n37 at 199.

Inadequate parenting skills also appeared to be particularly common in cases involving victims who were very young and/or the only child. For example, in police interview Tony, who killed his six-week-old step-daughter, admitted, "I have no idea on how to bring up a baby." According to his sister, Tony and his wife "had a shock when the baby was born".

Social support

Poor social support is a very common feature of filicidal parents.⁵⁵ Two-thirds of the sample offenders not only had rare or infrequent contact (or bad relationships) with friends and family or rarely went out, but also lacked regular and frequent contact with one friend or family member whom they perceived as practically and/or emotionally supportive (see Table 2). Often there were quite extreme degrees of social isolation. For example Ray said in interview that "we've had a lot of pressure" and when asked to explain said:

We never go out except to my sister's. My Mam died ... [six years ago] I don't get on with my Dad and ... [my wife's] parents are against us. We don't know no-one ... [in our area], no friends or anything.

Poor social support was a feature of a similar proportion of female and male cases.

Education

Filicide offenders typically have a low level of education.⁵⁶ Over four-fifths of the 39 offenders in the sample⁵⁷ whose education level was known had either no educational qualifications or only "O" levels or the equivalent (leaving school at 16 years of age) (see Table 2). This represents a somewhat higher proportion than in the general population in 1986.⁵⁸ The women as a group were better educated than the men.

Criminal convictions

Criminal convictions are another common characteristic of filicidal parents.⁵⁹ Two-fifths of the sample suspects had prior convictions (see Table 2). There was a significant*** sex difference in this: men were much more likely to have criminal convictions than women. This is consistent with the findings of other studies.⁶⁰ Both the male and female rates in the sample were over twice the national average for those convicted of an offence by the age of 31.⁶¹

Of the 19 offenders (14 male and five female) with previous convictions, 44.4 per cent had seven or more convictions, 38.9 per cent had convictions for violent crimes, and 35.3 per cent had previously received a custodial sentence. Men were more likely than women to have convictions for violent offences (42.9 per cent versus 25 per cent). This sex difference has also been reported in other research.⁶² Men were also more likely than women to

55 Simpson, A I F, "Maternal Filicide: An Approach to Classification and Understanding" in *Progress in Forensic Psychiatry* (Conference Proceedings), Auckland, New Zealand (1992).

56 Schloesser, P, Pierpont, J and Poertner, J, "Active Surveillance of Child Abuse Fatalities" (1992) 16 *Child Abuse and Neglect* at 6.

57 21 women and 18 men.

58 Above n22.

59 Above n30 at 121.

60 Above n12 at 115.

61 Home Office Statistical Bulletin, *Criminal and Custodial Careers of those Born in 1953* (1989) Government Statistical Service, London at 7.

62 Above n12 at 115.

have seven or more convictions (50 per cent versus 25 per cent). Similar proportions of men and women had received a custodial sentence (35.7 per cent versus 33.3 per cent).

Current pregnancy

In some filicide studies, a current pregnancy (for non-neonaticidal women) has been reported to be a risk factor for filicidal women.⁶³ However, there was no mention of this in any of the cases analysed.

Psychiatric characteristics

*It is not uncommon for a mother to seek psychiatric consultation because she is obsessed with fears of harming her children or is tortured by murderous, though seemingly alien, impulses towards them.*⁶⁴

There are a number of psychiatric risk factors for filicidal parents. These include: prior psychiatric treatment, suicide attempts and symptoms of depression; diagnoses of mental disorder; and substance use.

Prior psychiatric treatment

Filicidal parents have often received psychiatric treatment before the offence: this was true of almost half the suspects in the sample, with only slightly more women than men (see Table 3).⁶⁵ In contrast to this finding, some other studies report prior psychiatric treatment to be a markedly more common feature of filicidal women.⁶⁶ Of those cases where treatment was given, in 56.5 per cent this was as an out-patient and the remainder as an in-patient. In-patient treatment was more common for women than men.

Prior suicide attempts

Previous suicide attempts are sometimes mentioned in the filicide literature,⁶⁷ and in the sample this was found for a third of the offenders (see Table 3). Women had a higher rate than men.

63 D'Orban, P, "Women who Kill their Children" (1979) 134 *British Journal of Psychiatry* at 563.

64 Myers, S A, "Maternal Filicide" (1970) 120 *American Journal of Diseases of Children* at 536.

65 McGrath, P, "Maternal Filicide in Broadmoor Hospital 1919-69" 1992) 3 *Journal of Forensic Psychiatry* at 286.

66 Above n12 at 115.

67 Above n39 at 810.

Table 3: Psychiatric risk factors

Risk Factor	Female (%)	Male (%)	Total (%)
Prior psychiatric treatment	50.0	45.0	47.9
Prior suicide thoughts/attempts	35.7	25.0	31.3
Prior symptoms of depression	67.9	50.0	60.4
Diagnosis of psychiatric disorder	90.0	33.3	63.2
Diagnosis of psychiatric disorder within English <i>MHA</i> 1983	65.0	33.3	50.0
Used substances immediately before crime	35.7	30.0	33.3
Used substances at any time before crime	64.3	55.0	60.4

Prior symptoms of depression

Many of the parents (three-fifths) had also suffered previous symptoms of depression or anxiety before the filicide (whether amounting to a depressive disorder or not) (see Table 3). This was markedly more common with women than men, a finding consistent with the high rates of depressive symptoms reported in studies of filicidal women.⁶⁸

Diagnosis of mental disorder

Many filicide offenders are also diagnosed as suffering from psychiatric disorder at the time of the crime.⁶⁹ This was true in almost two-thirds of the 38 sample cases in which psychiatric reports (or substitutes for such reports)⁷⁰ had been prepared (see Table 3). Virtually all of the women⁷¹ but only a third of the men were diagnosed as mentally ill: this difference was significant**. The most common disorders were psychosis and depressive disorder, and both of these illnesses were markedly more common among women. The rates of depression and psychosis were much higher than those in the general population.⁷² In 25 per cent of the female sample cases (but none of the male), diagnoses were

68 Cheung, above n38 at 187.

69 Gregersen, M and Vesterby, A, "Child Abuse and Neglect in Denmark: Medico-Legal Aspects" (1984) 8 *Child Abuse and Neglect* at 87. For an exception see above n5 at 70.

70 For example a witness statement by a GP or prior treating psychiatrist.

71 The incidence of psychiatric disorder found here may be an over-estimate, since as will be noted below, neonaticide offenders are often not suffering from psychiatric disorder, and these offenders were over-represented among those who were not prosecuted and on whom psychiatric reports were not prepared.

