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Developing a Revised Typology of Child Homicide

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The problem of child homicide continues to be of major concern to researchers, policy makers and child welfare advocates everywhere. In particular, there is debate around the fundamental issues of defining and classifying such deaths. Here, a revised typology of child homicide is developed, by way of an update of the categories of fatal assault first delineated in Lawrence (2004). Taking into consideration significant advances in the field over the past decade, the typology is based primarily upon the developmental stages of the child, with the concept of homicide as the extreme manifestation of aggregate violence and maltreatment also central. The problem is further placed into the context of (1) child death research and review, it being argued that child homicide should ideally be studied as a sub-set of the entire cohort of child deaths for a particular jurisdiction, and (2) child maltreatment generally, in that wherever practicable child homicide research should consider fatalities in conjunction with other serious or near-fatal cases of abuse and neglect.

■ **Keywords:** Child abuse, Child neglect, Child protection, Trauma

Introduction

Child homicide is a serious social problem in Australia and internationally. The death of a child from violence or neglect is a signal event which goes to highlight the critical issues of safeguarding young people and developing effective social policy. While child homicide remains relatively uncommon, each death emphasises the need to continue to work to reduce the risk of harm to all children in the future.

While children and young people are occasionally killed by strangers or acquaintances, the great majority of fatalities occur as a result of maltreatment in the familial environment (Bennett, Hall, Frazier, Patel, Barker, & Shaw, 2006; Crittenden & Craig, 1990; NSW Child Death Review Team, 2003; Strang, 1996). Any discussion of child homicide must begin with acknowledging that both the nature and outcomes of such maltreatment – particularly neglect (Dubowitz, 2007) – exist along a continuum: fatal maltreatment is but the ultimate manifestation of a far wider social problem (Brandon, 2009). In Australia, as elsewhere, it is generally accepted that official statistics underestimate the incidence of child fatalities caused by caregiver maltreatment (Alder & Polk, 2001; Frederick, Goddard, & Oxley, 2013; Herman-Giddens et al., 1999; Palusic, Wirtz, & Covington, 2010; Strang, 1996).

Lawrence (2004) properly argues that each case of child homicide should be treated with at least the same level of seriousness as homicide amongst the adult population. She developed her typology of child fatal assault in order to conceptualise more explicitly the extent of this problem. In doing so, Lawrence (2004) noted that in the future "the typology will need to be revised to account for new forms of the social problem" (p. 843). This paper constitutes an attempt to update Lawrence's typology, based upon a contemporary analysis of the research literature and other available evidence. The primary focus of our updated typology is on the developmental stages and life narratives of victims.

Defining the Problem

Researchers have had much difficulty in shaping both the nature and extent of the problem of child homicide. Although child homicide is an overarching term which describes the act of the killing of a child by another person or persons (Alder & Polk, 2001), difficulties occur when attempts are made to break the term down into its constituent categories. This is particularly important inasmuch as the deaths of the majority of children – especially younger children and infants – need to be considered within the previously-cited continuum of parental or caregiver maltreatment. As such, the fatal event may be (1) the culmination of a pattern of

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chronic maltreatment, or (2) difficult to pinpoint as resulting *primarily* from the abuse or neglect that was occurring in the child's life.

Maltreatment is a wide-ranging term which covers all forms of violent, abusive and neglectful behaviour towards children and young people. Defined by the World Health Organisation (2010) to include "physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation", in Australia fatal maltreatment is typically used in a domestic context, thus tending to differentiate it from extra-familial child homicide. Familial maltreatment is inherently more difficult to categorise as parental and caregiver abuse and neglect occur across a spectrum, with those rare fatal events being but the ultimate manifestation of a broader problem.

Subsumed under the term maltreatment are a host of subcategories, the most common of which are abuse, assault, and neglect. Lawrence (2004) provides a typology of fatal assault which includes abuse but ostensibly excludes neglect. Other studies have developed select categories which provide variations on Lawrence; all are subject to potential confusion due to overlap and/or exclusivity (for example, see Nielssen, Large, Westmore, & Lackersteen, 2009; NSW Child Death Review Team, 2003; Oberman, 2003; Sidebotham, Bailey, Belderson, & Brandon, 2011).

These subcategories of maltreatment are complex and interwoven. It has been standard research practice for neglect to be placed in opposition to abuse, with the former defined as an act of *omission* and the latter as an act of *commission* (Connell-Carrick, 2003; Straus & Kantor, 2005). Yet, as Lawrence and Irvine (2004) correctly note, such a dichotomy is at best tenuous. Neglect and abuse are often interwoven in the one scenario: for example, the violent assault of an infant also involves an aspect of neglect if the perpetrator subsequently fails to obtain proximate medical assistance for the child. Further, fatal neglect can involve both acts and omissions: for instance, the placing of an infant unrestrained in a motor vehicle by an alcohol-affected caregiver, who then crashes the car and kills the child, is an example of so-called supervision neglect involving a combination of acts *and* omissions on the part of the perpetrator. Finally, the lives of many children who die are beset by both abuse and neglect, regardless of whether a specific form of maltreatment can be identified as the ultimate cause of their death.

