

## Filicide research in the twenty-first century

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There are few topics that invoke social taboos the way filicide does; parents are bound to protect their children not simply by virtue of evolutionary biology but also by the considerable array of social mores that govern notions of appropriate parenting. The care of children is the single most important task a parent has, making the breach of this duty a virtually incomprehensible event. It is perhaps this unintelligibility of reason that has made the field of filicide research a relatively modest one.

Modern filicide studies have moved the field into various disciplines providing a new breadth of scope that has helped fathom a phenomenon that is global in its reach but local in its expression. Matters of culture, gender, reproductive rights, and socio-economic status have all been proposed as possible explanations for the persistence of filicide. Yet, the reason why these deaths have not disappeared completely remains at large.

Global estimates indicate that filicide deaths are rare; however, to date, few studies have effectively measured the incidence of filicide due to the lack of standardized data and

difficulty of access and neonaticide is often referred to as hidden crime because the corps often not discovered. Pritchard et al. (2013) study is a comprehensive attempt at determining the nature and prevalence of child homicides. They examined the correlation between poverty, child protection involvement, and child deaths. They challenged the implicit assumption that child abuse-related deaths are primarily related to socio-economic disadvantage by arguing that the key factor is a psychological one (Pritchard et al. 2013, 1406). Putkonen et al. (2016) note that problems within the adult relationship are a recurrent background feature in cases of filicide and filicide. Moreover, they also note that fathers are more likely to have marital instability, to be separated or at risk of separation, and to have a history of domestic violence before the event of filicide than mothers. Mothers, however, are more likely to be the victims of physical childhood abuse than fathers and are more likely to be mentally ill. With their new classification, Putkonen et al. (2016) present suggestions for focused strategies of prevention for each of five groups.

From the knowledge base, it is possible to establish a relationship between certain aspects of the life of a perpetrator and potential risk for children. The presence of mental health issues, drug and alcohol addiction, previous exposure to or victimization through violence, and the disintegration of interpersonal relationships are all well-known stressors that may indicate that a child may be at risk of death (Brown et al. 2014). When considering victimology, age, gender, and health conditions of a child are also risk factors that need to be accounted for (Brown et al. 2014). Dawson (2018) notes that while at least half of all filicides are committed by fathers, most studies have focused on maternal filicide with more recent work in Australia (Eriksson et al. 2016), the Netherlands (Liem and Koenraadt 2008), and the USA (Dixon et al. 2014) attempting to close this gap.

Wilczynski (1997) was the first to show that perpetrators gave signals of their intentions to friends, family, and professionals they came into contact with. Furthermore, some research suggests that perpetrators seek help through services

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though their communication was often confused (Stroud 2008). While Jaffe et al. (2014) noted that families who have children doubled the number of services that they were involved with yet no risk assessments were carried out. Some population studies considered the perpetrator's use of community services and found that perpetrators commonly consulted two groups of professionals: psychiatrists and social workers (Bourget et al. 2007). Friedman and Resnick (2007) also pursued the issue and argued that new mothers required screening for depression, and that those with depression required further screening to assess for the risk of filicide or other homicide.

This special issue has gathered work covering interesting new aspects of filicide from all over the world. The idea for this special edition came from Meir Steiner, who edited this journal for years, in order to honor Ian Brockington for his contribution to the field. Each person serving as guest editor of this special issue has collaborated with Ian at some point of their scientific career and has benefitted from Ian's enormous knowledge in almost every field of perinatal psychiatry (Brockington 2006), but also specifically in the field of filicide (Brockington 1996).

Spinelli did not only work clinically with distressed, mentally ill pregnant women but has also contributed with her groundbreaking paper on neonaticide (Spinelli 2001). Her work illuminates the little known condition of denial of pregnancy and describes the psychic state of women at the moment of unassisted birth followed by the killing of the newborn. Spinelli recounts her work providing expert testimony for women who committed neonaticide and the realization that, in the USA, the definition of insanity used by the criminal justice system was established in 1843. Spinelli makes the case that this reliance on outdated notions about mental health, added to the lack of clarity of the DSM, are systematically disadvantaging women who are severely mentally ill and facing a murder charge.

