The death of a child is always tragic, but the death of a child by violence is horrifying to everybody. One in twelve homicides in Australia involves a child under the age of 15, and children under one are the most vulnerable. Data from the National Homicide Monitoring Program at the Australian Institute of Criminology reveals that in Australia during the period July 1989-December 1993, there were 108 known child homicide incidents. About one-fifth of these involved multiple victims—sometimes the mother, sometimes another child. Many of these homicides occurred in circumstances of poverty and an unstable family environment. Obviously it is not possible to predict in which families homicide may occur, but this Trends and Issues paper identifies some patterns in the circumstances surrounding these incidents and suggests strategies for the prevention of child abuse, often the forerunner of child homicide incidents.

Over time, the Institute will provide further analyses of this significant data set as a contribution to policy development.

Adam Graycar
Director

Since 1989 the Australian Institute of Criminology has been examining the characteristics of all homicide incidents reported to or coming to the attention of police, and of the victims and offenders involved in these incidents. An important objective of this ongoing study, known as the Homicide Monitoring Program, is to provide data which will, over time, permit the detection of patterns and trends in Australian homicide. Such information not only provides for better public understanding about homicide risk, but can also serve as the foundation for the rational formulation of public policy in such areas as family law, firearms and, importantly, child protection.

Australia’s overall homicide rate is around 2 per 100 000, and this figure has remained fairly stable over the past twenty years. However, aggregate figures mask large differential risks between identifiable groups. For example, information relating to the age of homicide victims in Australia reveals a phenomenon found in a great many countries, namely the enhanced risk for children under the age of one year. For those under one year of age, the number of deaths by homicide equals or exceeds the number of deaths caused through motor vehicle traffic accidents, accidental poisonings, falls or drownings (ABS 1988, 1989, 1990, 1991)—categories frequently the subject of public health campaigns and expressions of community concern.
Homicides involving children have been referred to as “sentinel” events in society (Greenland 1987); that is, no matter how few there may be in absolute numbers, each one engenders such a degree of public outrage that each attains a special significance. Public expressions of concern have confirmed the need to examine more closely the character of child homicide in Australia.

The Data on Child Victims

Information has been made available to the Australian Institute of Criminology by police around Australia regarding child homicides (that is, homicides involving child victims) reported or otherwise becoming known in the period July 1989 to December 1993. It is important to recognise, however, that these deaths do not necessarily include all child homicides committed in this period. As with all homicides, an unknowable number escape detection either because the cause of death is not apparent to the doctor or coroner, or because remains are not located. A special question mark hangs over the figure relating to young children. For infants under twelve months of age one of the biggest single categories of death (20 per cent in 1991) is “Sudden Death, Cause Unknown” (Category 798, Australian Bureau of Statistics 1988-1991). It is possible that a proportion of these deaths are deliberately inflicted but escape detection. In addition, a number of children reportedly the victims of accidental falls or other misfortunes may also have been the victims of intentional injury. The detection of some of these cases clearly represents major difficulties for medical and hospital authorities, child welfare agencies and the criminal justice system. As well, overseas studies suggest that a number of neonaticides escape detection (Crittenden & Craig 1990) and it is possible that this also occurs in Australia.

However, according to police data, we do know that between July 1989 and December 1993, there were 108 child homicide incidents, resulting in the deaths of 126 children under the age of 15 years. This figure represents around 8.5 per cent of all homicides in Australia in that time period. Twenty-five of these incidents (20 per cent) involved more than one victim (compared with 5 per cent of all homicides which involved multiple victims in Australia). In almost all of these 25 cases, the offender was the child’s father.

Jurisdiction of Homicide

Figure 1 shows the distribution of child homicide between July 1989 and December 1993 by jurisdiction.

Just under half of all child victims died in New South Wales. Given the very high homicide rate in the Northern Territory (approximately eight times that of the rest of Australia), it is notable that there were no child homicides in that jurisdiction in these four and a half years.

Cause of Death

Table 1 illustrates the special vulnerability of infants to assault (fists, feet, shaking, dropping, throwing).

