

Filicide in Australia, 2000–2012: A national study

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Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
HREC	Human Research Ethics Committee
MDFRH	Monash-Deakin Universities Filicide Research Hub
NCIS	National Coronial Information System
NHMRC	National Health and Medical Research Council
NHMP	National Homicide Monitoring Program
NSW	New South Wales
UK	United Kingdom
US	United States
WHO	World Health Organisation

Executive summary

The killing of a child by their parent is a rare and unique event, which presents challenges for identifying trends and patterns and for implementing effective prevention measures. Adding to these challenges is the availability, quality and comparability of data. Filicide statistics are frequently contained but not distinguished within broader child homicide data, and definitions of filicide can vary based on the age of the victim (with analyses most commonly relating to victims aged less than 18 years). Further, filicide research is often discrete and focused on particular categories of filicide events, offenders or victims. Consequently, national rates and comprehensive examinations of this phenomenon remain elusive. Nonetheless, previous analyses of Australian cases suggest that rates are high relative to other developed nations.

In response, this report presents the first nation-wide examination of Australian filicides, covering the 12-year period from 2000–01 to 2011–12. As such, it highlights both national and state and territory trends regarding filicide incidents, victims and offenders, and provides a robust knowledge base from which to develop prevention measures.

Key findings

Filicide incidents

Between 2000–01 and 2011–12, there were 238 incidents of filicide nationally. These incidents made up 18 percent of domestic homicide incidents and seven percent of all homicide incidents over the same period. However, while the incident rate remained steady—between 0.16 and 0.59 incidents per 100,000 population, with an average of 20 incidents per year (range=8–29 incidents per year)—this pattern was contrary to the downward trend observed for domestic homicide and all homicide incidents.

Filicide victims

These incidents involved 284 filicide victims, as well as 16 current or former intimate partners. The filicide victims comprised the majority of child homicide victims (63%) over the 2000–12 period. Most incidents involved a single victim, though 28 incidents involved two victims and nine incidents involved three victims. Victimization rates fluctuated between 0.16 and 0.75 victims per 100,000 children, and comprised between one-fifth and one-quarter of domestic homicide victims in the most populous jurisdictions.

The vast majority of these victims were aged less than 18 years (96%), with only ten adult children being killed over the 12-year period. Most victims were aged less than five years (n=189; 67%), with the median age being two years. There were more male than female victims (56% cf 44%), with the male victimisation rate generally higher than that of the female victimisation rate for each year considered. Ten percent of victims were Indigenous, with these victims often being younger than non-Indigenous victims.

Filicide offenders

There were 260 filicide offenders; 216 incidents involving a single offender and 22 incidents involving two offenders. A similar proportion of offenders were male (n=124; 52%) as were female (n=114; 48%), though victims were most commonly killed by their custodial mother (n=133 victims), followed by a custodial father (n=82 victims) or step-father (n=41 victims). Cases involving two offenders were

most commonly perpetrated by two custodial parents, or one female custodial parent (n=9; 41%) and one male step-parent (n=9; 41%).

Offenders were aged between 17 and 75 years, with the median age being 32 years. Nine percent of offenders were Indigenous. While mothers were equally likely to kill a male or female child, fathers were more likely to kill a male child. Fathers were also more likely to kill children who were slightly older (aged 1–4 years), whereas mothers killed the very young (aged less than 1 year).

Most offenders were in a relationship (married or de facto; n=81; 36%) at the time of the filicide. One-fifth were separated (n=43). Two-thirds of incidents where motive was recorded (n=60) were precipitated by a domestic argument related to the upbringing of the child or the child's custodial arrangement. Further, 43 percent of offenders had a criminal history – most commonly a conviction for a violent offence – and 30 percent of offenders were previously involved in an incident of domestic violence, though the direction of the violence was unknown. In addition, one in three offenders (n=63) had a mental illness, one in five committed suicide following the filicide (n=45) and a similar proportion were affected by drugs (n=40).

Policy and program implications

Identifying trends in the nature, context and prevalence of filicide incidents, victims and offenders allows comprehensive understandings, and therefore improved interventions, to be developed. However, determining risk is problematic, and identifying cases that may result in a parent killing their child will be particularly difficult to distinguish from the broader context of child abuse, family violence, parental separation and mental health cases. Therefore, a broader focus on enhancing education, case management and interagency communication around the often co-occurring factors that may precipitate or contribute to a filicide may be a useful means for better identifying risk and preventing child deaths. To this end, intervening early and effectively with families who have significant issues, rather than focusing on predicting the small number of cases where filicide may be an outcome, is an important strategy.

Moreover, situating the current findings within the somewhat disparate but growing body of literature provides a more robust assessment of the nature and prevalence of filicide events, and can enhance the information available from a range of disciplines and perspectives. Importantly, the findings demonstrate the pivotal role of various professionals in filicide prevention, specifically mental health, family and domestic violence, criminal justice and drug and alcohol services. However, as offender circumstances and characteristics differ according to the offender's relationship with the victim, a re-focusing of adult service provision that address the needs of clients *as parents* as well as those of their children is critical.

Introduction

This study, conducted by the Monash-Deakin Universities Filicide Research Hub (MDFRH) in partnership with the Australian Institute of Criminology (AIC), was undertaken to produce the first national report on filicide in Australia for the twelve-year period 2000 to 2012. Using the AIC's National Homicide Monitoring Program (NHMP) database it was to enable:

- identification of the national and state and territory incidence of filicide deaths of children aged 0–17 years and aged 18 years or older, who were killed by a parent or parent equivalent;
- determination of trends regarding filicide incidents, victims, and offenders; and
- identification of areas for policy and program development.

The research evolved from two prior studies providing preliminary examinations of filicides in Australia. The first, a study conducted by the AIC using the NHMP, was a national study of family homicide, including filicide that occurred between 1 July 1989 and 30 June 2002 (Mouzos & Rushforth 2003). The second, a study conducted by Monash University, was an in-depth examination of filicide events that occurred in Victoria, Australia between 2000 and 2009 (Brown, Tyson & Fernandez Arias 2014).

Filicide deaths are tragic occurrences and raise questions as to how they can be prevented. While national rates remain an elusive measure, according to some studies (eg Pritchard, Davey & Williams 2013) and other data available, Australia appears to have an above average incidence of filicide deaths among developed nations, thereby underlining Australia's need for a better knowledge base for intervention. This study aims to contribute to that knowledge base and establish a strong platform for the development of filicide prevention policies and programs.

Filicide deaths have been classified in different ways. For example, filicide deaths can be classified according to the number of deaths in an event, whereby:

- Single filicide means the death of a single child.
- Multiple filicide means the death of two or more children.
- Filicide-suicide means the death of a child/ren and the subsequent suicide of the offender.
- Filicide-homicide-suicide (also referred to as familicide) means the death of a child/ren plus intimate partner, which in some cases may also include the subsequent suicide of the offender.

Alternatively, filicide can be classified according to the age of the child when killed. Infanticide describes the homicide of a child under one year of age, while neonaticide often describes the killing of a baby in the first 24 hours of life (though this has been extended up to one month in some studies). Various jurisdictions have set out particular punishments for filicide deaths based on the age of the victim. However, there are no categories to distinguish older children or adult children.

Resnick (1970, 1969) also categorised filicides according to the offender's gender, mental illness and combinations of both, as well as the offender's motives (described below). Both gender and mental illness have remained as key issues for subsequent filicide research (Bourget & Gagné 2013; Brown, Tyson & Fernandez Arias 2014).

Incidence

Filicide is a rare event, with few child deaths perpetrated by parents each year, even in highly populated countries. These small numbers, coupled with the uniqueness of each filicide event (Stroud 2013), present challenges for identifying trends and patterns.

Equally challenging is the variability of filicide data. Victimization rates are seldom published and generally not comparable. Comparability is affected by the definition of filicide applied, the age range of victims used to estimate filicide rates, the data source (often small, clinical studies rather than large population samples) and the time period analysed. For example, some studies include both filicide and neonaticide in their statistics, whereas others treat them as different phenomena and report incidence for each separately (Putkonen et al 2016).

An inter-country comparison of child homicide using World Health Organisation (WHO) mortality data suggested marked differences in incidence rates across Australia, the United Kingdom (UK), the United States (US), Canada and selected European countries (Pritchard, Davey & Williams 2013). For example, rates for infant (under one year of age) and child (aged 1–14 years) homicide in the UK were 5 deaths and 3 deaths per million (or 0.5 deaths and 0.3 deaths per 100,000), compared with 25 deaths and 13 deaths per million for Canada (2.5 deaths and 1.3 deaths per 100,000) and 34 deaths and 15 deaths per million for Australia (3.4 deaths and 1.5 deaths per 100,000). These data, however, were not specific to filicide and examined incidence for each country across different time periods.

Homicide data provide a reliable indicator of incidence, but comparability is problematic. Filicide rates for England and Wales, Canada and the US are shown in Table 1. The rates were calculated from publicly available data and refer to homicide victims killed by a parent. Filicide victimisation rates (which include adult victims of filicide) are similar in England and Wales and Canada, at less than 0.1 victims per 100,000. Both jurisdictions recorded a rate of 0.06 filicide victims per 100,000 in 2015. The filicide rate in the US is double the rate reported for England and Wales and Canada but in line with higher homicide rates experienced in the US.

Table 1: Filicide victimisation rates recorded in England and Wales, Canada and the US, 2011–2015

	2011	2012	2013	2014	2015
England and Wales					
All victims ^a	0.07	0.06	0.08	0.06	0.06
0–15 years	0.36	0.29	0.40	0.25	0.28
Canada	0.14	0.12	0.14	0.14	0.11
United States	0.14	0.12	0.12	0.13	0.13

Note: Victimization rates for (a) all filicide victims were based on total population for England and Wales for each year referenced and (b) child victims aged 0–15 years were based on population aged 0–15 years for England and Wales for each year referenced

a: Includes victims aged 16 years and over

Source: Home Office Homicide Index; Statistics Canada Homicide Survey; FBI Uniform Crime Series

The number of child and adult victims of filicide is reported separately for England and Wales. Between 2005 and 2015, 85 percent or more of all victims killed by a parent each year were aged 0–15 years (between 25 and 43 deaths per year). Boys made up more than half of victims in all but two years. The victimisation rate did not exceed 0.4 per 100,000 over the 10-year period.

Australian filicide rates have largely been drawn from data collected in the NHMP. An average of 25 filicide deaths was recorded by police each year between 1 July 1989 and 30 June 2002 (Mouzos & Rushforth 2003). One-quarter of these victims were aged less than one year. Between 2002–03 and 2011–12 filicide victims comprised 21 percent (n=238) of domestic and family homicide victims in Australia (Cussen & Bryant 2015a). This equated to an average of 24 filicide deaths per year. Almost one-third of victims (n=76) were under one year of age and 56 percent (n=132) were male. Neither of these studies reported rates of victimisation.

Filicide victims

Most research has focused on victims aged less than 18 years or killed by either their father or mother. Published information on victim characteristics largely describe age and gender but are not consistent, due to definitional variation, different age cut-offs and the prevalence of small-sample clinical studies in filicide research. The available research indicates that younger children (five years or less) are at greater risk of filicide (Bourget & Gagné 2005; Dixon, Krienert & Walsh 2014; Kunz & Bahr 1996; Mariano, Chan & Myers 2014; West, Friedman & Resnick 2009), particularly children under one year of age. For example, seventy two percent (n=67,506) of filicide victims killed in the US between 1976 and 2007 were aged 0–6 years (Mariano, Chan & Myers 2014). A similarly high proportion of young child victims was reported by Dixon, Krienert and Walsh (2014)—81 percent (n=639) of filicide incidents in the US between 1995 and 2008 involved the death of a child aged less than five years. Children less than one year comprised one-quarter to over one-third of all filicide victims (Bourget & Gagné 2005; Dixon, Krienert & Walsh 2014; Kunz & Bahr 1996; Mariano, Chan & Myers 2014).

Few studies describe victimisation among adults. Mariano, Chan and Myers' (2014) examination of 32 years of filicide data from the US found 18 percent (n=16,566) of victims were aged 18 years or older, with the oldest victim aged 70 years.

The relationship between filicide and the victim's gender is less clear. Some studies describe a non-significant association with gender (Bourget & Gagné 2005; Flynn, Shaw & Abel 2013; Laporte et al 2003; West, Friedman & Resnick 2009). Others report higher proportions of male victims (Kunz & Bahr 1996; Mariano, Chan & Myers 2014; Marks & Kumar 1993; Somander & Rammer 1991), with males comprising up to 60 percent of the victim population. The relationship between victim age and gender is similarly inconsistent, although adult filicide victims are predominantly male. Three-quarters (n=12,672) of adult victims of filicide killed in the US between 1976 and 2007, for example, were male (Mariano, Chan & Myers 2014). The proportions of younger male victims from the same study were 54 percent for boys aged under one year and 55 percent for boys aged 1–17 years, respectively.

Filicide offenders

The term 'offender' is used in the current study, as analysis presented later in the report refers to persons charged with a criminal offence related to the murder or manslaughter of their child. However, it is recognised that other analyses and literature use the broader term 'perpetrator' to identify the person(s) responsible for killing the child.

Early filicide research pioneered by Resnick (1979, 1969) largely focused on offenders to understand why and how filicides occurred. Specifically, research was concerned with the offender's psychological motives and the categorisation of filicide events based on the motives identified. Five categories were established:

- altruistic filicide (to relieve the child's suffering and often involving the suicide of the offender);
- acutely psychotic filicide;
- unwanted child filicide;
- accidental filicide; and
- spouse revenge filicide (Resnick 1969).

Altruistic and acutely psychotic filicide events were predominantly associated with female offenders, while accidental and spouse revenge filicides were predominantly associated with male offenders.

Since the development of these categories, research on offender motives has dominated understandings of filicide and remains a prominent theme of the discourses surrounding this type of homicide (Bourget & Gagné 2013). However, this approach has been critiqued by more recent research, as offenders were found not to express motives (Brown, Tyson & Fernandez Arias 2014; Mouzos & Rushforth 2003) or not to express them clearly (Brown, Tyson & Fernandez Arias 2014). It has been argued that such categorisation reduces complex events to simplistic ones (Sidebotham 2013; Stroud 2013) and overlooks the personal and familial circumstances of the offender and the victim, and the broader community and service connections and implications.

Scholarship has since broadened with examinations of the psychosocial dimensions (Stroud 2008), structural issues of systemic poverty (Pritchard, Davey & Williams 2013) and regional and national cultural issues (Wei & Chen 2013) that may underlie a filicide event. Importantly, research has begun to investigate additional areas of interest, which have evolved from the concerns of child protection services through child death review committees (Victorian Child Death Review Committee 2009) and family violence death review committees. Areas of interest have included offenders awaiting sentence (Stroud 2008) or serving prison sentences for familicide (Johnson 2005), possible causes for filicide (Jaffe et al 2012; Johnson 2006; Kirkwood 2012) and factors commonly linked to filicide events (Liem & Koenraadt 2008a). These include the mental illness of the offender, separation or imminent separation of the parents, domestic violence being inflicted by, or suffered by the offender, child abuse inflicted by the offender, prior child abuse suffered by the offender, and the abuse of alcohol and/or drugs by the offender. As Putkonen et al (2016) have suggested, however, many other factors could contribute to the killing of a child by their parent or equivalent.

Relationship with the victim

The propensity for parents to kill biological versus non-biological children is little explored, and potentially hampered by the availability or reliability of information on victim-offender relationships. Research examining parental abuse and violence reveals increased risk of victimisation if the child is not genetically related to the parent (Daly & Wilson 1994; Harris et al 2007; Weekes-Shackelford & Shackelford 2004). Biological children make up the majority of filicide victims (range=72%–96%; Dixon, Krienert & Walsh 2014; Harris et al 2007; Mariano, Chan & Myers 2014) but the risk of victimisation increases if a step-parent is resident. Step-fathers pose the highest risk, but step-mothers can be disproportionately involved in filicides relative to their prevalence in families (Harris

et al 2007; Weekes-Shackelford & Shackelford 2004). Risks to children by step-mothers may be further increased if the mothers' biological children are also resident.

