



# Taking lives

A Queensland study on parents  
who kill their children

Queensland  
**Family & Child**  
Commission



## About this information paper

This paper has been prepared by the Queensland Family and Child Commission (QFCC) under Part 3 of the *Family and Child Commission Act 2014* (Qld). It draws upon the QFCC's functions to maintain a child death register and help reduce the likelihood of child deaths by analysing information, identifying data trends and undertaking research.

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# Acknowledgements

The Queensland Family and Child Commission (QFCC) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies on which we walk, live and work. We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to their Elders past, present and emerging.

This paper contains information about the deaths of children and young people in Queensland. The QFCC acknowledges this may cause distress for some people. If you need help or support, please contact any of these services:

**Lifeline:** Phone: 13 11 14  
**Beyond Blue:** Phone: 1300 22 4636  
**Kids Helpline:** Phone: 1800 55 1800  
(for 5–25 year olds)

The QFCC acknowledges the over-representation of First Nations children among the deaths discussed in this paper. Child death prevention responses must be guided by local context, the individual strengths and needs of families and professional judgement. All responses must be culturally appropriate and based on the principles of self-determination for Aboriginal and Torres Strait Islander peoples.

The QFCC wishes to thank the University of Queensland, notably Professor Karen Healy, Dr Sue Scull and Associate Professor Philip Gillingham, for the research which has formed the basis of this paper.

## A message from the Principal Commissioner

The death of any child is a tragedy. When that death occurs at the hands of a parent or caregiver, an act known as filicide, the community asks what went wrong and how did we miss the warning signs.

As Principal Commissioner of the Queensland Family and Child Commission (QFCC) and Chair of the Child Death Review Board, it is my responsibility to ask these questions too and help identify and report on the risk factors associated with child deaths. The QFCC's Child Death Register holds valuable information about all child deaths in Queensland-to help us learn more about filicide so that we can better identify risks and respond when children and families need protection and support.

Filicide is a relatively rare event in Queensland in comparison to other external causes of death but when it happens it is so shocking that we often describe it as unimaginable, or too hard to think about. Perhaps this is the reason why there is limited research about why it occurs and how we can best prevent it.

I would like to thank Professor Karen Healy, Associate Professor Philip Gillingham and Dr Sue Scull from the University of Queensland, for studying the QFCC's filicide data and analysing the available national and international literature to determine the risk factors for filicide. I also thank the staff of the QFCC who spend their working days collecting and analysing the details of every child death in Queensland.

From this study, we know 109 Queensland children died at the hands of their parents or carers between 2004 and 2020 and that, while filicide is difficult to predict, a threat by a parent to kill their child is a clear warning sign that must be treated with urgency. Several other risk factors were also identified through this study. This paper summarises the main findings.

I encourage all professionals working with children and families to learn about filicide and continue to contribute to a shared understanding across professionals in Queensland. It is clear that the more we learn and understand the more we will find opportunities that may help to save a child's life.

### **Luke Twyford**

Principal Commissioner  
Queensland Family and Child Commission

# Improving responses to preventable child deaths

## Background

The Queensland Family and Child Commission (QFCC) is responsible for maintaining a register of all child deaths in Queensland. The Child Death Register has been in operation since 2004.

The QFCC is committed to using the data it holds to contribute to initiatives to reduce child deaths in Queensland. It analyses information to identify trends and patterns in child mortality, to conduct and support research, make recommendations and to inform prevention activities.

## Preventable deaths

The vast majority of child deaths in Queensland each year are the result of natural causes, with around three-quarters of these occurring in infancy.\* While some natural cause deaths may be preventable (such as some types of infection), they are much more difficult to predict and prevent than external cause deaths. External cause deaths are those arising from injury, poisoning or other negative effects. Many external cause deaths are preventable as there are a range of environmental and behavioural risk factors that can be modified that may stop them from occurring.