About half of all assault victims were in the under-one-year age group, while older children were more often the victims of firearms and knives. This pattern reflects the largely bimodal character of child homicide: infants were more often the victims of abuse-type incidents while older children were more often involved in family disputes where weapons were more commonly used.

Characteristics of Child Victims

There were 58 boys and 67 girls who were victims of homicide in these four-and-a-half years (and one whose sex was unknown). Their age distribution and the rate per 100 000 age specific population is shown in Table 2. The overall homicide rate for this time period was approximately 2 per 100 000.

Table 1. Age of Child Victims by Method/Weapon, July 1989-December 1993

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>&lt;1</th>
<th>1-5</th>
<th>6-10</th>
<th>&gt;10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>30</td>
<td>46</td>
<td>29</td>
<td>18</td>
<td>123</td>
</tr>
<tr>
<td>%</td>
<td>24%</td>
<td>37%</td>
<td>24%</td>
<td>15%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>3</td>
<td>22</td>
<td>10</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>Knives</td>
<td>3</td>
<td>17</td>
<td>25</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Assault</td>
<td>57</td>
<td>26</td>
<td>7</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Strangulation</td>
<td>10</td>
<td>11</td>
<td>14</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Other*</td>
<td>27</td>
<td>24</td>
<td>43</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

*Including carbon monoxide poisoning, blunt instrument, drowning and neglect.
100,000 population.

The homicide rate for children under one year of age was almost half as great again as for the population as a whole. By contrast, the rate for children after the age of one year was much lower than the national rate and declined with increasing age.

In looking for an explanation for this pattern it is clear that the greater robustness of older children must be a factor. It is likely that an additional factor relates to the routine activities of children. Those over five years of age spend more time than their younger counterparts out of the house and at school. Given that children are at higher risk of homicide from family members than any other category of relationship (see below), being away from home may in some circumstances reduce their risk. Indeed, in several cases children were not the primary, or even intended, victim of the attack, which was usually the mother. These children became caught up in the lethal violence ensuing from a domestic altercation and died because they were there at the time.

There were known to be seven Aboriginal child victims in this four-and-a-half year period (it is possible there were more, as Aboriginality is not reliably recorded in some jurisdictions). This constituted 6 per cent of the total. Aboriginal people compose about 1.5 per cent of the total. Aboriginal people are at greater risk of homicide than the population as a whole. By contrast, the rate for children under one year of age was almost half as great again as for the population as a whole. By contrast, the rate for children after the age of one year was much lower than the national rate and declined with increasing age.

In looking for an explanation for this pattern it is clear that the greater robustness of older children must be a factor. It is likely that an additional factor relates to the routine activities of children. Those over five years of age spend more time than their younger counterparts out of the house and at school. Given that children are at higher risk of homicide from family members than any other category of relationship (see below), being away from home may in some circumstances reduce their risk. Indeed, in several cases children were not the primary, or even intended, victim of the attack, which was usually the mother. These children became caught up in the lethal violence ensuing from a domestic altercation and died because they were there at the time.

There were known to be seven Aboriginal child victims in this four-and-a-half year period (it is possible there were more, as Aboriginality is not reliably recorded in some jurisdictions). This constituted 6 per cent of the total. Aboriginal people compose about 1.5 per cent of the total population, but made up approximately 13 per cent of all homicide victims in this period. It appears that, despite extremely high levels of violence in some Aboriginal communities, children are not usually the focus of it and may be able to escape the violence between adult family members.

### The Characteristics of Offenders in Child Homicide

There were 79 identified male and 25 female offenders in child homicide in this period (in 14 incidents nothing is known of the offender). This ratio of 76 per cent male:24 per cent female in these cases compares with the ratio of 89 per cent male:11 per cent female for all homicide offenders. Their age profile is set out in Figure 2.

Twenty-two of these offenders committed suicide, six others attempted suicide and one was killed by police. All of these 29 were parents or de facto parents (that is, non-biological) parents of the victims and 23 were male.