72 Depressive disorder was diagnosed for 23.7 per cent of the offenders, including 35 per cent of the women

made which would not have satisfied the definition of psychiatric disturbance within the English *Mental Health Act* 1983 (MHA) — for example, minor (non-clinical) depression. Overall, half the suspects (with twice as many women as men) were diagnosed as suffering from a mental disorder within the meaning of this Act (see Table 3).⁷³ This sex difference is consistent with prior research.⁷⁴

Special mention should be made of the “puerperal” mental illnesses suffered by the female offenders in the sample, that is, those disorders which are associated with the period after child-birth. Both post-natal depression (PND) and puerperal psychosis have similar symptoms to their non-puerperal counterparts of clinical depression and psychosis respectively. Prior research has commented on the correlation between these disorders and female filicide.⁷⁵ However, despite being the basis for the infanticide legislation (which is in force in England, Canada and some States of Australia), puerperal psychosis was diagnosed in only two of the female sample cases, out of six female cases of psychosis. In only one other of the six female cases of psychosis was the victim aged under one (the woman had suffered from psychosis before as well as after the birth). Further, in none of the seven female cases where depression was diagnosed was this depression characterised as “post-natal”. In fact, in only one of these cases was the victim aged under one year (in that case, again, the offender had a history of illness before as well as after the birth). Therefore, as d’Orban found, there does not appear to be a particular association between female filicide and puerperal mental illness.⁷⁶

Although a diagnosis of mental disorder is reported as a risk factor in numerous non-fatal abuse studies, it appears to be more common among filicide offenders. For example, Steele states that the proportion of mentally ill offenders among non-fatal child abusers is similar to that in the general population.⁷⁷

but only 11.1 per cent of the men. This compares with an estimated annual incidence of major depressive disorder in the general population of 0.25 per cent to 7.8 per cent for women and 0.08 per cent to 0.2 per cent for men: Gelder, M, Gath, D and Mayou, M, *Oxford Textbook of Psychiatry* (1990) at 236. 23.7 per cent of the suspects were diagnosed as psychotic at the time of the killing, including 30 per cent of the women but only 16.7 per cent of the men. This compares to an estimated prevalence of 0.03 per cent to one per cent for schizophrenia and affective psychosis in the general population: Department of Health *The Health of the Nation. Key Area Handbook: Mental Illness* (1993) Department of Health, London at 15. In the community there is also a slightly higher proportion of men than women suffering schizophrenia: Murray, R, “Schizophrenia” in Hill, P, Murray, R and Thorley, A (eds), *Essentials of Postgraduate Psychiatry* (1979) at 357.

73 In all except one case the disorder was within the “mental illness” limb of the MHA; the remaining case was of subnormality within the meaning of “mental impairment”.

74 Resnick, P J, “Child Murder by Parents: A Psychiatric Review of Filicide” (1969) 126 *American Journal of Psychiatry* at 328.

75 See, for example, Maier-Katkin, D “Postpartum Psychosis, Infanticide and the Law” (1991) 15 *Crime, Law and Social Change* at 109.

76 Above n63 at 569–70.

77 Steele, B F, “Psychodynamic Factors in Child Abuse” in Helfer, R and Kempe, R S (eds), *The Battered Child* (1987) at 82. Intelligence and personality diagnoses among the sample offenders were also examined. However, since such diagnoses (in a psychiatric report) were available for less than half the suspects, these findings are not reported here. Low intelligence and personality disorders are occasionally mentioned in previous filicide studies: see above n63 at 562 and 516 respectively.

Substance use

The use of various substances such as alcohol or illegal or prescription drugs is a common problem among filicide offenders,⁷⁸ both immediately before the crime and in the longer term. A third of the offenders in the sample had used substances at the time of the filicide (see Table 3). Almost twice as many had used substances at some stage before the killing (see Table 3). Both before and at the time of the crime, women were slightly more likely to have used substances than men. In both cases substance-abusing women predominantly used prescription drugs (typically anti-depressants), whereas the men were more likely to have used illegal drugs or alcohol.

It is clear from the above findings that filicidal women tend to have a moderately higher incidence of psychiatric risk factors than filicidal men. However, Resnick has pointed out that maternal filicides of new-born babies (neonaticides) and older children tend to be committed by "two different psychiatric populations" in that neonaticidal women have markedly lower rates of psychiatric risk factors.⁷⁹ This was confirmed in the present study when separate analyses were conducted for neonaticidal and other women on some of the main psychiatric risk factors identified above. Thus when neonaticide cases were excluded from the sample, there was a higher incidence of psychiatric risk factors overall, and the higher incidence of such factors among women compared to men became even more marked.

Victim characteristics

*He had now committed the lowest crime an American can commit, which was to kill his own child. Her name was Cynthia Anne, and she certainly didn't live very long before she was made dead again. She got killed for crying and crying. She wouldn't shut up.*⁸⁰

There are a number of features of the filicide victim. These concern: the number of victims; their sex, age, and sibling rank; surviving siblings; ethnicity; the perception that the child is difficult to care for, and precipitated the fatal attack; and a difficult birth.

Number of victims

There was a total of 58 victims in the 48 cases at the time of the most recent killing. Multiple killings were rare: in all except a small proportion of cases (12.5 per cent), only one child was killed. This is consistent with previous research.⁸¹ As reported elsewhere, "consecutive" filicide — involving victims killed at different times — also appears to be very rare.⁸² Prior filicides were only suspected in two of the sample cases (involving a total of four victims); in neither case had the previous deaths resulted in a criminal investigation or conviction.

78 McCurdy, K and Daro, D, *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1992 Annual Fifty State Survey* (1993) The National Committee for Prevention of Child Abuse, Chicago at 12.

79 Resnick, P J, "Murder of the Newborn: A Psychiatric Review of Neonaticide" (1970) 126 *American Journal of Psychiatry* at 1415.

80 Vonnegut, K, *Breakfast of Champions* (1990) at 168.

81 Above n63 at 562.

82 See review in D'Orban, P, "A Commentary on Consecutive Filicide" (1990) 1 *Journal of Forensic Psychiatry* at 262-3.

Table 4: Victim risk factors

Risk Factor	Female (%)	Male (%)	Total (%)
Victim aged under 1	34.3	25.9	41.9
Youngest/only child	85.2	75.0	80.9
Victim perceived as difficult to care for	25.0	50.0	43.6
Victim's behaviour claimed to have precipitated filicide	35.7	65.0	47.9

Sex

Most filicide studies find reasonably similar proportions of female and male victims.⁸³ Of the total of 62 victims in the present study (including multiple and consecutive deaths), the proportion of male and female victims was almost identical (49.2 per cent and 50.8 per cent respectively). As elsewhere⁸⁴, the offender's sex did not appear to have a marked impact on the sex of the child killed, although there was a slight trend towards killing children of the same sex as the parent.

