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# A STUDY OF PUBLIC AND PROFESSIONAL UNDERSTANDING OF CHILD HOMICIDE

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MSc by Research in Criminology



AGNIESZKA KATARZYNA DUDEK  
UNIVERSITY OF HUDDERSFIELD

# A STUDY OF PUBLIC AND PROFESSIONAL UNDERSTANDING OF CHILD HOMICIDE

*“Peter Connelly, aged 17 months, who had been on the child protection register for eight months, was unlawfully killed in August 2007 and found to have sustained over 50 injuries including a broken back. (...). The child’s mother, Tracy Connelly, her boyfriend, Steven Barker, and his brother, Jason Owen, were all convicted in 2009 of ‘causing or allowing the death of a child or vulnerable adult’ receiving indeterminate sentences.” (Marshall, 2012, p.21).*

This dissertation is submitted in candidature for the degree in Postgraduate Studies in Criminology and Criminal Justice.

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## **ABSTRACT**

**PURPOSE:** This study's overarching aim was to explore public and professional understanding of child homicide, and its pre- and post-offence characteristics. Previous findings of child homicide studies have been challenged in this dissertation, such as for example: the public misconceptions of crime numbers and trends, parents as the most common perpetrators in child homicide offences, children under one as the age category in highest risk of homicide victimisation. In addition, a role of child homicide investigator and the challenges and pressures associated with the role, were explored throughout the study.

**DESIGN/METHODOLOGY/APPROACH:** Dissertation consists of two studies. First one is conducted in a quantitative approach with the help of online questionnaires filled by 264 participants. The data is analysed using SPSS. Second study uses qualitative approach and four semi-structured interviews are conducted with police homicide investigators. Thematic analysis is used to analyse the interviews.

**FINDINGS:** The findings present a clearer picture of perceptions and opinions regarding the offence of child homicide and its pre- and post-offence characteristics. In addition, the role of child homicide investigator is explored in greater detail, emphasising on the challenges and pressures faced throughout the investigations of child deaths.

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## INTRODUCTION

Child protection from physical and emotional abuse has become a focal point of the government's agenda in the recent years, especially since the deaths of Victoria Climbié, baby Peter Connelly or Daniel Pelka. Despite a major haul in child protection policy and vetting procedures in recent years (e.g. Working Together to Safeguard Children 2010, Every Child Matters 2004) at least one child will be killed in England and Wales every week (ONS, 2014). Worryingly, this trend has been stable for several years now. According to ONS (2014) there were 67 homicide victims aged under 16 years in 2012/13, which constitutes 12% of overall homicide offences (551) in England and Wales for that specific year. Despite of respectively low numbers of child homicide in England and Wales, the cases are provoking considerable public outrage and are highly publicised by media and thoroughly reviewed by the government (Local Safeguarding Children Board, Death Review Panel, certain inquiries into the killing of the child e.g. the Victoria Climbié Inquiry). In addition, according to Mitchell's study (1998) child homicides are considered the most serious type of homicide by 55% of participants, mostly because of the children's vulnerable and defenceless state in confrontation with the perpetrator. *'It is the antithesis of usual responses to childhood, quintessentially the time of nurture and development, of vulnerability and dependence'* (Stroud, 2008, p.482).

This study aims to build a knowledge of public and professional understanding of child homicide and its surrounding characteristics. Public opinions have become a growing area of criminological research since late 1990s, and researchers studying these perceptions have found that public have misconceptions about crime and its characteristics (Vandiver & Giacomassi, 1997). Although few researchers studied the perceptions of different aspects in homicide, there is a paucity of research regarding public and professional understanding of child homicide.

The research objectives focus on finding out what general public and professionals having contact with child deaths know, how they perceive the offence

and what shapes their understanding of the child homicide. The study also looks into the differences and similarities between public and professionals' answers. This is achieved by using quantitative methodology and structured Likert-scale questionnaires, which were distributed with the help of social media to about 250 people. Second part of the research adopts qualitative methodology and semi-structured interviews in order to further explore the understanding of child homicide by professionals with previous experience in dealing with child homicides.

## **CHAPTER 1: LITERATURE REVIEW**

This section is going to consider different aspects of child homicide including definitions, official statistics as well as accompanying theories and criminological explanations, which are associated with characteristics of child homicide offences. In addition, this section is going to look at the challenges the child homicide poses to child protection and criminal investigation process.