Offender mental illness

Offender mental illness has been widely associated with filicide, at rates often higher than those reported for all homicide offenders. Around 13 percent of homicide offenders in Australia in 2012–14 were known to have had a mental illness at the time of the offence (Bryant & Bricknell 2017). Similar proportions of filicide offenders (15%) described by Mouzos and Rushforth (2003) were known to have been mentally ill when they committed the homicide. One-third of female offenders were described as mentally ill although no information was provided in the study about male offenders.

Other studies have identified an even greater prevalence of mental illness among maternal and paternal filicide offenders (see, for example, Bourget & Gagné 2005; Friedman et al 2005; Pritchard & Bagley 2001; Putkonen et al 2010; Somander & Rammer 1991; Stroud & Pritchard 2001). For example, two-thirds of females (n=67) convicted of killing their child in England and Wales between 1997 and 2006 had experienced mental illness, 53 percent (n=42) at the time of the filicide (Flynn, Shaw & Abel 2013). Among filicidal fathers, 27 percent (n=52) had a lifetime history of mental illness and 23 percent (n=22) were mentally ill at the time they killed their child. Bourget, Grace, and Whitehurst's (2007) review of maternal and paternal filicide in North America revealed a similar picture of a high incidence of mental illness for both men and women. They note that while mental health issues, especially psychotic and major depressive disorders, have been acknowledged in the literature there is still considerable research that needs to be done.

One of the important findings of Bourget, Grace and Whitehurst's work was that many perpetrators with a mental health issue had accessed services (see also Friedman et al 2005; Putkonen et al 2010). The extent of that involvement, however, was largely unknown. Johnson's (2005, 2002) study of familicide found signs that the offenders' mental health problems were minimised or ignored both by family members and professionals in the context of filicide following parental separation and divorce (Johnson 2005, 2002). Despite the existence 'of some extreme examples of disturbed behaviour' (Johnson 2005: 44), the study of nine filicide-suicides committed between 1989 and 1999 in Western Australia found that it was difficult to provide an accurate determination of the offender's state of mental health at the time of the offence as there were no psychiatric or psychological reports.

Parental separation

Parental separation has been identified as a key risk factor for filicides (Johnson 2008, 2005; Liem & Koenraadt 2008b; Kirkwood 2012; Mouzos & Rushforth 2003; Putkonen et al 2016). While there are issues around the definition of separation – it remains a contested term due to the lack of uniformity in the records available –relationship breakdown has played a significant role in the precipitation of filicide deaths.

According to Kirkwood (2012), many filicides committed by fathers occurred in the context of parental separation and were motivated by the desire to hurt the mother as the children were seen as an extension of her. Twenty-five percent of fathers in Liem and Koenraadt's (2008b) study on paternal and maternal filicide in the Netherlands killed their children as a reaction to threatened separation or divorce. Problems within intimate partner relationships were also a recurrent theme in Putkonen et al's (2016) examination of filicide cases that occurred in Austria and Finland between

1995 and 2005. Fathers were more likely than mothers to be separated, or at risk of separation and to have a history of domestic violence as an offender, before the filicidal event.

Sachmann and Johnson (2014) proposed a causation framework based on a 'synergistic combination of attachment style, personality dysfunction and hypothesised psychodynamic factors' (2014: 137). This framework attempted to provide insight into why male-perpetrated familicide was linked to separation. The study concluded that while revenge remained an important motive, there were biopsychosocial issues that worked in conjunction with the separation to explain the failure of the offenders to manage the trauma of separation. It was also argued that there were warning signs to familicide-suicide that were often not identified, or appreciated, by practitioners.

Domestic violence

A history of domestic violence among filicide offenders has been identified for some time. As domestic violence has gained recognition as a major social problem, its impact on children as direct and indirect victims has been investigated (Jaffe et al 2014), with filicide seen as an extreme consequence of domestic violence.

Bourget, Grace, and Whitehurst (2007) argue that marital violence has been identified as a co-factor in deaths resulting from child abuse by mothers and that these offenders were also victims in their own childhood. They noted it was also a co-factor for paternal filicide. Stroud and Pritchard (2001) further noted that a previous history of domestic violence offending was more common among non-biological offenders than biological offenders. Prior instances of violence were a factor that might predict potential harm for children by this parental group. What is not well known is the relationship between the two common factors of domestic violence and mental illness, noted already, and how each might lead to the other, probably in a gendered fashion (Sidebotham et al 2016). Similarly, the relationship between these two factors and partnership breakdown is not known

One recent Australian study (Butler & Buxton 2013) examined all filicide deaths in New South Wales in a 10-year retrospective study to investigate the relationship between such deaths and domestic violence. The study, which involved case file analysis and interviews with professionals, found that 75 percent of the children's deaths that could be classified as involving a family offender were perpetrated by an offender with a history of domestic violence. In 52 percent of these cases, the child was not subjected to the violence. However, in 38 percent of cases both the child and the intimate partner were the target of the violence and in 10 percent of cases, the child alone was the victim of the violence.

However, despite a desire for a simple measure to predict those violent family situations that will lead to a homicide, as Jaffe et al (2014) noted, there are no risk assessment tools to accurately determine the risk of filicide when domestic violence was present in the home. This may suggest that risk assessment is not the appropriate platform for intervention, as has been pointed out previously (Sidebotham et al 2016; Trotter, McIvor & McNeill 2016).

Abuse as a child

Few studies have examined the childhood of parents who perpetrate filicide. However, a small scale Australian study comparing maternal and paternal filicide cases (n=14) from the Australian Homicide Project (Eriksson et al 2014) found that six of the nine male filicide offenders interviewed were the victims of physical abuse as children and seven witnessed inter-parental violence. None of the six female offenders reported childhood experiences of physical abuse but half had been exposed to parental violence. Six of the father-perpetrated filicides resulted from excessive discipline (Eriksson

et al 2014). The offenders in these cases reported being exposed to frequent and severe violence as children, and subsequent use of excessive and violent disciplining of their own biological and non-biological children (Eriksson et al 2014).

Access to services

With the notable exception of child protection services, early research overlooked the involvement that victims and offenders of filicide may have had with support services, and the impact that support services could have in preventing filicide. Wilczynski (1997) was the first to show that offenders gave signals of their filicidal ideation to family and friends and that they were in contact with services to which they also gave signals of their intentions. Stroud (2008) similarly noted that just over one-third of filicide offenders sought help for difficulties they were experiencing (such as mental health issues or relationship difficulties) before the filicide occurred, but this help-seeking was unsuccessful due to contacting the wrong professional, not disclosing all their mental health issues or professional responses were lacking.

Some contemporary studies have focused on the offender's use of community services and found that many filicidal parents had prior consultation with psychiatrists, doctors and social workers (see review in Bourget, Grace & Whitehurst 2007). Friedman and Resnick (2007) also pursued the issue of best use of services, specifically in relation to new mothers. They argued that new mothers should be screened for depression, and that those with depression should be further screened to assess for risk of filicidal ideation. Their argument, however, did not consider recognised shortcomings with risk assessment tools, particularly those developed to predict the likelihood of domestic forms of homicide (see, for example, Eke et al 2011; Jaffe et al 2014). Further, the authors placed intervention entirely within the psychiatric services system, which does not necessarily link to services for new mothers, whereas Bourget's study located intervention within the wider health services and family law services systems where links might be more easily made. More recently, researchers have called for policy and program development across all service systems (Dawson 2014; Vincent 2014), but much work needs to be done in regards to the design and implementation.

The few studies on the nature of community organisation involvement with parents who kill their children following separation and divorce suggest there may be, as noted earlier, a tendency among professionals to minimise or ignore signs of mental illness on the part of the offender in this context (Johnson 2002). Evidence also suggests that although professionals might be attuned to the motivations and perceptions of mothers who kill their children, this is not the case for fathers who are depressed, isolated, or psychotic following separation or divorce and who kill their child/ren (Lithwick 2002; Tyson 2009). A Melbourne study examining the responses of a variety of professionals to potential filicide showed that many of the identified risk factors alerted them to the dangers but that no professional group responded to all the factors identified in the literature (Cavanagh 2015). For example, social workers saw parental separation as a risk factor associated with filicide, but family lawyers did not.

Findings from the Monash Filicide Research Project

Data for the Monash Filicide Research Project (the Monash study) was obtained via a detailed examination of case files held by the Victorian Coroner's Office for the period 2000–2009. In the Monash study, filicide was defined as the unlawful killing of a child by a parent or parent equivalent, such as a step-parent or grandparent. The age parameters of the children were the same as most recent studies, being children from 0–17 years of age, thus excluding parents killing adult children

aged 18 years or older. The offenders included were biological mothers and fathers, adoptive mothers and fathers, step-parents, aunts, uncles and grand-parents (with guardianship), acting alone or in combination. Foster parents were included but none were found to be offenders in that period.

From the study, 52 children were identified as being killed in Victoria over the 10-year period, a number in line with the earlier findings of Mouzos and Rushforth (2003). The study had access to 42 case files of the 52 cases identified. Ten cases were still open and therefore not available.

Data in the files came from witness statements, police records, court transcripts of proceedings and previous criminal records for the offender.

Victims and offenders

The age of Victorian filicide victims was like that of Australian children reported as subject to abuse and neglect (AIHW 2012), with the youngest children being the most likely to be killed. However, boys were almost twice as likely to be killed as girls (see Table 2), compared with similar proportions of children who were identified as experiencing abuse and neglect.

Offenders were categorised into four groups: mothers, fathers, step-fathers, and mothers and fathers acting together. The first three groups comprised a clear majority of offenders. Offender type (made up of gender combined with parental role) was found to affect the type of killing, the method of killing, the age and gender of the victim(s), associated factors and use of services, all of which suggests future investigation should consider patterns for the different offender type as well as for all offenders for developing intervention.

Table 2: Filicide victims by age and relationship with offender, Victoria, 2000–2009

	Father	Mother	Step-father	Both parents
Under 1 year	8	5	1	0
1–4 years	2	6	7	1
5–9 years	1	3	1	0
10–14 years	2	2	0	0
15–18 years	2	0	0	0
Total	15	16	9	1

Source: Monash Filicide Research Project data

The most common factors associated with filicide in the Monash study were:

- mental illness of the offender, frequently depression;
- separation from the other parent;
- domestic violence, particularly involving step-fathers as perpetrators and mothers as victims;
- child abuse, most commonly perpetrated by step-fathers; and
- substance abuse, most common among step-fathers (see Table 3).

Table 3: Common factors associated with filicide, Victoria, 2000–2009 (n)

	Yes	No	Unknown	Total
Parental separation	26	9	1	36
Father	4	8	0	13
Mother	9	5	0	14
Step-father	2	7	0	9
Evidence of mental health issues	24	10	1	36
Father	7	5	1	13
Mother	12	2	0	14
Step-father	5	3	1	9
Drug use	13	19	4	36
Father	3	8	2	13
Mother	3	10	1	14
Step-father	7	1	1	9
Family violence	9	22	4	36
Father	1	11	1	13
Mother	2	9	3	14
Step-father	6	2	1	9
Child abuse	8	23	5	36
Father	1	11	1	13
Mother	3	9	1	13
Step-father	5	2	2	9

Source: Monash Filicide Research Project data

A noteworthy aspect of the Monash study was its ability to generate a contextual picture of each incident that revealed the complexities of the events prior to a filicide death. One of these complexities was the presence of early warnings given to intimate partners or others. Eleven offenders disclosed homicidal or homicidal-suicidal ideation to someone else, of whom nine were mothers and two were fathers (no step-fathers gave early warnings). This group included one couple

(mother and father) who decided to suspend their daughter's epilepsy treatment as they felt the side effects were too severe and which ultimately ended in her death. Further, most of the disclosures were made to medical or mental health professionals prior to the incident. Five of those offenders (all mothers) had prior suicide attempts and all but one committed suicide closely after the incident. There were also a disproportionate number of deaths from a single geographical area in an outlying Melbourne municipality. This location was described by health professionals as an area of recent significant population growth, and which is poorly serviced in terms of health and welfare services.

In relation to step-fathers, the Monash study noted that they were a group that behaved unlike mothers or fathers in the sample. As the previous tables showed, step-fathers had a very high incidence of mental health issues, drug use, child abuse, and domestic violence. They did not however, give warning to anyone about possible harm to children, nor did they commit or attempt to commit suicide after the event. Step-fathers almost exclusively killed children aged less than four years. Many of the witness statements revealed strained relationships between the step-fathers and the victims, arising in part from the children's young age and inability to follow verbal commands to stop crying or stay still. Often witness statements revealed situations where step-fathers would use force to end the victim's crying, which culminated in lethal outcomes. Witness statements often described the filicide incidents as moments of explosive anger that had no premeditation. The data for these cases revealed that the biological mothers of these victims were women who were vulnerable to the use of force and who were partner to a series of abusive relationships in the past. This pattern is what led the Monash study to consider parental separation, even historical separation, a risk factor for filicide.

Finding patterns in filicide deaths is a difficult task and categorising the motives of the offenders of filicide, as in the earliest filicide research, did not lead to policies and programs for intervention (Sidebotham 2013). Recent research, including the Monash study, has approached filicide by considering the psycho-social elements of the event, by considering the local and national cultures and service systems in which the deaths take place, by acknowledging the complexity of the causes and by moving to new explanations.

The Monash study suggested that filicide occurs at a point when many differing factors interact and when there is an absence of appropriate interventions. Research has focused on the intersections with mental health problems, domestic violence, service access, and family breakdown. The research on mental health reveals that there is a very high prevalence of major depressive disorders, psychotic disorders, and personality disorders amongst parents who commit filicide. There is a gendered dimension to this, as men tend to present with major depression or personality disorders and women tend to present with psychotic disorders. Research has also revealed that many offenders have, at some point prior to the event, sought help with regards to their mental health concerns. Therefore, general and mental health providers and professionals are in a pivotal position when it comes to filicide prevention.

The research on the intersection between domestic violence, intimate partner homicide and filicide reveals that the presence of domestic violence is an indicator of risk for children whether they are the direct or indirect victims of it. The Monash study found high levels of domestic violence in the step-father offender group and suggest, as have Daly and Wilson (1994) and Strang (1995), that step-fathers are the parental group most likely to perpetrate filicide. Step-fathers are disproportionately represented among filicide perpetrators given their low numbers among the general parent population (Weston, Qui & Baxter 2013).

Filicide research has also shown that characteristics of the children also impact on the risk of filicide. There have been few examinations, however, of the relationship between the victim's age and offender type. The Monash study (Brown & Tyson 2014, 2012; Brown, Tyson & Fernandez Arias 2014) showed there was such a relationship; that is, the three most common groups of offenders killed different age groups of children. Classifying the offenders in this way also showed other patterns of co-existing factors.

Indigenous children did not emerge as a disproportionate group in the Monash study. However, despite constituting a small proportion of the Australian population (3%), Aboriginal and Torres Strait Islander persons are strongly over-represented as the victims and offenders of homicide (Cussen & Bryant 2015b). These markers are related to present and historical forms of dispossession, marginalization, and other forms of systemic violence. The present study intends, by covering all states and territories, to include more data on Indigenous victims and offenders than occurred in the Monash study of Victorian filicides and to shed some light on how filicide is manifesting in Indigenous communities.

Methodology

Purpose

This study was undertaken to produce the first national report on filicide in Australia, using data for the period 1 January 2000 to 31 December 2012. Specifically, the purpose of the study was to:

- identify national and jurisdictional incidents for homicide victims aged 0–17 years and aged 18 years or older who have been killed by a parent or parent equivalent (such as a step-parent);
- identify characteristics and trends related to filicide incidents, victims and offenders; and
- identify areas for policy and program development.

In particular, the research aimed to identify the extent to which Victorian trends observed by the Monash Filicide Research Project could be observed nationally and across other Australian jurisdictions.