### Relationship between Victim and Offender

Most research indicates that the greatest risk of homicide to children is from members of their own family, primarily a parent, and that stranger killings are relatively rare (Crittenden & Craig 1990, Sommander & Rammer 1991). The data available over the period 1989-1993 support this view (see Table 3). There is no mistaking the gross over-representation of fathers as offenders in this period. When the offender was a parent, the offender-victim relationship was as follows:

- for 46 victims, fathers were the sole offenders;
- for 11 victims, de facto fathers were the sole offenders (all but one in abuse-type killings);
- for 22 victims, mothers were the sole offenders;
- for seven victims, mothers and fathers or de facto fathers were jointly charged.

### Circumstances of Death

There is no universally accepted means of classifying the circumstances of these deaths. However, it is possible to broadly distinguish five major scenarios.

- Thirty-five per cent of these children (N=43) died as a consequence of a family dispute, usually relating to the termination of their parents’ relationship.
- Just over a quarter of these children (N=32) were assessed as being the victims of fatal abuse. The special characteristics of these incidents are discussed below.
- Fourteen per cent (N=17) appeared to be victims of the psychiatric illness of the offender, nearly always a parent. These cases tended to be bizarre in character, and do not include incidents related to depression following the ending of spousal relationships.
- Nine per cent (N=11) were

### Table 2. Age Distribution of Child Victims and Rate per 100,000 Age Specific Population

<table>
<thead>
<tr>
<th>Age of child victim</th>
<th>N</th>
<th>%</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>32</td>
<td>25</td>
<td>2.8</td>
</tr>
<tr>
<td>1-5 years</td>
<td>47</td>
<td>38</td>
<td>0.8</td>
</tr>
<tr>
<td>6-10 years</td>
<td>29</td>
<td>23</td>
<td>0.6</td>
</tr>
<tr>
<td>11-14 years</td>
<td>18</td>
<td>14</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
under one year of age.

The majority of child abuse victims were in the 5 and 6-10 age ranges, while the family dispute incidents were in the 1-5 years old category. Most of the victims of child abuse were under the age of 10. When we examine the circumstances of these deaths, we find that the majority were children aged under 4 years, and 19 of them were less than 12 months of age. There were 17 girls and 15 boys. Twenty-seven of these 32 children died as a consequence of assault (the remaining causes of death were strangulation, burns, poisoning and neglect.)

The character of these deaths varied enormously. Some were the victims of “shaken baby syndrome”, inflicted by a caregiver whose abusive behaviour results from the stress of the moment. Other babies died from being shaken vigorously. All but one died from an abusive behaviour that was commensurate with their greater robustness. All but one died from an abusive behaviour that was commensurate with their greater robustness.

Ten of the offenders were men and one female. Thirteen of these parents were married rather than in a conventional family. The children were almost always the offspring of both parents. The character of these deaths varied enormously. Some were the victims of “shaken baby syndrome”, inflicted by a caregiver whose abusive behaviour results from the stress of the moment. Other babies died from being shaken vigorously. All but one died from an abusive behaviour that was commensurate with their greater robustness.

The injuries sustained by victims of abuse who were over twelve months of age were of a severity commensurate with their greater robustness. All but one died from an assault (the exception died of scalding burns) and all appeared to have been the victims of abuse over a prolonged period.

Ten of the offenders were men and one female. Thirteen of these offenders were less than 21 years of age.

Patterns in Child Homicide

When we examine the circumstances of these homicides, the two most common scenarios which emerge from the police data concern family disputes and fatal abuse (see Table 4).

There are four abandoned neonates about whom nothing is known. The remaining victims died in a variety of circumstances that were not amenable to classification at this stage.

A pattern can be discerned in examining the age profile for victims of different circumstances in child homicide. Most of the victims of the family dispute incidents were in the 1-5 and 6-10 age ranges, while the majority of child abuse victims were under one year of age.

**Patterns in Child Homicide**

When we examine the circumstances of these homicides, the two most common scenarios which emerge from the police data concern family disputes and fatal abuse (see Table 4). However, these categories are not fixed. It is possible that some of the children who died as a result of domestic altercations had previously been the victims of abuse, while child protection practitioners frequently work with parents with psychiatric disorders and may classify incidents resulting from such disorders as child abuse. The deaths classified here as child abuse homicides have an identifiable set of characteristics, as defined below, and are limited by these definitional characteristics. Given the relatively small number in this data set and the limitations on the detail available in police records, comment is restricted to the two categories of family dispute and the circumscribed category of child abuse.

