**When parents kill**

With one child killed by a parent every fortnight in Australia, some of the biggest red flags for filicide are being catastrophically missed.

Many assumed it was a case of family violence, another domestic homicide. Early reports said Tomislav Perinovic, Katie’s husband and the children’s father, had called triple-0 and was “[assisting police with their enquiries](https://www.abc.net.au/news/2021-01-14/police-at-tullamarine-home-melbourne-four-bodies-found/13057910)” — he’d been arrested at the scene. But detectives quickly realised Mr Perinovic, who’d arrived home from a shopping trip to find Matthew in the kitchen, was not responsible, Katie was. All four had stab wounds, and a large knife was discovered in another room, near her and the girls’ bodies.

[Tomislav and Katie Perinovic with their children Matthew, Claire and Anna.](https://www.abc.net.au/news/13259610) *Facebook*

The horrific incident has left Mr Perinovic crushed by grief and a community reeling, in shock. Neighbours who’d heard the ambulance sirens come wailing down the street claimed there’d been no warning signs. “What brought this on?” they wondered. “How could this happen?”

Meanwhile, the manager of a team of paramedics who attended the Perinovics’ place that day told reporters his staff were shaken. “The loss of three kids deeply affects everyone ... it’s not a normal thing,” he said. “Yes, we have distressing elements to our role but incidents like this are rare.”

Yet filicide — the killing of a child by their mother, father or stepparent — is not as rare as some might imagine, with [about 25 children killed by parents every year in Australia](https://www.aic.gov.au/crg/reports/crg-5214-15), or one child almost every two weeks. Still, it’s a poorly understood phenomenon partly because it’s so complex: filicide isn’t as common as some other kinds of homicide and no two cases are exactly alike, meaning it can be hard to pin down patterns and perpetrator motivations.

But experts say the lack of awareness of filicide in Australia means not enough has been done to address it and, crucially, services working with vulnerable families are too often failing to recognise the risks before it’s too late.

“In recent years we’ve started having a conversation about the fact that nationally, on average, one woman is killed by her current or former partner a week — that was overdue and needed,” said Liana Buchanan, Victoria’s principal commissioner for children and young people. “We now need to have the same kind of conversation and put the same kind of focus on understanding and preventing that level of harm to children.”

Research has previously shown filicides occur when a constellation of factors converge: mental illness, relationship breakdown, family violence, substance abuse. Now, new data from coroners and children’s advocates underlines striking links with domestic violence and child abuse — potential threats to children that are being catastrophically underestimated.

**Before tragedy strikes**

In Victoria, an unpublished analysis of child death inquiries by the Commission for Children and Young People — those where child protection had been involved in the 12 months prior — identified 11 cases of filicide reviewed in the four years to June 2019. The vast majority — 82 per cent — had a history of family violence, Ms Buchanan said, but often the risk of that violence to children, particularly from stepfathers or male partners, had been overlooked by services working with them.

Similar trends have emerged in other states. The NSW Domestic Violence Death Review Team is currently undertaking a study of 98 filicide incidents resulting in the deaths of 114 children in the 18 years to June 2018. Coroner Teresa O’Sullivan told ABC News the team has found about 80 per cent of those cases had a history of domestic violence or child abuse: roughly two-thirds of which involved violence perpetrated by a male parent and a third by a female parent.

“Male filicide perpetrators were more likely to use violence against intimate partners and children before the filicide,” Magistrate O’Sullivan said, “whereas female filicide perpetrators were more likely to be victims of violence and abuse.”

[Professionals in many different sectors are still underestimating the risk of family violence to children, Ms Buchanan says.](https://www.abc.net.au/news/13258660) *ABC News: Emma Machan*

Of course, not all filicides are preceded by violence and abuse. Many are associated with psychotic episodes or severe depressive disorders, more often those [perpetrated by women](https://onlinelibrary.wiley.com/doi/abs/10.1002/cbm.695) — and sometimes they raise more questions than answers.