Research questions

The research aimed to answer the following research questions:

- (1) How many national and jurisdictional incidents of filicide were recorded each year and in total for the 12-year reference period?
 - (a) Are national and jurisdictional trends consistent?
 - (b) How do national and jurisdictional trends in incidents of filicide compare with trends for other domestic homicides and/or to child abuse reporting in Australia?
 - (c) How do national trends in incidents of filicide compare with international filicide trends?
- (2) What are the characteristics of filicide victims?
 - (b) Are victim characteristics identified in the Monash Filicide Research Project replicated among filicide victims from other jurisdictions?
 - (c) Are characteristics (such as cause of death and motive) of filicide victims 18 years or older different compared with filicide victims less than 18 years of age?
- (3) What are the characteristics of filicide offenders?
 - (a) Does the gender and custodial relationship of the parent with the child affect the age and gender of the child victim, how the child was killed and the motive for the filicide?
 - (b) Are risk factors such as parental separation, history of domestic violence, child abuse, lower socio-economic status and parental substance abuse associated with specific groups of filicide offenders?
 - (c) Do any identified characteristics of filicide offenders differ nationally and between jurisdictions?
 - (d) Are trends noted in the use of services found in the Monash Filicide Research Project, particularly the use of general practitioners, psychiatric services and counselling services, and the variation in use according to gender and parental role, repeated in the other states? Are there other trends regarding offenders' use of services to be found in other states?

(4) Results from the Monash Filicide Research Project found that the use of general practitioners, psychiatric services and counselling services varied according to the gender and parental role of the offender:

(a) Are these trends present in other jurisdictions?

(b) Are there any jurisdictional differences in offender use of services?

(5) Based on the findings of the study, are there any policy and/or program implications such as where and/or how policy and program development could be directed?

Research design

The current study utilised data from the AIC's National Homicide Monitoring Program, supplemented by data collected in the Monash Filicide Research Project. Findings from the Monash study were used to guide the development of an analytical framework that incorporated descriptive variables (eg incidence, number of victims, age and gender of victims and offenders, cause of death) and associative factors (eg offender mental health, experience or perpetration of family or domestic violence, perpetration of child abuse, background of parental separation).

National Homicide Monitoring Program

The NHMP comprises data on homicide incidents, victims and offenders. The term homicide refers to the unlawful killing of a person; a homicide incident is an event in which one or more persons are killed at the same place and time. Homicide is defined differently by the criminal law of each Australian state and territory, and each jurisdiction defines degree, culpability and intent in different ways. The NHMP therefore collects data on the following:

- all cases resulting in a person or persons being charged with murder or manslaughter. This excludes driving-related fatalities except those that immediately followed a criminal event such as armed robbery or motor vehicle theft, or which resulted in a charge of murder or manslaughter being laid;
- all murder-suicides classed as murder by police; and
- all other deaths classed as homicides by police, including infanticides, whether an offender was apprehended or not.

Excluded from this definition are attempted murder and violent deaths, such as industrial accidents involving criminal negligence (unless a charge of manslaughter is laid). Lawful homicide, including that by police during their duties, is also excluded. Missing persons are also excluded unless a charge of murder or manslaughter has been laid by the police.

There are two key sources of data for the NHMP:

- offence records derived from each Australian state and territory police service, supplemented where necessary with information provided directly by investigating police officers and/or associated staff; and
- state coronial records such as toxicology and post-mortem reports. The National Coronial Information System (NCIS) has allowed coronial findings, including toxicology and autopsy reports, to be accessed online since 1 July 2001. Prior to 2001, the AIC accessed paper-based coroners' files for the period 1 July 1996 to 30 June 2001 (Mouzos 2000).

The NHMP dataset is based on 77 variables and organised into three files:

- an incident file, which describes the case and its circumstances (for instance, location, date and time of the incident; status of investigation; whether the incident occurred during another crime);
- a victim file, which contains sociodemographic information relating to the victim(s), details of the cause of death and the type of weapon used to kill the victims, and alcohol and illicit drug use; and
- an offender file, which details persons who have been charged and includes data on the sociodemographic characteristics of the offender, his/her previous criminal history, alcohol/illicit drug use, mental health status and relationship to the victim (at all times, the term offender refers to suspected offenders only and not to convicted persons, unless otherwise stated).

These data are combined into a merged incident, victim and offender file.

Existing NHMP data are updated on a biennial basis and hence historical data presented in this report may be different from data published in previous reports. Further, police offence report data are compiled at different stages of the investigation progress which may affect the completeness of information provided by different police services.

Homicide incident classification

Homicide incidents within the NHMP are classified according to the principal relationship between victim and offender. For the purposes of this report the categories used are:

- Domestic homicide—an incident involving the death of a family member or other person from a domestic relationship. This includes intimate partner homicide, filicide, parricide, siblicide and homicides involving other family members (see Cussen & Bryant 2015a).
- Filicide—an incident where a parent (including a step-parent) kills their child (including infanticide, which is defined as the killing of a child under one year of age). This is not restricted to children under 17 years of age; it also includes adult children over 18 years of age killed by their parents.

Within the category of filicide, the NHMP prescribes three types of parent-child relationships. The relationship between child victim and parental offender are selected by the police officer completing the NHMP data template and confirmed using the sources listed below (such as state coronial records and court transcripts). These relationships are: custodial parent-child, non-custodial parent-child and step-parent-child.

Calculation of rates

All rates have been calculated using population data sourced from the Australian Bureau of Statistics (ABS; see ABS 2014a;2014b). Rates were calculated using the estimated resident population at 30 June of each financial year included in the analysis.

Incident rates were calculated based on the total Australian or state-based population.

Victimisation rates were calculated based on the total Australian or state-based population aged 0–17 years, as most victims fell within this age range. Accordingly, victims aged over 17 years have been removed.

Ordinarily offender rates would be calculated using the total Australian or state-based population aged 10 years or older, as this is minimum age at which a person becomes criminally responsible. However, given that offenders are parents and the youngest offender in the dataset was aged 17 years, offending rates have been calculated based on the total Australian or state-based population aged 17 years and older.

Indigenous victimisation and offender rates were calculated using the estimated resident Aboriginal and Torres Strait Islander population at 30 June for each year included in the analysis.

Ethics approvals

All research conducted for this project was subject to clearance by the AIC Human Research Ethics Committee (HREC), the Monash University HREC and the Victorian Department of Justice HREC. This ensured all research complied with the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research. Ethics approval was received from the AIC HREC in March 2015 (Protocol No. PO228), the Monash University HREC in May 2015 and the Victorian Department of Justice in July 2015 (CF/15/10998).

Limitations

The results in this report should be interpreted in light of the following limitations.

- A recent update of the NHMP data means that results may vary between this report and previous analyses of filicide data.
- Analyses examining the parent-child relationship are victim-based (that is, each individual victim's relationship with the offender is counted separately). Therefore, in homicides where an offender was responsible for the death of two or more of their children, there will be multi-counting of offenders. For accuracy and consistency with previous analyses, statistical testing has not been applied to data where there is multi-counting of offenders.
- Consistent with prior AIC homicide research (Bryant & Cussen 2015; Cussen & Bryant 2015a), analysis of offender characteristics is based on the primary offender. For filicide incidents that involved a single victim and offender, identifying the primary offender is straightforward. However, where there are multiple victims and/or offenders involved in a filicide incident, identifying the primary offender becomes more complicated. This is because the NHMP dataset does not indicate offender culpability where multiple offenders were involved in the one incident.
- The primary offender is selected based on the closest known relationship between any one victim and offender pairing (known as the principal/primary relationship). For example, where a child is killed by a custodial parent and a step-parent, the custodial parent would be selected as the primary offender. Where co-offenders share the same relationship with the victim, for example where there are two custodial parents, the first recorded offender is selected as the primary offender. Limitations also exist with this method. Identifying the closest relationship can be difficult, as different relationships may exist between different pairs of victims and offenders. Further, there may be some instances where, for example, a step-parent is more culpable than a custodial parent in the homicide incident; however, the custodial parent is classified as the primary offender due to having the closer relationship with the victim.

- Offender history of domestic violence indicates whether there was a history of domestic violence between intimate partners and is not indicative of a victim dying within the context of a family or domestic violence incident.
- Alcohol and drug use can alter the circumstances of a homicide incident by affecting the judgement of the victim and/or offender or by incapacitating the victim in some way (intentionally or not). The NHMP data identifies the presence of alcohol and other drugs but not the impact of their use on the victim, offender or situation. For offenders, this information is based on police observations.
- Terminology used in the NHMP to denote victim-offender relationships that comprise a child and parent—custodial, non-custodial and step-parent—are not congruent with child-parent relationships currently recognised in family law legislation.

National profile of filicide in Australia

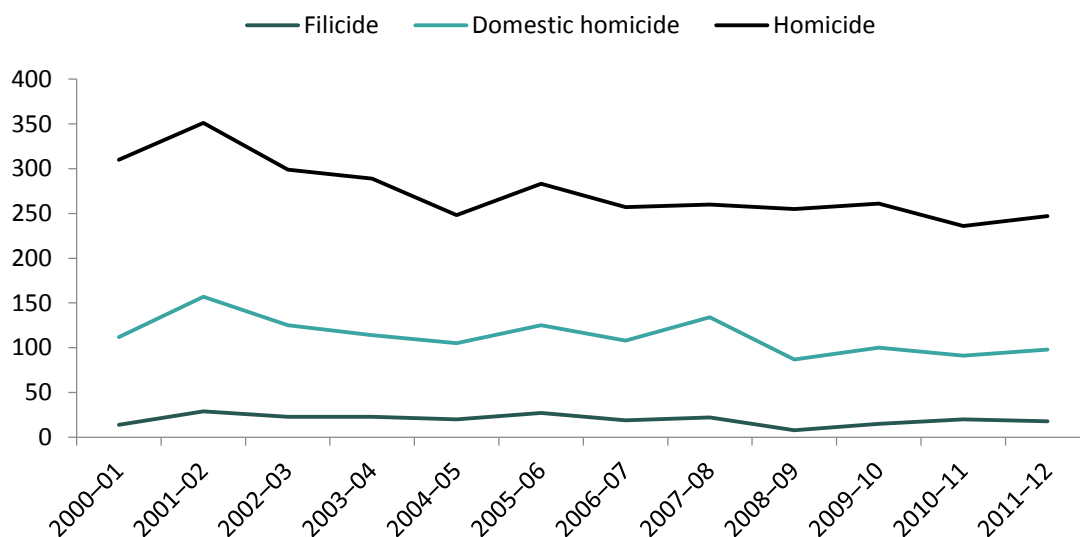
Filicide incidents

Between 2000–01 and 2011–12, there were 238 incidents of filicide identified in the NHMP, which involved 284 victims and 260 offenders. The number of victims and offenders is greater than the number of incidents due to some incidents involving multiple victims and/or multiple offenders. Filicides accounted for 18 percent of domestic homicide incidents (n=1,356) and seven percent of all homicide incidents (n=3,296) within the same time period.

Seven percent of filicide incidents (n=16) also involved the homicide of the offender’s current or former intimate partner. Current or former intimate partner victims (n=18) are excluded from subsequent analysis.

An average of 20 filicide incidents were recorded in Australia per year, with a maximum of 29 incidents in 2001–02 (12% of all recorded filicides) and a minimum of eight incidents in 2008–09 (3% of all recorded filicides). Incidents of filicide remained stable over the twelve-year period (see Figure 1); contrary to the pattern observed for domestic homicide and homicide overall, which declined by 13 percent and 20 percent respectively.

Figure 1: Filicide, domestic homicide and all homicide incidents, 2000–01 to 2011–12 (n)

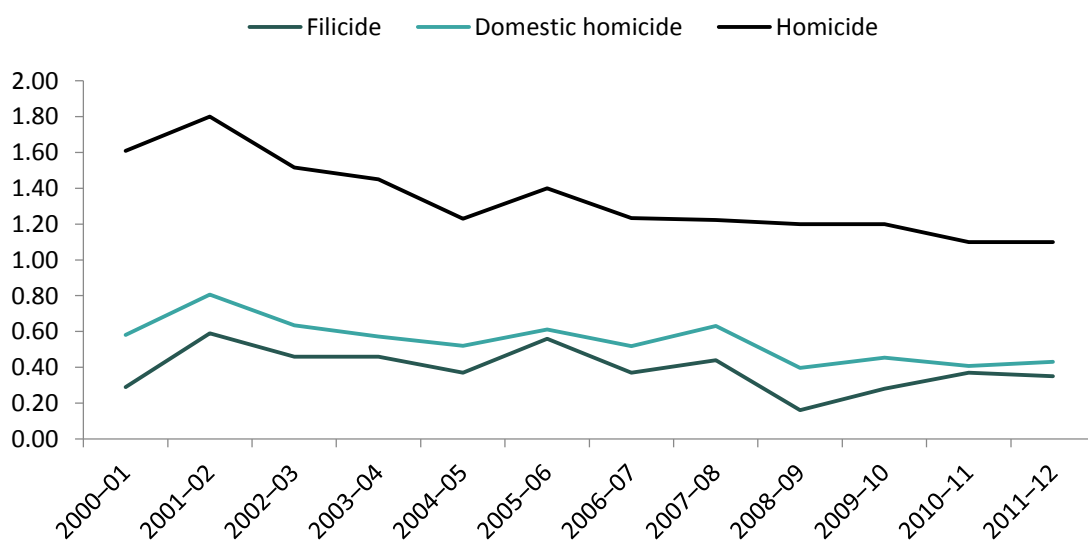


Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Filicide rates (for child victims aged 0–17 years) were relatively stable over the 12-year period (see Figure 2). Small rate increases were recorded in 2001–02 (0.59 per 100,000) and 2005–06 (0.56 per 100,000) before levelling off after 2006–07.

The number of filicide incidents recorded in each jurisdiction is generally reflective of population size. The largest number of filicide incidents was recorded in New South Wales (n=72; 30%; see Table 4), followed by Queensland (n=65; 27%) and Victoria (n=47; 20%). The proportions of filicides to domestic homicides were similar in most jurisdictions, except Queensland where the proportion of filicides was higher (27% cf 23%) and the Northern Territory where the proportion of domestic homicide was higher (7% cf 2%).

Figure 2: Filicide, domestic homicide and all homicide incidents, 2000–01 to 2011–12 (rate per 100,000)



Note: Filicide rates exclude 8 incidents involving 10 adult victims

Source: AIC NHMP 2000–01 to 2011–12

Table 4: Filicide, domestic homicide and all homicide incidents by jurisdiction, 2000–01 to 2011–12

	Filicide		Domestic homicide		Homicide	
	n	%	n	%	n	%
NSW	72	30	373	28	1,031	31
Vic	47	20	256	19	682	21
Qld	65	27	310	23	672	20
WA	20	8	161	12	361	11
SA	25	11	120	9	258	8
Tas	2	1	21	2	75	2
ACT	2	1	14a	1	35a	1
NT	5	2	101	7	181	5
National	238		1,356		3,296	

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Filicide rates for each jurisdiction over the 12-year period are presented at Appendix A. From 2000–01 to 2011–12, Queensland consistently had the highest rates of filicide for Australia’s larger states.

Most filicide incidents involved a single victim (n=201; 84%), though 28 incidents involved two victims (12%) and nine incidents involved three victims (4%; see Table 5). Victoria (n=10; 21%), Queensland (n=11; 17%) and New South Wales (n=9; 13%) recorded the highest proportion of filicide incidents with multiple victims. No multiple victim filicide incidents were recorded in Tasmania and the Australian Capital Territory.

Like homicide incidents more generally (see Bryant & Cussen 2015), filicide incidents were most likely to occur in the victim's home (n=187; 79%; see Table 6). With regard to other offence locations, fathers were more likely to perpetrate a filicide incident in a street or open area (n=11; 9% cf n=6; 5%) followed by their home (n=8; 6% cf n=2; 2%). Conversely, mothers were more likely to perpetrate a filicide incident in a private motor vehicle or car park (n=8; 7% cf n=4; 3%).

Table 5: Filicide incidents by jurisdiction and number of victims, 2000–01 to 2011–12

	One victim		Two victims		Three victims		Total
	n	%	n	%	n	%	n
NSW	63	88	6	8	3	4	72
Vic	37	79	7	15	3	6	47
Qld	54	84	8	13	3	5	65
WA	16	80	4	20	0	0	20
SA	23	92	2	8	0	0	25
Tas	2	100	0	0	0	0	2
ACT	2	100	0	0	0	0	2
NT	4	80	1	20	0	0	5
National	201		28		9		238

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Motive

Motives can assist in understanding the situations or factors that may trigger or precipitate a homicide. Most commonly, there was no apparent motive for the filicide (n=108; 45%) or the motive was unknown/not stated (n=37; 16%). However, this is the case in most homicide incidents as the reasoning behind the homicide can be complicated as well as varied. Therefore, assigning a motive can be difficult (see Bryant & Cussen 2015).