Age

The literature has clearly established that children less than one are at the greatest risk of homicide, and that this risk declines steadily with age.⁸⁵ This was found in the sample also (see Table 4 and Figure 1). Two-fifths (41.9 per cent) of the total 62 victims were aged under one year. Among the 29 victims aged under 12 months, 26 (89.7 per cent) were less than six months old, and 20 (69 per cent) were less than two months old. This confirms Marks and Kumar's finding that even within the very high-risk group of under-ones, the very youngest infants are most at risk of being killed by their parents.⁸⁶ Even though children under one also face a high risk of non-fatal abuse also, this trend is even more marked with filicide victims.⁸⁷

83 Above n25 at 117. However, some studies (including many of those from the United States) report markedly higher rates of boys than girls. For an example, see Franklin County Children's Services, *Franklin County Deceased Child Review System: 1990 Report* (1991), Franklin County Children's Services, Ohio at 9. Occasionally the reverse is found: above n56 at 5.

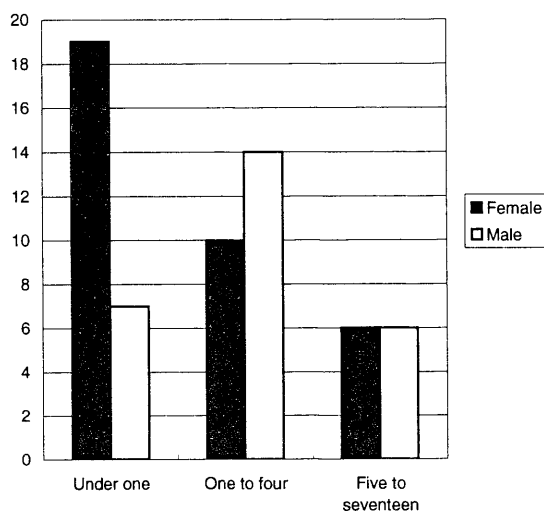
84 Marks, M and Kumar, R, "Infanticide in England and Wales" (1993) 33 *Med Sci Law* at 334.

85 Strang, above n15 at 76.

86 Above n84 at 333.

87 Creighton, S, *Child Abuse Trends in England and Wales 1983-1990* (1992), National Society for the Prevention of Cruelty and Neglect, London at 21

Figure 1: Age of Victim



A further two-fifths (38.7 per cent) of the total victims were aged one to four years old. The remaining fifth (19.4 per cent) were aged five to 17 years. Only three of the children killed (4.8 per cent) were aged between 10 and 17. Two of these children were intellectually disabled.

Compared with the general population of children aged between 0 and 17 in 1985, the above findings from the sample represented an almost eight-fold over-representation of under-ones, an almost two-fold over-representation of one to four year-olds, and a four-fold under-representation of five to 17 year-olds.⁸⁸

Figure 1 shows that the sex of the parent has a marked impact on the age of the child killed. Mothers are significantly* more likely than fathers to kill children aged under one, and their filicide rate sharply declines thereafter. Men are most likely to kill children aged one to four years. These trends confirm previous studies.⁸⁹ However, the higher proportion of children under one killed by women is largely due to neonaticide. The proportion of killings by men and women of children aged between 24 hours and one year were virtually identical (25.7 per cent and 25.9 per cent respectively). Marks and Kumar found a similar pattern in their large-scale analysis of Home Office data, although they found somewhat more infants aged between 24 hours and one year had been killed by a father rather than a mother.⁹⁰

The remainder of the analyses concerning victim characteristics refer to the number of cases (48) rather than the total number of victims.⁹¹

88 OPCS, "Mid-1985 Population Estimates for England and Wales" (1986) *OPCS Monitor* PPI 86/1, HMSO, London.

89 Above n16 at 76, 81.

90 Above n84 at 334.

91 This is because, unlike with the sex and age of the victim, the multiple or consecutive victims did not dif-

Sibling rank

The higher risk to younger children is also underlined by another feature consistently reported in the literature: the youngest or only child in the family is most likely to be killed.⁹² This was found in four-fifths of the sample cases, and was somewhat more likely with women than men (see Table 4).

Surviving siblings

In 36.2 per cent of the cases there were surviving siblings. This was more common for women than men (45 per cent versus 29.6 per cent).

Ethnicity

The ethnicity of the victims showed a similar pattern to the ethnicity of the offenders. 79.2 per cent of the victims were white, and 20.8 per cent were black or Asian. Given that the offenders were parents or parent-substitutes, it is not surprising that virtually all the cases were intra-racial. This has been found in prior research also.⁹³

Victim perceived as difficult to care for

Filicide victims are often regarded by their killers as being particularly difficult to care for.⁹⁴ This was the case in two-fifths of the sample cases (see Table 4). The children were regarded as difficult because they reportedly cried a lot, were disabled, ill, backward and/or "difficult" in their behaviour, disobedient, or disliked the perpetrators. This was twice as common with men than women, although this difference was less marked when neonaticides were excluded. In all except two cases the fact that the parent perceived the child as particularly difficult to care for appeared directly relevant to the offence.

Victim's behaviour as precipitant for the killing

Filicide offenders also often claim that the child's behaviour was the immediate stimulus for the fatal attack.⁹⁵ In almost half the sample cases the victim was reported to have been crying, disobedient, ill or noisy shortly before the killing (see Table 4). This was twice as common among men than women. Compared to the literature on non-fatal abuse,⁹⁶ it would appear that filicides are less likely to be precipitated by the child's behaviour.

Difficult birth

Filicide studies occasionally refer to some victims having been the subject of difficult births.⁹⁷ This was mentioned in 35.7 per cent of the female cases: for example, the birth was described as very "rough", taking a very long time, or involving extreme blood loss or a Caesarean section.

fer within each case on any of these other variables.

92 Above n38 at 187. For an exception see above n56 at 5.

93 Silverman, R A, Reidel, M and Kennedy, L W, "Murdered Children: A Comparison of Racial Differences across Two Jurisdictions" (1990) 18 *Journal of Criminal Justice* at 412.

94 Above n45 at 300.

95 Above n37 at 199.

96 Kadushin, A and Martin, J A, *Child Abuse: An Interactional Event* (1981) at 249.

97 Above n45 at 300 (premature births).

Situational features

*The killing of a child is a crime of considerable ease, both from the standpoint of committing the act and of subsequently escaping detection. The act is generally committed in the privacy of the home, in the absence of any witnesses.*⁹⁸

Filicide is characterised by a number of situational factors. These relate to: the location of the offence; a delay in seeking assistance; notification to the authorities; denial by the perpetrator; the method of killing; and violence towards others and suicidal behaviour at the time of the offence.

Location of offence

Filicide usually takes place in the home:⁹⁹ this was the location of 93.6 per cent of the cases.¹⁰⁰ It is therefore not surprising that, as elsewhere,¹⁰¹ in a majority of cases (80.9 per cent) there were no witnesses to the crime. Where there were witnesses, they were virtually always the offender's marital partner or cohabitee. Men were more likely to be witnessed than women (30 per cent versus 11.1 per cent). This may reflect filicidal women's greater child-care responsibilities and higher rates of single parenthood.