The definition of "child" for the purposes of understanding child homicide also remains unclear, with various studies encompassing victims from different age groups (Alder & Polk, 2001; Crittenden & Craig, 1990; Ewigman, Kivlahan, & Land, 1993; Lyman et al., 2003; US Advisory Board on Child Abuse & Neglect, 1995). The following typology has been developed so as to encompass all potential manifestations of violence and maltreatment toward children under the age of 18 years. It is an attempt to order a heterogeneous class of events into pertinent categories (Lawrence, 2004). We follow Alder and Polk (2001) and Neilssen and colleagues (2009) in using child homicide as an all-embracing term to describe the death of a child at the hands of another. Child homicide has the twin advantages of incorporating all child deaths involving violence or maltreatment, and of emphasising that the killing of a child ought to be treated no differently from that of an adult person.

It is suggested that fatal maltreatment is the best general descriptor for those categories of child homicide which mostly take place in the familial environment. Referring to Finkelhor and Dziuba-Leatherman's (1994) three broad classes of child victimisation, while familial maltreatment affects a significant percentage of children, in its rarer fatal mode it qualifies as child homicide, a subset to be categorised on the same level as those non-familial examples of the phenomenon.

A Revised Typology of Child Homicide

Lawrence's typology of fatal assaults in children developed six categories: neonaticide; fatal child abuse, "battered baby" or non-accidental injury; family dispute and murder-suicide; psychiatric illness of offender; fatal sexual assault; and teen fatal assault (2004). Following on from this, a revised typology of child homicide is suggested, containing eight categories: neonaticide; fatal child abuse; fatal neglect; domestic homicide; peer homicide; intimate partner homicide; acquaintance homicide; and stranger homicide.[1] Lawrence's additional "familial versus non-familial" differentiation (2004, p. 843) is here incorporated into the eight categories, with the first four essentially familial and the last four non-familial (see Table 1).[2] This revision of Lawrence's (2004) typology formulates eight distinct types of child homicide that are defined by key features such as the age of the victim, the context in which the homicide occurs and the status of the victim in terms of his or her relationship with the offender. These updated categories have been refined to (1) as far as possible be independent of the offender's state of mind, (2) reflect the wide spectrum of potential maltreatment in familial child homicide, and (3) acknowledge the fact that the overarching point of variation observed in non-familial child homicides is the relationship between offender and victim.

With this in mind, we assert that any typology of child homicide has to attempt to find some middle ground between being overly specific (thus not allowing for the unique circumstances that come together to form the life narrative of each child who dies) and being insufficiently precise (which can lead to confusion when a fatal event appears equally germane to two or more categories). It also has to take into account the fact that maltreatment occurs on a spectrum (Sidebotham et al., 2011) whereby it is sometimes unclear as to whether (1) the fatal event was ultimately caused by maltreatment, or (2) that the maltreatment qualifies as unlawful.

The typology illustrated in Table 1 and explicated below is underpinned by the conviction that the various

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TABLE 1

Classification of types of child homicide and defining characteristics.

Category of child homicide	Context	Age of child	Offender status	Common factors
Neonaticide	Familial	Within 24 hours of birth	Parent/caregiver	Unwanted pregnancy
Fatal child abuse	Familial	Infant, toddler or pre-school age	Parent/caregiver	Presence of adult in household not related to victim
Fatal neglect	Familial	Infant, toddler, pre-school age	Parent/caregiver	Inadequate care; poor supervision
Domestic homicide	Familial	Under 18	Parent/caregiver	Relationship breakdown; parental dispute
Peer homicide	Non-familial	School-aged (predominantly teenagers)	Peer	Confrontation; peer dispute
Intimate partner homicide	Non-familial	Teenagers	(Adult) intimate partner	Female victim
Acquaintance homicide	Non-familial	Under 18	Acquaintance of victim or family (personal or online)	Often sexually motivated
Stranger homicide	Non-familial	Under 18	Unknown to victim or family	Often sexually motivated; random targeting

developmental stages of children, considered in tandem with concurrent contextual/familial situations, are fundamental to understanding why each individual child died, and to how similar deaths might be prevented in the future. As with Lawrence (2004) the scenario around the child's death is paramount, but here greater emphasis is placed upon applying potential scenarios to categories which reflect the various developmental stages in children aged 0 to 17 years. It has been argued elsewhere that "developmental victimology" is a potentially key concept in the study of the heterogeneous nature of childhood victimisation (Finkelhor & Dziuba-Leatherman, 1994, p. 178). From a future prevention perspective, Reder and Duncan (1999) emphasise the need to bear in mind the "complex interactional scenarios" (p. 121) that children experience in the context of their wider social networks and environmental circumstances.