Table 6: Primary filicide offender by location, 2000–01 to 2011–12

	Mother ^a		Father ^b		Total	
	n	%	n	%	n	%
Victim's home	94	76	93	82	187	79
Offender's home	8	6	2	2	10	4
Other person's home	3	2	3	3	6	3
Street or open area ^c	11	9	6	5	17	7
Motor vehicle ^d	4	3	8	7	12	5
Other location	2	2	2	2	4	2
Unknown	2	2	0	0	2	<1
Total	124		114		238	

a: Includes custodial, non-custodial and step-father

b Includes custodial, non-custodial and step-mother

c: Includes street/road/highway and open area/waterway

d: Includes vehicles located in car parks/public garages/service stations

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

In cases where a motive was recorded (n=93), two-thirds of filicide incidents were motivated by an argument of a domestic nature (n=60; 65%; see Table 7). Of these, 25 percent (n=15) were related to the upbringing of the child/ren and 18 percent (n=11) were related to the child/ren's custodial arrangements. The prevalence of these motives suggests that there may have been disagreement about how the children were being parented prior to the filicide. A motive related to revenge, jealousy and desertion or termination was recorded in less than ten percent of filicide incidents, respectively.

Filicide victims

There were 284 victims of filicide between 2000–01 and 2011–12. These victims accounted for 20 percent of all domestic homicide victims (n=1,445) and eight percent of all homicide victims (n=3,492) over the same period. Filicide victims aged less than 18 years (n=274) comprised 96 percent of all filicide victims and 63 percent of all child homicide victims (n=436).

Victimisation rates for child victims aged less than 18 years fluctuated between 2000–01 and 2011–12 (see Figure 3). Following a similar pattern to filicide incident trends, the rate of victimisation was higher in 2001–02 (0.75 victims per 100,000), 2002–03 (0.61 victims per 100,000) and 2005–06 (0.52 victims per 100,000), with the lowest victimisation rate recorded in 2008–09 (0.16 victims per 100,000).

Table 7: Apparent motive in filicide incidents, 2000–01 to 2011–12

	Incidents		Victims
	n	%	n
Argument of a domestic nature	60	65	71
Revenge/jealousy	8	9	12
Desertion/termination	8	9	11
Alcohol related argument/other argument	6	6	9
Offender apparently delusional	6	6	6
Money	2	2	3
Sexual gratification	2	2	2
Prevent victim testifying against offender	1	1	1
Total	93		115

Note: Excludes 108 incidents (126 victims) where there was no apparent motive and 37 incidents (43 victims) where motive was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

As with incidents of filicide, the greatest number of filicide victims was recorded in New South Wales (n=83; 30%), followed by Queensland (n=79; 29%) and Victoria (n=54; 20%) (see Figure 4).

Controlling for population differences across jurisdictions, the highest victimisation rate was recorded in the Northern Territory (9.8 per 100,000) although this was calculated on just six victims recorded over the 12-year period. Queensland (7.9 per 100,000) and South Australia (7.4 per 100,000) had the highest victimisation rates in the larger jurisdictions (see Figure 5).

Yearly state-based comparisons for victimisation rates were not analysed due to small numbers. Filicide victims comprised between one-fifth and one-quarter of all domestic homicide victims in New South Wales, Victoria, Queensland and South Australia (see Figure 6). In Tasmania and the Northern Territory, they represented less than ten percent of victims killed in domestic homicides.

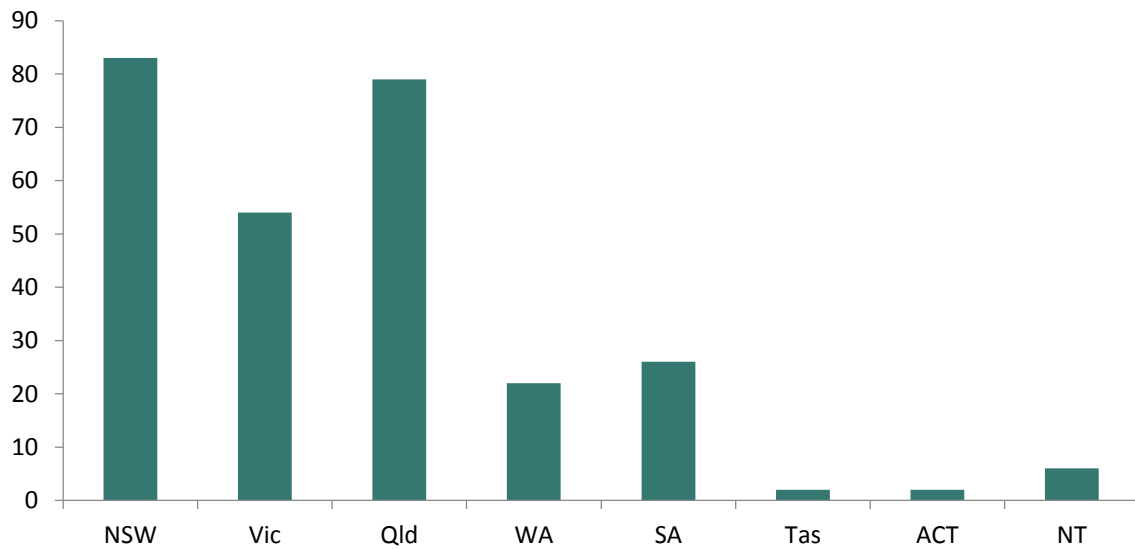
Figure 3: Filicide victimisation rate, 2000–01 to 2011–12 (per 100,000)



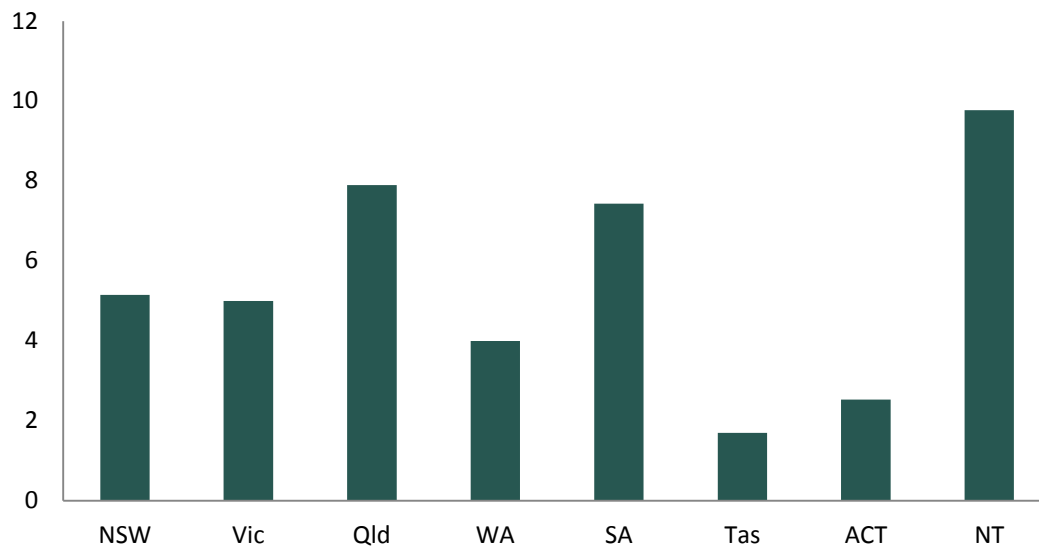
Note: Rates for victims aged 0-17 years have been calculated using population data for persons aged less than 18 years. Rates for all victims have been calculated using population data for all persons.

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 4: Filicide victimisation by jurisdiction, 2000–01 to 2011–12 (n)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 5: Filicide victimisation by jurisdiction, 2000–01 to 2011–12 (rate per 100,000)

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

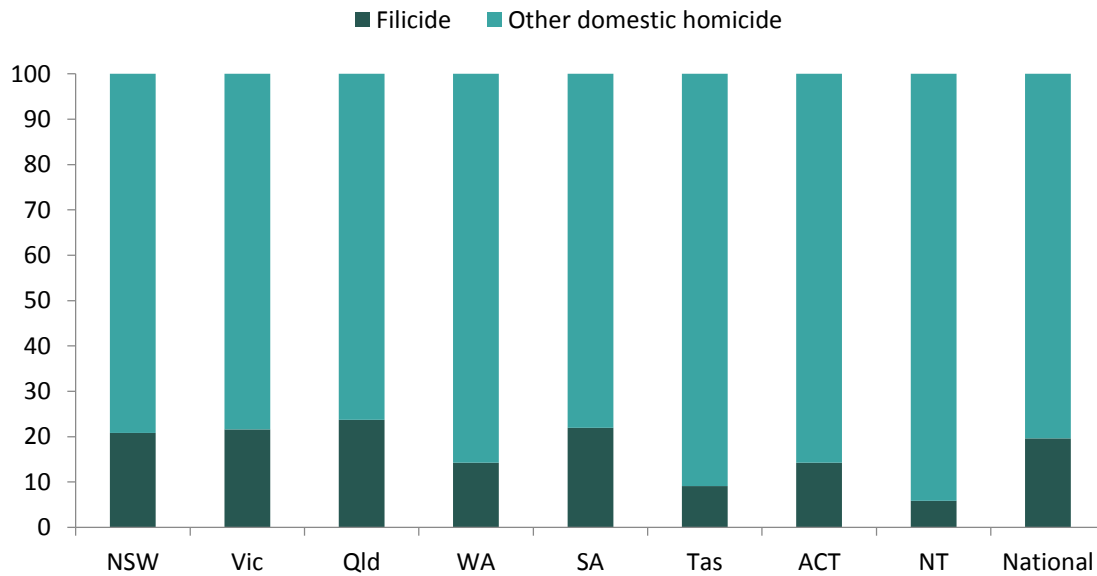
Gender

Males were more likely than females to be the victim of a filicide. Of the 284 victims, 158 were male (56%) and 125 were female (44%; gender was unknown for 1 victim). The disparity between male and female victimisation was much greater for other types of family/domestic homicide over the same period. For example, males represented over two-thirds of other family homicide victims (n=77; 68% cf n=37; 32%) while females represented over three-quarters of intimate partner homicide victims (n=627; 76% cf n=196; 24%).

The filicide victimisation rate by gender is shown in Figure 7. Over the 12-year period, the male victimisation rate generally remained higher than that of females, although male and female victimisation rates equalised during the four years from 2008–09 to 2011–12.

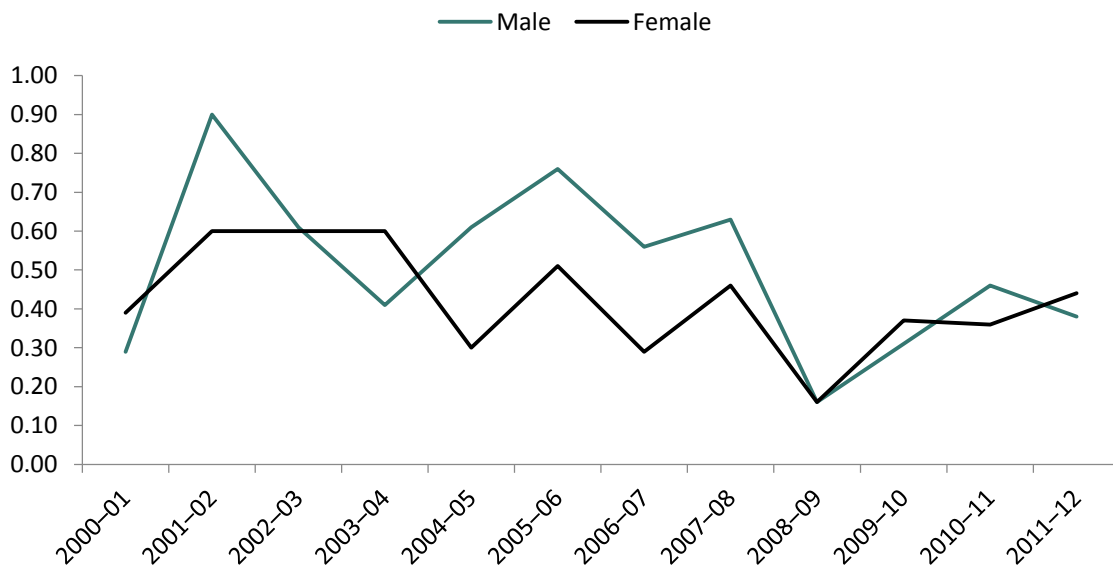
Equal proportions of male and female victims were identified across most jurisdictions, except New South Wales (males=63% of victims), Western Australia (males=57% of victims) and South Australia (males=63% of victims; see Table 8).

Figure 6: Filicide victims as a proportion of all domestic homicide victims by jurisdiction, 2000–01 to 2011–12 (%)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 7: Filicide victims by gender and year, 2000–01 to 2011–12 (rate per 100,000)



Note: Excludes one victim for whom gender was unknown

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 8: Filicide victims by jurisdiction and gender, 2000–01 to 2011–12

	Male		Female		Total
	n	%	n	%	n
NSW	53	63	31	37	84
Vic	32	53	28	47	60
Qld	39	50	40	51	79
WA	13	57	10	43	23
SA	17	63	10	37	27
Tas	1	50	1	50	2
ACT	1	50	1	50	2
NT	2	33	4	66	6
National	158	56	125	44	283

Note: Excludes one victim in WA for whom gender was unknown

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Age

Victim ages ranged from less than one year to 33 years, with a median age of two years. Two-thirds of victims were aged less than five years of age (n=189; 67%). Only ten victims were 18 years of age or older (4%).

Across most jurisdictions, the median age of victims was 1–3 years of age (see Table 9). However, males in Victoria (median=5 years) and Tasmania (median=4 years) had a higher median age than the national median of two years. Female victims in Western Australia (median=5) and Victoria (median=2.5) had higher median ages than the national median age for female victims of two years.

Differences across victim age groups were also apparent when comparing males and females; though these were not statistically significant. Male victims of filicide were more likely to be aged between one and nine years (n=90; 57%), while female victims were more likely to be aged less than one year (n=43; 35%) or between 10 and 14 years (n=18; 14%). Similar proportions of male and female victims were aged 15 years or older (see Table 10).

Indigenous status

Ten percent of filicide victims (n=29) were identified as Indigenous. Of these, 18 were male (62%) and 10 were female (34%; gender was unknown for 1 victim). Except for 2009–10, the victimisation rate for Indigenous persons each year was higher than that of non-Indigenous persons; however, these rates are based on a small number of Indigenous filicide victims (see Figure 8). The

victimisation rate for non-Indigenous persons was between 0.12 and 0.71 per 100,000. Indigenous victimisation rates are not presented for each jurisdiction due to small numbers.