**Family Dispute**

Forty-three children died in incidents involving a dispute between members of their family. This usually related to the termination of their parents’ relationship, although in two cases the offender was the child’s brother rather than father. Men were the offenders in all these incidents. Sometimes the wife/mother was the primary victim and the child/ren became caught up in the lethal violence which ensued from a marital breakdown. Others died in the temporary custody of one parent, usually the father. Male reaction to relationship breakdown typically took one of two courses: rage or depression.

These kinds of incidents are characterised by very high rates of suicide amongst the offenders. Seventeen of the 28 family dispute incidents resulting in the deaths of these 43 children (and a number of adult victims as well) also involved the suicide of the offender. Several others involved attempted suicide. It is notable that the great majority of these fatal disputes occurred in “conventional” families, that is where the parents were married rather than in a de facto relationship, and the children were almost always the offspring of both parents.

**Child Abuse**

Just over a quarter of these children were the victims of fatal child abuse (N=32). This assessment of abuse is based upon the character of the event, that is, the assault upon the child was sudden and impulsive, the offender was the caregiver at the time of the incident and the offender appeared to be expressing his or her rage or frustration through the imposition of “punishment” or “discipline” upon the child (d’Orban 1979).

Table 5 shows the jurisdictions in which these deaths occurred.

All but two of these children were aged under 4 years, and 19 of them were less than 12 months of age. There were 17 girls and 15 boys. Twenty-seven of these 32 children died as a consequence of assault (the remaining causes of death were strangulation, burns, poisoning and neglect.)

The character of these deaths varied enormously. Some were the victims of “shaken baby syndrome”, inflicted by a caregiver whose abusive behaviour results from the stress of the moment. Other babies died after the infliction of injuries sustained over a period of time. Sick and premature babies (who may be very difficult to manage), are particularly vulnerable, especially when their parents are young and isolated.

The injuries sustained by victims of abuse who were over twelve months of age were of a severity commensurate with their greater robustness. All but one died from an assault (the exception died of scalding burns) and all appeared to have been the victims of abuse over a prolonged period.

Ten of the offenders were men and one female. Thirteen of these offenders were less than 21 years of age.

**Table 4. Age Distribution of Victims of Classes of Child Homicide**

<table>
<thead>
<tr>
<th></th>
<th>&lt;1</th>
<th>1-5</th>
<th>6-10</th>
<th>&gt;10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family dispute</td>
<td>10</td>
<td>42</td>
<td>47</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Child abuse</td>
<td>67</td>
<td>24</td>
<td>4</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>Psych. Disorder</td>
<td>7</td>
<td>20</td>
<td>14</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>-</td>
<td>7</td>
<td>21</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Neonaticides</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Other/Total</td>
<td>3</td>
<td>7</td>
<td>14</td>
<td>36</td>
<td>12</td>
</tr>
</tbody>
</table>

- known to be the victims of a fatal sexual assault (only two of them by a stranger).
- There were four abandoned neonates about whom nothing is known. The remaining victims died in a variety of circumstances that were not amenable to classification at this stage.

A pattern can be discerned in examining the age profile for victims of different circumstances in child homicide. Most of the victims of the family dispute incidents were in the 1-5 and 6-10 age ranges, while the majority of child abuse victims were under one year of age.

**Patterns in Child Homicide**

When we examine the circumstances of these homicides, the two most common scenarios which emerge from the police data concern family disputes and fatal abuse (see Table 4).

However, these categories are not fixed. It is possible that some of the children who died as a result of domestic altercations had previously been the victims of abuse, while child protection practitioners frequently work with parents with psychiatric disorders and may classify incidents resulting from such disorders as child abuse. The deaths classified here as child abuse homicides have an identifiable set of characteristics, as defined below, and are limited by these definitional characteristics. Given the relatively small number in this data set and the limitations on the detail available in police records, comment is restricted to the two categories of family dispute and the circumscribed category of child abuse.