Delay in seeking assistance

A delay in seeking medical attention is a common feature of filicide cases.¹⁰² In 53.2 per cent of the sample cases medical attention had either not been sought or was sought only after a delay. Delay was more characteristic of the male than female cases (65 per cent versus 44.4 per cent). In 19.2 per cent of the cases there had been a deliberate attempt to conceal the offence (not including giving false explanations for the child's death),¹⁰³ usually by either hiding or burying the child's body. This was more common in female than male cases, and typically involved neonaticide. As Wallace points out, these attempts at concealment of neonaticide were usually "somewhat pathetic", such as putting the child in a wardrobe, under the bed, or in a covered bucket.¹⁰⁴ A delay in seeking help does, however, appear to be less common in filicide rather than non-fatal abuse.¹⁰⁵

Notification to the authorities

Contrary to popular assumption, the police play a largely "reactive" role in discovering crime — that is, they conduct their investigations in response to reports by the public, rather than uncovering it themselves.¹⁰⁶ In the sample, virtually all the deaths (93.7 per cent) were notified to official agencies due to the actions of the suspect or their families, friends or neighbours. In 66 per cent of the cases the suspect themselves triggered the notification process, either in alerting the authorities personally or directing another person to do so, or confessing to another known person who then notified the authorities independently. This applied to a similar proportion of male and female offenders.

98 Myers, S A, "The Child Slayer" (1967) 17 *Archives of General Psychiatry* at 213.

99 Above n24 at 444.

100 The home was of either the offender and/or victim.

101 Above n29 at 343.

102 Above n37 at 200.

103 This issue is addressed below.

104 Above n12 at 117–8.

105 See Gil, D G, *Violence Against Children: Physical Child Abuse in the United States* (1970) at 123.

106 Mitchell, B, "The Role of the Public in Crime Detection" (1984) *Crim L. Rev* 459.

Denial by perpetrator

Denial is a typical feature of filicide,¹⁰⁷ although it would seem to be less common than in non-fatal abuse.¹⁰⁸ Almost half the offenders (46.8 per cent) explicitly denied criminal involvement in the child's death (at least initially) to the police or others. This was more common among men (60 per cent) than women (37 per cent). The most common alternative explanation given for the child's death was an accident, such as that the child had choked on a chip or fallen out of bed. Other excuses given were to allege that the child had died from either the actions of the suspect's partner or another person, natural causes, or to give no explanation.

Method of killing

The most common method of killing the child in the sample was manual assault (27.7 per cent of the cases), as found in previous research.¹⁰⁹ However, this finding can be contrasted with non-fatal abuse, which is virtually always perpetrated by manual or instrumental assault.¹¹⁰ A wide variety of other methods were also used in the sample killings: asphyxiation/suffocation (19.2 per cent), strangulation (12.8 per cent), cutting/stabbing (10.6 per cent), neglect/putting the child in an object (such as a bucket)¹¹¹ (10.6 per cent), shaking (6.4 per cent), burning (6.4 per cent), poisoning or using drugs (2.1 per cent) and hitting with an object (2.1 per cent). While these methods are similar to those reported in other studies,¹¹² one marked difference was noted. In contrast to research from some other countries such as Australia¹¹³ and America,¹¹⁴ in the present and other British studies¹¹⁵ shooting was not used as a method. This is likely to reflect cultural differences such as the availability of guns.

A significant*** sex difference was found in the method used: 65 per cent of the men manually assaulted or shook their victim, but only 11.1 per cent of the women did so. This sex difference confirms previous studies.¹¹⁶ The most common methods used by men (in order of frequency) were manual assault, shaking, cutting/stabbing and burning. For women they were asphyxiation/suffocation,¹¹⁷ strangling, putting the child in an object/neglect, cutting/stabbing, and manual assault. Women were also significantly more likely than men to use methods from which a clear intent to kill or cause serious harm could be inferred¹¹⁸ (70.4 per cent versus 35 per cent).

107 Steele, B F, "Psychology of Infanticide Resulting from Maltreatment" in Kohl, M (ed), *Infanticide and the Value of Life* (1978) at 77.

108 See Oliver, J E, Cox, J, Taylor, A and Baldwin, J A, *Severely Ill-treated Young Children in NE Wiltshire* (1974) at 17.

109 Above n18 at 17. For an exception see above n98 at 212, which found that assault with an instrument was slightly more common.

110 Above n105 at 121.

111 All of these cases involved new-born victims.

112 Somander, L K H and Rammer, L M, "Intra- and Extrafamilial Child Homicide in Sweden 1971-1980" (1991) 15 *Child Abuse and Neglect* at 48.

113 Above n12 at 565.

114 Crittenden, P M and Craig, S E, "Developmental Trends in the Nature of Child Homicide" (1990) 5 *Journal of Interpersonal Violence* at 211.

115 Above n65 at 294.

116 Above n56 at 6.

117 Some other studies have found this to be the most common method used by women also: above n114 at 211. However, others have not, for example, above n29 at 342-3 (manual assault the most common method).

118 Such as asphyxiation/suffocation, strangling, cutting/stabbing, poison/drugs, drowning, hitting with an ob-

Violence towards others at the time of the filicide

Filicide sometimes takes place in the context of violence towards others. In 18.8 per cent of the sample cases, there had been either an impulse or attempt by the suspect to injure another person at the time of the filicide — in most cases their partner. As found elsewhere,¹¹⁹ this was much more common among men than women (30 per cent versus 10.7 per cent).

Suicidal behaviour at the time of the filicide

It is also not uncommon for the filicide offender to express suicidal impulses or exhibit suicidal behaviours at the time of the killing.¹²⁰ This occurred in 25 per cent of the sample cases (although this is likely to be an under-estimate since cases of successful suicide were not included in the sample). In exactly half these cases there had been an actual attempt at self-injury rather than an impulse alone. All the suspects who actually tried to harm themselves said that they had wanted to die, but had failed for various reasons, such as that the drugs or poison used had not worked. As in previous research,¹²¹ in most cases, the suspect's suicidal feelings were part of the filicide incident, rather than a later reaction to having killed the child. Suicidal impulses or behaviour appear to be markedly more common in filicide than non-fatal abuse.¹²²

There were two common features of the sample cases involving suicidal thoughts or actions. First, as in other research they tended to be associated with multiple¹²³ and older¹²⁴ victims. Further, most of the cases (10 out of 12) were perceived by the parent as involving some element of altruism — that is, the parent perceived the killing as being in the child's best interests. In these "altruistic" cases, there was no evidence of hostility towards the child, and it appeared that the parent wanted to kill themselves but could not face "leaving their dependents behind, defenceless and unprotected (in their view) to face the world alone".¹²⁵ The child was seen as a dependent of and extension of the offender, without a separate personality or independent right to life.¹²⁶ As noted in prior research, the perpetrators in these altruistic "extended suicide" filicides also tended to have strong religious views,¹²⁷ particularly Catholicism.¹²⁸

Suicidal impulses and attempts were more common in female than male cases (32.1 per cent versus 15 per cent). However, this may be an artefact of the sample used, since successful suicides were excluded. The only filicide study which provides a separate break-

ject, or burning.