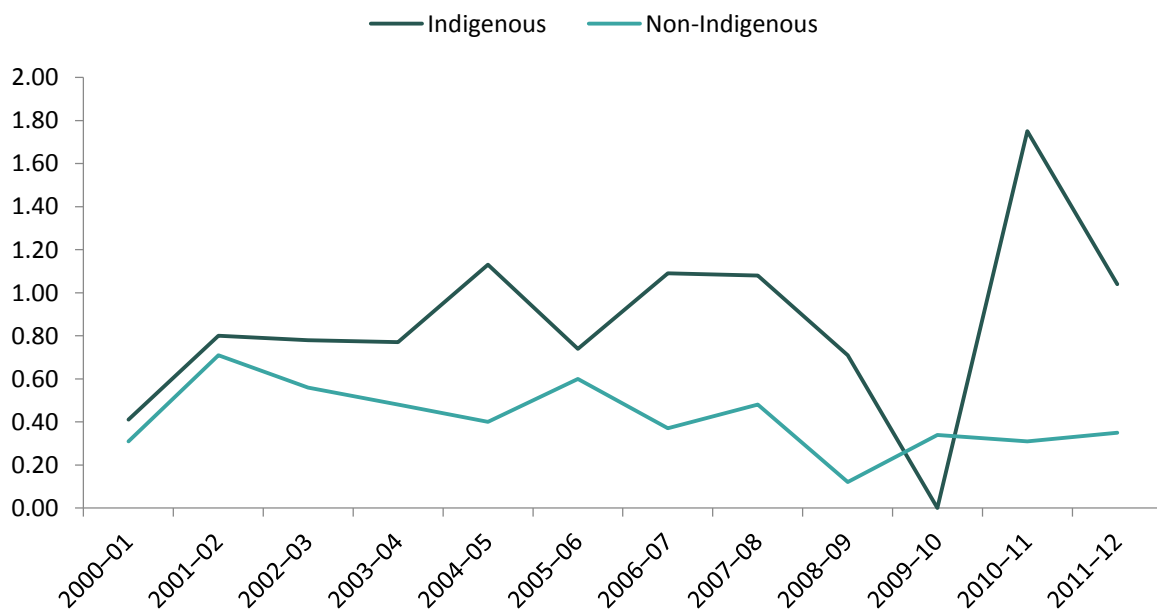
Table 9: Median age of filicide victims by jurisdiction and gender, 2000–01 to 2011–12

	Male		Female		Total	
	m	n	m	n	m	n
NSW	3	53	2	31	2.5	84
Vic	5	32	2.5	28	3	60
Qld	2	39	1	40	1	79
WA	1	13	5	10	1.5	23
SA	2	17	1.5	10	2	27
NT	2.5	2	10	4	6	6
National	2	158	2	125	2	283

Note: Excludes one victim in WA for whom gender was unknown. Median age not calculated for Tasmania and ACT due to only victims of one sex in each jurisdiction

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 8: Filicide victims by Indigenous status, 2000–01 to 2011–12 (rate per 100,000)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 10: Filicide victims by age and gender, 2000–01 to 2011–12

	Male		Female		Total	
	n	%	n	%	n	%
Under 1 year ^a	46	29	43	34	89	31
1–4 years	60	38	40	32	100	35
5–9 years	30	19	17	14	47	17
10–14 years	12	8	18	14	30	11
15–17 years	4	3	3	2	7	2
18–24 years	2	1	2	2	4	1
25 years and over	4	3	2	2	6	2
National	158		125		283	

a: Excludes one victim for whom gender was unknown

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Over three-quarters (n=23; 79%) of Indigenous filicide victims were under five years of age, compared with two-thirds (n=167; 65%) of non-Indigenous filicide victims (see Table 11). There were also fewer Indigenous victims older than 10 years of age (n=3; 10%) compared with non-Indigenous victims (n=44; 17%).

Cause of death

Cause of death was recorded for 95 percent of victims (n=271). One-quarter of filicide victims died from a beating (n=66, 24%). Strangulation or suffocation was the next most common cause of death (n=39; 14%; see Table 12). This differed from domestic homicide and homicide generally, where the most common cause of death was stab wounds (n=552; 38% and n=1,231; 35%, respectively; see Table 13). Where multiple child victims were killed in the same incident, or children killed with their parent, the majority died from the same cause.

Victims killed by their father were more likely to die as a result of beating (n=51; 35%). Victims killed by their mother were most likely to die as a result of strangulation (n=25; 20%; see Table 14).

Cause of death was associated with the victim's age ($\chi^2(48)=133.34$ $p<0.001$). Younger filicide victims were statistically more likely to be shaken or beaten, whereas older victims were more likely to die as a result of gunshot or stab wounds (see Table 15). Victims between five and nine years of age were more likely than any other age group to die as a result of poisoning/injection (n=9; 20%), while victims 10 to 14 years of age were more likely to die as a result of stab wounds (n=10; 34%).

Indigenous victims were more likely to die as a result of stab wounds (n=6; 21% *cf* n=26; 10%) or shaken baby syndrome (n=4; 14% *cf* n=18; 7%), whereas non-Indigenous victims were more likely to die as a result of strangulation/suffocation (n=36; 14% *cf* n=3; 10%, see Figure 9).

Table 11: Filicide victims by age and Indigenous status, 2000–01 to 2011–12

	Indigenous		Non-Indigenous		Total	
	n	%	n	%	n	%
Under 1 year	10	34	80	31	90	32
1–4 years	13	45	87	34	100	35
5–9 years	3	10	44	17	47	17
10–14 years	1	3	29	11	30	11
15–17 years	1	3	6	2	7	2
18 years and over	1	3	9	4	10	4
Total	29		255		284	
Median	2		2		2	

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 12: Cause of death by gender of victim, 2000–01 to 2011–12

	Male		Female		Total	
	n	%	n	%	n	%
Beating	40	26	26	22	66	24
Strangulation/suffocation	21	14	17	14	38	14
Stab wound	15	10	17	14	32	12
Drowning/submersion	16	10	10	8	26	10
Poisoning/injection	14	9	8	7	22	8
Shaken baby syndrome	11	7	11	9	22	8
Gunshot wound	8	5	8	7	16	6
Criminal neglect	3	2	11	9	14	5
Other ^a	25	16	10	8	35	13
Total	153		118		271	

a: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns, being hit by a car, electrocution and employer negligence

Note: Excludes 12 victims for whom cause of death was unknown and one victim for whom gender was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

	Filicide ^a		Domestic homicide ^b		Homicide ^c	
	n	%	n	%	n	%
Beating	66	24	325	23	924	27
Strangulation/suffocation	39	14	176	13	277	8
Stab wound	32	12	552	40	1,231	37
Drowning/submersion	26	10	27	2	45	1
Poisoning/injection	22	8	27	2	28	1
Shaken baby syndrome	22	8	22	2	24	1
Gunshot wound	16	6	149	11	507	15
Criminal neglect	14	5	17	1	22	1
Other ^d	35	13	99	7	306	9
Total	272		1,394		3,364	

a: Excludes 12 victims for whom cause of death was unknown

b: Excludes 51 victims for whom cause of death was unknown

c: Excludes 128 victims for whom cause of death was unknown

d: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns, being hit by a car, electrocution and employer negligence

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 14: Cause of death by gender of primary offender, 2000–01 to 2011–12

	Father ^a		Mother ^b		Total
	n	%	n	%	n
Beating	51	35	15	12	66
Strangulation/suffocation	14	10	25	20	39
Stab wound	17	12	15	12	32
Drowning/submersion	10	7	16	13	26
Poisoning/injection	11	8	11	9	22
Shaken baby syndrome	15	10	7	6	22
Gunshot wound	13	9	3	2	16
Criminal neglect	5	3	9	7	14
Other ^c	11	7	24	19	35
Total	125		147		272

a: Includes custodial fathers, non-custodial fathers and step-fathers

b: Includes custodial mothers, non-custodial mothers and step-mothers

c: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns, being hit by a car, electrocution and employer negligence

Note: Excludes 12 victims for whom cause of death was unknown

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 15: Cause of death by victim age, 2000–01 to 2011–12

	Under 1 year		1–4 years		5–9 years		10–14 years		15–17 years		18 years & over	
	n	%	n	%	n	%	n	%	n	%	n	%
Beating	23	27	32 ^b	32	4 ^c	9	4	14	3	38	0	0
Strangulation, suffocation	12	17	15	15	7	15	4	14	0	0	1	25
Stab wound	3 ^c	3	9	9	3	6	10 ^b	34	2	25	5 ^b	50
Drowning/ submersion	11	12	8	8	7	15	0	0	0	0	0	0
Poisoning/ injection	2 ^c	2	6	6	9 ^b	20	3	7	0	0	2	20
Shaken baby syndrome	18 ^b	18	4	4	0 ^c	0	0	0	0	0	0	0
Gunshot wound	2	1	3	3	5	11	3	10	2 ^b	25	1	25
Criminal neglect	7	7	4	4	1	2	1	3	0	0	1	25
Other ^a	8	8	18 ^b	18	8	17	1	3	0	0	0	0
Total	86		99		44		26		7		10	

a: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns, being hit by a car/car accident, electrocution and employer negligence

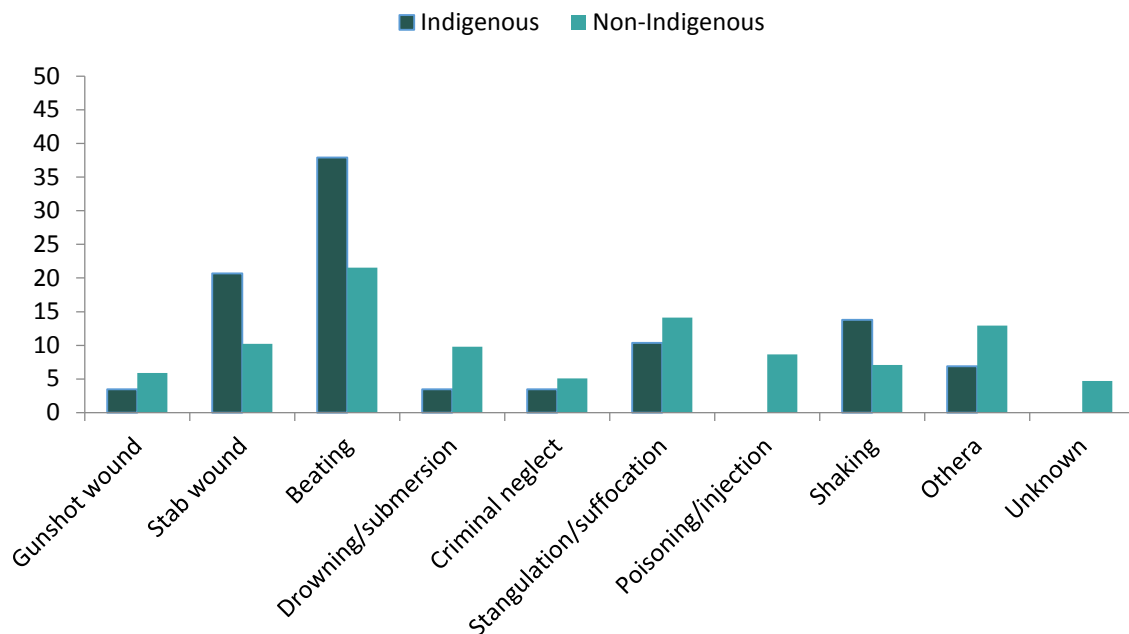
b: Denotes ages that are significantly more likely to die from the cause of death based on analysis of the adjusted residuals

c: Denotes ages that are significantly less likely to die from the cause of death based on analysis of the adjusted residuals

Note: Excludes 12 victims for whom cause of death was unknown

p<0.001

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 9: Cause of death by Indigenous status, 2000–01 to 2011–12 (%)

a: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns and being hit by a car

Note: Excludes 12 non-Indigenous victims for whom cause of death was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Victim relationship with primary offender

The relationship between a filicide victim and offender is classified according to three categories: custodial parent-child, non-custodial parent-child and step-parent-child (including both married and de facto relationships). These categories are assigned based on the victim's relationship with the offender. Therefore, as there are some incidents with more than one victim, multiple counting of offenders will occur. For example, where an incident involves two victims, the primary offender will be double counted. As with analysis of offender characteristics, only primary offenders are included in the analysis of the victim-offender relationship.

Three-quarters of filicide victims were killed by a custodial parent (n=215; 76%), of which just under two-thirds were mothers (n=133; 62%; see Table 16). Fourteen percent of filicide victims (n=41) were killed by a step-parent and ten percent (n=28) by a non-custodial parent. All step-parent offenders were fathers, as were all but one of the non-custodial parent offenders.

Offenders most commonly killed a single child. Non-custodial parents were more likely to kill multiple children (see Table 17). As numbers are small, these findings should be treated with caution. Children killed by their custodial mother were equally likely to be male or female. Children killed by their father, regardless of the custodial relationship, were likely to be male (see Table 18).

Children killed by a custodial mother or father were most likely to be aged under one year (n=46; 35% cf n=30; 37%), whereas children killed by a step-father were most likely to be aged 1–4 years (n=25; 61%). Children killed by a non-custodial father were also likely to be older, aged 1–4 years or 5–9 years (n=9; 33% for each age group; see Table 19).

Table 16: Filicide victim-offender relationship by jurisdiction, 2000–01 to 2011–12

	Custodial parent				Non-custodial parent				Step-parent				Total
	Father		Mother		Father		Mother		Father		Mother		
	n	%	n	%	n	%	n	%	n	%	n	%	
NSW	22	26	39	46	10	12	0	0	13	15	0	0	84
Vic	26	43	24	40	4	7	0	0	6	10	0	0	60
Qld	19	24	38	48	9	11	0	0	13	4	0	0	79
WA	8	33	10	42	1	4	0	0	5	21	0	0	24
SA	4	15	20	74	1	4	1	4	1	4	0	0	27
Tas	2	100	0	0	0	0	0	0	0	0	0	0	2
ACT	0	0	1	50	0	0	0	0	1	50	0	0	2
NT	1	17	1	17	2	33	0	0	2	33	0	0	6
National	82		133		27		1		41		0		284

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 17: Filicide victim-offender relationship by number of victims per incident, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent		Total
	n	%	n	%	n	%	
One victim	156	85	10	59	35	92	201
Two victims	22	12	3	18	3	8	28
Three victims	5	3	4	24	0	0	9
Total	183		17		38		238

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 18: Filicide victim-offender relationship by victim gender, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent		Total						
	Father	Mother	Father	Mother	Father	Mother							
	n	%	n	%	n	%	n	%					
Male	44	54	69	52	17	63	1	100	27	66	0	0	158
Female	37	46	64	48	10	37	0	0	14	34	0	0	125
Total	81		133		27		1	0	41		0		283

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 19: Filicide victim-offender relationship by victim age, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent		Total						
	Father	Mother	Father	Mother	Father	Mother							
	n	%	n	%	n	%	n	%					
Under 1 year	30	37	46	35	7	26	0	0	7	17	0	0	90
1–4 years	21	26	44	33	9	33	1	100	25	61	0	0	100
5–9 years	11	13	24	18	9	33	0	0	3	15	0	0	47
10–14 years	9	11	16	12	2	7	0	0	3	24	0	0	30
15–17 years	3	4	1	1	0	0	0	0	3	24	0	0	7
18 years and over	8	10	2	2	0	0	0	0	0	0	0	0	10
Total	82		133		27		1		41		0		284

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Children killed by a custodial parent or step-parent were most likely to die from a beating (n=40; 20% cf n=21; 54%), while children killed by a non-custodial parent were most likely to die from strangulation/suffocation (n=7; 25%, see Table 20). Beating deaths were largely perpetrated by fathers, irrespective of the custodial relationship.

Table 20: Filicide victim-offender relationship by victim cause of death, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent								Total
	Father		Mother		Father		Mother		Father		Mother		
	n	%	n	%	n	%	n	%	n	%	n	%	n
Gunshot wound	7	9	3	2	3	11	0	0	3	8	0	0	16
Stab wound	13	16	15	12	3	11	0	0	1	3	0	0	32
Beating	26	32	14	11	4	15	1	100	21	54	0	0	66
Drowning/ submersion	4	5	16	13	6	22	0	0	0	0	0	0	26
Criminal neglect	3	4	9	7	1	4	0	0	1	3	0	0	14
Strangulation/ suffocation	7	9	25	20	7	26	0	0	0	0	0	0	39
Poisoning/ injection	7	9	11	9	2	7	0	0	2	5	0	0	22
Shaken baby syndrome	8	10	7	6	0	0	0	0	7	18	0	0	22
Other	6	7	24	19	1	4	0	0	4	10	0	0	35
Total	81		124		27		1		39		0		272

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Filicide offenders

Between 2000–02 and 2011–12, there were 260 filicide offenders. These offenders accounted for 16 percent of identified domestic homicide offenders (n=1,484) and six percent of all identified homicide offenders (n=3,771). The number of filicide offenders in each jurisdiction is shown in Figure 10.

Most filicide incidents involved a single offender (n=216; 91%), with 22 incidents involving two offenders (9%; see Secondary offenders). The following analyses of offender characteristics are based on the primary filicide offender, that is, the offender with the principal relationship to the victim.

The offending rate for primary filicide offenders fluctuated over the twelve-year period to 2011–12 (between 0.05 and 0.2 offenders per 100,000; see Figure 10). New South Wales recorded the highest number of primary offenders (30%, n=71), followed by Queensland (n=65; 27%) and Victoria (n=43; 20%). Controlling for population differences across jurisdictions, the highest offending rate was

recorded in the Northern Territory (3.3 per 100,000, although calculated on only five offenders), followed by Queensland (2.1 per 100,000) and South Australia (2.0 per 100,000; see Figure 12).