Neonaticide

Following Brookman and Nolan (2006), the term neonaticide is defined as "the killing of a new-born infant within twenty-four hours of the birth" (p. 876). It is necessary to differentiate neonaticide from infanticide. The latter, while typically defined as the killing of an infant under one year of age (Jenny & Isaac, 2006), has in some cases been used to describe any killing which takes place shortly after birth (Sidebotham et al., 2011).

The category of neonaticide is intended to address scenarios involving unwanted pregnancies, where an attempt is made to conceal the birth by disposing of the foetal remains. It is the category of fatal maltreatment most likely to escape the attention of authorities, due to the typically isolated circumstances of the event and the possibility of the pregnancy passing unnoticed outside of the immediate family environment. For this reason neonaticide, while no doubt a relatively rare event (Strang, 1996), is likely the most difficult category of child homicide to quantify.

Although most studies have explicitly categorised mothers as the perpetrators of neonaticide (Lawrence 2004; Putkonen et al., 2011; Spinelli, 2001), there is anecdotal evidence to show that fathers, stepfathers and other male associates of the mother are often complicit in the commission of these acts.[3]

Fatal Child Abuse

In Lawrence (2004), the category of "fatal child abuse, battered baby or non-accidental injury" (p. 844) appears to have been developed to encompass maltreatment that occurs in the familial environment, is perpetrated by a parent or caregiver, and typically involves younger, pre-school-aged children. The key consideration in the revised category of fatal child abuse set out here is the physical and emotional vulnerability of infants, toddlers and pre-school children, who are almost totally reliant upon their primary caregivers – parents, step-parents or parent substitutes – for protection and sustenance.[4] Research continues to show that children in these age groups are the most susceptible to serious maltreatment in the home, especially in domestic situations where unrelated male adults are present (Cavanagh, Dobash, & Dobash, 2007; Schnitzer & Ewigman, 2005). The category of fatal child abuse thus describes violent deaths perpetrated by a parent or caregiver against a victim who is wholly reliant upon them for care and protection. Adults (especially males) living in the household who are not related to the victim constitute a major risk factor in fatal child abuse (Schnitzer & Ewigman, 2005).

Care should be taken in drawing attention to any clear division between chronic patterns of violence and "one-off assaults" (Lawrence, 2004, p. 847), as it is frequently impossible to determine with any certainty that an ostensible

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one-off attack was not preceded by other acts of abuse. References to terms such as "shaken baby syndrome", "Munchausen's syndrome by proxy" (also known as "fabricated or induced illness") and "battered child syndrome" should be avoided due to the inherent difficulty in establishing the exact mechanism of injury in many cases of infant abuse (Biron & Shelton, 2005) and documented problems with the use of syndrome evidence in legal and research settings (Freckelton, 2005; Richards et al., 2006). Finally, the term "infanticide" is also unhelpful due to confusion around the age category that it refers to (Sidebotham et al., 2011) and its often inappropriate use as a gendered term specific to female perpetrators only (Browne & Lynch, 1995).

Fatal Neglect

Being a typology of fatal assault, Lawrence's study did not include neglect. However, it is widely acknowledged that neglect, as a form of maltreatment that has to date received less attention from researchers than assault or abuse (McSherry, 2007), is the key variable in many maltreatment deaths, especially amongst infants and very young children (Brookman & Nolan, 2006; NSW Child Death Review Team, 2003). As others have acknowledged, neglect-related fatalities are likely to constitute a major part of the cohort of maltreatment deaths that are currently attributed to natural or accidental causes (Irenyi & Horsfall, 2009). Moreover, fatal neglect needs to be considered using the same developmental framework as for other forms of child maltreatment involving violence (Lawrence & Irvine, 2004).

Definitions of neglect may be both narrow – for the purposes of legal protection for families – or broad – when there is a need for risk to be identified and services to be provided (Watson, 2005). However, Dubowitz (2007) points out that "the quest for a single, simple definition of neglect must continue to be appropriately elusive; the heterogeneity of neglect demands consideration of an array of contextual variables" (p. 603). As with fatal child abuse, in fatal neglect it is often difficult, if not impossible, to differentiate between chronic neglect and supervision neglect or what McSherry (2007) terms the "event specific crisis" (p. 609).