119 Above n112 at 49.

120 Above n12 at 132. However for a study in which this was rare see above n39 at 810.

121 Above n16 at 217.

122 See Hawton, K and Roberts, J C, "The Association between Child Abuse and Attempted Suicide" (1981) 11 *British Journal of Social Work* at 419.

123 Above n112 at 49.

124 Above n25 at 122.

125 Above n12 at 132.

126 Ibid at 132.

127 Pretorius, R "Family Murder in the Republic of South Africa — A Case of Misguided Family Rights and Responsibilities?" in Viano, E (ed), *The Victimology Handbook. Research Findings, Treatment and Public Policy* (1990) at 101.

128 Browne, W J and Palmer, A, "A Preliminary Study of Schizophrenic Women who Murdered their Children" (1975) 26 *Hospital and Community Psychiatry* at 71 found that eight of their nine schizophrenic filicidal women were Catholic (all of whom had either contemplated or attempted suicide at some time).

down of fatal and non-fatal suicide attempts by sex found that even though men and women were just as likely to have attempted suicide, men were more likely to have succeeded in this.¹²⁹

Prior family conflict and maltreatment

“Can high-risk situations be identified in advance in order to prevent the tragedy of child abuse deaths?” The answer is a cautious yes, in many cases. Since [a high proportion of] victims had been previously injured, it seems prudent to classify all cases of non-accidental injuries to young children as high-risk cases.¹³⁰

Table 5: Prior family conflict and violence

Risk Factor	Female (%)	Male (%)	Total (%)
Relationship problems	50.0	70.0	58.3
Domestic violence	17.9	60.0	35.4
Prior violence towards victim	35.7	70.0	54.2

The following section addresses the problems and violence in the perpetrator’s relationship with their partner, and prior maltreatment (physical and otherwise) perpetrated on the victim.

Relationship problems

Filicide offenders often have problems in their relationship with their partner.¹³¹ In almost three-fifths of the sample cases there were either general problems in the partner’s relationship such as lack of communication, or explicit conflict (see Table 5).¹³² This was more common in the male than female cases.

Domestic violence

Domestic violence is also a common hallmark of filicide cases.¹³³ A third of the sample offenders had either committed or been a victim of domestic violence in their current relationship (see Table 5).¹³⁴ There was, however, a significant** sex difference in this risk factor: domestic violence was present in three-fifths of the male but less than one-fifth of the female cases. There were also marked sex differences in the direction of the abuse.

129 Above n30 at 91.

130 Above n5 at 178–9.

131 Above n38 at 187.

132 For separated suspects this question was coded according to the partner from whom they were separated (in all cases the separation was recent). For neonaticide suspects, the question was coded according to their partner at the time of the offence (or at the time of the suspect’s pregnancy if the suspect was no longer with that partner). In five cases the suspect did not have a partner (these cases were coded as the problem being absent).

133 Above n78 at 13.

134 See above n132.

Domestic violence has been found to be predominantly committed by men against women.¹³⁵ In all the male cases the violence had been directed solely by the man towards the woman. However, of the five female offenders only one was a perpetrator (only) of domestic violence, while two were victims, and in two cases the violence was both by and towards the women. All the above sex differences are consistent with those reported by Baker.¹³⁶

Prior violence towards the victim

The victim of the filicide is also likely to have been subjected to violence before the incident leading to his or her death.¹³⁷ In over half the sample cases, there had been a prior history of violence by the suspect towards the child established with some degree of certainty (such as a confession by the suspect or conclusive pathological evidence) (see Table 5). This was defined as any violence perpetrated on the child, regardless of whether it was inflicted for disciplinary or other reasons. The definition included discipline that would have been legally permissible as "moderate and reasonable" corporal punishment (permissible at common law in England and Australia), and was perpetrated by manual assault or other methods. Attempts and threats to kill the child were also included in the definition, regardless of whether the child actually suffered injury. This definition appears to be broader than that used in previous filicide research — for example previous studies seem to only include prior manual assaults, and it is unclear whether they include corporal punishment. This may explain why the present study found higher rates of prior violence than some others.¹³⁸

As with domestic violence, a significant* sex difference emerged in the incidence of prior violence towards the child: over two-thirds of the men had previously been violent to the child, but only a third of the women had. This sex difference has been noted in other research also.¹³⁹ However, when neonaticides were excluded (since there obviously cannot be prior abuse in such cases), the proportions were more similar, although men still had higher rates of prior abuse. Just over half (52.6 per cent) of the non-neonaticidal women had perpetrated prior violence on the child.¹⁴⁰

Other maltreatment

Previous sexual and emotional abuse and neglect of the victim were less frequently noted in the files than physical violence. In none of the cases was sexual abuse suspected.¹⁴¹ Prior research has also found that sexual abuse is very rare in cases of filicide.¹⁴² In 18 per cent of the cases the child had been neglected, with similar proportions of men and women. Emotional abuse of the victim was found in 23.1 per cent of the cases. This was

135 Atkins, S and Hoggett, B, "Power and Violence in the Home" in Atkins, S and Hoggett, B (eds), *Women and the Law* (1984) at 124–46.

136 Above n30 at 97–9.

137 Above n45 at 300.

138 For example above n38 at 187.

139 Above n30 at 94.

140 The findings concerning previous physical violence are reported in more detail in Wilczynski, A, "Prior Agency Contact and Physical Abuse in Cases of Child Homicide" (1996) *British Journal of Social Work* (forthcoming).

141 There was not, however, the same awareness of sexual abuse at the time of the cases (1984) as there is now.

142 Jason, J and Andereck, N D, "Fatal Child Abuse in Georgia: The Epidemiology of Severe Physical Abuse" (1983) 7 *Child Abuse and Neglect* at 2 and 7. This is, however, common in non-filicidal child-killings: above n112 at 32.

defined as "the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love; by verbal and non-verbal means rejection and withdrawal are substituted".¹⁴³ Emotional abuse was markedly more common among the men than women (35 per cent versus 10.5 per cent).

Family history

*... he will have a kid and do it to his kid, and he will be the monster and they'll want to kill him. Today he is the victim, tomorrow he is the monster. They do not let you be the two at once.*¹⁴⁴

Problems in childhood history

Some filicide studies report various types of problems in the offender's childhood history.¹⁴⁵ In the sample 43.8 per cent of the suspects had suffered maltreatment or disruption in their childhood: having either been in care, separated from a parent before 15 years, suffered physical, sexual or emotional abuse or neglect, or witnessed parental conflict or violence. This was slightly more common for men (50 per cent) than women (39.3 per cent). However, the numbers within each sub-category of maltreatment or disruption were relatively low (although it may be that this sort of information may be particularly likely to be under-reported in legal case files). The most frequent problem was separation from one or both parents before the age of 15 (29.2 per cent of the suspects, including 40 per cent of the men). Of the forms of actual abuse or neglect suffered by the offenders as children, emotional abuse was the most common type (20.8 per cent). Only 12.5 per cent of the offenders were reported to have been physically abused as children.