Figure 10: Filicide offenders by jurisdiction, 2001–01 to 2011–12 (n)

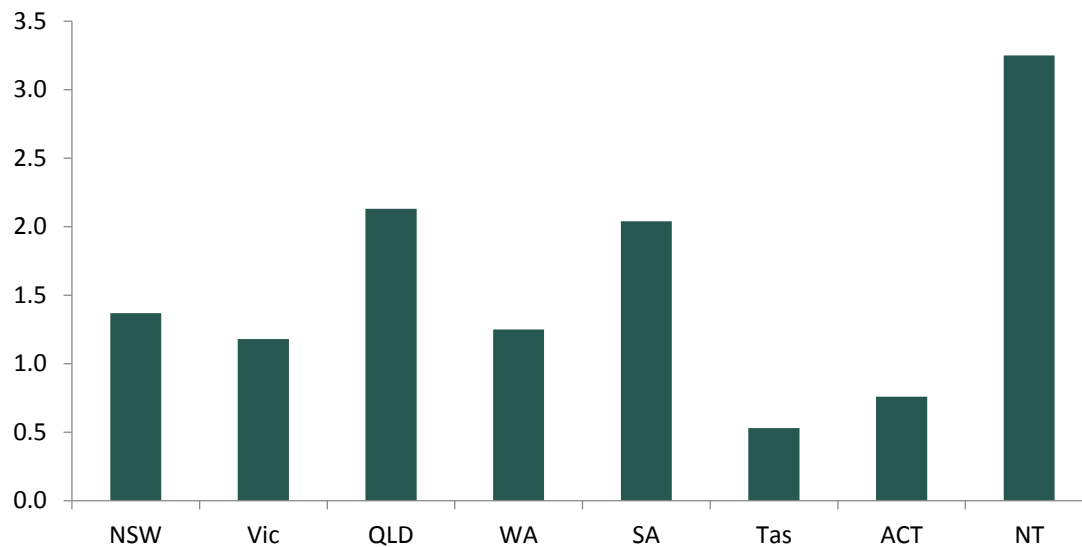


Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 11: Filicide offenders by year, 2000–01 to 2011–12 (rate per 100,000)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 12: Filicide offenders by jurisdiction, 2001–01 to 2011–12 (rate per 100,000)

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Gender

Of the 238 primary filicide offenders, 124 were male (52%) and 114 were female (48%). This differs from broader homicide trends in which females are generally under-represented as offenders. For example, females comprised 24 percent of primary domestic homicide offenders and 12 percent of primary homicide offenders over the same period.

The rate of male and female offending followed a similar pattern, although rates of male offending were generally higher than rates of female offending. However, this pattern was inverted in 2002–03, 2003–04, 2009–10 and 2011–12 where the rate of female offending was higher. The overall rate of offending appears to be driven by the pattern of male offending (see Figure 13).

Most jurisdictions had more male than female offenders, with Victoria recording the highest proportion of male offenders (n=29; 62%). Three-quarters of filicide offenders in South Australia were female (n=19), the only jurisdiction to record more female than male offenders (see Table 21).

Figure 13: Filicide offenders by gender and year, 2000–01 to 2011–12 (rate per 100,000)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 21: Filicide offenders by jurisdiction and gender, 2000–01 to 2011–12

	Male		Female		Total
	n	%	n	%	n
NSW	36	50	36	50	72
Vic	29	62	18	39	47
Qld	34	52	31	48	65
WA	12	60	8	40	20
SA	6	24	19	76	25
Tas	2	100	0	0	2
ACT	1	50	1	50	2
NT	4	75	1	25	5
National	124	52	114	48	238

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Age

Filicide offenders ranged in age from 17–75 years, with the median age being 32 years (see Table 22). The ages of six offenders (three male offenders and three female offenders) were unknown. Male offenders in Victoria (median age=36 years) and Western Australia (median age=34 years) had an older median age than the national median of 32 years, whereas male offenders from South Australia were younger, with a median age of 25 years. There was more conformity in median ages among female offenders except in Victoria where the median age was older (median age=35 years).

No differences in age were identified between male and female offenders; both genders were most likely to be 25–34 years of age, followed by 35–49 years of age (see Figure 14).

Country of birth

Country of birth information was unavailable for ten percent of offenders (n=30). Where this was known, three-quarters of primary filicide offenders were born in Australia (n=176; 84%). Less than five percent of offenders each were born in East and Southeast Asia (n=8; 3.9%), the United Kingdom and Europe (n=5; 2.5%), South Asia (n=4; 1.9%) and North Africa and the Middle East (n=3; 1.4%). The proportion of Australian-born offenders ranged from 82 percent of offenders in New South Wales (n=45) to 100 percent of offenders in the Northern Territory (n=5) and Tasmania (n=2).

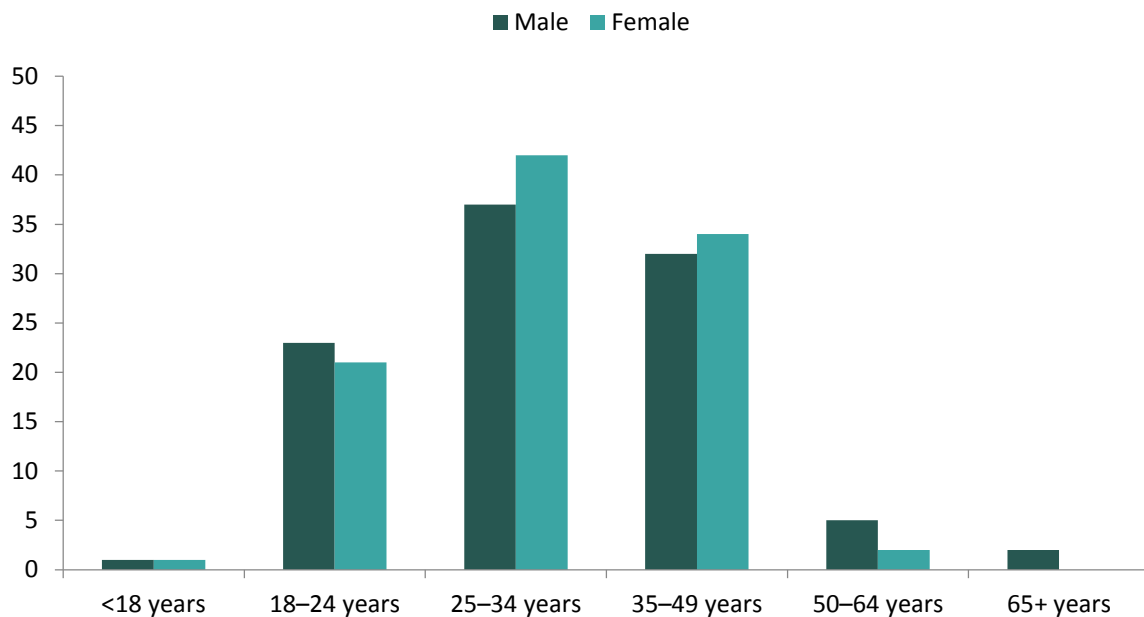
Table 22: Median age of filicide offenders by jurisdiction

	Male	Female	Persons
NSW	31.5	30.5	31
Vic	36	34.5	35
Qld	31	30	31
WA	34	30.5	33
SA	25	30.5	29
Tas	32.5	0	32.5
ACT	39	26	32.5
NT	24	43	25
National	32	31	32

Note: Excludes 3 male and 3 female offenders for whom age was unknown

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Figure 14: Filicide offenders by gender and age, 2000–01 to 2011–12 (%)



Note: Excludes 3 male and 3 female offenders for whom age was unknown. Percentages may not total 100 due to rounding

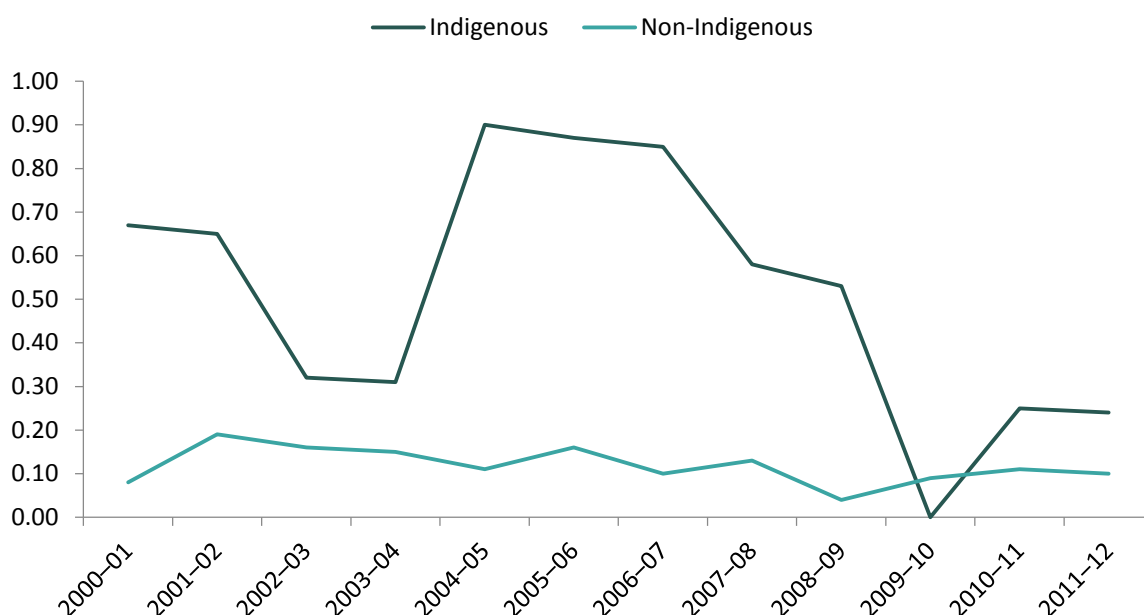
Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Indigenous status

Nine percent (n=21) of primary filicide offenders were Indigenous. Indigenous offenders were more likely to be male (n=13; 62% *cf* n=8; 38%) whereas there were equal proportions of male and female non-Indigenous offenders. Indigenous offenders were most commonly recorded in New South Wales (n=7; 33%), Western Australia (n=6; 29%) and Queensland (n=5; 24%).

Between 2000–01 and 2011–12, the average rate of Indigenous offending was 6.0 per 100,000, more than four times the non-Indigenous rate of 1.4 per 100,000. The rate of non-Indigenous offending remained relatively consistent over the 12 years of analysis. Due to the small number of Indigenous offenders, the Indigenous rate of offending fluctuated substantially. Between 2003–04 and 2004–05, the Indigenous offending rate tripled, reaching its highest rate at 0.9 per 100,000. Thereafter, the rate declined substantially until it reached its lowest point of zero Indigenous offenders in 2009–10 (see Figure 15).

Figure 15: Filicide offenders by Indigenous status, 2000–01 to 2011 (rate per 100,000)



Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Employment and marital status

Employment status was unknown for 15 percent of offenders (13 males and 23 females). Where the offender's employment status was known (n=202), similar proportions of primary offenders were unemployed/seeking work (n=78; 39%) as were employed (n=75; 37%). The remaining offenders were engaged in domestic duties (n=31; 15%), receiving a pension/retired (n=13; 6%), or studying (n=5; 2%).

Male offenders were statistically more likely to employed (n=54; 49% cf n=21; 23%), as well as unemployed (n=50; 45% cf n=28; 31%). Female offenders were statistically more likely to be engaged in domestic duties (n=30; 33% cf n=1; 1%; $\chi^2(4)=48.84$ p<0.001; see Table 23).

Table 23: Filicide offender employment status by gender, 2000–01 to 2011–12

	Male		Female		Total	
	n	%	n	%	n	%
Employed ^a	1	1	4	4	5	2
Domestic duties	54 ^c	49	21 ^d	23	75	37
Pensioner ^b /retired	1 ^d	1	30 ^c	33	31	15
Unemployed/ seeking work	5	5	8	9	13	6

Student	50 ^c	45	28 ^d	30	78	39
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a: Includes offenders who were on leave or undertaking part-time work

b: Includes aged, sick/disability and sole parent pensions

c: Denotes where persons were statistically more likely to be engaged in the type of employment based on analysis of the adjusted residuals

d: Denotes where persons were significantly less likely to be engaged in the type of employment based on analysis of the adjusted residuals

p<0.001

Note: Excludes 36 offenders for whom employment status was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Marital status was known for 94 percent of offenders (n=223). Of these, most were either in a de facto relationship (n=81; 36%) or married (n=65; 29%). One-fifth were separated (n=43; 19%)

Comparable proportions of male and female offenders were married (n=32; 27% cf n=33; 32%) or separated (n=22; 19% cf n=21; 20%). However, females were statistically more likely to have never been married (n=22; 21% cf n=5; 4%) and males were statistically more likely to be in a de facto relationship (n=56; 47% cf n=24; 23%; $\chi^2(5)=22.25$ p<0.001; see Table 24).

Criminal history

Criminal histories were available for 82 percent of offenders (n=194). Forty-three percent of offenders had a criminal history (n=83) and three percent (n=6) of offenders were either on bail, parole or probation at the time of the filicide incident. In the larger jurisdictions, this ranged from 20 percent of offenders in Victoria (n=8) to 65 percent in Western Australia (n=11; see Table 25).

Male offenders were statistically more likely to have a criminal history, with more than twice as many male offenders recording a criminal history compared with female offenders (n=56; 54% cf n=27; 30%; $\chi^2(1)=12.03$ p<0.001). While this finding is consistent with trends among homicide offenders more broadly, the percentage of female filicide offenders with a criminal history is lower than female homicide offenders generally (n=276; 40%).

Table 24: Filicide offender marital status by gender, 2000–01 to 2011–12

	Male		Female		Total	
	n	%	n	%	n	%
Married	32	27	33	32	65	29
De facto ^a	56 ^c	47	25 ^d	24	81	36
Separated ^b	22	18	21	20	43	19
Divorced	2	2	2	2	4	2
Widowed	1	1	2	2	3	1
Never married	5 ^d	4	22 ^c	21	27	12
Total	118		105		223	

a: Includes same-sex relationships

b: Includes married and de facto relationships

c: Denotes where persons were statistically more likely to be involved in the type of relationship based on analysis of the adjusted residuals

d: Denotes where persons were statistically less likely to be involved in the type of relationship based on analysis of the adjusted residuals

p<0.001

Note: Excludes 15 offenders for whom marital status was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Similarly, step-parents were statistically more likely to have a criminal history (n=25; 74%), while this was statistically less likely for custodial parents (n=55; 31%; $\chi^2(2)=23.25$ p<0.001). However, these findings are co-related as all step-parents were male and most custodial parents were female (n=133; 62%).

The type of offence was known for 41 percent of offenders with a criminal history (n=81). Of the male offenders with a criminal history, almost half (n=25; 46%) had been convicted of a violent offence, mostly physical assault (n=22; 41%). Female offenders with a criminal history had largely been convicted of drug offences (n=9; 33%), although one-fifth had a previous conviction for assault (n=6; 22%) or property offences (n=5; 19%; see Table 26).

History of domestic violence

In approximately one-third of incidents (n=57; 30%) there was a known history of domestic violence between the offender and a current or former intimate partner. These incidents may have included a current or former apprehended violence order between intimate partners. However, the presence of a domestic violence history does not indicate who the perpetrator of the violence was (ie whether it was the filicide offender or the current or former intimate partner) or that the filicide occurred within the context of domestic violence. Likewise, it does not indicate the presence of violence

between the filicide offender and other family members (such as a child) or whether the filicide victim had been the subject of a child protection notification (report) or substantiation.

The proportion of incidents that involved a history of domestic violence varied between jurisdictions (see Table 27). For the larger jurisdictions, a prior history of domestic violence was flagged for one-quarter to one-third of filicide incidents. Male filicide offenders, regardless of their relationship with the victim, were more likely to have been involved in a previous incident of domestic violence (n=43; 43% cf n=14; 16%; $\chi^2(1)=17.35$ p<0.001).

Twenty-eight percent of children (n=64) were killed by a parent with a history of domestic violence. Offender history of domestic violence was more prevalent for children killed by a step-parent (n=15; 45%) followed by a non-custodial parent (n=9; 41%, see Table 28).