From the perspective of reducing child mortality, there are compelling reasons why neglect should be considered in concert with other forms of violence or abuse as part of a holistic approach to studying child homicide, not least because they often co-exist within the same family environment and form part of the overall life narrative of the child who has died. Nonetheless, it can be acknowledged that extreme neglect – essentially neglect which results in death – is a rare event in terms of a typology of child homicide (Sidebotham et al., 2011). In the majority of cases, underlying neglect will be identified in association with apparent natural or accidental death. It is a matter for case-specific investigations and reviews to determine the extent to which neglect contributed to the fatality (Connolly & Doolan, 1997). It can additionally be acknowledged that there are many sub-types of death, such as those resulting from inadequate supervision or infant co-sleeping, which will continue to prove difficult to categorically define as fatal neglect, with the specific circumstances of the case and the victim's life narrative always having to be taken into account.

Domestic Homicide

This category is the equivalent of Lawrence's (2004) "family dispute and murder-suicide" in that the immediate circumstances of the familial environment – characterised by a breakdown in the parental relationship and/or acute mental illness in one or both parents – is the standard precipitating factor (p. 844). Whereas victims of fatal child abuse are most commonly infants, toddlers, and pre-school-aged children, domestic homicide can impact upon children of any age (Mouzos (2000)). In contrast to fatal child abuse, the category of domestic homicide includes child victims of all ages and more often involves the use of weapons such as knives or firearms (Kunz & Bahr, 1996). Although, once again, patterns of chronic maltreatment may be present in the family, domestic homicide is characterised by an obvious critical event – what Lyman et al. (2003) term the "angry impulse" (p. 1064) – in which the perpetrator acts overtly (and usually suddenly) to end the life of one or more family members. This is thus a category of child homicide where intent to kill is implied in the context of the offence type.

Caution should be used when making any attempt to group the perpetrators of domestic homicide according to gender (Mouzos, 2000). Nielssen et al. (2009) confirm that these acts can involve either male or female perpetrators, including cases where the perpetrator subsequently suicides. Although parents and step-parents are most commonly involved in these incidents, extended family members are also included here as potential perpetrators of homicide in a domestic context.

Peer Homicide

The category of peer homicide accounts for those deaths which occur in lethal peer-to-peer confrontations, most commonly on school premises or in other public places. For the purposes of this category, a peer is defined as a person of similar age, developmental level or social status. Lawrence's (2004) "teen fatal assault" (p. 845) is amended here to account for the fact that children under thirteen years of age may be involved in this category of death (both as victims and aggressors).[5]

Whereas previously the concept of teen fatal assault has been defined on the basis of the age of the victim (Finkelhor, 1997; Lawrence, 2004), here peer homicide focuses more specifically on developmental context and the specific relationships and interactions which are characteristic amongst teen and pre-teen children. Furthermore, this revised typology removes the ambiguity of the previous teen fatal assault category by diverting homicides involving adult perpetrators to other primary categories, such as acquaintance homicide and intimate partner homicide.

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Intimate Partner Homicide

Some children die at the hands of adult intimate partners. Lawrence (2004) incorporates intimate partner homicide only incidentally into those teen fatal assaults that involve "boyfriends" (p. 845). Typically, the victim is a female young person in the 15–17 year age group. The category of intimate partner homicide most frequently involves female victims and male offenders, and there can sometimes be a significant age difference between the older male offender and the teenage female victim.[6]

Acquaintance Homicide

There are cases where children are killed by perpetrators known to – but not intimately connected with – either the victim or their family (such as a neighbour, a family friend, or someone who has interaction with the child in an online context). Acquaintance homicide is different from both domestic homicide – where there is an unambiguous familial association – and stranger homicide – where there is no prior association whatsoever between offender and victim. Boudreaux, Lord and Jarvis (2001) suggest a potential distinction between familial, acquaintance and stranger homicides, with acquaintances likely fitting into a class of perpetrators who do not select a random victim. Although there is no overarching developmental limitation to this category of child homicide, such cases usually feature older (school aged) victims and sexually motivated offenders.

Stranger Homicide

As with acquaintance homicide, stranger homicide is a category which does not have an obvious equivalent in Lawrence (2004); her typology is limited to a general distinction between familial and non-familial killings. Stranger homicide involves those child deaths that occur at the hands of an adult who is unknown to them. The two most characteristic scenarios underpinning stranger homicide are abductions (often with a sexual motivation on the part of the perpetrator) and "mass murder" events (most commonly involving firearms). Though thankfully rare, both of these scenarios nonetheless have some precedent in Australia.[7]

Notes on Excluded Categories

The categories of "psychiatric illness of offender" and "fatal sexual assault" as present in Lawrence (2004) are omitted from the typology of child homicide outlined above.

In the former case, while there is no doubt that perpetrator mental illness is a common theme in child homicide, for the purposes of categorisation it is better considered as a secondary variable. This is because (1) it is a factor which could potentially be present in any of the categories set out herein, (2) it has limited application to a typology that focuses primarily upon the developmental stages of children, and (3) the psychiatric illness of the perpetrator is often difficult to specify with certainty and can only be implied from a hindsight review of the available evidence, particularly in cases where the perpetrator suicides. The exclusion of this category does not in any way deny the importance of psychiatric disorder to the etiology of many child deaths; rather, it is set aside on the basis of giving precedence to a developmental typology, and to avoid as far as possible classifications based upon "retrospective analysis of motive or impulse" (Stroud & Pritchard, 2001, p. 255).