## Causes of death

The QFCC's Counting lives, changing patterns: Findings from the *Queensland Child Death Register 2004-2019* report identifies that between 2004 and 2019, 1,440 children died from external causes in Queensland:

- **530 from transport incidents**
- **331 from suicide**
- **235 from drowning**
- **218 from other non intentional injuries**
- **126 from fatal assault or neglect.**

Fatal assault is the death of a child from acts of violence perpetrated upon them by another person, while neglect specifically refers to a carer's failure to provide essential care necessary for survival. Filicide (the killing of a child by their parent/caregiver) is a subcategory of fatal assault or neglect.<sup>1</sup>

## Child death prevention

Child death prevention refers to strategies and activities aimed at modifying behavioural and environmental risk factors related to preventable causes of death. For example, introducing mandatory pool fencing in Queensland reduced ease of access to backyard pools.

The QFCC prepares reports and resources about these risk factors to help researchers, policy makers, frontline professionals and the community to strengthen systems, regulations, services and/or safety at home to keep children safe.

This paper provides information on risk factors for filicide.

\* Natural cause deaths are those occurring as the result of a disease or morbid condition, such as perinatal conditions, congenital anomalies, cancers and tumours or infections.

## Risk factors for filicide in Queensland

### Understanding filicide

The Australian Institute of Criminology identified that 27 per cent of filicides in Australia between 2000 and 2012 occurred in Queensland.<sup>2</sup>

Filicide is a complex phenomenon; there is no simple answer as to why a parent may kill their child. However, research—including analysis of the Queensland Child Death Register—has identified that filicides often occur in the following circumstances, which is useful for understanding what risk factors may be present.<sup>4</sup>

In some cases, a parent may kill their child as an act of revenge, a deliberate attempt to inflict suffering on their spouse (often following parental separation).<sup>3</sup> These incidents are premeditated and often associated with a history of dysfunctional behaviour by the perpetrator.<sup>4</sup> Parents who kill their children in revenge are highly likely to take their own lives as well.<sup>4</sup> The QFCC reports on these types of filicides under the category of *domestic homicide*.<sup>5</sup>

A parent may also kill their child unintentionally, where death results from an act of child maltreatment (such as physical abuse and neglect).<sup>3</sup> This may be a one-off event, or the culmination of escalating violence over time.<sup>4</sup> It often occurs in the context of excessive disciplinary action.<sup>3,4</sup> The QFCC categorises these types of filicides as *fatal child abuse*.

In other cases, a parent may kill their child under the belief that it will be better for the child. For example, a parent may decide to take their own life but believe it is better for their children if they die in the same event. Parents also may kill out of a belief they are relieving their child's suffering (whether real or perceived). This is sometimes known as *altruistic filicide*.<sup>3</sup>

Parents living with some types of severe mental illness may experience *acute psychosis* and kill their child under the influence of hallucinations or delusions.<sup>3</sup> This may overlap with altruistic filicide—parents experiencing delusions may kill to save them from suffering an outcome they perceive to be real (such as possession by spirits).

A child may also be killed by a parent who does not want the child. This often occurs shortly after birth (neonaticide). Other examples include parents who have killed their child in order to pursue improved life outcomes for themselves (e.g. a perceived ability to secure a new partner in the absence of children).<sup>3</sup>

A parent<sup>8</sup> taking the life of their child is an act of domestic and family violence. Parents who perpetrate filicide commonly have a history of violence towards their partner.<sup>6</sup>

However, filicide is complex and difficult to predict as it occurs in a range of different contexts. While in some cases there may be few warning signs of the tragedy about to occur, in others, there are indicators the child is at risk of serious injury or death.



#### Caution:

Risk factors should always be considered with caution. They are derived on the basis of the frequency with which they were present in child deaths from particular causes. They are indicative of risk, not predictive of a fatal outcome.

For example, while inadequate pool fencing is a red flag for drowning deaths, a broken pool gate does not definitively mean a young child will access the pool and drown. Likewise, behavioural risk factors (such as a parent threatening to kill their child) does not necessarily predict the child will be fatally assaulted.

<sup>2</sup>The categories presented here were developed by Resnick and describe five primary categories of filicide which are not mutually exclusive. <sup>3</sup>

<sup>8</sup>This includes parent figures such as a step-parent or parent's partner.

## A study of filicide cases in Queensland

While filicide is less frequent in Queensland than other causes of preventable deaths, it is perhaps the least understood and there is very little information available about the associated risk factors.