Table 25: Filicide offender criminal history by jurisdiction, 2000–01 to 2011–12

	Has criminal history		Does not have criminal history		Total
	n	%	n	%	
NSW	25	46	29	54	54
Vic ^a	8	20	33	80	41
Qld	23	47	26	53	49
WA	11	65	6	35	17
SA	11	44	14	56	25
Tas	2	100	0	0	2
ACT	1	50	1	50	2
NT	2	50	2	50	4
National	83	43	111	57	194

a: Denotes jurisdiction where offenders were significantly less likely to have a criminal history based on analysis of the adjusted residuals

p<0.05 $\chi^2(7)=15.84$

Note: Excludes 44 offenders for whom criminal history was unknown

Note: Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 26: Type of criminal history by gender of filicide offender, 2000–01 to 2011–12

	Male		Female		Total	
	n	%	n	%	n	%
Homicide	1	2	0	0	1	1
Sexual assault	1	2	0	0	1	1
Physical assault	22	41	6	22	28	35
Robbery ^a	1	2	1	4	2	3
Drug offences	9	17	9	33	18	22
Property offences ^b	7	13	5	19	12	15
Other	13	24	6	22	19	23
Total	54		27		81	

a: Includes armed and unarmed robbery

b: Includes theft, burglary and vandalism

Note: Excludes 119 offenders who did not have a prior criminal history and 38 offenders for whom criminal history was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 27: Offender history of domestic violence by jurisdiction, 2000–01 to 2011–12

	Yes		No		Total
	n	%	n	%	n
NSW	17	33	34	67	51
Vic	13	31	29	69	42
Qld	11	23	37	77	48
WA	5	29	12	71	17
SA	6	24	19	76	25
Tas	1	50	1	50	2
ACT	1	50	1	50	2
NT	3	75	1	25	4
National	57	30	134	70	191

Note: Excludes 47 offenders for whom history of domestic violence was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table 28: History of domestic violence by victim-offender relationship, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent		Total	
	n	%	n	%	n	%	n	%
Yes	40	23	9	41	15	45	64	28
No	137	77	13	59	18	55	168	73
Total	177		22		33		232	

Note: Excludes 52 victims for whom offender history of domestic violence was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Mental illness

The presence of a mental illness is defined within the NHMP as the offender having a history of a mental health condition based on the evidence presented by medical professionals during court proceedings and as agreed upon by the presiding judge. Where this information was available (n=196; 82%), approximately one-third of offenders had a recorded mental illness (n=63; 32%). South Australia (n=9; 43%), New South Wales (n=21; 37%) and Victoria (n=15; 35%) had the highest proportion of offenders with a mental illness.

One-third of children were killed by a parent with a mental illness (n=75; 32%). Offender mental illness was much more prevalent for children killed by a custodial parent (n=70; 39%, see Table 29). Offenders with a mental illness were statistically more likely to have killed children aged 10–14 years (n=10; 71%; $\chi^2(7)=16.01$ p<0.05), and were more likely to be female (n=50; 51% cf n=13; 13%; $\chi^2(1)=32.02$ p<0.001).

Table 29: Offender mental illness by victim-offender relationship, 2000–01 to 2011–12

	Custodial parent		Non-custodial parent		Step-parent		Total	
	n	%	n	%	n	%	n	%
Yes	70	39	4	18	1	3	75	32
No	111	61	18	82	31	97	160	68
Total	181		22		32		235	

Note: Excludes 49 victims for whom offender mental illness was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Suicide

Information on whether the offender attempted or committed suicide following a filicide incident was available for 90 percent (n=214) and 99 percent (n=235) of primary offenders, respectively. The vast majority of offenders did not attempt (n=200; 93%) or commit suicide (n=190; 81%).

The majority of offenders who attempted suicide were female (n=12; 86% cf n=2; 14%; $\chi^2(1)=8.26$ p<0.001), whereas similar proportions of male and female offenders committed suicide (n=24; 53% n=21; 47%).

Children killed by a parent who then attempted or committed suicide were most commonly killed by a custodial parent (n=13; 93% for attempted suicide and n=37; 86% for suicide). Offenders who did not suicide were most likely to have killed children aged under one year (n=78; 41%), whereas offenders who did suicide were most likely to have killed children aged 1–4 years (n=18; 40%, see Table 30).

Table 30: Filicide offender suicide by victim age, 2000–01 to 2011–12

	Offender suicided		Offender did not suicide		Total	
	n	%	n	%	n	%
Under 1 year	5	11	78	41	83	35
1–4 years	18	40	64	33	82	35
5–9 years	9	20	23	12	32	14
10–14 years	10	22	13	7	23	10
15–17 years	0	–	6	3	6	3
18 years and over	3	7	6	3	9	4
Total	45		190		235	

Note: Excludes 2 incidents where suicide was unknown and one incident where the offender was killed as a result of legal intervention (e.g. shot by police). Percentages may not add to 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Alcohol and drug use

Alcohol is frequently discussed as a contributing factor in homicide incidents, although the exact nature of the relationship is yet to be clarified. Alcohol and/or drug use can alter the circumstances under which a filicide takes place by affecting the judgement of the offender. While the NHMP can identify whether or not the offender was under the influence of drugs and alcohol at the time of the incident, it cannot determine the impact of use on the offender or the situation. Offender drug and alcohol use is indicated, or not, by jurisdictional policing agencies during the NHMP data collection process.

Data on the presence, or absence, of drugs (n=175; 74%) and alcohol (n=175; 74%) was available for a similar proportion of offenders. The presence of drugs (n=40; 23%) was more prevalent than the presence of alcohol (n=27; 15%). In other homicides, alcohol use by the offender tends to be more prevalent than drug use.

The presence of drugs was equally likely among male and female offenders (24% *cf* 22%), as well as custodial, non-custodial and step-parents (23% *cf* 20% *cf* 29%). However, male offenders (n=22; 23% *cf* n=5; 6%; $\chi^2(1)=9.90$ $p<0.05$), and therefore non-custodial parents and step-parents, were more likely to be affected by alcohol compared to custodial parents (n=6; 55% *cf* n=6; 23% *cf* n=14; 11%; $\chi^2(2)=16.28$ $p<0.001$).

Secondary offenders

The following information represents a brief profile of the key characteristics of secondary filicide offenders (n=22; see Table 31). Most secondary offenders were:

- male (n=14; 64%);

- non-Indigenous (n=20; 91%);
- between 25–34 years of age (n=10; 45%);
- employed (n=9; 41%); and
- a custodial parent (n=9; 41%) or a step-parent (n=9; 41%).

Most incidents involved one male and one female offender (n=21; 95%) and one incident involved two female offenders (5%).

Two main relationship pairings were identified between the primary and secondary offender. These were:

- nine incidents (41%) where the primary offender and co-offender were both custodial parents; and
- nine incidents (41%) where the primary offender was a custodial parent (female) and the secondary offender was a step-parent (male).

Other pairings identified were:

- one incident where the primary offender was a custodial parent and the co-offender was a non-custodial parent;
- one incident where the primary offender was a custodial parent and the co-offender was another family member;
- one incident where the primary offender was a custodial parent and the co-offender was a non-family member (e.g. friend, employer/employee etc); and
- one incident where the primary offender was a custodial parent and the co-offender was a stranger.

Of the 22 incidents involving joint offenders, 21 incidents involved a single victim and one incident involved two victims.

Table 31: Selected characteristics of secondary filicide offenders, 2000–01 to 2011–12

	n	%
Gender		
Male	14	64
Female	8	36
Age group		
18–24 years	3	14
25–34 years	10	45
35–49 years	8	36
50 years and over	4	5
Employment status		
Employed	9	41
Unemployed/seeking work	8	36
Unknown/not stated	5	23
Victim-offender relationship		
Custodial parent	9	41
Non-custodial parent	1	5
Step-parent	9	41
Other family ^a	1	5
Stranger	1	5
Other relationship ^b	1	5
Total	22	

a: Includes aunts/uncles, nieces/nephews, etc

b: Includes friend, employer/employee, landlord/tenant, etc

Note. Percentages may not add to 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Discussion

This study has provided an updated national and state and territory picture of filicide in Australia using data from the NHMP for the period 2000–01 to 2011–12. In contrast to previous studies, the findings include adult victims in addition to those aged less than 18 years. As such, the study contributes to the growing international body of research on filicide and demonstrates that many of the key features of filicide are common to industrialised Western countries. This study confirms findings of previous international research, and shows that:

- male offenders are slightly more common than female offenders;
- victims are most commonly young children and male children;
- younger children are more likely to be killed by their mothers, whereas older children are more likely to be killed by their fathers;
- filicide does occur, but to a lesser extent, among adult children; and
- filicide offenders commonly have histories of intimate partner violence (though the direction of the violence was unknown) and mental health concerns.

It further identifies new features of filicide, including that:

- most offenders were custodial parents;
- a substantial proportion of offenders had a criminal history (frequently a conviction for a violent offence);
- the most commonly recorded motive was a domestic argument related to the upbringing of the child or custodial arrangements;
- mothers were equally likely to kill a male or female child, whereas fathers were most likely to kill a male child;
- offenders with a mental illness were more likely to kill older children (aged 10–14 years); and
- most offenders were with a partner but not all were with the biological parent of the victim.

Incidence of filicides

Few studies have reported national statistics of filicide deaths; most have covered smaller areas, such as a geographical region, from which national figures have been estimated (Bourget & Gagné 2013). Homicide data collected in England and Wales, Canada and the US provide a useful reference point for national incident rates but are not directly comparable due to different methodological approaches. Similar issues affect the only study comparing child homicide across multiple countries (Pritchard, Davey and Williams 2013).

The current study collected data on 274 child victims and 10 adult victims who were killed by their parent in Australia between 2000–01 and 2011–12. The average number of victims aged less than 18 years was smaller (by 2 victims annually) than the findings of the earlier AIC study (Mouzos & Rushforth 2003). Fewer incidents were also identified compared to two state-based studies conducted in New South Wales (NSW Domestic Violence Death Review Team 2015) and Victoria (Brown, Tyson & Fernandez Arias 2014). Differing parameters between state and national studies for

including a filicide death may account for these differences. In the two state-based studies the victims were included if the Coroner's Office determined the deaths were filicide, regardless of a charge being laid. In the NHMP database a death is included if the offender is charged with an offence of murder or manslaughter.

While there were annual fluctuations over the twelve years covered by the study, the overall changes were slight. Similarly, the Monash study of Victorian filicides (Brown, Tyson & Fernandez Arias 2014) found that the number of incidents and victims remained steady over time. Importantly, these findings contrast the decline in all other homicide deaths, including domestic homicides, where incidence fell in the same period. Pritchard, Davey and Williams (2013) noted in their study that there appeared to be no relation between trends in adult homicide rates and filicide rates and argued the two must emanate from different dynamics, without specifying what the differences might be.

By reporting the incidence in each of the eight Australian states and territories, the study highlighted similarities and differences across the country. While it could be expected that incidence would vary according to the size of each state or territory's population (and so it is not surprising that the most incidents occurred in New South Wales), Queensland and South Australia observed the highest incidence of the more populous jurisdictions.

Victims

Consistent with findings from Victoria (Brown, Tyson & Fernandez Arias 2014), NSW (NSW Domestic Violence Death Review Team 2015), the annual Australian data on child abuse and neglect and overseas research, most victims were aged less than five years (n=189; 67%), with the median age being two years.

The age range did not vary by jurisdiction. This was to be expected given the physical vulnerabilities of the very young and their total dependence on caregivers, their reduced exposure to risks in the wider environment (beyond the family), and the stresses that parenting the very young may cause parents.

More male victims (n=158; 56%) were killed than female victims (n=125; 44%). This finding was consistent with prior research conducted in NSW and internationally, and the national and international child abuse data.

This study found that children most at risk of being killed were children living with a custodial parent, most commonly a custodial mother. Of the children killed by a non-custodial parent, all but one were killed by a non-custodial father. All children killed by a step-parent were killed by a step-father.

The study also described the role of co-offenders. Nine filicide incidents were the result of two custodial parents acting jointly and a further nine where a custodial mother and step-father were the perpetrators. Risk to a child appears to be heightened with the presence of a step-father, with custodial mothers co-offending with step-fathers in 41 percent of cases where co-offending occurred.

Indigenous victims

Ten percent (n=29) of victims and nine percent of offenders were Indigenous, a possible over-representation of persons who comprise three percent of the total Australian population. While the actual numbers of Indigenous children killed were low, the victimisation rate was high. It ranged

from 0.41 to 1.75 deaths per 100,000 children (except for 2009–2010 when no deaths occurred) compared with a filicide rate for non-Indigenous children of between 0.03 and 0.18 deaths per 100,000 children. At the same time, it should be noted that birth rates among Indigenous mothers is almost double that of the rates for all Australian women, thereby producing a higher proportion of children in the Indigenous population than in the total Australian population (ABS 2014b).

Filicide does not occur in a vacuum; a subset of filicides appears to be a consequence of ongoing child abuse and neglect, and its commission is influenced, to some extent, by high levels of disadvantage, stress and family violence. This may help explain the over-representation of Indigenous victims, as family violence and child abuse occur at high rates in many Indigenous communities (Aboriginal Child Sexual Abuse Taskforce 2006; Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007), the rate of intimate partner homicide is much higher in Indigenous than non-Indigenous communities (Bryant 2009; Bryant & Willis 2008), and the majority of Indigenous homicides occur between family members in the context of a domestic altercation (Bryant & Bricknell 2017; Cussen & Bryant 2015b; Mouzos 2001).

Victims aged 18 years and older

The study included adult filicide victims (those aged 18 years or older) to investigate an often-neglected group of victims. Only 10 adult victims (aged from 18 to 33 years) were identified, which represented four percent of the victim population. Only a few studies have included adult victims of filicide and thus no comparisons can be made. While it might be assumed that increasing age confers an ability to protect oneself from harm, it is clearly not a complete protection for all adult children. The group, while very small, still require further investigation.

Offenders

Much of the early filicide research focused only on mothers or only on fathers, often because of practical obstacles to collecting data on both groups together. Step-parents were not included until more recently. The current study included mothers, fathers and step-parents, thereby revealing more detail about each offender group and illustrating common and contrasting themes. It is important to distinguish between the various parent types as the Monash study of Victorian filicides suggested that the offender type determined much of the circumstances surrounding the deaths.

Mothers killed 134 children, fathers killed 109 children, and step-fathers killed 41 children. Thus, mothers killed more children than fathers but, when step-fathers are included, men killed more children than women ($n=150$ *cf* $n=134$). By jurisdiction, most filicides were committed by mothers in New South Wales, Queensland, South Australia and Western Australia. Conversely, an atypical pattern was observed in Victoria, with more deaths committed by fathers than mothers. Tasmania, ACT and the Northern Territory had too few deaths to allow a pattern to appear. Jurisdictional differences may be explained by varying levels of service provision, support and engagement for mothers and fathers.

Step-fathers were identified as offenders in all states except Tasmania. In two states, Queensland and Western Australia, step-fathers killed almost as many children as did fathers. Of the twenty-two co-offenders, 14 were male and nine of these were step-fathers acting together with mothers. Further research is needed to understand the roles of co-offenders, including an examination the gendered nature of power and control where co-offenders are or were in an intimate relationship.

Most offenders were born in Australia. The proportion of offenders born overseas, where birthplaces were known, was representative of the proportion of those born overseas in the wider

Australian population. However, there was an uneven distribution of offenders born overseas across the jurisdictions. Victoria had a higher proportion of offenders born overseas, which was similarly identified by the Monash study of Victorian filicides in relation to offenders born in East and Southeast Asia (Brown Tyson & Fernandez Arias 2014).

Offender circumstances

While Stroud (2013) argued that every killing is unique, common factors or circumstances associated with offenders have been identified (eg Dawson 2014). These include the presence of mental illness, parental separation, domestic violence inflicted on the offender or inflicted by the offender, substance abuse, and child abuse inflicted by the offender. They vary in frequency according to the nature of the filicide and offender type (Brown, Tyson & Fernandez Arias 2014).

However, one factor that was identified in this study and that has become of increasing interest in overseas research (Pritchard, Davey & Williams 2013; Sidebotham et al 2016) is the existence of an offender's criminal history. In this study, 43 percent (n=83) of the offenders had a criminal history and three percent were on bail, parole or probation at the time of the offence. Male offenders were twice as likely to have criminal histories as female offenders. Men were most commonly convicted of a violent offence, while women were more likely to have committed a drug offence. The criminal histories of female filicide offenders provide important context that is not evident in other studies, such as Pritchard et al's study (2013) that identified only men as having such a history.