Fatal sexual assault is also more properly considered as a secondary factor in a typology of child homicide. As Lawrence has previously noted, this category is problematic because in such cases the nature and extent of the sexual assault is unlikely to be reported as part of the cause of death (2004). Indeed, the cause of death will almost inevitably be distinct from the sexual motivations of the perpetrator. Furthermore, clear evidence of sexual assault may be difficult to adduce (Mouzos, 2000). When sexual assault is clearly present, the case will nonetheless fit more appropriately within one of six of the primary categories set out herein (neonaticide and fatal neglect excluded).

Child Death Review and Research

While it is fair to say that the media in Australia, as elsewhere, is equally aggressive in its reporting on both familial and non-familial child homicide, there is a widespread tendency for media organisations both here and internationally to overstate the risk of – and, consequently, to heighten societal fear of – harm to children at the hands of strangers (Kitzinger, 2006; Robinson, 2008). Yet it remains clear that most violent or dangerous situations faced by children, and thus most child homicides, occur at the hands of someone known to them, ordinarily a parent or step-parent, with murder by person or persons unknown to the victim very rare (Alder & Polk, 2001; Connolly & Doolan, 2007; Strang, 1996). Indeed, it has been well established in the academic literature that children are fatally harmed most frequently within the familial environment by parental figures (Yardley, 2014).

Children under five years of age are the most at-risk cohort in all jurisdictions, with infants under one year especially vulnerable in the fatal maltreatment categories (Neilssen et al., 2009). This requires continued consideration of intervention strategies aimed at reducing maltreatment experienced by children in these younger age groups (Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998). Yardley (2014) calls for more focused attention on these types of well-established "trends and commonalities in the characteristics of child victims and the parents who kill them" (p. 310). Not only are children under one year of age more than seven times more likely to be killed than older children, but parents who kill their children also tend to (1) suffer from mental illness, and (2) be mothers with children on child protection registers or men with histories of violence and/or previous convictions for violent offences (Yardley, 2014).

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In an Australian context, it is also important to recognise that there are trends in child death generally which pose unique challenges to researchers and policy makers. In particular, certain Australian jurisdictions experience a disproportionate number of fatalities amongst young people in rural and remote areas, as well as disproportionate numbers of deaths amongst the Aboriginal and Torres Strait Islander population (Khalidi, 2012).

Brookman and Nolan (2006) have suggested, with specific reference to the problem of neglect, that researchers sometimes overlook the issue of "blurred boundaries" (p. 876) between neglect and accidental or natural death when deciding if a child fatality should be categorised as homicide. It must be reiterated that, with respect to those categories specific to maltreatment in the familial environment, it will be difficult, in a significant number of cases, to establish a definitive cause of death, or indeed to establish that the death qualifies as maltreatment-related.

The importance of distinguishing between primary categories and secondary factors should also be emphasised. While some child homicides, particularly those categories which most resemble adult homicides, can be relatively simple to classify, those involving fatal maltreatment may be difficult or impossible to categorise unequivocally. For instance, while the most extreme cases of fatal neglect tend to stand out due to the causal connection between the neglect and the death, in many other fatal cases neglect may be present yet its role in the child's death unclear. Suicide is one example of a mode of death for which neglect may often be a critical secondary factor (Jenny & Isaac, 2006). Similarly, for the categories of fatal child abuse and fatal neglect it will be sometimes difficult to prove that violence or neglect occurred to the extent of being ultimately responsible for the death (Herman-Giddens et al., 1999). Co-existing social factors such as poverty must also be taken into account (McSherry, 2007).

The relationship between collating and categorising child deaths and conducting research with a view to evidence-based prevention is a vital one. With reference to the child death review process, the American Academy of Pediatrics (2010) has stated that:

> Ultimately, the purpose of child fatality review is to identify effective prevention and intervention processes to decrease preventable child deaths through systematic evaluation of individual child deaths and the personal, familial, and community conditions, policies, and behaviours that contribute to preventable deaths. (p. 593).

For these and other reasons, it is desirable that review practices involve surveillance of the entire subset of child deaths for a specific jurisdiction. As such, patterns and trends which may intersect across category, location, age, gender and other variables are more likely to be recognised and assessed. This is especially vital in those categories of child homicide that come under the sub-heading of fatal maltreatment, where prevention strategies with respect to the appropriateness of parental care, for instance, may transcend definitive categorisation by manifesting as relevant to all child deaths, not just those involving maltreatment.

Schnitzer and colleagues (2008) identify child death review teams as likely the most promising surveillance approach in fatal child maltreatment. Research studies in child homicide and fatal maltreatment are often based upon examining cohorts of deaths which have been *pre-identified* as such, as when Sidebotham et al. (2011) review all notified cases of child maltreatment within a catchment area. A surveillance approach whereby all deaths of children and young people are reported on allows for subsequent specialised reviews and analyses of individual and group deaths to consider those fatalities in terms of wider patterns of causation and risk. This is especially useful to any consideration of the nebulous boundaries between maltreatment-related and accidental or natural deaths, where the question of whether a fatality resulted from criminal maltreatment does not outweigh the goal of finding ways to reduce child death in all of its variant manifestations. This is the ultimate purpose of the child death review process (American Academy of Pediatrics, 2010).

When practicable, morbidity data too should be incorporated into child homicide research and review, to allow comprehensive overviews of patterns of violence and neglect in the jurisdiction in question, and to help direct future research into injury and fatality prevention. Brandon et al. 2012 point out that the United Kingdom "is unusual in combining reviews of cases where children are seriously injured through maltreatment with cases where children die" (p. 44) (hence the term used is "serious case review"). It should be self-evident that information from serious non-fatal (or near-fatal) cases is vital in preventing future deaths: the question "why did this child survive?" is equally as important as the question "why did this child die?" While reporting of near-death cases will by nature not be as consistent, especially with regards to neglect, the concept of serious case review is a preferable strategy to child death review and should be more widely adopted in other jurisdictions, including Australia.

In relation to serious case review in the United Kingdom, Yardley (2014) further explores critical arguments that recommendations may fail to address the broader social issues and related risk factors that motivate child abuse and neglect, such as poverty, domestic and substance abuse, and mental health issues (for example, see Brandon et al., 2012). Yardley (2014) warns against the danger of putting too much emphasis on serious case reviews and failures of processes and professional agents, which could result in the neglect of both serious social issues and society's responsibility to guard children against harm. While these perspectives are valid, they do not always fully acknowledge the inherent difficulties in, and impracticality of, the immediate prevention or control of such social problems. These problems clearly need to be addressed by long term goals in the effort to prevent fatal child maltreatment; however, we argue

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that the matter of immediate prevention requires a different focus which serious case reviews draw attention to. These provide the capability to identify context-specific risk factors that can help isolate critical points of disruption along the continuum of child abuse and neglect. Identifying these crucial opportunities for disruption can lead ultimately to the prevention of child homicide.

Conclusion

Child homicide is a diverse phenomenon requiring complex interventions. Here, a typology of child homicide has been developed which takes into account the different developmental stages in children aged 0–17 years, the need to find appropriate middle ground between being overly specific and insufficiently precise, and the practical problem of combing case-specific analysis with suitable group classifications for research and policy work.

Child homicide constitutes the ultimate manifestation of the broader social problem of violence and maltreatment involving child victims. As such, review processes which incorporate the categorisation of child homicide into a jurisdictional surveillance of all child deaths are crucial for identifying and preventing homicide and fatal maltreatment, and for developing research and policy that seeks to reduce child mortality and morbidity in all of its variant manifestations. Furthermore, child death research and review which is expanded to incorporate serious (non-fatal) cases is important in terms of further developing our ability to reduce potentially fatal abuse and neglect and thus child homicide.

Endnotes

[1] These eight categories were first outlined in a trends and issues paper prepared by the lead author and published online in 2012 at the former Commission for Children and Young People in Queensland (original document no longer accessible).

[2] Examples of (rare) potential exceptions to this could include fatal neglect perpetrated by a neighbour who has been asked to care for a child overnight or a peer homicide where the offender and victim are siblings.

[3] For example, see Smith, D. (2002). Body of evidence. *The Sydney Morning Herald*, March 23. http://www.smh.com.au/articles/2002/03/22/smith23.htm

[4] Though less common, older children can also be victims in this category, especially those who are developmentally delayed by a physical or intellectual disability.

[5] For example, see: ABC News. (2010). 13-year-old boy charged with murder after school stabbing. 16 February. http://www.abc.net.au/am/content/2010/s2820623.htm

[6] For example, see the 2005 Queensland case of the convicted offender Damien Sebo, as discussed in Dixon, N. (2008). *Status of the Partial Defence of Provocation in Queensland*. Queensland Parliamentary Library Research Brief. https://www.parliament.qld.gov.au/documents/explore/ResearchPublications/ResearchBriefs/2008/RBR200819.pdf

[7] Widely publicised examples include the abduction and murder of Daniel Morcombe in Queensland in 2003 (Brett Peter Cowan, a person unknown to the victim and his family, was subsequently convicted of the crime), and the mass shooting perpetrated by Martin Bryant at Port Arthur, Tasmania in 1996 (which involved four victims under the age of 18).

References

Alder, C., & Polk, K. (2001). *Child victims of homicide*. Cambridge: Cambridge University Press.

American Academy of Pediatrics. (2010). Policy statement – child fatality review. *Pediatrics*, *126*(3), 592–596.

Bennett, M., Hall, J., Frazier, L., Patel, N., Barker, L., & Shaw, K. (2006). Homicide of children aged 0–4 years, 2003–04: Results from the national violent death reporting system. *Injury Prevention*, *12*(Suppl. 2), ii39–ii43.

Biron, D., & Shelton, D. (2005). Perpetrator accounts in infant abusive head trauma brought about by a shaking event. *Child Abuse & Neglect*, *29*(12), 1347–1358.

Boudreaux, M., Lord, W., & Jarvis, J. (2001). Behavioural perspectives on child homicide: The role of access, vulnerability, and routine activities theory. *Trauma, Violence & Abuse*, *2*(1), 56–78.

Brandon, M. (2009). Child fatality or serious injury through maltreatment: Making sense of outcomes. *Children & Youth Services Review*, *31*(10), 1107–1112.

Brandon, M., Bailey, S., Sidebotham, P., Belderson, P., Hawley, C., Ellis, C., ... Megson, M. (2012). *New learning from serious case reviews: A two-year report for 2009–2011*. United Kingdom: Department of Education. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf.

Brookman, F., & Nolan, J. (2006). The dark figure of infanticide in England and Wales: Complexities of diagnosis. *Journal of Interpersonal Violence*, *21*, 869–889.

Browne, K., & Lynch, M. (1995). The nature and extent of child homicide and fatal abuse. *Child Abuse Review*, *4*, 309–316.

Cavanagh, K., Dobash, R., & Dobash, R. P. (2007). The murder of children by fathers in the context of child abuse. *Child Abuse & Neglect*, *31*(7), 731–746.

Connell-Carrick, K. (2003). A critical review of the empirical literature: Identifying correlates of child neglect. *Child & Adolescent Social Work Journal*, *20*(5), 389–425.

Connolly, M., & Doolan, M. (2007). *Lives cut short: Child death by maltreatment*. Wellington, NZ: Dunmore Publishing.

Crittenden, C., & Craig, S. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence*, *5*, 202–216.

Dubowitz, H. (2007). Understanding and addressing the "neglect of neglect": Digging into the molehill. *Child Abuse & Neglect*, *31*(6), 603–606.

Ewigman, B., Kivlahan, C., & Land, G. (1993). The Missouri child fatality study: Underreporting of maltreatment fatalities among children younger than 5 years of age, 1983 through 1986. *Pediatrics*, *91*(2), 330–337.

Finkelhor, D. (1997). The homicides of children and youth: A developmental perspective. In G. Kaufman Kantor & J. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp. 17–34). Thousand Oaks CA: Sage Publications.

https://doi.org/10.1017/cha.2015.18 Published online by Cambridge University Press

Finkelhor, D., & Dziuba-Leatherman, J. (1994). Victimization of children. *American Psychologist*, *49*(3), 173–183.

Freckelton, I. (2005). Munchausen syndrome by proxy and criminal prosecutions for child abuse. *Journal of Law & Medicine*, *12*, 261–266.

Frederick, J., Goddard, C., & Oxley, J. (2013). What is the "dark figure" of child homicide and how can it be addressed in Australia? *International Journal of Injury Control and Safety Promotion. 20*(3), 209–217.

Herman-Giddens, M., Brown, G., Verbeist, S., Carlson, P., Hooten, E., Howell, E., ... Butts, J. (1999). Underascertainment of child abuse mortality in the United States. *Journal of the American Medical Association*, *282*, 463–467.

Irenyi, M., & Horsfall, B. (2009). *Fatal child abuse: National child protection clearinghouse resource sheet* (August). Melbourne: Australian Institute of Family Studies.

Jenny, C., & Isaac, R. (2006). The relation between child death and child maltreatment. *Archives of Disease in Childhood*, *91*: 265–269.

Khalidi, N. (2012). *Closing the gap in mortality rates for indigenous children under five in Queensland*. Queensland Government, February. Retrieved from http://www.health.qld.gov.au/hsu/pdf/statbite/statbite45.pdf.

Kitzinger, J. (2006). The ultimate neighbour from hell? Stranger danger and the media framing of paedophilia. In C. Critcher (Ed.), *Critical readings: Moral panics and the media* (pp. 135–147). Berkshire: Open University Press.

Kunz, J., & Bahr, S. (1996). A profile of parental homicide against children. *Journal of Family Violence*, *11*(4), 347–362.

Lawrence, R. (2004). Understanding fatal assault of children: A typology and explanatory theory. *Children & Youth Services Review*, *26*, 837–852.

Lawrence, R., & Irvine, P. (2004). *Redefining fatal child neglect: Child abuse prevention issues* (21). Melbourne: Australian Institute of Family Studies.

Lyman, J., McGwin, G., Malone, D., Taylor, A., Brissie, R., Davis, G., & Rue, L. W. 3rd (2003). Epidemiology of child homicide in Jefferson County, Alabama. *Child Abuse & Neglect*, *27*(9), 1063–1073.

McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making a mole-hill out of a mountain? *Child Abuse & Neglect*, *31*(6), 607–614.

Mouzos, K. (2000). *Homicidal encounters: A study of homicide in Australia 1989–1999*. Australian Institute of Criminology Research & Public Policy Series (28). Canberra: Australian Institute of Criminology.

Nielssen, O., Large, M., Westmore, B., & Lackersteen, S. (2009). Child homicide in New South Wales from 1991 to 2005. *Medical Journal of Australia*, *190*, 7–11.

NSW Child Death Review Team. (2003). *Fatal assault and neglect of children and young people*. Sydney: NSW Commission for Children and Young People, Sydney. Retrieved from http://www.parliament.nsw.gov.au/prod/la/latabdoc.nsf/0/ae462d6500304806ca256dcf001fa743/$FILE/cdrt_fatal_abuse_neglect2003.pdf.

Oberman, M. (2003). A brief history of infanticide and the law. In M. Spinelli (Ed.), *Infanticide: Psychosocial and legal perspectives on mothers who kill* (pp. 3–18). Washington, DC: American Psychiatric Publishing.

Overpeck, M., Brenner, R., Trumble, A., Trifiletti, L., & Berendes, H. (1998). Risk factors for infant homicide in the United States. *New England Medical Journal*, *339*(17), 1211–1216.

Palusic, V., Wirtz, S., & Covington, T. (2010). Using capture-recapture methods to better ascertain the incidence of fatal child maltreatment. *Child Abuse & Neglect*, *34*(6), 396–402.

Putkonen, H., Amon, S., Eronen, M., Klier, C., Almiron, M., Cederwall, J., ... Weizmann-Henelius, G. (2011). Gender differences in filicide offense characteristics – a comprehensive register-based study of child murder in two European countries. *Child Abuse & Neglect*, *35*(5), 319–328.

Reder, P., & Duncan, S. (1999). *Lost innocents: A follow-up study of fatal child abuse*. London: Routledge.

Richards, P., Bertocci, G., Bonshek, R., Giaggrande, P., Gregson, R., Jaspan, T., ... Wade, A. (2006). Shaken baby syndrome: Before the court of appeal. *Archives of Disease in Childhood*, *91*, 206–207.

Robinson, K. (2008). In the name of "childhood innocence": A discursive exploration of the moral panic associated with childhood and sexuality. *Cultural Studies Review*, *14*(2), 113–129.

Schnitzer, P., Covington, T., Wirtz, S., Verhoek-Oftedahl, W., & Palusic, V. (2008). Public health surveillance of fatal child maltreatment: Analysis of three state programs. *American Journal of Public Health*, *98*(2), 296–303.

Schnitzer, P., & Ewigman, B. (2005). Child deaths resulting from inflicted injuries: Household risk factors and perpetrator characteristics. *Pediatrics*, *116*(3), 687–693.

Sidebotham, P., Bailey, S., Belderson, P., & Brandon, M. (2011). Fatal child maltreatment in England, 2005–9. *Child Abuse & Neglect*, *35*(4), 299–306.

Spinelli, M. (2001). A systematic investigation of 16 cases of neonaticide. *American Journal of Psychiatry*, *158*, 811–813.

Strang, H. (1996). Children as victims of homicide. *Australian Institute of Criminology: Trends & Issues in Crime & Criminal Justice*, *53*, 1–6.

Straus, M., & Kantor, G. (2005). Definition and measurement of neglectful behaviour: Some principles and guidelines. *Child Abuse & Neglect*, *29*(1), 19–29.

Stroud, J., & Pritchard, C. (2001). Child homicide, psychiatric disorder and dangerousness: A review and an empirical approach. *British Journal of Social Work*, *31*(2), 249–269.

US Advisory Board on Child Abuse & Neglect. (1995). *A nation's shame: Fatal child abuse and neglect in the United States*. Washington, DC: US Department of Health & Human Services.

World Health Organisation. (2010). *Child Maltreatment* [Fact Sheet]. August. Retrieved from http://www.who.int/mediacentre/factsheets/fs150/en/index.html

Yardley, E. (2014). Counterblast: Putting serious case reviews in their place – What we really need to understand about child homicide. *The Harvard Journal*, *53*(3), 309–313.

https://doi.org/10.1017/cha.2015.18 Published online by Cambridge University Press