Razali et al. explore meaning and background to filicide from the perspectives of women who have been convicted of filicide in Malaysia. Their examination reveals that, within Malaysia, filicide is a poorly understood crime which can be used to punish women who do not conform to traditional notions of femininity as part of a continuum of gender-based violence.

Sidebotham and Retzer highlight the dangerous interaction between domestic violence and maternal mental ill health in child maltreatment deaths in their study of Serious Case Reviews (CARs) in England. Their study provides additional evidence supporting the link between prior criminal history and paternal filicide and emphasizing the importance of easily accessible services.

Klier et al. examined the differences between single and repeat perpetrators of neonaticide and found that repeat perpetrators, while incredibly rare, were older and often had established families and alive children in their care.

Conversely, they had a higher proportion of personality disorders, used contraceptive methods, and were more negatively affected by their pregnancy.

Amon et al. aimed to discover if there were differences in the sentencing of female filicide perpetrators as, often, women are perceived to receive more lenient treatment by the criminal justice system. Their study found that while mothers were less likely to receive a term of life imprisonment, when personality disordered offenders, infanticides, and psychotic offenders were convicted gender differences were not as evident as expected.

Fernandez Arias et al. presented six new case studies on the little researched topic of intentional maternal fetal abuse. In their paper, they argue that early childhood trauma and adult revictimization are often linked to fetal abuse. This link mirrors the correlation between trauma and pregnancy denial suggesting that the impact of trauma on the experience of pregnancy requires further investigation.

## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

## References

- Bourget D, Grace J, Whitehurst L (2007) A review of maternal and paternal filicide. *J Am Acad Psychiatry Law* 35:74–82
- Brockington IF (1996) Motherhood and mental health. Oxford University Press, Oxford, pp 584–590
- Brockington (2006) Eileithyia's mischief: the organic psychoses of pregnancy, parturition and the puerperium. Eryr Press, Bredenbury, p 2006
- Brown T, Tyson D, Fernandez Arias P (2014) Filicide and parental separation and divorce. *Child Abuse Rev* 23:79–88
- Dawson M (2018) Canadian trends in filicide by gender of the accused. In: Brown T, Tyson D, Fernandez Arias P (eds) When parents kill children: understanding filicide. Palgrave Macmillan, Cham, pp 1961–2011
- Dixon S, Krienert JL, Walsh J (2014) Filicide: a gendered profile of offender, victim, and event characteristics in a national sample of reported incidents, 1995–2009. *J Crime Justice* 37:339–355
- Eriksson L, Mazerolle P, Wortley R, Johnson H (2016) Maternal and paternal filicide: case studies from the Australian homicide project. *Child Abuse Rev* 25:17–30. <https://doi.org/10.1002/car.2358>
- Hatters Friedman S, Resnick PJ (2007) Child murder by mothers: patterns and prevention. *World Psychiatry* 6:137
- Jaffe PG, Campbell M, Olszowy L, Hamilton L (2014) Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Rev* 23:142–153
- Liem M, Koenraadt F (2008) Filicide: a comparative study of maternal versus paternal child homicide. *Crim Behav Ment Health* 18:166–176
- Pritchard C, Davey J, Williams R (2013) Who kills children? Re-Examining the Evidence. *Br J Soc Work* 43:1403–1438

- Putkonen H, Amon S, Weizmann-Henelius G, Pankakoski M, Eronen M, Almiron MP, Klier CM (2016) Classifying filicide. *Int J Forensic Ment Health*:1–13
- Spinelli MG (2001) A systematic investigation of 16 cases of neonaticide. *Am J Psychiatry* 158(5):811–813
- Stroud J (2008) A psychosocial analysis of child homicide. *Crit Soc Policy* 28:482–505
- Wilczynski A (1997) Child homicide. Greenwich Medical Media, London