### **1.1. DEFINING HOMICIDE AND CHILD HOMICIDE**

Homicide, in England and Wales, is defined as an act of killing one human being by another human being, and is divided into murder and manslaughter categories. The decision lies in the motive generated by the state of mind of the accused person (Crown Prosecution Service [CPS], n/d; D'Cruze, Walklate & Pegg, 2006). Under some circumstances, the killing can be effectuated without criminal intent and criminal consequences, e.g. killing during the war or carrying out death penalty executions. Unlawful homicide consists of murder, voluntary manslaughter and involuntary manslaughter (Elliott & Quinn, 2010). Murder, defined as causing death of a human being with malice aforethought, has been considered one of the worst criminal acts, irrespective of the culture and legal system in which it occurs (Morrall, 2006). If partial defences to the act of killing are present, the person can be charged with voluntary manslaughter or involuntary manslaughter if the defendant lacks the *mens rea* for the murder.

The focus of this study lies in the death caused by another human being to a child (person under eighteen years of age), regardless of its legal decision-making process classifying it as murder or manslaughter. Therefore, term 'homicide' is going to be used throughout the paper as it is a neutral legal term and does not signify guilt.

Child homicide is an umbrella term, which can be divided into intra- and extra-familial homicides. As mentioned above, homicide is a neutral legal term and does not signify any guilt. Intra-familial homicides include neonaticide, infanticide and filicide. Neonaticide is killing a newborn baby within the first 24 hours of its life, and is in almost all cases committed by mother. Infanticide is killing a child under twelve months old and is in majority cases committed by mother. Filicide is killing a child over one year by either parent (biological mother, biological father or step-father). Extra-familial homicides are committed by strangers and are extremely rare. However, approach to child homicide varies across times and locations: “what may have been acceptable in one location or at one period in history (...) may not be socially acceptable or legally permissible in another place or at another time’ (Schwartz & Isser, 2006, p.131).

## 1.2. CHILD HOMICIDE IN NUMBERS

Despite a major haul in child protection policy and vetting procedures in recent years (e.g. Safeguarding Children) at least one child will be killed in England and Wales every week (ONS, 2014). This trend has been stable for several years now, however Pritchard and Williams (2010) in their study found out that the number of child homicides declined since 1974. The decline was particularly visible in the deaths caused by abuse.

According to ONS (2014) there were 67 homicide victims aged under 16 years in 2012/13, which constitutes 12% of overall homicide offences (551). There was a 4% (20 offences) increase of all homicide offences when comparing to previous year, but these numbers have been the lowest since 1989. It is worth emphasising that the numbers would be higher if the Home Office statistics included children up to the year of 18 (the legal age) instead of 16. On the contrary to England and Wales, UNICEF includes children up to the year of 19. Taking a look at world statistics, Latin American and the Caribbean currently hold the status for the highest homicide rates amongst children and adolescents, with the rate of 12 victims per 100,000 people (UNICEF, 2014). UNICEF estimated that there were 95,000 children and adolescents (0-19) killed in 2012 worldwide.

According to ONS (2014) in 46 offences of child homicide (69%) the perpetrator was known to the victim (40 victims were killed by a parent or step-

parent) and in 8 cases the offence was committed by a stranger. This similar trend has been repeated in the recent official statistics, as 50% of victims under 16 were killed by a parent or step-parents, and only 9% by stranger (ONS, 2015). The older the child, the less risk of homicide it carries (Daly & Wilson, 1988; Mouzos, 2000; Roach & Bryant, 2015). Infants (under twelve months) are believed to be the most vulnerable group to become victims of homicide in England and Wales – out of 781 child homicide cases between 1995 and 2001, 36% were under twelve months (Brookman, 2005). In addition, ONS (2015) stated that age category of children under one year old have the highest risk of homicide victimisation (29.3 offences per million population, while the overall homicide rate per million population is 9.2). Similar trend has been visible in the analysis conducted by Roach & Bryant, There were 22 victims under twelve months in 2012/13 and 15 in 2011/12, which makes about 33% of all child homicide. Similar findings have been found in study conducted by Roach & Bryant (2015), where more than 1000 child homicides (committed in England and Wales) were analysed. Such disproportion may be associated with the routine activities which change with the child growth (nursery, school, speaking), but further research must be conducted in order to explain these differences. In addition, according to Brookman (2005) the younger the child the more likely they are to be killed by their own parents, rather than by strangers.