Police investigating the deaths of Katie Perinovic and her children told the Coroners Court of Victoria last month there was no history of family violence or involvement of child protection authorities, and that a local area mental health service was independently reviewing any treatment Mrs Perinovic might have received.

“It’s probably the worst kind of case, isn’t it, because there are no smoking guns,” said James Ogloff, director of the Centre for Forensic Behavioural Science at Swinburne University and Forensicare. “It’s not an abused child who’s been sitting at child protection, there’s no obvious history of problems.”

Many neighbours reported the Perinovics were a happy family, Professor Ogloff said, that Katie was lovely and warm. “But they’re the parents that sometimes kill their kids, because if they’re miserable” — or very mentally unwell — “some are going to take their kids with them. This is the tragedy.”

**A constellation of risk factors**

Professor Ogloff’s perspective on filicide has been shaped by his years of research, assessing defendants for court and assisting coroners to understand cases of parents killing their children. The first thing he wants to stress is: “They’re rare.”

In Victoria, for instance, there are more than a million children, so if five or so kids are killed in a year, he said, “that is very rare”, which can make them difficult to learn about, and predict. It’s one of the main points he made in the inquest into the death in 2014 of Luke Batty — a filicide which sparked a national conversation about family violence, led by his mother Rosie. At the time, Professor Ogloff calculated a boy of Luke’s age had similar odds of being struck by lightning as being murdered by his father.

Another difficulty is that cases of filicide are very diverse, each the result of a unique set of circumstances, risk factors, that merge in different ways in different perpetrators’ lives.

The most recent [national study of filicide in Australia](https://www.aic.gov.au/crg/reports/crg-5214-15) examined 238 incidents involving 284 children killed between 2000 and 2012. It found filicides accounted for 18 per cent of domestic homicides in Australia — nearly one in five — but that unlike the rate of domestic homicide and homicide overall, which had declined, the filicide rate had remained stable.

["I think as citizens, we're extremely well-defended against recognising these deaths," says Thea Brown.](https://www.abc.net.au/news/13263120) *Supplied: Meredith O'Shea*

The majority of victims — 67 per cent — were younger than five, with more boys killed than girls and infants younger than one at greatest risk. But while slightly more filicide perpetrators overall were men — 52 per cent — children were most commonly killed by custodial mothers (133 victims), followed by custodial fathers (82 victims) and stepfathers (41 victims), while 28 victims were killed by non-custodial parents, all but one of whom were fathers. One in five offenders died by suicide after the filicide.

Lead author Thea Brown said the study also confirmed previous research showing perpetrators share multiple risk factors like domestic violence, mental illness and parental separation, but that the “significance” of those factors differs between them.

Common factors associated with mothers who kill children, Professor Brown said, are mental illness, being a victim of domestic violence and parental separation, while fathers are more likely to have perpetrated domestic violence, have a history of drug abuse, a criminal record and parental separation.

“It’s not just one problem, it’s a combination of problems,” said Professor Brown, co-director of the [Monash Deakin Filicide Research Hub](https://addressingfilicide.org/). “I suppose you could say it’s like a ship that slowly sinks beneath the sea as it gets overburdened with cargo.”

For mothers, who are more likely to kill children during an acutely psychotic episode, that cargo can be heavy. “There is a lot of significant hormonal, biological change ... even up to the first month postpartum, which we can see manifest in mental illness,” including anxiety, depression and postpartum OCD, said Lia Laios, a perinatal psychiatrist at the Royal Women’s Hospital in Melbourne.

“At the extreme end ... you might see women who have more severe depression associated with suicidal ideation and possibly intent, but also sometimes infanticidal thoughts,” Dr Laios said. “That can go hand in hand with comorbid psychotic depression, when women become quite unwell, can lose touch with reality and become paranoid, and perhaps develop delusions about the baby.”