- **Family Dispute**
  - Forty-three children died in incidents involving a dispute between members of their family. This usually related to the termination of their parents’ relationship, although in two cases the offender was the child’s brother rather than father. Men were the offenders in all these incidents. Sometimes the wife/mother was the primary victim and the child/ren became caught up in the lethal violence which ensued from a marital breakdown. Others died in the temporary custody of one parent, usually the father. Male reaction to relationship breakdown typically took one of two courses: rage or depression.
  - These kinds of incidents are characterised by very high rates of suicide amongst the offenders. Seventeen of the 28 family dispute incidents resulting in the deaths of these 43 children (and a number of adult victims as well) also involved the suicide of the offender. Several others involved attempted suicide. It is notable that the great majority of these fatal disputes occurred in “conventional” families, that is where the parents were married rather than in a de facto relationship, and the children were almost always the offspring of both parents.

- **Child Abuse**
  - Just over a quarter of these children were the victims of fatal child abuse (N=32). This assessment of abuse is based upon the character of the event, that is, the assault upon the child was sudden and impulsive, the offender was the caregiver at the time of the incident and the offender appeared to be expressing his or her rage or frustration through the imposition of “punishment” or “discipline” upon the child (d’Orban 1979).

Table 5 shows the jurisdictions in which these deaths occurred.

- All but two of these children were aged under 4 years, and 19 of them were less than 12 months of age. There were 17 girls and 15 boys. Twenty-seven of these 32 children died as a consequence of assault (the remaining causes of death were strangulation, burns, poisoning and neglect.)

- The character of these deaths varied enormously. Some were the victims of “shaken baby syndrome”, inflicted by a caregiver whose abusive behaviour results from the stress of the moment. Other babies died after the infliction of injuries sustained over a period of time. Sick and premature babies (who may be very difficult to manage), are particularly vulnerable, especially when their parents are young and isolated.

- The injuries sustained by victims of abuse who were over twelve months of age were of a severity commensurate with their greater robustness. All but one died from an assault (the exception died of scalding burns) and all appeared to have been the victims of abuse over a prolonged period.

Ten of the offenders were men and one female. Thirteen of these offenders were less than 21 years of age.

**Table 5. Jurisdiction of Child Abuse Deaths, July 1989-December 1993**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>18</td>
</tr>
<tr>
<td>Victoria</td>
<td>7</td>
</tr>
<tr>
<td>Queensland</td>
<td>4</td>
</tr>
<tr>
<td>Western Australia</td>
<td>2</td>
</tr>
<tr>
<td>Tasmania</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
</tbody>
</table>
age. In most cases where the offender was the child’s mother, the victim was less than six months of age. For children over twelve months, risk seemed to lie disproportionately with their mothers’ new partners (to whom they were not biologically related), especially if those partners were very young.

There appears to be a distinctive pattern of vulnerability in these child abuse deaths. Some cautious statements are possible concerning risk factors here:

- The clearest factor in terms of absolute risk is age. Given that 16 of the 32 abuse victims were aged less than six months, clearly risk is greater for these very young children, but it is not possible to say on the available data whether any age-related factor besides their physical vulnerability was involved.

- The youth of the offender is another salient feature. When the mother alone was the offender, all but one were under 21 years of age and many of the male offenders were also less than 21.

- The over-representation of non-biological fathers is especially notable. According to Australian Bureau of Statistics data (1993), approximately 3.8 per cent of Australian dependent children live with a male step-parent\(^2\). In this data set, 36 per cent of the offenders were non-biological fathers.

- However, perhaps the most important fact to observe is how all of these risk factors combine so that for the great majority of these abused children the predominant conditions of their lives were instability and poverty. Their mothers were often very young and living in uncertain relationships with the child’s father or a subsequent partner. Not only were relationships unstable, but financial circumstances were as well. Only one of the offenders was known to be in employment at the time of the incident.

**Strategies for prevention of child abuse**

It is apparent that the offenders in these incidents do not differ sufficiently from a much larger population of socially and economically disadvantaged young parents for them to be identified specifically prior to the event. Intervention strategies must therefore be directed at the wider at-risk population.

