

Mental Health, Filicide, Parental Separation & Divorce: The need for early intervention and a better coordinated approach

Dr Danielle Tyson (Monash University, Criminology)
Professor Thea Brown (Monash University, Social Work)
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Research on Filicide

- Filicide = the killing of a child/children by a custodial or non-custodial parent
- In Australia, on average, 25 children are killed by their parents each year (Mouzos & Rushforth 2003; Deardon & Jones 2008)
- Most prevalent context is domestic violence (21%) and the actual/pending separation from the other parent (9%) (Mouzos & Rushforth 2003);
- Other research identifies actual/pending separation/divorce as a significant risk factor for filicide (BCIFV 1994; Polk 1994; Strang 1996; Wilczynski 1997; Alder & Polk 2001; Johnson 2002, 2005)
- According to a recent study of child homicides in NSW (betw 1991-2005), fatal child abuse was the most common cause of death (59/165 victims), 26 of the 151 filicide offenders suffering from a psychotic illness and 30 of the 159 filicide incidents seemed to be motivated by retaliation (eg. committed in context of relationship breakdown and in most cases committed by the non-custodial parent (Nielssen et al 2009)
- Research in Australia and overseas also identifies a link between the filicide offender's mental health and incidences of filicide (Falkov 1996 Pritchard & Bagley 2001; Mouzos & Rushforth 2003)
- However, according to the AIC, in the majority of these cases, 'the underlying motive behind incidents of filicide are difficult to explain', a problem attributed to the lack of an apparent motive or because the motive is unknown/not stated (2003:3-4; see also Mouzos 2000).

Research on link between filicide offender's mental health and incidences of filicide

- While signs of filicide offender's mental illness (eg. depression) was recognised by some family members and local health and other treating professionals at the time, previous research in Australia has found that these signs were not interpreted as constituting a risk factor for vulnerable family members like children
- Research by Mouzos (1999) found that recognition of perpetrator's mental health issues depended on them showing signs to police at time of the homicide;
- A similar finding was identified by Johnson (2002, 2005) who concluded that filicide offender's mental health issues were often minimised or ignored by

- family members and local health and other treating professionals
- Of concern is that depression is not typically regarded as a potentially dangerous health problem and in the scant research that exists, it seems to be minimised or even explained as the 'normal' consequence of separation and divorce

Case study 1

- Father killed his four children (aged between 9 and 18 years) and then himself five years after he separated on friendly terms from his wife
- Only explanation came from letters he left ('didn't want to expose his children to the troubles of a cruel world')
- According to a family friend, he thought the offender had been depressed
- Coroner found that offender was acting 'under a delusion' and that the 'deaths were probably not premeditated'
- According to a forensic psychologist who commented on the case 'the appearance of accepting a separation may only mask a deep brooding. Extra pressures on an individual can bring out their brooding over a personal matter that had appeared resolved'

Case study 2

- Mother killed her 2 children. Some years after the births, diagnosed with post-natal depression
- 3 expert witnesses gave evidence at the trial as to her mental state
- Defence relied on expert opinion of a Forensic Psychiatrist who considered FO was suffering from a major depressive disorder which so affected her that she did not know her actions were wrong and a consulting psychiatrist who was of the opinion she was suffering from a 'double orientation'
- Prosecuting counsel sought to rebut that evidence – relied on expert opinion of another consulting psychiatrist who was of the opinion that her depression was only mild to moderate and that she knew her actions were wrong; the testimony of the FO's GP who said there was nothing that led her to the view that FO was suffering from a serious depressive illness; and a counselling psychologist who said she had noted FO was exhibiting 'severe symptoms' of depression that were no different to any other of her client group
- Jury rejected defence of mental impairment
- Sentenced to a hospital security order of 24yrs with a minimum of 18 yrs
- Applicant successfully appealed against conviction/re-trial was ordered

Case study 3

- Father convicted of killing his three children
- According to family and friends, was an amicable separation
- Following the separation, he was being treated for depression by GP and also a counsellor following the separation
- Trial judge noted that he wasn't 'significantly depressed' at the time of the offence
- Appeal against conviction is pending

Case study 4

- Father killed his 2 children, the children's grandfather and himself
- Had separated from children's mother 3 months earlier
- Following the separation, FO made threats to harm his estranged wife resulting in her applying for an AVO (3 weeks before the killings), which he immediately breached by leaving messages on her mobile phone, and a handwritten note on the windscreen of her car warning her he intended to kill both her and himself;
- The breach was reported by her father but apparently no action was taken by police at that time;
- On the night before the killings, FO broke into her home and sexually assaulted her. When she was with police reporting the rape, FO went to the home of the children's grandfather where they were staying, and killed both the children and the grandfather;
- Neither the children's mother nor police had predicted the children were in danger or that FO was at least a threat to himself

Rationale for current & proposed research

There is currently, we argue, a degree of confusion / misunderstanding around filicide offender's mental health before the event and impact of separation and divorce on the part of local health and other treating professionals, family members and the wider community

- Plan is to examine the links between the perpetrator's actions of killing their child or children, their mental health and the recognition, or otherwise, of the perpetrator's mental health problems before the event by the family member, local health and other treating professionals & wider community.