**The ‘vulnerability’ of new mothers**

In 2018, Victorian Coroner Sara Hinchey found Supraja Sreeram was likely suffering from undiagnosed postnatal depression when she killed her four-month-old son Shrihan and herself in July 2016. Supraja hadn’t explicitly told her husband she wasn’t coping, but she hadn’t been eating or sleeping well in the lead up to her death and had only one friend, with whom she had limited contact.

Judge Hinchey found Surpaja’s social isolation and lack of support from family, who lived in India, likely increased her stress levels and may have affected her mood and mental state. “The deaths of Supraja and Shrihan,” she wrote in her findings, “in such tragic circumstances, highlight the vulnerability of mothers and their infants in the period after childbirth.”

But that “vulnerability” is sometimes underrated, even by services supporting new mothers.

[Cases of filicide are very diverse, each the result of a unique set of circumstances, risk factors, that merge in different ways in different perpetrators' lives.](https://www.abc.net.au/news/13256846) *ABC News: Emma Machan*

Only months earlier, in April 2016, Fijian-born woman Sofina Nikat killed her 15-month-old daughter Sanaya, who was found in a creek in Melbourne’s Heidelberg West. At first, Ms Nikat told police a man of African appearance had snatched Sanaya from her pram. But three days later she confessed to the killing, telling detectives she believed her daughter was “possessed” and that she would be in a “better place”.

After pleading guilty to infanticide , Ms Nikat was sentenced to a 12-month community corrections order in 2017, with Justice Lex Lasry describing the killing as a “tragedy” for her and everyone connected to her family. The Supreme Court had previously heard Ms Nikat — who was living in a women’s refuge at the time of the killing — had been suffering from a depressive disorder following Sanaya’s birth, made worse by her separation from her husband and the stress of raising her baby.

“The complexity of the mental state of some women after childbirth and for some time thereafter is not to be underestimated,” Justice Lasry said in sentencing, “particularly when it is made more difficult by the surrounding circumstances which occurred in your case.”

[Flowers and stuffed toys for Sanaya Sahib, left near the creek in Melbourne where she was found dead in 2016.](https://www.abc.net.au/news/13258990) *ABC News: James Hancock*

In 2019, Coroner Caitlin English found that just a few weeks before Sanaya’s death, Ms Nikat had taken her to a 12-month check-up at a maternal and child health centre, where staff reported they had no welfare concerns. But Ms Nikat wasn’t screened for postnatal depression despite “significant changes” to her relationship and living circumstances, which Ms English found was a “missed opportunity”.

As a result, she recommended the Victorian Department of Health and Human Services (DHHS) update the frequency of health and wellbeing checks by maternal child health services to occur at least once a year for the first two years after the birth of a child. She also recommended DHHS update its guidelines with steps to contact mothers and administer postnatal depression screening if their personal circumstances change.

But it’s not clear if any changes have been made. DHHS did not respond to questions about whether it had implemented the Coroner’s recommendations, with a spokesperson previously telling ABC News the department would not respond to questions about filicide generally because “it is best that commentary comes from a leading expert who may be able to represent the issue accurately and sensitively”.

**Missed red flags**

Another way researchers have tried to understand filicide is with classification systems, or categories, which distinguish between the apparent motivations of parents who kill their children. American psychiatrist Phillip Resnick in 1969 developed [five main categories](https://pubmed.ncbi.nlm.nih.gov/5801251/) still in use today: altruistic (a term many researchers despise), acutely psychotic, unwanted child, accidental, and spouse revenge.

“They’re very loose and sometimes they overlap,” Professor Ogloff said. “And often we can’t really tell what an offender’s motivation was, we can only guess at it. But those general categories, I think, fit in most cases,” he said, and “are helpful because some are more predictable than others.”