Domestic violence

Thirty percent (n=57) of the offenders had a history of domestic violence involving a present or past intimate partner, though it was unknown whether the offender was the perpetrator or victim of the violence. This was similar to the incidence of domestic violence found in the Monash study of Victorian filicides, though it was not known in that study where the offender was the victim or the perpetrator of the violence. In both studies, males were more likely to be involved in a prior incident of domestic violence.

In contrast, the NSW study found a much higher incidence of domestic violence, with 68 percent of victims belonging to families where domestic violence had taken place (NSW Domestic Violence Death Review Team 2015). As the terms of reference for the NSW study focused on the relationship between deaths and domestic violence, the incidence cited may be a more accurate estimate of domestic violence-related filicides than that suggested by the national homicide data.

There are no comparable data to compare the incidence of domestic violence among filicidal parents with other population groups. Data from the 2012 Personal Safety Survey show that 54 percent of females (n=128,500) who experienced current partner violence had children in their care when the violence occurred as did 44 percent of males (n=53,100) who reported current experience of partner violence (ABS 2013). The proportions for females and males of previous partner violence were 61 percent (n=733,900) and 49 percent (n=143,900).

This study suggests a relationship between domestic violence and filicide events but does not make it clear. It is possible the study underestimates the extent of domestic violence among offenders because police data collected in the NHMP may be based on recorded incidents of physical and sexual violence and/or application of protection orders, and not on the wider interpretation that includes physical, sexual, financial, employment and spiritual abuse and harassment and denigrating behaviour (Brown, Flynn, Fernandez Arias & Clavijo 2017).

Mental illness

Similarly, approximately one-third of offenders (n=62; 32%) were identified as having a mental illness, most commonly mothers. This supports the findings of the Victorian and NSW studies, as well as others overseas (Bourget & Gagné 2013; Bourget, Grace & Whitehurst 2007), which identified that a substantial proportion of offenders had experienced mental illnesses, particularly among mothers.

Parental separation

Parental separation (that is, the dissolution of the intimate partner relationship) was shown as being common among all offender groups in the Monash study of Victorian filicides, the prior AIC study and in overseas studies, but it was not as strongly present in this study with approximately one-fifth of offenders (n=43; 19%) being separated or divorced. This may be due to the greater attention being given to parental separation in those other studies, or greater variation over the longer time period examined for the current study.

Conclusion

The findings demonstrate the value of the NHMP as a database that allows the undertaking of a comprehensive national assessment of filicides over a significant time period. As the numbers of children killed by a parent are small on an annual basis, even across the whole of Australia, data collected over multiple years is best suited to establishing trends and patterns and establishing valid results. Few countries appear to collect such data nationally and this gives Australia an advantage in documenting, understanding and tackling this problem.

The study showed a steady trend in the incidence of filicide that was in contrast to the downward trend in the incidence of other homicides, including domestic homicides, over the same period. Analysing data from the NHMP brought new issues to the fore. The data highlighted a history of criminal offending among all offenders, but particularly among male offenders. This had not been previously explored and the ability of the NHMP to collect this data pictured filicide somewhat differently, linking it with criminal behaviour and justice services.

The findings also highlighted that filicide offenders in Australia were more likely to be male than female if including all parents. When children were killed by a custodial parent, a larger proportion of offenders were female.

Overall, this study confirmed risk factors that had been previously identified in state-based Australian and overseas studies. Such factors were intimate partner violence, mental illness and parental separation. The study could not determine if there was increased risk with the presence of a step-father, as data are not available on the number and proportion of Australia families that include a step-father or step-mother. The prevalence of these factors, however, varied by study. For example, the NSW study showed greater prevalence of intimate partner violence, while the Monash study identified greater prevalence of mental illness, especially among mothers, and parental separation and substance abuse concerns, particularly among step-fathers.

Situating the current findings within the somewhat disparate but growing body of literature provides a more robust assessment of the nature and prevalence of filicide events, and can enhance the information available from a range of disciplines and perspectives.

Policy and program implications

On average, a child is killed by a parent every two weeks in Australia. With some annual variation, the incidence of filicide deaths in Australia has remained relatively static, despite decreases in total homicides, and in domestic homicides specifically.

The study provides a platform for improved intervention by describing the nature, context and prevalence of filicides in Australia as well as the characteristics of victims and offenders. Further, key risk factors have been described, such as the presence of mental illness, domestic violence, substance abuse, parental separation, and past criminal histories. The study shows that these characteristics vary according to the victim's relationship with the offender.

The very small numbers of filicides that occur each year means that most service providers are unlikely to be presented with such cases during their careers. For those that are, identifying cases that may result in a parent killing their child will be particularly difficult to distinguish from the much larger constellation of cases where a child has experienced serious harm, a parent is experiencing mental health or substance abuse issues that are affecting their ability to parent, the family is identified as experiencing domestic violence, or the many cases of an acrimonious partnership

breakdown and post-separation parenting disputes. Therefore, educating the sector on the risk factors for filicide and, in particular, the actions needed when there is an overt warning sign, such as if a parent discloses an intention to harm themselves, to harm or kill their children, or to harm or kill their partner, would be a useful means of better identifying such matters to prevent child deaths.

However, it needs to be recognised that it will be difficult to predict a filicide in the broader context of child abuse, family violence, parental separation and mental health cases. Understanding this, filicide researchers (eg Frederico, Jackson & Dwyer 2014; Sidebotham et al 2016) have recently advocated for a greater focus on enhancing case management and interagency communication around the broader constellation of factors that may increase the risk of a filicide. These factors include acrimonious partnership breakdown and post-separation parenting disputes, the large contingent of families where domestic violence is occurring, parents affected by mental illness or substance abuse and, most significantly, families affected by multiple factors. As these risk factors are common to families involved with statutory child protection services for cases of child abuse and neglect, it is difficult to determine strong indicators of risk for filicide specifically. However, by intervening early and effectively with such families, the risk of harm to a child can be reduced, parent and family wellbeing can be improved and the risk of child maltreatment and filicide can be reduced. Thus, the approach of prevention through enhanced responses to families with significant issues, rather than just focusing on predicting the small number of cases where filicide may be an outcome, is an important strategy.

At the same time, the study does assist professionals across a variety of services by identifying that offender circumstances and characteristics differ according to the offender's relationship with the victim. For example, mothers who kill their children are more likely to be suffering from a mental illness, while fathers are more likely to have a history of criminal offending. The problems associated with each of the three offender types are likely to require different service responses. For example, step-fathers with a history of prior offending are likely to be engaged by criminal justice services. Therefore, a range of services that potential offenders may be involved with extends beyond the traditional child welfare services and, in particular, beyond the statutory child protection services. The services with which they may be involved may be distant from any focus on offering therapeutic intervention. Nevertheless, it is important that adult service provision remains alert to the potential dangers to children. Thus, mental health services, general health services, Family Law Courts, criminal justice services, post-separation services and domestic violence services should continue to adopt interventions that incorporate greater consideration for the safety of the children of their clientele. For example, mental health services should adopt policies that direct them to consider if their clients have children and how they can plan for the safety of these children.

Taking a coordinated, long term approach with the much larger number of families in the broader 'serious harm' and 'at risk' populations will require significantly increased investment if risk is to be reduced for these families and concomitantly, the event of filicide. It also requires further investment by adult-focused mental health, substance abuse rehabilitation and domestic violence services to address their clients as parents, and take a focus on the children of their clients.

Complex service networks are not perfect mechanisms and, although many improvements have been made over decades to inter-professional communication and integrated and coordinated service delivery, areas identified for improvement and the need to trial of a range of practice approaches remain. Within these service networks it will often be difficult to identify the few cases among many where a parent or caregiver is considering killing their child. Responding to clear risk is

vital, but equally, service systems will have a better chance to reduce the risk of filicide by intervening to the risks across the populations with which they work.

This study has provided a descriptive analysis of the nature of filicide in Australia, with insights provided into the characteristics of incidents, victims and offenders. These findings can therefore support education for practitioners across the range of services and sectors that may be confronted with actual or potential serious harm and where there is a risk that a parent or guardian equivalent may kill their child.

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All URLs correct as at

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Appendix A

Table A1: Filicide incidents by year and jurisdiction, 2000–01 to 2011–12 (rate per 100,000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
2000–01	0.08	0.06	0.11	0.05	0.07	–	–	–
2001–02	0.08	0.15	0.27	0.05	0.26	0.21	–	0.49
2002–03	0.06	0.21	0.19	0.05	–	–	–	0.50
2003–04	0.09	0.10	0.13	0.20	0.20	–	–	–
2004–05	0.12	0.06	0.08	0.20	0.13	–	–	–
2005–06	0.13	0.12	0.12	0.05	0.19	0.20	0.60	–
2006–07	0.12	0.04	0.12	0.14	0.06	–	–	–
2007–08	0.12	0.02	0.19	0.05	0.13	–	–	0.91
2008–09	0.03	0.02	0.05	0.04	0.12	–	–	–
2009–10	0.06	0.05	0.09	0.04	0.18	–	–	–
2010–11	0.12	0.04	0.11	0.08	0.12	–	–	–
2011–12	0.05	0.07	0.15	–	0.12	–	–	0.42

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

**Table A2: Filicide, domestic homicide and homicide incidents by year, 2000–01 to 2011–12
(number and rate per 100,000)**

	Filicide ^a		Domestic homicide		Homicide	
	n	r	n	r	n	r
2000–01	14	0.07	112	0.58	310	1.61
2001–02	29	0.15	157	0.81	351	1.80
2002–03	23	0.12	125	0.63	299	1.52
2003–04	23	0.12	114	0.57	289	1.45
2004–05	20	0.10	105	0.52	248	1.23
2005–06	27	0.13	125	0.61	283	1.38
2006–07	19	0.09	108	0.52	257	1.23
2007–08	22	0.10	134	0.63	260	1.22
2008–09	8	0.04	87	0.40	255	1.18
2009–10	15	0.07	100	0.45	261	1.18
2010–11	20	0.09	91	0.41	236	1.06
2011–12	18	0.08	98	0.43	247	1.09
Total	238		1,356		3,296	

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A3: Filicide victims, 2000–01 to 2011–12 (number and rate per 100,000)

	Number		Rate	
	0–17 years	All victims	0–17 years	All victims
2000–01	16	16	0.34	0.08
2001–02	36	37	0.75	0.19
2002–03	29	30	0.61	0.15
2003–04	25	26	0.52	0.13
2004–05	22	24	0.46	0.12
2005–06	31	31	0.64	0.15
2006–07	21	22	0.43	0.11
2007–08	27	27	0.54	0.13
2008–09	8	8	0.16	0.04
2009–10	17	19	0.34	0.09
2010–11	21	23	0.41	0.10
2011–12	21	21	0.41	0.09
Total	274	284		

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A4: Filicide victims by year and gender, 2000–01 to 2011–12 (number and rate per 100,000)

	Male		Female		Total	
	n	r	n	r	n	r
2000–01	7	0.29	9	0.39	16	0.34
2001–02	22	0.90	14	0.60	36	0.75
2002–03	15	0.61	14	0.60	29	0.61
2003–04	10	0.41	14	0.60	24	0.52
2004–05	15	0.61	7	0.30	22	0.46
2005–06	19	0.76	12	0.51	31	0.64
2006–07	14	0.56	7	0.29	21	0.43
2007–08	16	0.63	11	0.46	27	0.54
2008–09	4	0.16	4	0.16	8	0.16
2009–10	8	0.31	9	0.37	17	0.34
2010–11	12	0.46	9	0.36	21	0.41
2011–12	10	0.38	11	0.44	21	0.41
Total	152		121		273	

Note: Excludes 1 victim for whom gender was unknown

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A5: Filicide victims by Indigenous status, 2000–01 to 2011–12 (number and rate per 100,000)

	Indigenous		Non-Indigenous		Total	
	n	r	n	r	n	r
2000–01	1	0.41	15	0.33	16	0.34
2001–02	2	0.80	34	0.75	36	0.75
2002–03	2	0.78	27	0.60	29	0.61
2003–04	2	0.77	23	0.51	25	0.52
2004–05	3	1.13	19	0.42	22	0.46
2005–06	2	0.74	29	0.63	31	0.64
2006–07	3	1.09	18	0.39	21	0.43
2007–08	3	1.08	24	0.51	27	0.54
2008–09	2	0.71	6	0.13	8	0.16
2009–10	0	–	17	0.36	17	0.34
2010–11	5	1.75	16	0.33	21	0.41
2011–12	3	1.04	18	0.37	21	0.41
Total	28		246		274	

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A6: Cause of death by Indigenous status, 2000–01 to 2011–12 (n & %)

	Indigenous		Non-Indigenous		Total	
	n	%	n	%	n	%
Gunshot wound	1	3	15	6	16	6
Stab wound	6	21	26	10	32	11
Beating	11	38	55	22	66	23
Drowning/submersion	1	3	25	10	26	9
Criminal neglect	1	3	13	5	14	5
Strangulation/suffocation	3	10	36	14	39	14
Poisoning/injection	0	0	22	9	22	8
Shaken baby syndrome	4	14	18	7	22	8
Other ^a	2	7	33	13	35	12
Unknown	0	0	12	5	12	4
Total	29		255		284	

a: Includes drug overdose, hanging, being pushed from a high place, smoke inhalation/burns and being hit by a car

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A7: Filicide offenders by year, 2000–01 to 2011–12 (number and rate per 100,000)

	n	r
2000–01	14	0.10
2001–02	29	0.20
2002–03	23	0.15
2003–04	23	0.15
2004–05	20	0.13
2005–06	27	0.17
2006–07	19	0.12
2007–08	22	0.14
2008–09	8	0.05
2009–10	15	0.09
2010–11	20	0.11
2011–12	18	0.10
Total	238	

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A8: Filicide offenders by year and gender, 2000–01 to 2011–12 (number and rate per 100,000)

	Male		Female		Total	
	n	r	n	r	n	r
2000–01	7	0.10	7	0.09	14	0.10
2001–02	15	0.21	14	0.19	29	0.20
2002–03	10	0.14	13	0.17	23	0.15
2003–04	10	0.13	13	0.17	23	0.15
2004–05	12	0.21	8	0.10	20	0.13
2005–06	15	0.20	12	0.15	27	0.17
2006–07	10	0.13	9	0.11	19	0.12
2007–08	14	0.18	8	0.10	22	0.14
2008–09	6	0.07	2	0.02	8	0.05
2009–10	7	0.08	8	0.09	15	0.09
2010–11	10	0.12	10	0.11	20	0.11
2011–12	8	0.09	10	0.11	18	0.10
Total	124		114		238	

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

Table A9: Filicide offenders by age and gender, 2000–01 to 2011–12 (n & %)

	Male		Female		Total
	n	%	n	%	
Under 18 years	1	1	1	1	2
18–24 years	28	23	23	21	51
25–34 years	45	37	47	42	92
35–49 years	39	32	38	34	77
50–64 years	6	5	2	2	8
65 years and over	2	2	0	0	2
Total	121		111		232

Note: Excludes 3 male and 3 female offenders for whom age was unknown. Percentages may not total 100 due to rounding

Source: AIC NHMP 2000–01 to 2011–12 [computer file]

**Table A10: Filicide offenders by year and Indigenous status, 2000–01 to 2011–12
(number and rate per 100,000)**

	Indigenous		Non-Indigenous		Total	
	n	r	n	r	n	r
2000–01	2	0.67	12	0.08	14	0.10
2001–02	2	0.65	27	0.19	29	0.20
2002–03	1	0.32	22	0.15	23	0.15
2003–04	1	0.31	22	0.15	23	0.15
2004–05	3	0.90	17	0.11	20	0.13
2005–06	3	0.87	24	0.16	27	0.17
2006–07	3	0.85	16	0.10	19	0.12
2007–08	2	0.58	20	0.13	22	0.14
2008–09	2	0.53	6	0.04	8	0.05
2009–10	0	–	15	0.09	15	0.09
2010–11	1	0.25	19	0.11	20	0.11
2011–12	1	0.24	17	0.10	18	0.10
Total	21		217		238	

Source: AIC NHMP 2000–01 to 2011–12 [computer file]