Current & Proposed Research Plan

- Phase 1 is to collect data from 3 main data sources – coroners files, court judgments; news reports of all filicides committed in Victoria during the 13 years from 1997-2009.

Aims are to identify

The backgrounds and characteristics of perpetrators (age, occupation, ethnicity, childhood and adult experiences, prevalence of mental health issues including suicide threats or attempts, substance abuse, sexual abuse, domestic violence and criminal history);

The perpetrator's actions and behaviour (the causes or motives put forward for killing their child (or children));

The type of relationship between the victim(s) and perpetrator (biological children or step-children's age, sex, ethnicity, amount of contact, degree of warmth and intimacy, prevalence of abuse);

The type of relationship between the parents or primary carers of the child or children (marital status, length and history of relationship, length of separation, relationship post separation, prevalence of abuse);

The nature of any involvement of statutory or other agencies or private professionals with the family (eg. doctors, social workers, psychologists,

police, child support agencies, child protection agencies, mental health services, domestic violence services);

The nature of any history of mental illness on the part of the perpetrator;

The interpretations given to the perpetrators' mental health by family members and professionals before and after the event;

The nature of any dispute in relation to custody and/or access to the child or children of the relationship (court process at the time of the offence, attendance at court counselling, other dispute resolution services);

The circumstances of the homicide event itself (cause of death, location of offence, time of week of offence, type of weapon etc.);

The legal process, sentence, appeal etc.

Possible points of early intervention in the pathways to the deaths.

Methodology (1)

- Definitions of mental illness in recent NSW study are too narrow (eg. 'serious mental illness such as hearing voices') therefore did not look at what mental illness might be in the context of parental separation and divorce
- Recent classifications (eg. the use of typologies) to explain such incidences fail to capture the complex relationship between filicide offender's mental health, and interpretation made by family, treating professionals and the courts about these tragic events (eg. Liem & Koenraad 2008; Nielssen et al 2009)
- Although the study by Liem & Koenraad (2008) noted that while it was the case that historically, filicide was regarded as a female crime, men are more likely to be convicted of killing their child, motives are analysed according to a pre-determined classification system which, we argue, is somewhat restrictive
- Complex contexts and complex subjectivities

Methodology (2)

- Combination of quantitative and qualitative approaches
- Quantitative – identify risk factors to assist with early intervention & prevention
- As well as qualitative – want to unpack problematic assumptions being made in the existing literature, particularly the idea that health physicians and other treating professionals are unaffected by gendered assumptions about mental illness when making a diagnosis
- Media coverage of filicide cases will also be described and analysed – when men kill their children, media reports frequently emphasise that they were a loving, family man and a devoted dad (Morris 2009:2)
- Need to critically engage with the intersection of performances of masculinity with forms of criminality; as noted by Alder and Polk, 'different men with different identities, different emotions and different objectives are visible in these stories: angry men, men filled with despair, men who have given no previous indications of willingness to use violence, and men who regularly use violence' (2001:88)

Methodology (3)

- Can ask, how are men (and women) to be studied more critically in ways that resist perpetuating dominant definitions of what it is to be a 'family man' in today's society?

- Critical studies on men acknowledges men as gendered beings, socially constructed and reproduced (not agendered, asexual, 'neutral' adults, parents or people (Hearn 2004)
- Just as we can distinguish 'real' women from representations (stereotypes etc.), we can distinguish 'real' men from images of masculinity, the 'family' and the 'family man' (Collier 1995)
- As well as a narrative analysis to examine what *stories about the men and women who kill their children* emerge in these tragic cases.

Phases 2 and 3

- The plan for phase 2 is to examine cases of filicide from 2000-2009 in South Australia, Queensland, New South Wales, Western Australia and Tasmania)
- The plan for phase 3 is to examine cases of filicide in a small number of provinces in Canada (eg. Ontario) and the United Kingdom.

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