[Professor Ogloff says it is "essentially impossible" in most cases to predict which parents will kill their children.](https://www.abc.net.au/news/13258734) *Supplied: Forensicare*

Still, it’s jarring that the risk factors associated with filicide are prevalent across the community; thousands of Australian parents are grappling with mental illness, family breakdown, drug and alcohol issues, yet only a tiny fraction will kill their kids.

Where problems become crises — and risk increases — is when parents who are struggling with these issues don’t get help, when the potential danger they pose to their children isn’t taken seriously or acted on quickly enough by services they’re in contact with.

**Why do parents kill their children?**

Phillip Resnick developed [five categories](https://pubmed.ncbi.nlm.nih.gov/5801251/) to account for the motives driving parents to kill their children:

* **Altruistic filicide**: A parent kills a child because they believe it’s in the child’s best interest, e.g. to relieve the suffering of a disabled or unwell child, or because the parent is planning on suiciding and does not want to leave them “parentless”.
* **Acutely psychotic filicide**: A parent who is experiencing psychosis kills the child with no other rational motive.
* **Unwanted child filicide**: The parent kills the child because they’re unwanted or considered a burden, or perhaps because their partner does not want children.
* **Accidental or child maltreatment filicide**: The parent unintentionally kills the child as a result of abuse or overzealous discipline.
* **Spouse revenge filicide:** The parent kills the child to enact revenge on their spouse, in a deliberate attempt to make them suffer, perhaps after infidelity or separation.

In Ms Buchanan’s review of filicides in the child protection context, family violence emerged as a significant theme in the vast majority of cases. The Commission’s analysis revealed almost half of all perpetrators were stepfathers or male partners of the victim’s mother, many of whom had histories of family violence, substance abuse and mental illness.

But authorities working with the families were not “paying enough attention to the risks” they posed, Ms Buchanan said. “Unfortunately, I still think — and see evidence of the fact — that many different professionals across many different sectors underestimate the risk of family violence to children.”

Especially in Victoria, where in 2016 the royal commission into family violence named children as “silent victims”, Ms Buchanan said “we have not quite made that shift to fully understand that children are affected by family violence whether they’re hit directly or not”.

Where there’s violence in families, she said, usually but not always against a mother, “there’s a blindness to the impact it will have on the child and to the risk there could also be potentially lethal violence against the child.”

**Punishment for leaving**

But then experts have been warning of these dangers for years. Several studies have shown that, in general, fathers who kill their children had previously been violent towards partners or relatives, while mothers who perpetrate filicide had been victims of family violence.

In many cases, men have killed their children in retaliation against a female partner in the context of relationship breakdown, to hurt or punish her for leaving or trying to — the “spouse revenge” filicide category.

But as [a 2013 analysis of filicides by Australian fathers](https://www.dvrcv.org.au/sites/default/files/%E2%80%98Just%20Say%20Goodbye%E2%80%99%20(January%202013%20online%20edition).pdf) found, professionals and agencies involved with these families too often fail to see men’s violence against women as a warning sign. Or, as Professor Brown puts it: “It’s as if the children are invisible.”

Last March, Queensland Coroner Nerida Wilson handed down her findings into the horrific murder-suicide of River and Nyobi Hinder, aged 4 and 7, by their father Charlie, who blew up the family’s caravan in what Ms Wilson found was an act of spousal revenge, or retaliatory filicide.

Mr Hinder had also intended to kill his wife Katherine in the July 2015 explosion; his violence and abuse towards her had been escalating in the months before the blast, after the couple had separated earlier that year. Katherine later told police she’d wanted to leave, but hadn’t because Charlie had threatened to harm her, the children and himself.

[The Mt Isa caravan explosion was reported to have been felt some 50 metres away.](https://www.abc.net.au/news/13258708) *Supplied: Queensland Police Service*

Ms Wilson examined a series of missteps by police and other agencies in the lead-up to the fatal incident. The Mt Isa police officers who attended a domestic violence callout at the Hinder’s place in April, she found, “demonstrated a limited awareness” of the dynamics of domestic violence and didn’t do a formal risk assessment — in contravention of Queensland Police operational requirements — which meant they treated the incident in isolation from previous ones, where “high risk indicators” had been flagged.

