Consultations with professional groups to improve filicide intervention

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Professor Emeritus AM Thea Brown highlights the importance of education and resources among agencies to recognise warning signs of potential filicide and calls for better intervention strategies to protect children

In the last decade, filicide research has progressed to focusing on strategies of intervention. For example, Australian research studies have identified constellations of risks for each of the three major groups of perpetrators – mothers, fathers, and stepfathers – showing that no one factor leads to filicide but rather many factors, a constellation in fact (Brown, Tyson, Fernandez Arias, 2022). Each constellation includes factors specific to one of the groups of perpetrators, and the constellation can be viewed as red flags to alert professionals to the danger of potential filicide. Noting such red flags offers opportunities for intervention before a death occurs.

Armed with this research, members of the Monash Deakin Filicide Research Hub embarked on a series of consultations with three professional groups that encounter filicide, aiming to identify how this research could be applied to their practice. The groups consulted were senior staff from Child Protection, police, senior and frontline mental health nurses. The researchers found that moving the research into practice was more difficult and complex than they had envisaged.

The consultation: What is filicide?

While knowing broadly what filicide was, professionals in all groups did not understand the details of it. They questioned if certain scenarios were filicide. For example, was a mother having a psychotic episode and becoming a danger to her child by attempting to stab the child a potential filicide? Was a mother setting fire to her house where she and her children lived filicide? The researchers had not understood the need when explaining filicide to make it concrete and to provide a range of examples illustrating the various scenarios. If professionals are to intervene successfully, they need to fully understand the filicide events that they may see in their work. Questions about cases as to whether they were filicide deaths or not were all about mothers as perpetrators, which indicated problems in seeing mothers in that role. No questions were asked about father-perpetrated deaths.

The consultation: What are the red flags relevant to professionals' workplaces?

While enquiries had been conducted on individual cases of filicide, in both agency investigations and in coroner's inquests, few services had investigated all filicide cases at their agency over time. Thus, they did not know the extent to which they encountered filicide deaths, the characteristics of the families, or the perpetrators they encountered.

Agencies tended to encounter either mothers or fathers and stepfathers, and not both. For example, mental health nurses encountered mothers. However, they did not know of any risk factor constellations for mothers, or of the dangers parental mental illness presented to children, or of the role of violent fathers in mothers' mental illness. A death was a complete surprise.

Child Protection was more accustomed to working with mothers. They knew a child might die. They used well-known risk assessment strategies, which, while assessing for violence, did not assess for the danger of filicide. The Child Protection professionals had resources and models of help for supporting these mothers. While they had recognition of violent fathers, they did not realise how many of those reported to them for violence to their partner ultimately killed a child, rather than, or as well as, a partner.

Police were involved in filicide deaths in several ways, in being one of the first responders to a child's death, in investigating a death for the coroner, and in being requested for help by family members who feared a child would die. Police are increasingly involved in responding to family violence and so to filicide; they were aware of filicide. Many of the police officers consulted were receiving training for this. Unlike the social workers in Child Protection, they are not highly trained in investigating for potential filicide risk, and they raised this for discussion. Both the police and Child Protection staff were more vigorous in discussion and learning when presented with case material. It was noticed that the police were not provided with psychological support in filicide events.

Consultation: What did the researchers learn?

The consultations provided the researchers with a broader understanding of the services' responses to potential and actual perpetrators. The research had shown that services' availability was the best-known preventive factor currently, and that areas with more health and welfare services had lower rates of filicide than areas with less. However, filicide still occurred in well-serviced areas and slipped through the net.

The professionals consulted explained that while services might appear to be available, they were not necessarily accessible. Many health services charged fees, and the fees excluded clients, especially those without health fund membership or without access to government-funded health services. Potential perpetrators or other family members without permanent residency visas would not approach services because they were frightened that services would inform on them to the government, raising the possibility of their being deported. This was true for migrant mothers who feared loss of their own residency and loss of the custody of their children. Some migrant families were strongly

opposed to members using services, and the potential perpetrators did not know of services in their new country, even though there were nearby services relevant to their problems and their ethnic group.

Another problem the researchers were alerted to was the poor quality of services. Not all services had well-trained staff working knowledgably and effectively. Mental health services did not appear to have any protocols to protect the young children of patients. They did not address the problem in their policies and did not provide staff with knowledge on filicide, risk assessment for filicide, red flags, or intervention strategies. While they are not mandated to protect children, they do have a role, but they have avoided this responsibility. It can be argued that they are poorly funded and not created to protect children, and that these are problematic factors blocking them from assuming this responsibility. However, the significance of the role of mental illness in filicide is such that mental health services need to be more involved and to be better in their quality of response to parents with mental illness, and to respond to protect children.

The researchers learned that all professionals saw violent fathers as the most difficult client group to work with and believed that there were no effective responses or services for them. Some services had plans for better models of intervention, but none had been able to carry any out. Child Protection and the police both saw the way these men avoided intervention and their continuing lack of engagement.

The consultation was expected to focus on risk factors and red flags, but instead, the researchers learned how poor professionals' general understanding of filicide was. Many did not understand precisely what it was and did not know the various types. Most individuals had no knowledge of risk factors or warning signs and would therefore be unable to assess the risks. Most could identify perpetrators as mothers or fathers, but not stepfathers. Mental health nurses did not see themselves as having any role in [preventing filicide deaths,](#) but Child Protection and the police did. Consequently, there is a need to educate these professional groups as one of the strategies for prevention. Education needs to begin with learning what filicide is, what its types are, its incidence, its victims, its perpetrators, and the constellations of risk factors. Education needs to provide examples of filicide so professionals can attach meaning to the theoretical knowledge. Improving prevention through the education of professionals needs much more work.

Reference

Brown, T., Tyson, D., Fernandez Arias, P. (2022). Strengthening Prevention: A Study of Risk Factor Combinations for Filicide, an unpublished report, Monash University Primary Contributor

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