Filicide: Hope for the future

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June 6, 2025

Research shows that health and welfare services are key in preventing filicide. Thea Brown, Professor Emeritus at Monash University, highlights the need for improved training and education on this issue

A new research study (Hateley, 2024) has argued that reports of filicide deaths evoke a dispirited response from the community and that experts' and media's responses omit any discussion of prevention and imply it is impossible. However, research has shown some successful preventive policies and strategies, but it is correct to say that we do not highlight and communicate these. Consequently, this article focuses on prevention and what research suggests preventive policies and strategies can and should be.

Education and communication

Education of the community is an important strategy for prevention. Filicide deaths receive little publicity except when shocking individual deaths occur. Information about filicide generally, its incidence, the perpetrators and the circumstances surrounding victims, perpetrators, and families is not disseminated in communities. The danger signs, identified as red flags and associated with the three main perpetrator groups, (Brown, Tyson, Fernandez Arias, 2022; Queensland Family and Child Commission, 2022), have not been widely publicised.

It is vital that all in the community know about filicide, as research has shown that perpetrators confide their intentions to friends and family members, who become puzzled and unsure of the gravity of what they have learned (Brown et al., 2022).

Education of professionals is an equally important strategy for prevention. Filicide perpetrators and members of their families have contact with professionals, with individual professionals and with professionals in health and welfare services. Nevertheless, the services seem unaware of the potential danger of filicide, do not assess for it despite research (Brown et al., 2022) showing how to, and do not take appropriate action. They do not hear the danger in what the perpetrator or other family members say because they do not recognise the danger of a potential filicide death. Social workers, psychologists, psychiatrists, and nurses do not have any education about filicide in their training and are unprepared for it.

Service provision

Research (Bourget, Grace, and Whitehurst, 2007; Manriquez, Fernandez Arias, 2018; Brown et al., 2022; Australian Domestic and Family Violence Death Review Network, and Australia's National Research Organisation for Women's Safety, 2024) have noted how

the availability of health and welfare services reduces the incidence of filicide. However, this broad-scale research does not identify which services are the most important in prevention. Bourget's team (Bourget et al., 2007) suggest that members of filicide families connect with a wide range of services, and more recent research (Brown et al., 2022) confirms this view.

At the same time, research on families' use of services (Brown et al., 2022) shows perpetrators more commonly use some services than others. These services offer points of intervention if the staff are prepared and know how to assess for it and what to do to assist. For example, in one study, all perpetrator mothers used maternal and child health services and reported concerns there (Brown et al., 2022). However, the staff working with them did not recognise the dangers underlying mothers' communication and did not probe or pursue. They did not recognise the severity of the mothers' distress nor explore possible causes, like family conflict, isolation, family violence, recent arrival from overseas, and financial stress. Perpetrator fathers and stepfathers did not approach services, but rather, the services approached them (Brown et al., 2022). Friends and family members contacted the services, and sometimes other services, concerned about the men's intimate partner violence. The services that approached the fathers and stepfathers were the Child Protection services, drug and alcohol services and court services (criminal and family law). These fathers had a constellation of multiple problems that were identified as red flags, namely family violence, mental illness, substance abuse, and past and present encounters with the law. These men eluded and avoided contact, and they needed to be pursued. Their violence was a family and community problem that protected them from intervention. Despite the difficulties of working with these men, their problems needed to be tackled.

The same research (Brown et al., 2022) found mental health services had contact with male and female perpetrators who had usually contacted the services of their own accord. They did not raise the possibility that they might kill their child but sought help, most commonly for depression, with a smaller number seeking help for signs of schizophrenia. The services did not appear to probe if the person had children and did not ask how they were managing them. Mental health services did not see themselves as a service protecting against filicide, but they are.

National culture

South Korean research (Yoon, Yu, Lee, 2022) has proposed that the culture of that country, underpinned by Confucianism philosophy, plays a role in the occurrence of filicide in that country. The authors believe that this culture's expectations for men and women, as well as its emphasis on the whole family unit and not on its individual members, contributes to parents' resorting to filicide. A study comparing filicide across many countries (Pritchard, Williams, Fernandez Arias, 2018) showed very different rates of filicide from one country to another. The authors argued that their study showed that poverty was not associated with filicide deaths and suggested that other social/psychological/psychiatric factors are. They do not raise the issue of national culture, but the differences they identified from one country to another imply this possibility.

National studies or profiles do hint at national cultural differences. For example, a Malaysian study (Razali, Muuti, Abdullah, 2022) showed high rates of neonaticide, suggesting cultural problems around unmarried pregnant women. Australian studies showing a high rate internationally of filicide deaths could be linked to high rates of male family violence among Anglo-Celtic, Aboriginal and Southeast Asian men. The US rates of filicide seem to be almost the highest internationally (Pritchard et al., 2018), and these could be linked to the national culture of community and family violence.

Conclusion

Research indicates that effective health and welfare service provision is key to prevention, but professionals must receive better education to recognise and assess the risks of filicide. Services should equip their staff with this vital knowledge, and universities must integrate it into professional courses. Although filicide deaths are infrequent, they occur regularly, necessitating preventive education. Additionally, further research is essential to identify effective strategies and services for potential perpetrators and their families.

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