Meanwhile, a review found police had given the Department of Communities, Child Safety and Disability Services “critical information” about Katherine’s concerns about Charlie, but that it wasn’t appropriately followed up.

Ultimately, a child safety officer’s “no harm” decision about the risks to the family “minimised the nature of threats” Charlie made and “did not reflect Katherine’s interpretation and fear”. That decision was based on a handful of criteria, including that no information supplied suggested Charlie had made threats against or previously harmed River and Nyobi.

“I am of the view that the homicides of Nyobi and River are a compelling example of ‘retaliatory filicides’,” Ms Wilson concluded, “and that Charlie intended to punish Katherine for ending the relationship.”

**How child protection misses the mark**

A major problem Ms Buchanan has picked up is the lack of communication and coordination between services in contact with at-risk children, a feature in 80 per cent of the Victorian filicide cases she reviewed.

“What we see very often is services that have one part of the picture of what is happening in a family, the extent of risk to the children, are not sharing that information with others,” she said — for example, mental health services that are supporting parents not alerting child protection to potential dangers until things are at “absolute crisis point” because they don’t want to damage their relationship with their client.

[There is a "deep discomfort" in confronting the extent to which children are harmed in our community, says Liana Buchanan.](https://www.abc.net.au/news/13258756) *Supplied*

And even when there is good communication between agencies, Ms Buchanan said, the response from child protection sometimes misses the mark, partly because it has been “systematically underfunded” over many years to deal with a growing number of reports.

“A very common theme we identify ... when we look at child death inquiries for all causes of death ... is that risk assessment by child protection has been inadequate,” she said. “The system is so stretched they really struggle to gather information, to do the assessments they need in a consistent and thorough way ... in order to take action in as many cases as they might need to.”

She also sees cases where parents have refused to engage with mental health services, even when they’ve been referred by agencies that have spotted red flags.

“We rely very much on child protection stepping in and removing those kids or on the parents having the capacity and being at the right point to voluntarily get the help they need,” Ms Buchanan said. “And the reality is, there is a big gap between those things ... that children are falling through. We need a much more intensive, sophisticated model that can work with those families, make sure they’re ... accessing the help that is available, and we just don’t have it.”

So many filicides — [only about a third of which](https://www.cambridge.org/core/journals/children-australia/article/filicide-the-australian-story/9BE6407B6B90C1AFB01C98CCE1A109F3) were previously known to child protection — are frustrating for Professor Brown for precisely these reasons. Her research (and other studies) has found a lack of support services may increase risk, that perpetrators’ inability to get help may have exacerbated their problems.

“There are often indications,” she said. “We’ve found in many cases ... the perpetrator had also given warning; they had told friends or relatives what they were going to do.

“But no one, including professional services, believes it’s going to happen, and they don’t really know what to do with that person’s statement.”

Professor Brown can list a series of cases where alarm bells rang, but the dangers weren’t fully realised. Like Victorian man Robert Farquharson, who on father’s day in 2005 killed his sons Jai, 10, Tyler, 7, and Bailey, 2, by deliberately driving his car into a dam near Winchelsea, in the state’s south-west.

Mr Farquharson — who was twice convicted of the murders: first in 2007, then again in 2010 after winning an appeal and being retried — claimed he’d passed out during a coughing fit, and woke up when the car was in the water.

But his friend Greg King told the Supreme Court that three months before the fatal incident, Mr Farquharson had said he was going to kill his children to “pay back” his estranged wife, including because he resented her for starting a new relationship and that she was driving a new car while he was getting around in a “shit” one. Mr King told the court he was “speechless” when he heard the three boys had drowned.

