

Prevent filicide: Intervention with potential perpetrators

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Thea Brown, Professor Emeritus at Monash University, investigates the flaws in service interventions related to filicide cases and highlights methods to bolster early interventions to prevent potential perpetrators

Research on filicide has been slow to produce strategies for intervention with potential perpetrators. Instead, it has explored the factors and the circumstances associated with actual perpetrators and their actions. To the limited extent of research on intervention, researchers have identified services as the key to intervention. Services are the way that potential perpetrators can be stopped from transitioning to becoming actual perpetrators. This view is supported by research showing perpetrators are in contact with services, often with many services, in the period prior to the child's death. This knowledge of contact implies some windows of opportunity for intervention. However, how best to use these windows of opportunity is not clear. The windows are cloudy, and we have not yet been able to see through them to propose reliable, successful interventions.

Services perpetrators and potential perpetrators use

Australian, English, and Canadian research (Brown, Lyneham, Bryant, Tomison, Tyson, Fernandez Arias, Bricknell, 2018; Sidebotham, 2018; Dawson, 2018) show the way services are used by potential and actual perpetrators. Contrary to past thinking, potential and actual perpetrators are not isolated from services; they use a wide variety of services. Research on actual perpetrators shows different patterns of use by mothers, fathers, and stepfathers. Mothers and fathers have contact with an average of three to five services in the period preceding the child's death, but stepfathers have almost no contact (Brown, Tyson, Fernandez Arias, 2022). Mothers seeking help contact health services (general practitioners, hospital emergency departments, mental health services, and maternal and child health services) and counselling services, but over time drift away from the service. Their problems, mostly depression, often combined with suffering from intimate partner violence, go unrecognised. Stroud's research on perpetrators (2008) argued that the perpetrators speak to the services in a language the service does not understand, and not understanding the client, the service responds inappropriately.

Some fathers seeking help approach some of the same health services, but far more commonly, the services approach them. Usually, the fathers are approached by child protection services and court services in response to the father's violence to the child's mother, not from fears for the child. After one or two meetings, the father eludes the service. Most fathers have histories of violence and mental health problems and are difficult to engage. Where contact becomes more extensive and the child is referred to an

agency for family support, problems arise in coordination of the monitoring of the child's welfare, raising the question of the desirability of handing this responsibility to another agency, especially without long term collaborative plans.

Stepfathers do not approach services but are approached by them, and they avoid contact. Many services do not recognise the danger that a stepfather or a mother's live-in boyfriend presents and ignore them. The stepfathers vanish from professional view (Cain, 2024).

Despite contact with services, failures occur, and the child dies. Australian research reviewing contact between perpetrators and services (Brown, Tyson, Fernandez Arias, 2022) showed that while services achieved contact no engagement occurred; the danger to the child was not recognised, they did not follow up when the perpetrator drifted away or eludes the service, they did not monitor the child's welfare or maintain a strong monitoring relationship with any other agency involved, and they did not make long term plans for all the family members.

Successful intervention

Nevertheless, some service interventions are successful, and these successes provide directions for improved intervention. There is little data on service successes, but victim survivors and potential perpetrators have brought data to the research team of their lived experience of successful intervention (Brown, 2019). From these accounts, the following principles of successful intervention have emerged.

- An adult family member recognises that there is a serious problem, although they may not understand exactly what the problem is; for example, they may note threats of suicide or homicide, possession of weapons like guns, knives, or explosives, or irrational and angry or withdrawn behaviour, but not necessarily see filicide as a possible outcome. (These accounts from family members should not be lightly dismissed, as the Queensland study of 2022 argues.)
- The family member takes the potential perpetrator to an agency that recognises the danger to the children from the family member's description and their meeting with the potential perpetrator.
- The service immediately takes, not refers, the potential perpetrator to a relevant intervention service, such as the police or a psychiatric service, the services most often cited in the successful interventions.
- The intervention service carries out an assessment using red flags as a risk framework (see *Filicide: The Search for Explanations* (2024) for the detailed framework) that includes the danger signs for mothers, fathers, and stepfathers and if a potential danger of filicide is identified arranges immediate intervention that focuses first on the potential perpetrator to prevent a filicide act.
- The service selects a lead agency to plan and implement a long-term intervention for the family's likely many problems.

- The problems will be many and vary according to the parental role of the potential perpetrator, but almost all will have mental health problems that need to be urgently addressed. Some potential perpetrators may already be in contact with a mental health service, and it will need to be mobilised to give urgent attention to the potential perpetrator. Many (at least half) will need mental health services but not be in contact with any, and this will need to be arranged.

Changes needed for successful intervention

Service change is needed to prevent filicide. A recent study (Australian Domestic and Family Violence Death Review Network, 2024) has commented on the perpetrator's inappropriate choice of services, but what services would be appropriate? Most countries do not have a service tasked with identifying and intervening to prevent filicide. Potential perpetrators have reported extreme difficulty in finding a service prepared to help, as have families of actual perpetrators. Potential perpetrators have found that expressing fears and actual perpetrators making verbal threats does not take them on a path to effective service intervention. Instead, their accounts suggest there is a response of disbelief that a filicide event might occur, followed by service inaction.

When a person expresses a fear of committing filicide or makes threats of carrying one out, many professionals seem to freeze and not to know what next to do. Their professional education has not covered this issue, they are not aware of the constellation of risk factors, and the service may have no policies to support the worker. As all services may have clients who may commit filicide, they should prepare for this contingency. The service needs to hold information on filicide in general, how to assess it, how it might emerge in discussions with clients, and how to respond to actual expressions of it and/or suspicions it may occur. Every service should develop a filicide portfolio with this information. Finally, every service needs to identify the services locally that these clients are likely to need, how to collaborate with them effectively and, whether their service could be a long-term lead agency and if they cannot do this, which service nearby could take this role.

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