Family criminality

A family history of criminality was mentioned for 14.6 per cent of the offenders. This was more common among the men (25 per cent) than women (7.1 per cent). D'Orban also found a low rate of family criminality in his female filicide study.¹⁴⁶

Family psychiatric history

Prior studies report that some filicide offenders have a family psychiatric history.¹⁴⁷ This was found for 22.9 per cent of the sample offenders, with similar proportions of men and women.

Prior contact with agencies

*Every state can readily name fatally abused children who were known to the system, children who should have been protected from their caretakers. For some of these children there was no way to predict the violence they would suffer. Yet for others, systematic intervention by the state and court system could have made a difference.*¹⁴⁸

143 Skuse, D H, "Emotional Abuse and Delay in Growth" in Meadow, R (ed), *ABC of Child Abuse* (1989) at 23.

144 Carey, P, *The Tax Inspector* (1991) at 158.

145 Above n63.

146 Ibid at 562.

147 Above n38 at 186.

148 Wells, S, "The Role of Child Protective Services in Responding to and Preventing Child Deaths" (1994) 7 *The APSAC Advisor* at 32.

Filicidal parents have often been seen by a range of professional agencies before the child's death.¹⁴⁹ Of the sample suspects, 79.5 per cent had had previous contact with agencies such as doctors, psychiatrists, health visitors and social workers. This was found for similar proportions of men and women. The women were more likely to have had contact with medical agencies such as a GP or psychiatrist, whereas the men were more likely to have had contact with social agencies such as a social worker.¹⁵⁰

Types of risk factors by sex

In order to compare the overall levels and types of risk factors present in male and female cases, a number of the risk factors described above were grouped together into five categories. There were 13 "social"¹⁵¹, four "relationship"¹⁵², seven "psychiatric"¹⁵³, nine "family history"¹⁵⁴ and three "victim"¹⁵⁵ risk factors. Each risk factor was allocated a score of one if present and zero if absent, and the totals for each factor divided by the number of male and female cases respectively, excluding missing values. This method was a variation of that used by d'Orban in his female filicide study.¹⁵⁶

This analysis revealed that although there was considerable overlap in the sources of risk, men had somewhat higher scores than women for all the risk factors combined (14 versus 13.2). The most marked sex differences were that men had somewhat higher levels of social risk factors than women (7.1 versus 6.0), whereas women had somewhat higher levels of psychiatric risk factors than men (3.6 versus 2.1). Men also had slightly higher levels of relationship, family and victim risk factors than women.

Discussion: Who is the typical filicidal parent?

The present study has identified numerous common risk factors for filicide, which can aid both in understanding why filicide occurs and preventing its occurrence. From this analysis it appears that filicidal parents are characterised by three features, and that there are some important sex differences in the risk factors for filicide.

149 Above n78 at 16.

150 The findings concerning the offenders' prior contact with agencies are discussed in more detail in above n140.

151 Working class status, not being in paid employment, non-white status, sole or primary care of the child, financial problems, accommodation problems, poor social support, youthful parenthood, lack of sleep, low education, previous convictions, use of alcohol or illegal drugs, and contact with a social agency.

152 Marital problems, domestic violence, no or an unsupportive partner, and an impulse or attempt to injure the partner at the time of the filicide.

153 Prior psychiatric treatment, a prior history of depression or anxiety, a prior suicide impulse or attempt, prior use of a prescription drug, a diagnosis of mental disorder at the time of the filicide satisfying the requirements of the MHA 1983, prior contact with a medical agency, and a suicide impulse/attempt at the time of the filicide.

154 Being in care as a child, separation from a parent before the age of 15, childhood neglect or physical, sexual or emotional abuse, witnessing parental conflict or violence, family criminality, and a family history of psychiatric disorder.

155 A victim perceived as particularly difficult to care for, difficult delivery of the victim, and a perceived behavioural stimulus by the victim precipitating the filicide.

156 Above n63 at 563.

Three characteristics of the filicidal parent

The risk factors identified in this study highlight three main characteristics of filicidal parents: they have numerous problems, a negative perception of their situation and a lack of social and personal resources with which to cope with their difficulties.

Parents who kill their children have multiple problems of various kinds.¹⁵⁷ Numerous social stresses, such as financial and housing problems, unemployment, and low education are a very prominent feature of their histories. Filicide offenders are also a psychiatrically vulnerable group, and many have, for example, suffered from psychiatric disorder, received prior psychiatric treatment and used either legal or illegal substances. The family in which filicide occurs is also often marked by conflict and violence, both in the adult and parent-child relationships in the household. The adult relationships also tend to be subject to change and instability, as illustrated by the disproportionate number of filicide cases involving non-biological parents and families in which the victim's biological parents were not married at the time of the child's birth.

A second common feature of filicidal parents is that they tend to perceive their situations as essentially negative.¹⁵⁸ They view themselves as having numerous "problems" which make their lives difficult. Two examples illustrate this. One is the issue of social support. In order to provide "protection" against stress, "social support" needs to involve not only regular contact with others, but contact which is perceived as adequate, supportive and positive. For example, in some of the sample cases it appeared that poor relationships with others whom the offender saw regularly often served to increase stress and tension. Further, while there were often objective reasons to partially explain why the suspects in the sample were so socially isolated (such as having moved from another area or country, or having primary responsibility for the care of a young child), in some cases at least it appeared that the parents perceived any potential sources of social support in a negative way. For example, in a police interview Mark described the family's extreme social isolation, yet said that any neighbours who came to the house were only "scroungers" and when his mother-in-law had sent a wedding anniversary card he ripped it up and sent it back because he "thought she was stirring trouble for [us]". The reluctance to access potential sources of support has also been commented upon in previous filicide studies.¹⁵⁹

The importance of the filicidal parent's perception of their situation and the interaction between objective and subjective factors is also demonstrated by the parents' perceptions of their victims. As discussed above, many of the parents in the sample regarded the child they killed as being particularly difficult to care for in some way. In 15 of these 17 cases, there was independent evidence from a third party confirming that the child was particularly difficult to care for — although the fact that the parent perceived this as a problem seemed important. For example, the son Katrina killed was described by other family members and the child-minder as having feeding and sleeping difficulties, being "backward", introverted and rarely playing or talking. In contrast, the older sibling was described as bright, friendly, extroverted and easy to care for, and responding well to her mother. However, in two of the sample cases it appeared that the offender only subjectively perceived the child as being particularly difficult to care for (without independent

157 Id at 563.

158 Totman, J, *The Murderess* (1978); Korbin, J, "Incarcerated Mothers' Perceptions and Interpretations of their Fatally Maltreated Children" (1987) 11 *Child Abuse and Neglect* 397.