Then there’s Brisbane man Rowan Baxter, who last year killed his children Aaliyah, 6, Laianah, 4, and Trey, 3, and estranged wife Hannah by dousing their car in fuel and setting it alight. Three days before the shocking murder-suicide a “distraught” Mr Baxter, who’d been coercively controlling Hannah for years, reportedly promised a friend that he “wouldn’t do anything stupid”.

“Could I have done something to avoid it? Honestly I don’t think I did miss anything,” the friend told the Sydney Morning Herald. “The last thing I said to him as he was walking away was, ‘Mate, don’t do anything stupid’, and he sort of turned as he was walking away and he just said, ‘No mate, I’m not going to do anything stupid.’ I was sort of thinking that he might self-harm.”

**Looking at filicide without flinching**

Missed red flags aside, for Professor Ogloff, it is still “essentially impossible” in most cases to predict which parents will kill their children — a task he likens to trying to find a needle in a haystack. Acutely psychotic filicides are particularly hard to predict, he says, especially if the perpetrator hasn’t expressed their intentions.

“Now, sometimes they do; in psychiatric services we do sometimes hear of [cases] where someone might report bizarre beliefs about their children — for example, that they’re being inhabited by a devil or demon or something. But if they’re not voicing it then it’s very difficult to detect.”

The better strategy, he says, is to focus on “reducing harm” more broadly by improving systems and services working closely with kids, or where risk factors are common: child protection, family violence, maternal and child health services.

[Biases about parenting can "blind" us to the reality that some parents are a risk to their children, says Professor Ogloff.](https://www.abc.net.au/news/13258818) *ABC News: Emma Machan*

Incidentally, the two kinds of filicide he argues are “probably more predictable” than others are those that occur in child protection contexts — so-called accidental filicides, where parents kill children as a result of abuse or extreme discipline — and those involving family violence, spousal revenge.

“You’d say, let’s reduce family violence, let’s reduce child abuse, let’s be more responsive to people who are presenting to GPs or health services with bizarre beliefs about their children,” Professor Ogloff said. “And that will help reduce the incidence of harm, and hopefully also some filicides.”

*Some*filicides? He is acutely aware of how unsatisfying that might sound. “The thing I would say that people probably don’t want to hear is that, while we could potentially reduce we could never completely eliminate filicide because we’ll always have these anomalous cases where individuals end up killing their children.”

Perhaps one of the biggest barriers, then — a thread running through all filicides — is how confronting the subject is. Not just because of the unthinkable violence inflicted on defenceless kids, but because of the incomprehensibility of those acts; the tragedy, sometimes, of mothers struggling under the pressures of mental illness and isolation, the horror of fathers lashing out in bitter revenge.

“What makes this so difficult is, who can understand why someone would kill their child?” Professor Ogloff said. “Most parents would die for their child — that’s what makes this so unusual. The problem is, when we start thinking like that, we become blind to the reality that some parents are a risk to their children ... so we probably need to overcome those biases.”

Professor Brown agrees. “I think as citizens, we’re extremely well-defended against recognising these deaths,” she said. “I think it’s a refusal to face the fact that parents could do this to their children ... it’s so contradictory to what we think are our community values, and I think underneath it is this terrible fear that it could happen to you.”

One of the main things she hopes will shift in the wake of the incident in Tullamarine is that a “nuanced national conversation” can begin, that awareness grows. “This is not just about professionals and support services,” she said. “I think the wider community also needs to start understanding filicide better because they’re the friends and relatives of the people who are at risk.”

As for why we haven’t yet? “The short answer is, I don’t know,” Ms Buchanan said. We like to think we’re a society that “prioritises” little kids, she said.

“But actually, particularly for vulnerable children in families or situations where they’re experiencing significant harm, they are largely invisible. There is a deep discomfort in confronting the extent to which children are harmed in our community, and I don’t think we have yet found the courage to face that.”