At the level of primary prevention, most parents, especially the very young, would benefit from education for parenting, whether at school, as part of perinatal care or through the media. After all, parenting is the one job that most people will have to do in the course of their lives, and it is difficult to think of any other task with commensurate responsibilities for which so little education and training is available. Much abuse is the consequence of ignorance of reasonable child rearing practices and reasonable expectations of children’s behaviour. Parents need to be educated in alternatives to hitting their children: this is especially the case for infants, where physical discipline is completely inappropriate.

At the level of secondary prevention, high risk families and circumstances are often discernible during pregnancy and in the maternity setting: in particular parent-infant bonding problems in the perinatal period need to be taken very seriously (Armstrong & Wood 1991). One promising non-stigmatising intervention designed for this population, which is currently being evaluated in the United States (Olds 1992), concerns the value of home visiting services to compensate for the decline of adequate family support for parents.

At the level of tertiary prevention, although precise identification of prehomicidal families is impractical, it is essential to put in place a coherent response once a serious injury has occurred, as the risk of repetition is acknowledged to be very high, especially for young parents lacking skills and support (Greenland 1987). The problem frequently lies not with the competency of the health and welfare professionals involved in this process but rather with the coordination and communication between them.

---

2 This percentage was calculated as follows: at the 1990 Census there were 168 329 dependent children who were step-children of a male parent, from a total of 4 386 133 children in Australia. These 168 329 constitute 3.8 per cent of the total population of children.

---

**Filicide**

In this four-and-a-half year period, 86 children (70 per cent of all child victims) were killed by their parents. Twenty-two of them (26 per cent) were killed by their mothers alone, 57 (66 per cent) by their fathers or de facto fathers alone and seven (8 per cent) by both their mothers and fathers or de facto fathers.

Whereas the overall picture of Australian child homicide in this period was very similar to that of Canada, England and Wales, the exception was the higher number of fathers than mothers as offenders. Although data on filicide patterns in Australia is patchy, it appears that there may have been a shift in recent years. In New South Wales between 1968 and 1981, Wallace (1986) found that for victims aged five years or less 55 per cent of the offenders were female and 45 per cent male. By contrast, a study of homicide in Queensland between mid-1981 and mid-1992 (Criminal Justice Commission 1994) showed remarkably similar findings to the Australia-wide data for July 1989-December 1993: for all incidents involving victims under the age of 16, 75 per cent of perpetrators were known to be male and 22 per cent.
female (this report did not record the proportion of these offenders who were the children’s parents).

In considering the reasons for a possibly significant change in the pattern of offending by parents in child homicide in Australia in recent times, it may be necessary to take into account fundamental structural changes in our society over the past twenty years.

Setting aside those cases involving fatal abuse, it is striking that such a high proportion of filicides are perpetrated by biological fathers, follow the breakdown of a marital relation-ship and result in the suicide of the offender. As mentioned above, most of these families appear conventional in character—nearly all are marriages rather than de facto arrangements and the children were usually the offspring of both parents. The precipitating factor in these incidents appears frequently to be the desertion of the wife from the marriage, either taking the children with her and thus engendering rage in the offender, or leaving them behind and thus engendering depression. Either way, these offenders were unable to cope with this turn of events, fatal violence ensued and frequently suicide as well.

**Conclusions**

The analysis of the deaths of these 126 child victims of homicide between July 1989 and December 1993 reveals that they died in circumstances of considerable diversity. Although the numbers are small, there are some observations that can be made.

We now know the characteristics of both victims and offenders over a four-and-a-half year period, the relationships between them and the circumstances in which these incidents occurred. We know that many of these child victims died in family dis-putes in which they became caught up in lethal violence ensu-ing from a breakdown in their parents’ relationship. Others, especially the very young, have been victims of fatal abuse often inflicted by their mother’s new partner.

Knowledge of the character of these homicides is an essential prerequisite for the development of intervention programs and the provision of services to those identified as being at risk, as well as having important policy implications for agencies involved in child welfare. Although the killing of children can never be entirely prevented, information is a powerful tool in ensuring that scarce resources in the area of child protection are used to maximum effect in minimising these tragedies.

**References**


Olds, D. 1992, “What do we know about home-visitation as a means of preventing child abuse and neglect?”, Testimony prepared for The House Select Committee on Children and Families, 2 April, Washington DC.