159 Above n52 at 43.

confirmation). There is therefore some support for Korbin's conclusion from her interviews with filicidal women, that although some of the negative beliefs many expressed about their children were objectively founded, others were "based in their own needs and pathology".¹⁶⁰

A third hallmark of filicide offenders is that they usually have a lack of compensatory personal and social resources with which to cope with their problems.¹⁶¹ For example, they often lack social support networks, and have either no partner or one who is unsupportive. In particular, filicidal parents often do not have the skills and resources available to cope adequately with the demands of parenting young children. Although it is often assumed that the ability to care properly for a child is innate (particularly for women), in reality it is a difficult and learned skill. Parenting can be a very exhausting and stressful task for even the most ideal of candidates. Child-killers are often ill-prepared to take on this role. For example, they have often become a parent at a young age, had inadequate preparation for parenthood, and experienced problems in their own childhoods.

Parents are also most likely to kill their children within the first few years of life: the most demanding period of child-care for many parents. Young children are extremely dependent on their parents for constant and intensive care, tend to act in ways which adults find annoying (such as crying), and are also very physically vulnerable. Evolutionary theorists also argue that "parental investment" in the child's future reproductive value increases as the child gets older, making the parent less likely to be abusive.¹⁶² Filicidal parents' lack of resources to care adequately for young children must therefore be seen as part of the backdrop to filicide cases. This is underlined by the fact that two of the three teenage victims in the sample were disabled. These children were therefore socially equivalent to very young children in terms of the intensity of care required and their physical vulnerability.

It is clear from the above discussion that the crime of filicide cannot be attributed to any one individual, social, psychiatric or situational factor. It is often only the clustering of these various factors together which proves fatal. This demonstrates that risk assessment must not only address whether risk factors are present, but how they interact with each other.

Sex differences in filicide

Filicides by men and women possess many common features. There are, however, also a number of important differences.

One difference is that women are slightly more likely than men to kill their children (at least in the present study). Given the usual sex patterns among violent offenders generally, this is a quite remarkable finding. Women commit only a small proportion of crime, particularly of a violent nature. They are also much more likely than men to kill family members, but even among killings of intimates, filicide is the only category in which the numbers of women even approach the number of men.¹⁶³ This finding suggests that women's violence is much more context-specific than men's. It also indicates that there is a need to understand the dynamics of power and social roles within the family and society generally in analysing filicide. Whereas women still have relatively little power both outside and inside the home (compared to men), they do have considerable responsibility for

160 Korbin, above n158 at 405.

161 Above n29 at 345.

162 Above n16 at 74-7.

163 Calculated from breakdowns of the English Criminal Statistics provided by Lees, S, "Naggers, Whores and Libbers: Provoking Men to Kill" in Radford, J and Russell, D (eds), *Femicide: The Politics of Woman Killing* (1992) at 269.

and power over their children. It is perhaps not surprising therefore that when women become violent, the most likely targets are those who have even less power than they do.

While mothers are well-represented among child-killers, it should be remembered that they have a much greater "time at risk" than fathers, since they are more likely to be heads of single-parent households, and are much more likely to be the child's primary carer. Studies which control for these two factors find that in fact men have higher rates of abuse than women.¹⁶⁴

Filicidal women also experience the demands of parenting to a much greater degree than filicidal men. They are more likely than filicidal men to have the sole or primary care of the child^{***}, and either no or an unsupportive partner^{**}. They are also less likely to have been in paid employment^{*}. Further, these women were subject to the very high social expectations to be "perfect" mothers on the basis of supposedly instinctual ability and little support. Therefore, these women tended to kill after being burdened with too much responsibility for too long.¹⁶⁵ The men, on the other hand, usually killed in the context of relatively little responsibility for the child they killed. Since they had usually spent comparatively little time with the child, they often appeared rather ignorant about child-care and child behaviour. This suggests that the traditional sex division of child-care responsibilities may play an important role in both male and female filicide.

Women also have higher levels of psychiatric risk factors than men, such as a history of prior treatment and symptoms of depression. However, this difference is modest, and men also have high levels of such risk factors. Therefore it is perhaps surprising that women are so much more likely than men to be diagnosed as suffering from some form of psychiatric disorder^{**} at the time of the filicide.¹⁶⁶

Do these findings reflect a real difference in the mental health of filicidal men and women? There are reasons to suppose this is true. Women are socialised to internalise their feelings and to view the "sick" role as one of their few legitimate outlets for the expression of dissatisfaction and distress. The traditional female role may also objectively be more conducive to the development of mental disorders such as depression than the traditional male role, due to the social invisibility of the work undertaken, the lack of social recognition and prestige, and its often extreme social isolation.¹⁶⁷ However, women may also be more likely to be labelled as "mad". Mental disorder is not an objective, self-evident category of behaviour: a person has to be recognised and labelled as ill. It has been found that clinicians are more likely to label women as mentally ill than men, independently of the symptoms displayed. This has been found both for women in the community¹⁶⁸ and women charged with violent crimes.¹⁶⁹

164 Creighton, S, *Child Abuse in 1990. Initial Findings from the NSPCC's Register Research Information Briefing 12* (1991), National Society for the Prevention of Cruelty and Neglect, London at 5-6 (single-parent households); Margolin, L, "Child Abuse by Mothers' Boyfriends: Why the Overrepresentation?" (1992) 16 *Child Abuse and Neglect* at 545-6 (proportion of child-care undertaken).

165 Above n32 at 135, 156-7.

166 Although women were not significantly more likely to be diagnosed as suffering from a mental disorder within the meaning of the MHA 1983 (only markedly more so).

167 Browne, G W and Harris, T, *Social Origins of Depression: A Study of Psychiatric Disorder in Women* (1978).

168 Broverman, I K, Broverman, D M, Clarkson, F E, Rosenkrantz, P and Vogel, S R, "Stereotypes and Clinical Judgments of Mental Health" (1970) 34 *Journal of Consulting Psychology* 1. Although this study is frequently cited, at least some recent studies have failed to replicate its findings. See for example Poole, D A and Tapley, A E, "Sex Roles, Social Roles, and Clinical Judgements of Mental Health" (1988) 19 *Sex Roles* 265.

169 Allen, H, *Justice Unbalanced: Gender, Psychiatry and Judicial Decisions* (1987).

There are also a number of other differences between filicides by men and women. Men are more likely to be working class*, and tend to have somewhat higher levels of "social" problems, for example, material difficulties such as finance and accommodation. The characteristics and behaviour of the victim are also more important in filicide by men rather than women. For example, filicidal men are more likely to perceive the child they kill as difficult to care for, and to cite the victim's behaviour as the immediate precipitant for the killing.

Other major sex differences were found as well. While men more commonly kill by manual assault or shaking***, women are more likely to use methods from which a clear intent to kill or cause grievous bodily harm could be inferred*, such as asphyxiation. Women also more frequently kill children aged under one*. General patterns of violence within the family are much more characteristic of male filicide perpetrators than of female. Men are both more likely to be violent to the child before the filicide*, and more likely to have violent relationships with their partners** (and to be the perpetrators of that violence). They are also more likely to have prior convictions***, illustrating their tendency to demonstrate more general social deviancy than filicidal women. Generally, filicidal men are more likely than filicidal women to display what are regarded as common characteristics of the perpetrator of non-fatal physical abuse.¹⁷⁰ For example, filicidal men are more likely to have chaotic family relationships and multiple social problems.

The use of risk factors for homicide in the assessment of families

Limitations in the use of risk factors

The risk factors identified in the present study can be used to aid the assessment of potentially filicidal parents. However, the use of "checklists" of risk factors in the child protection field is not without its critics. Clearly it is dangerous to uncritically devise such lists and apply them in an unproblematic way. As Jason and Andereck point out, professionals should not "overgeneralise" from the reported risk factors for child abuse and filicide, and "should be aware that they cannot rely on the presence or absence of these characteristics in screening for risk".¹⁷¹ There are five main reasons for workers to remain cautious and critical in their use of risk factors, both for fatal and non-fatal abuse.

First, there is the problem of "false positives" (since the number of "at risk" parents identified is much greater than those who actually go on to abuse or kill their child) and "false negatives" (those who go on to abuse or kill but who do not fit the risk profile).¹⁷² As Dalglish and Drew acknowledge in relation to their own risk assessment device, indicators can never be "perfect predictors" or "capture the 'whole' amount of the information needed in a case".¹⁷³

Second, there are various methodological problems with the studies of child abuse and filicide from which our knowledge about the phenomenon and "check-lists" are constructed — for instance, lack of control groups of non-abusers and clear definitions of "abuse", use of non-representative samples, and factors which are more likely to lead to the discovery

170 See, for example, Browne and Saqi, above n2.

171 Above n142 at 8.

172 Dingwall, R, "Some Problems about Predicting Child Abuse and Neglect" in Stevenson, O (ed), *Child Abuse: Public Policy and Professional Practice* (1989) at 46–8.

173 Dalglish and Drew, above n2 at 500.

and labelling of abusive behaviour becoming conflated with those which "cause" it.¹⁷⁴ For example, a common finding in the literature is that both fatal and non-fatal physical abuse predominantly occur in lower class families. However, it has been found that in similar circumstances of possible maltreatment, lower class parents are more likely to be perceived as abusive than middle class parents.¹⁷⁵ Nonetheless, some writers have argued that the overall class disparity is a real one, for reasons including the greater degree of social stress borne by "lower class" parents.¹⁷⁶

A third limitation concerning risk factors is that there were relatively few factors found in the present and other filicide or child abuse studies which applied to virtually all the suspects, and therefore could be said to have a very clear predictive power. The incidence of various factors also often differs markedly between studies, although at least some of this variation is due to the nature of the samples chosen.

Fourth, there are the dangers of stereotyping, promoting a "disease" model of violence towards children which avoids the societal factors important in producing it. There are also very real ethical and political problems in "targeting" vulnerable, disadvantaged groups for intrusive intervention.¹⁷⁷

Finally, many of the risk factors identified for filicide are also those for non-fatal abuse. In the present study it appeared that, when comparisons were made with the literature on non-fatal physical abuse, very few factors were clearly more or less frequent among filicide cases. Factors which did emerge as being more common among filicides than non-fatal cases were a victim aged under one and parental psychiatric disorder. It also appeared that filicides were less likely than non-fatal abuse cases to involve perceived precipitation by the child's behaviour, a delay in seeking medical help for the child, denial by the perpetrator, manual assault as the method of attack, and suicidal behaviour at the time of the incident. The conclusion that there is little difference in the risk factors for filicide and non-fatal abuse is also supported by the results of the (very few) studies which have directly compared fatal and non-fatal cases within the same study. These studies are likely to produce the most reliable results on this issue. For example, Fontana and Alfaro concluded in their large-scale American study that it cannot be predicted which of a pool of non-fatal abuse cases will result in a death.¹⁷⁸ They compared fatal and non-fatal cases on a number of variables and found that "fatal and non-fatal cases are more alike than different".¹⁷⁹ Most factors did not distinguish between the two groups. Generally, the factors examined tended to occur just as frequently in both types of cases. There were, however, some factors that were more common among the fatal cases: these included the young age of the child, paternal drug use, and prior court-ordered removal from the home.¹⁸⁰

174 Spatz Widom, C, "Sampling Biases and Implications for Child Abuse Research" (1988) 58 *American Journal of Orthopsychiatry* 260.

175 O'Toole, R, Turbett, P and Nalepka, C, "Theories, Professional Knowledge and Diagnosis of Child Abuse" in Finkelhor, D, Gelles, R J, Hotaling, G T and Straus, M A (eds), *The Dark Side of Families* (1988).

176 Pelton, L H, "Child Abuse and Neglect: The Myth of Classlessness" (1978) 48 *American Journal of Orthopsychiatry* 608.

177 Parton, N, *The Politics of Child Abuse* (1988) at 139-51.

178 Fontana, V and Alfaro, J, *High Risk Factors Associated with Child Maltreatment Fatalities* (1987) Mayor's Task Force on Child Abuse and Neglect, New York at 14.

179 Id at 13.

180 Id at 7.

The advantages of risk assessment

In the child protection field, workers can be quite understandably anxious to find methods of decision-making which produce easy, clear-cut and “correct” answers and guarantee that no child on their caseload will die. It is clear from the above discussion that risk assessment (as with any other tool) cannot provide this certainty. Risk factors are not actual predictors. Notwithstanding the limitations identified, however, there are a number of advantages of risk assessment which make it a valuable tool in assessing families at risk of maltreatment or filicide.

An awareness and use of risk factors can provide a systematic and explicit framework for the evaluation of child protection cases,¹⁸¹ and help train workers to routinely address all the factors which may be relevant to an accurate assessment. It can also provide clear standards for decision-making, and ensure minimum standards of record-keeping.¹⁸² Further, it encourages workers to identify both the problems and strengths within a family, and to clarify and justify the reasons for their decisions.¹⁸³ This is particularly important in the child protection field, given its emotive nature, the fact that it inevitably involves judgments about such subjective issues as whether the parent is a “good” or “bad one, and the very serious consequences for both the child and his or her family which can result from professionals’ decisions in this area. If the use of risk factors is viewed as an aid to rather than replacement of individualised assessment of a particular family and their needs, it will continue to play an important role in the child protection decision-making process and assist professionals to improve their ability to prevent the abuse and homicide of our children.

181 Dalglish and Drew, above n2 at 500.

182 *Id* at 499–500.

183 It is important that risk assessment address and take account of positive aspects of the family (for example, financial security and the availability of social support) as well as the negative features: Dalglish, L I, “Assessment of Perceived Risk in Child Protection: A Model, Some Data and Implications for Practice” (1991). Paper presented at the Child Maltreatment Conference, Prince of Wales Children’s Hospital, Randwick, Sydney, April 11–2.