Official homicide statistics (both adult and children) are believed to 'provide a relatively stable indicator of the level of violence in society' as eventually almost all of them will come to the attention to the police (Roberts & Stalans, 1997). However, it is always important to analyse data with caution, as numbers may be affected by a number of reasons (Coleman & Moynihan, 1996). Homicide offences are included in the year they were recorded by the police, and not the year the offence took place. Furthermore, the official statistics have been facing few criticisms as they do not always reflect the true picture of crime. Because of high percentage of overall homicides which come to police attention, many criminologists studying this type of criminal activity neglect to consider dark figure of homicide in their research. Wilczynski (1997) named few factors, which illustrate the presence of hidden crime numbers in the child homicide offences. Firstly, finding abandoned child bodies in remote places like sewerages or trash bins indicates that there are possibly other dead bodies of whose concealment was successful. Secondly, many children die as a result of 'accident' or illness, which could be a result of parental neglect or

intentional behaviour. Many suspicious deaths have to be let go because of the lack of evidence. It is challenging to argue what should fall under category of homicide, and what should not (Marshall, 2012). Even more pressure is placed on the police investigators, who try to investigate the circumstances of the child's death. Another significant point is the problem of the initial diagnosis of SIDS (Sudden Infant Death Syndrome), sudden and unexpected death of infants and children for no evident reasons (Lullaby Trust, 2014). Annually, there are about 270 babies dying of SIDS in the UK, but the numbers have been lowered by 70% since the 1970s, when The Foundation for the Study of Infant Death (FSID, currently The Lullaby Trust) was launched. According to Levene and Bacon (2004) 5-10% of these unexpected deaths could be covert homicides. 'In a child-centred, victim-focused investigation, this possibility of a covert homicide has to at least be considered, but in a very compassionate and sensitive manner, maintaining an open mind in the search for the truth' (Marshall, 2012, p. 5-6). Angela Cannings, Sally Clark or Trupti Patel have been all charged with murder of their own children, on the basis of controversial research by Professor Sir Roy Meadow which calculated the improbability (1 in 73 million) of having two infants die of SIDS in one family. The verdicts have been quashed by the Appeal Court. Professionals dealing with child deaths have a tremendously difficult task of establishing the real causes of death. Furthermore, they may face time and financial constraints as well as not enough experience and training to conduct all the examinations in order to prove the real reason behind child's death. Although child homicide official statistics are subject to discussion, the numbers are relatively low, and have been the lowest in the past thirty years. Roshier (1977) highlighted the importance of studying public perceptions of levels of crime, as there may be a possibility that those perceptions reflect more accurate picture of crime, than those painted by the police and government.

### 1.3. CHILD HOMICIDE CHARACTERISTICS

The characteristics of the child homicide event vary depending on the age of the victim, relationship between victim and perpetrator, the gender of the perpetrator and usually a combination of other various explanations, which are going to be discussed in greater detail in the following part. As mentioned in the previous part, majority of child homicides is committed by family and relatives, and not by

strangers. Therefore, a larger proportion of this paper is going to focus on the intra-familial homicides, particularly those committed by mothers and fathers. Majority of homicide victims under 18 years (71%) old tend to be killed in residential premises, which is similar to the trend observed in adult homicides (60%) (Mouzos, 2000). Research indicates that younger children are likely to be suffocated, shaken or drowned, because of the minimum use of force and fragility of the small children. Older victims are often killed in a more violent way: beaten to death, strangled, starved, or killed with the help of weapon (Brookman, 2005; Porter & Gavin, 2010). People tend to believe in the seasonality of child abuse and child homicide, emphasising higher risks during winter and holiday periods, however a study conducted by Laskey, Thackeray, Grant & Schnitzer (2010) dismissed the opinion.

According to recent analysis of Homicide Index in England and Wales, 90% of overall homicide offences are committed by men (Brookman, 2005). Interestingly, in child homicide offences, women are as likely to be the perpetrators as males (Alder & Polk, 2001). Despite of proportionate numbers of mothers and fathers killing their children, majority of studies tend to focus on maternal infanticides and neonaticides. Previous studies found that there are differences in motives and circumstances in which females and males kill children. In terms of motives, Resnick (1969; cited in West, Hatters-Friedman & Resnick, 2009) classified child homicides based on: altruistic motives (the child is killed to avoid pain/suffering), acutely psychotic motives (no rational explanation due to the parent's psychosis), unwanted child, accidental death (result of an abuse/maltreatment/neglect) and death as a way to impose revenge on the spouse. Female-perpetrated child homicides are rarely committed by females who have no maternal bonds to the child: the offence often occurs between a mother and a biological or adopted child. In contrast, the male-perpetrated child homicides are divided in half by biological and non-biological fathers (step-father or partner of the mother). A mean age of mothers, who killed infants is 22.7 years, and 24.5 years for mothers, who killed older children. Mean age for infanticidal fathers is 26.3 and for older children it is 29.2 years, which suggests that fathers tend to be few years older than mothers when killing infants or older children. Both fathers and mothers are less likely to kill their children as they get older, and the highest risk falls for the first twelve months after the child is born (Daly & Wilson, 1988).

#### 1.4. MOTHERS WHO KILL CHILDREN

Mothers who kill are often portrayed as 'a psychologically disturbed young woman who kills her newborn or young infant, or a stressed mother who regularly loses control and physically abuses her children' (Alder & Polk, 2001, p.9). Killing a child by mother contrast not only the image of a non-violent female, but also the dominant ideology of a motherhood. Female violence has traditionally been underpinned by the notion of mental health issues: 'violence and femininity are understood as inconsistent; therefore 'normal' women are not violent' (Alder & Polk, 2001, p.5). Such explanation has also been preserved in the British law in the offence of Infanticide, which applies in the situation when mother kills her child in the first twelve months of its life, because of the mind imbalance created by the effects of giving birth. However, this criminological theorising was strongly criticised by Wilczynski (1991, p.7): 'it is fallacious to equate the undeniable emotional and physical upheaval of the birth with mental illness, or even temporary insanity'. In addition, Harris (1994) in his study found no link between progesterone, oestrogen or cortisol and post-pregnancy mood and psychosis. Further studies exploring female violence generated an image of an emotional outburst: a built up of anger, frustration and stress, which erupts into violence and physical aggression to her children (Campbell, 1993). Furthermore, Silvermann & Kennedy (1983, cited in: Alder & Polk, 2001) signifies that the violent behaviour of females towards her children can be a result of the surrounding circumstances, for instance being assaulted by her partner.

According to Crimmins, Langley, Brownstein and Spunt (1997) mothers, who killed their children, were often subjected to poor parenting in their childhood: lack of protection from emotional or physical abuse, which resulted in negative self-images in their adulthood life and belief that they are unable to develop an emotional attachment to their own children. Similarly, fathers who killed, were often growing up in difficult circumstances and were often found to suffer from neurological or psychological disorders as adults. Despite of infrequency of research into socioeconomic factors and female violence: the poverty, unemployment (or low-earning job) and lack of education are often cited amongst women and men who killed or abused their children.

Neonaticidal mothers are very often described as young, inexperienced, unmarried, often living in parents, unemployed (Riley, 2006; Porter & Gavin, 2010; Resnick, 1970). The majority of the women who committed neonaticide did not have a positive relationship with the father of the child and were often in abusive or

transitory sexual relationships. The most common behavioural and psychological responses present during pregnancy were fear (of social, parents or partners' disapproval), concealment of pregnancy, emotional isolation, denial ('Although a given reality may be intact, its meaning is not accepted' (Riley, 2006, p.15)), disassociation during the birth and finally panic, an impulse which leads to committing an act. Many researchers examining the neonaticidal mothers found that they rarely suffered from mental illnesses or psychotic denial when committing an act of neonaticide (Resnick, 1970; Porter & Gavin, 2010; d'Orban, 1990). Women committing neonaticide:

*'do not usually suffer from psychiatric disorder. They are significantly younger than other filicides and are single or separated woman who conceal illegitimate pregnancy. They are often very passive personalities who dissociate from the pregnancy and do not seek antenatal care or medical help at the time of the birth. They kill the child immediately after the birth, usually without any obvious planning or premeditation'. (d'Orban, 1990, p.67)*

Neonaticides are very often thrown into one category with infanticides, which are killings of a child under twelve months old. However, neonaticidal and infanticidal mothers vary in the characteristics and circumstances in which the offence occurs. Infanticidal mothers tend to be older than neonaticidal mothers, usually married and more educated (Resnick, 1970). Women who kill infants are more likely to suffer from mental health illnesses, than those who kill babies in the first twenty-four hours of its life. Such explanation has been preserved in the British law in the offence of *Infanticide Act*, which applies to the situation when mother kills her child in the first twelve months of its life, because of the hormonal fluctuations caused in post-partum state usually occurring within first few weeks after giving birth. In high percentage of the neonaticides, the baby was suffocated/asphyxiated, strangled and occasionally drowned. Infanticides are conducted as neonaticidal homicides plus burning, starving, gassing, scalding, stabbing, smothering (Porter & Gavin, 2010). It is believed that more male babies are killed (except China and India), but the difference may be linked with the disproportionate ratio of born males/females, rather than preference of killing one gender (Crimmins et al, 1997).

Various methods have been tried to reduce the number of neonaticides such as for example sexual education at school, fight for abortion laws, 'Safe Haven' in

the US or 'anonymous birth' laws in Austria. While the modern and developed countries consider child homicide socially and legally unallowable, some societies still allow neonaticide or infanticide to occur. In Pakistan, India, Benin or China, despite the act being illegal, the perpetrators are hardly prosecuted and very rarely the offence is recorded in police databases and investigated (The Tribune, 2011). Thirty years ago, Bugos & McCarthy (1984, cited in Daly & Wilson, 1988) conducted a study into killing newly born children in Ayoreo located on the border of Bolivia and Paraguay. The act was permissible and even obligatory by the society, and was commonly practiced until the end of twenty century.

*'When labor begins, the expectant mother moves to the nearby forest, accompanied by a party of close kinswomen. The attending women prepare the spot of earth upon which the infant will fall by softening it with water. They dig a hole near this spot to bury the afterbirth and the newborn if it is not kept (...). The women inspect the newborn for signs of deformity. If the infant is unwanted, it is pushed into the hole with a stick and buried, never touched by the human hands'.* (Bugos & McCarthy, 1984, cited in Daly & Wilson, 1988, p.38).

Daly and Wilson (1988) conducted a cross-cultural review of infanticide data recorded by the Human Relations Area Files (American organization collecting anthropological materials), and several themes of circumstances, under which the permissible infanticide was committed in various places around the world, emerged. Most common reasons for the children to be killed were closely related with the strategy for maximising the lifetime reproductive success (evolutionary psychology) and those included: deformity and sickness of a child, not belonging to the husband of the mother (questionable parenting) or being born in circumstances hindering the process of rearing (e.g. death of father or mother, being born as a twin, child's gender). Bugos and McCarthy (1984, cited in Buss, 2004) found a dramatic negative association between mother's age and the number of infanticides/neonaticides. It is believed that young mothers lack experience as caretakers and in managing resources, therefore they choose to put the infant into death to relieve themselves and their families from difficulties. Daly and Wilson (1988) found that both age and marital status of mothers affect the rates of homicide. The highest risk of infanticide occurs in teenaged single mothers, and it decreased in her 20s and 30s. In the study

conducted by Daly and Wilson (1988), single mothers accounted for 12% of 2 million babies between 1977 and 1983, and they represented over a half of 64 maternal infanticides, which were recorded by the police. This correlation seem to be only valid in the cases of newly-born babies. In the cases of killing older children, single mothers accounted for 34%. While killing a newly-born babies may be associated with managing the survival aspects, killing of older children by mother is often associated with depression and other mental health illnesses.

Women rarely commit neonaticide and suicide, but in the study done by Daly and Wilson's (1988) 16% of 95 mothers, who killed their children beyond their infancy, also committed suicide. The likelihood of a mother killing her child decreases with its age. Children under the age of one year are, as mentioned before, at the highest risk of homicide victimisation from their mother.

#### 1.5. FATHERS WHO KILL CHILDREN.

When father kills a child, it is often underpinned by mental health, negative emotions directed at the mother of the child, or history of abusing the child (Debowska, Boduszek & Dhingra, 2014; West, Friedman & Resnick, 2009; Palermo, 2002; Alder & Polk, 2001). Most common mental health issues found in filicidal fathers are depression, psychosis, acute substance intoxication and personality disorder. However, majority of them did not seek professional help before the offence took place. In addition, fathers who killed were more likely to be imprisoned, than sent to psychiatric hospitals, (in comparison to mothers who killed their children). Intoxication was present in few cases, and men were found to be more likely intoxicated than females. Relationship between crime and alcohol and/or drugs may be hard to link with child homicide, but a number of studies and real-life cases provided some interesting insight into the attempts of explaining this criminal behaviour. One particular analysis of homicide offences, found that in 52% of all adult male-on-male homicides, either the perpetrator or the victim consumed alcohol (Brookman & Maguire, 2003). Two-month old Makayla is one of many victims, who was killed by heavily intoxicated perpetrator: Makayla's perpetrator was her own father, who felt on top of her while being heavily drunk, crushing her to death (NBC10, 2014). There are many children, who died in similar cases, however, it is worth remembering that high percentage of people consuming alcohol never become violent or commit crime, which only supports the idea that criminal activity is a result

of few factors operating at the same time (Brookman, 2005).

In addition, fathers who kill were often found to be in low-paid employments or unemployed, one-third was separated from their partner/spouse, and they have very often suffered stress and distressing events in the course of their childhood (West, Friedman & Resnick, 2009).

Fathers who kill their children were often found to be motivated by marital complications (Palermo, 2002; West *et al*, 2009, Debowska *et al*, 2014). Harmful actions against the child are often supposed to control the behaviour of the mother of the child. They usually occur out of jealousy, suspicious of infidelity, when a threat or a sign of separation appears in their relationship or simply out of revenge. Such fathers tend to have a history of jealousy or violence directed at the partner. Alder & Polk (2001, p.81-84) refers to them as: 'mother as object, child as pawn'.

In 44% of 101 cases of killing over one year old children and 11% of 38 cases of killing infant babies, men committed suicides (Daly & Wilson, 1988). Women rarely commit neonaticide-suicide, but 16% of 95 mothers, who killed their children beyond their infancy, also committed suicide. However, it is worth noting that no data is present on the attempted suicides, and the overall suicide rate for men was three times higher than in women in 2012 in England and Wales (ONS, 2012). In addition, the highest suicide rate falls for males aged 30 to 44. Women are more likely than men to leave a note explaining why they killed child (-ren) and took their own life. Men are more likely than women to commit a filicide-suicide, (killing themselves and their children) or family annihilation (killing their children and spouses). Such type of homicide is very rare amongst female perpetrators (Polk, 1994). Men who commit filicide-suicide or family annihilation tend to be older (in their thirties) than in cases of fatal assaults of children, and in majority of cases they are the biological parent of the child (Alder & Polk, 2001). However, criminological field lacks research into the understanding of how murder-suicide or family annihilation occurs. 'Is this the ultimate statement of power and control? Are they ultimately not prepared to face the consequences of their actions or do they think that life would not be worth living without their wife and children?' (Alder & Polk, 2001, p.166). This occurrence could be explained by Freud's psychoanalytical theory or Gilligan who additionally to Freud's theory focused on cultural, economic and social characteristics, which can provoke the feeling of shame and low self-esteem in adult men: 'the emotion of shame is the primary or ultimate cause of all violence, whether towards others or

towards the self' (Gilligan, 2000, cited in Brookman, 2005, p.78).

Fathers were found to be more likely than mothers to abuse children in a two-parent family. However, children raised in single-parenthood are in greater risk of being physically abused than those in two-parent family (Corby, 2006). In the study conducted by Alder & Polk (2001), 87% of fatal assaults were committed by step-father or a partner of the child's mother, and in most of these cases the mother and the partner had been in a relationship for less than six months. Many researchers draw attention to the evolutionary psychology and abuse and murder of step-children (Wilson & Daly, 1988; Roach & Pease, 2013; Buss, 2004). Daly and Wilson (1988) found that the child homicide by step-parents were one hundred times or more than the rate of child homicide by biological parents. They also found out that the risk of homicide is higher when the child is less genetically related to the adult. In addition, 'stepparenthood per se remains the single most powerful risk factor for child abuse that has yet been identified' (Daly & Wilson, 1988, p.87). 'There can be little doubt that the potential violence is a part of human nature' (Wortley, 2011, p.30), and those acts (murders, assaults, infanticide), which are labelled as criminal in some societies and at some times in history, are initiated by the natural selection and the desire to maximise the survival. Baby Peter Connelly or Daniel Pelka are examples of homicides where one of the perpetrators was a non-biological guardian. In the study conducted by Cavanagh, Dobash & Dobash (2007, p.737), few themes have emerged in the cases of 26 fatal child abuse cases by male perpetrators: 62% of the victims were step-children; birth fathers were more likely to kill younger children under six months of age; 97% of stepfathers' victims were between one and four years of age; stepfathers who killed were more likely to 'have had more disrupted, disadvantaged and problematic childhoods than birth fathers'. The findings from Cavanagh et al (2007) or Daly & Wilson (1988) suggest that there should be a stronger emphasis on the familial structure in the preventative methods used by social workers or police officers. However, the sample of social workers in the study conducted by Roach and Pease (2011) was not aware of the heightened risk posed to children by non-biological parental figures.

In some homicide cases, the parents or carers refuse to take responsibility for the death of a child, and as a response to this 'which of you did it?' scenarios, familial homicide has been introduced in section 5 of the Domestic Violence, Crime and Victims Act 2004. It says that any person(s) responsible for a child under 16 or a

vulnerable adult will be found guilty and sent to prison for a maximum of fourteen years on the grounds of causing or allowing the death of the child. However, there are many other factors, which needs to be taken into consideration. For instance, recognition of potential domestic violence victimisation of a suspect or a gaining an evidence of past violence and neglect towards the child.

## 1.6. CHILD ABUSE

According to Homicide Index (1995-2001), 59% of paternal homicide were a result of child abuse (Brookman, 2005). 'A characteristic of these cases is the apparent intent to punish or discipline, rather than to kill the child' (Alder & Polk, 2001, p.68). In addition, child abuse was often shown as the most common circumstance, in child homicides cases perpetrated by parents or step-parents (Roach & Bryant, 2015).

Child abuse and neglect are complex terms to define because of their socially-constructed nature (what is acceptable by the society). English legislation lacks clear definition of child abuse, but Children Act 1989 links the abuse and neglect of a child with the 'significant harm', and concerns the impairment of health or physical, intellectual, emotional, social or behavioural development.

In the study conducted by Giovanni & Becerra (1979, cited in Corby, 2006), sixty vignettes with cases of neglect/abuse were given to professionals involved in the child maltreatment process (police, social workers, paediatricians and lawyers) and non-professionals. The respondents were tasked to rate the vignettes based on their seriousness. Police and social workers were more likely to rate the vignettes more seriously than paediatrician and lawyers. It is believe to be because of their professional role in early preventative/investigative stages of abuse. Police were found to rate higher where crime had already been committed, and social workers were more likely to rate the emotional abuse higher. Public was found to look at given scenarios more seriously than professionals. Giovanni & Becerra also found that there is a great level of inconsistency in the decision-making process whether to intervene or not, which is then moved into their professional practice.

Child abuse is not defined as a separate criminal activity in the official statistics, and is often found under violent or sexual assaults. There are over 50,000 children on the child protection register in the UK, but because of the hidden nature of the crime, the exact numbers are impossible to estimate (NSPCC, 2015).

## 1.7. OTHER PERPETRATORS IN CHILD HOMICIDE

Strangers who kill are in most cases males, and the victims tend to be older than in filicide homicides with the average of 14.5 years, while in familial homicides the victims are usually under six (Alder & Polk, 2001). Most feared form of child homicide happens to be the one, which accounts for the lower percentage of all child homicide offences: abductions-murders by serial killers are very rare, but are highly publicised by media and extremely feared by every parents. Great example of enormous public and media attention are the abduction-murders of Sarah Payne, or Holly Wells and Jessica Chapman.

Serial killers kidnapping children are extremely rare. The victims tend to be chosen randomly, rather than through carefully planned kidnapping of a particular child (Alder & Polk, 2001). Offences of this type lack any pattern, and therefore they pose a great challenge to police investigators. In a study conducted by Stroud (2008) sexual motives and psychotic illnesses were often pinned to the stranger-perpetrated child homicides.

Majority of stranger-perpetrated child homicides include young persons (lawfully still children) who get entangled in violent adult (male-on-male) scenarios (e.g. pub fight or neighbour feud – Roach & Bryant, 2015). Most readers will start picturing the case of two-year old James Bulger, who was abducted from a shopping mall in Liverpool by two ten-year old boys and brutally abused and killed. However, these scenarios, despite of achieving an international public and media attention, are extremely rare. More common scenarios include honour contests (very often associated with alcohol/drugs): ‘the death was not initially intended, but was a consequence of the rapid playing out of the challenge and resulting fight’. Second common scenario is violence as a method for resolving a conflict between individuals because of the lack of other means to solve it. There are also examples, where young people die in a course of crime (e.g. robbery-goes-wrong) or accidental shooting (Alder & Polk, 2001). In overall homicide statistics, gang-related lethal violence represents 1% of all homicides, whereas in child homicides it accounts for 9% (Brookman, 2005).

It is worth remembering that large proportion of children around the world are killed as a result of wars, political tensions, lack of medical interest in some regions or the companies’ pursuit of profit which does not seem to attract as much media

and community attention as the homicides committed by individuals or couples (Alder and Polk, 2001).

## 1.8. SAFEGUARDING CHILDREN

*'Safeguarding and promoting the welfare of children is defined (...) as; protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes'* (Working Together, 2015).

Despite of the influx of child abuse reports in the last decade, child protection has been visibly present in the state's agenda during the century and a half and have been shaped by many social, economic, political and cultural factors. However, what is new about the child protection laws and practices, is the way in which they are interpreted and challenged by the public and authorities.

In the second half of the nineteenth century, which brought significant changes to population and industrialisation of Britain, child abuse was beginning to be looked upon as a state problem. 'From a variety of perspectives it was argued that nineteenth-century liberalism had failed, and was powerless in the face of the forces of social transformation evidenced by rates of death and crime – particularly in relation to children' (Parton, 2005, p.11). Punishments were rarely chosen as a response to parents mistreating their children. This period saw the emergence of NSPCC and the interventions were based on support and advice, which aimed at improving the quality of parenting: 'The NSPCC workers of this time faced the dilemma that social agencies still face: how, following liberal traditions, to influence the family without undermining its independence' (Corby, 2006, p.29). Parents who engaged in child abuse were rarely in the public attention.

Early twentieth century brought a significant decrease in the cases of children maltreatment, despite of introduction of 1908 Children Act which widened the conditions for abuse/neglect proceedings. With this significant decrease, child abuse seemed to disappear from the government's agenda. The change in the number of reports was believed by the government to be the results of effective work of agencies protecting children (e.g. NSPCC) as well as improvements to the social

welfare (school meals, health service, etc.). However, Rose (1991) brings to attention decline in birth rates. While an average number of children being born in Edwardian era was 6, in the 'between the wars' period the average number was 2, which could be the reason why the child abuse/neglect reports were reduced by half.

The Second World War period brought strong emphasis on patriarchal nuclear family and the introduction of the welfare state: 'at the heart of this was a very particular elaboration of the ideal relationship between the state, the market, and the family' (Parton, 2006, p.20). This period saw the introduction of Children Act 1948, which aimed at improving the quality of life of the children in care, those who were deprived of 'normal family life' and did not have access to the basic facilities (meals, school, health service). Therefore, new children departments were established. However, ten years later, the practices were beginning to be seen as flawed and more preventative techniques were implemented. One of the most significant intervention was the introduction of 'family service' - 'with a focus on the family and the community, and the new profession of social work would lie at its core' (Parton, 2014, p.19). Period between 1970 and 1985 is seen in the history of child protection as the re-emergence of child abuse. Firstly, it was pinpointed to the paediatricians (Henry Kempe) introducing the term 'battered baby syndrome', misdiagnosis of physical abuse in young children and identifying it as an accident or disease (Corby, 2006).

Secondly, children being abused and killed by parents, step-parents were no longer hidden from the public view as it had been done until then. The cases of killed and abused children such as Maria Colwell, Jasmine Beckford or Tyra Henry gained media, public and political attention, which put social services' work under scrutiny. The idea of supporting parents and children as a whole was heavily questioned, and new 'more focused and intrusive' interventions were implemented (Corby, 2006, p.39). Social workers were trained in recognising the signs of child abuse and were to switch the focus to the interests of the child, and not those of a parent. In 1987, the Cleveland affair erupted (121 children, locked in hospital on safety orders on suspicions of sexual abuse) and the social services, in contrast to Maria Colwell case, were strongly criticised for over-intervening and invading the privacy of the family (Parton, 2014). It seemed that social services were failing on both fronts: they were either failing to protect vulnerable children like Maria Colwell, or over-reacting and undermining the private domain of family by taking the children away from them

without strong evidence, like in Cleveland affair. 'It was not only a question of getting the right to balance between family autonomy and state intervention, but also between the power, discretion and responsibilities of the various judicial, social and medical experts and agencies' (Corby, 2006, p.34). The crisis in child protection called for new set of laws and practices, which in result formed the Children Act 1989. The core principles of the Act highlighted the need for balance between family support and child protection, which was to be achieved by negotiations with families (Corby, 2006; Parton, 2014). It gave the local authorities more responsibilities, particularly in terms of preventing and predicting future 'significant harm' to the child.

Since Maria Colwell's death, early 1970s, United Kingdom went through significant social and economic changes, which were highly visible in the dynamics of the communities and families. It is argued that the model of 'normal family' collapsed with the entrance of women into the labour market, increase in divorces and rise of single-parenting. The notion of individualism emerged, reducing the links with traditional values. In addition, the media started to gain popularity and power to interpret events and influence the recipients. 'While these changes have helped to create greater level of transparency and accountability, they have also had a direct impact on the way we understand the boundaries between the public and the private' (Corby, 2006, p.53). Therefore, the New Labour, since the election of 1997, placed a strong emphasis on the idea of individualism and personal responsibility. Children were seen as the vulnerable products of the economic and social changes, and despite of more opportunities, they were believed to be facing more risks than ever before (inter-familial problems, drugs and alcohol, sexual activity). