



*Mindful*



# Working with child survivors following filicide in a family

Margarita Frederico, Annette Jackson, Mohajer A. Hameed, Allison Cox

# Introduction and Background

Key findings from the filicide literature:

# What is Take Two?

A state-wide mental health service in Victoria, Australia

- for infants, children and young people
- who have suffered trauma and disrupted attachment due to abuse and neglect and who are child protection clients.

Since we began in 2004, our mandate is to provide:

- high quality clinical services and
- to contribute to service system improvement.



# Take Two is a partnership



**Berry Street**  
[www.berrystreet.org.au](http://www.berrystreet.org.au)

**La Trobe University**  
(Social Work and Social Policy)



**Mindful**  
Centre for Training and Research in  
Developmental Health



**Victorian Aboriginal  
Child Care Agency**  
(VACCA)



# Method

## Total population

In its 14 years of clinical operation (December 2003 to 3<sup>rd</sup> of May 2017), Take Two, a Victoria Australia state-wide therapeutic program for children traumatised by abuse, have worked for and with 3,633 children in 4,645 episodes of care.

# Case Selection

**3,633** children (4645 episodes of care)

Dec 2003- May2017



**364** children identified as impacted by violent death.

(cases identified by managers & team leaders & file search for words: “murder, manslaughter, kill , death”)



**201** cases excluded as child or parent spoke of a violent death but without substantiation or not filicide

**137** cases excluded not filicide (a community member; unknown perpetrator; distant family member; occurred before child's birth)



26 children in 18 families impacted by filicide

# Results

## Sample Characteristics (n = 26):

- Average age at referral: 8.54 (SD = 3.99) years, with median of 10 years
- 69% males
- Average length of service: 16.12 (SD =12.16) months
- 92% of cases closed

## Time between referral & violent death

- 4 cases referred 1-month prior to the violent death
- 3 cases referred on the same day of the violent death
- 5 cases referred 18 months after the violent death
- 10 cases referred more than 3 years post violent death
- 4 cases the date of murder was unknown



# Cultural affiliation and Ethnicity (n=26)

<b>Culture and Ethnicity</b>	<b>Frequency</b>	<b>Percent</b>
• Afghani	3	11.5
• African (Kenyan)	1	3.8
• Aboriginal and Torres Strait Islander	4	15.4
• Australian	10	38.5
• Indian	1	3.8
• Italian / Anglo Australian	1	3.8
• Netherlands	1	3.8
• New Zealand / Maori	2	7.7
• Vietnamese	3	11.5

# Number of Episodes of Care

<b>Episodes of Care</b>	<b>Frequency</b>	<b>Percent</b>
1	26	100
2	10	34.46
3	3	11.54

# Victims and perpetrators

Victim (in relation to referred client)	Perpetrator	Frequency (%)
Sibling	Mother	2 (8%)
Sibling	Father (step-father)	2 (8%)
Father	Mother (DV – self-defence)	2 (8%)
Mother	Father	10 (39%)
Mother	Other	2 (8%)
Step-father	Biological Father	1 (4%)
Other (e.g. ex-partner's child)	Parents or step-parents	7 (26%)

# Child contact with the perpetrator

Victim	Perpetrator	Child contact with perpetrator
Father	Mother	Non-supervised contact (self-defence claim)
Mother	Father	Majority of children (80%) refused contact
Sibling	Mother	Supervised contact
Sibling	Father	All refused contact

# Case studies

# Discussion

**Key findings:**

**Limitations:**

**Implications (practice and research):**

# Questions?





Thank you

If you would like further information please contact:

Associate Professor Margarita Frederico

La Trobe University, Bundoora 3086, Australia.

T: 00 61 3 94792407

M: 00 61 409410428

Email: [M.Frederico@latrobe.edu.au](mailto:M.Frederico@latrobe.edu.au)