In 2020, the QFCC undertook a review of the information it had collected since the commencement of the Child Death Register in 2004.

The review identified that over the 16-year period between 2004 and 2019, more than 80 per cent of child deaths from fatal assault or neglect occurred in an intrafamilial context.<sup>1</sup> That is, the death was caused by a family member (other children died from fatal assault or neglect caused by a non-family member).

Following this review, the QFCC commissioned researchers from the University of Queensland to undertake a study of cases where children have lost their lives at the hands of their parents<sup>\*\*\*</sup> (or someone acting in the role of a parent, such as a carer, step-parent or parents' partner), an act known as filicide. The researchers identified 109 children who died by filicide in Queensland between 2004 and 2020, using data from the Child Death Register.\* Three-quarters of victims were under five years of age.<sup>\*\*\*</sup>

The study looked at the risk factors associated with 90 filicide events (relating to the 109 children).<sup>\*\*\*\*</sup>

The study found that:

- Children known to Child Safety were over-represented, with nearly 47 per cent of filicide victims having a history of repeat child protection concerns.
- Children were more likely to be killed by a biological parent (65 of 90 events) than a step-parent, extended family member or other caregiver.
- Aboriginal and Torres Strait Islander children were over-represented among these deaths. While comprising eight per cent of the Queensland child population, Aboriginal and Torres Strait Islander children represented almost 26 per cent of filicide victims (in some cases, multiple children died in a single event) and 22 per cent of filicide events.
- The majority of filicide events occurred in the context of *domestic homicide* (31 events) and *fatal child abuse* (44 events).

<sup>\*\*\*</sup> For this paper, a parent refers to the biological parent or someone acting in the role of a parent, such as a carer, step-parent or parents' partner. The QFCC acknowledges that for Aboriginal and Torres Strait Islander children, child rearing responsibilities extend beyond the immediate family group and may include aunts, uncles and grandparents.

\* Queensland Family and Child Commission 2022, 'Final Report: A study of indicators for Red Flags for fatal child assault and neglect'.

<sup>\*\*\*</sup> Filicides occurring in Queensland between 2004 and 2020.

<sup>\*\*\*\*</sup> That is, 10 events involved the death of more than one child (28 children in total).

## Findings about risk factors for filicide



### Caution:

Not all families that experience the risk factors discussed in this paper fatally assault or neglect their children.

Many of the risk factors associated with filicide are common in families (such as parental separation or alcohol and substance use). The presence of these risk factors does not necessarily mean that families are likely to kill their child.

The University of Queensland study identified several risk factors associated with filicide.



It found that 23 of the 90 filicide events occurred in the context of **recent parental separation**. Previous Australian research has found that separation is often a factor in filicide, particularly when perpetrated by fathers. These events are often motivated by anger towards their former partner and are designed to hurt them by extension.<sup>6</sup>

In contrast, female filicide perpetrators are more likely to take their children's lives after separation as a result of mental illness or believing they are unable to provide for them and that they will be 'better off'.<sup>6</sup>



Agency records (for example, Child Safety, health, police or coronial records) indicated a history of **domestic and family violence** in 44 of the 90 filicide events (49 per cent). The true extent of filicide in the context of domestic and family violence is likely to be higher, as domestic and family violence is under-reported and under-recognised.

The Queensland Domestic and Family Violence Death Review and Advisory Board identified a history of domestic and family violence in 61.2 per cent of the filicide cases it examined,<sup>8</sup> while research from other Australian states has found that domestic and family violence was present in up to 80 per cent of filicide cases.<sup>7</sup>



**Alcohol and substance misuse** within the child's household was present in 44 events. Research by the Australian Institute of Criminology has found that 15 per cent of filicide perpetrators were affected by alcohol at the time of the event and 23 percent were affected by substances.<sup>11</sup>

### Overlapping risk factors

There is substantial overlap between these three risk factors among filicide cases. For example, alcohol and substance use was present in 41 of the 44 filicide events where there was a history of domestic and family violence. Similarly, domestic and family violence was present in 17 of the 23 cases in which parental separation was a factor. While these combinations were statistically significant, they are also likely to co-exist in many families where filicide does not occur.

This does not mean that these common risk factors should be discounted. Rather, they should be understood as one part of the 'constellation' of risk factors that could indicate an increased risk of filicide.



## High risk combinational and standalone factors

The following combinational risk factors were identified as increasing the risk of filicide, but more research is needed within the general population to confirm them. Some of these circumstances may occur within the general population too frequently to be useful in identifying children at high risk of filicide. They are, however, worth noting as points in which further questions should be asked and information gathered to assess the level of risk to a child.

Extended hospitalisations of five or more days following the birth of a child (or more than three days at any time during the child's life) are considered rare enough that it may indicate an increased risk of filicide. This was considered especially relevant where other compounding risk factors—such as repeated contact with Child Safety—were present.

Very young children (aged 0–4 years) who have had multiple child protection concerns raised with Child Safety could be at increased risk of filicide if their family context includes a non-biological father figure (such as a step-father or mother's partner). When combined with other factors such as extended hospitalisations or domestic and family violence, this risk increases.

A **threat to kill** a child is likely to be uncommon enough that it should be considered a high risk standalone factor for filicide, even when no other risk factors are present. A threat to kill a partner or their children is already a well-recognised risk factor for homicide in the context of domestic and family violence<sup>8,9</sup> and child protection. Evidence of a threat to kill a child was present within the agency records held in 11 of the 90 filicide events. These 11 events related to 19 children. It is possible that threats to kill were present in other filicide events but were not known to authorities.

## A threat to kill reported to an agency indicates a parent in crisis.

The level of risk to a child increases where a threat to kill occurs in the context of any other risk factors. Separation, domestic and family violence and alcohol and substance use all co-occurred with a threat to kill to a significant degree (see Figure 1).<sup>§§§§</sup>

Treating this risk factor seriously prevents unhelpful assumptions being made by professionals and filicide risk factors being overlooked. It could help prevent filicides in Queensland.



Figure 1: Risk factors associated with a threat to kill a child

§§§§ The frequency with which domestic and family violence, recent parental separation and alcohol/substance misuse co-occurred was statistically significant, with a probability of less than 0.05 per cent that these factors co-occurred by chance.

## Filicide facts

Everyone can play a part in understanding the facts about filicide to help build a shared understanding across professionals working with children and families.



While filicide is not an everyday occurrence, **109** children were killed by parents in Queensland between 2004 and 2020.



**27%** of filicides in Australia between 2000 and 2012 occurred in Queensland.<sup>2</sup>



Of the domestic homicides in Queensland, around **24%** are filicides.<sup>8</sup>



Parents can sometimes say things they do not mean, especially when they are frustrated and stressed. However a threat to kill a child may be a sign of a parent in crisis.



A threat to kill a child is a known lethality risk factor in the context of fatal domestic and family violence.<sup>9</sup>



More than **17%** of children who died in a filicide event in Queensland (2004–2020) had a parent make a threat to kill them that was known to at least one agency.



The likelihood of a threat to kill being carried out may increase in the presence of other risk factors for filicide.



Some filicides involve a parent suffering an acute episode of mental illness. However, filicide occurs just as often in the context of other factors such as domestic and family violence or alcohol and substance misuse.

Figure 2: Filicide facts



Of the child deaths from fatal assault and neglect in Queensland between 2004 and 2020, **83%** were filicides.



Fathers were responsible for almost **38%** of these deaths, while mothers were responsible for **31%**. Both parents were responsible for over **3%**.



Just over **13%** of filicides were perpetrated by a non-biological parent, while **14%** were by others acting in a caring role.



Research has shown parents generally **do not** make up safety concerns to influence custody arrangements after separation.<sup>10</sup>



**67%** of filicide-suicides in Queensland occur in the context of parental separation.<sup>8</sup>



A parent who raises concerns about the safety of their child in the other parent's care should always be taken seriously.



Domestic and family violence is a risk factor for child abuse and neglect and closely associated with filicide events.<sup>6</sup>



Almost half of Queensland's filicide cases (2004–2020) occurred in families where agency records indicated prior domestic and family violence.



Alcohol and substance use was present in **93%** of these cases.



Domestic and family violence has been noted in around **80%** of filicides in other states.<sup>7</sup>

Figure 2: Filicide facts

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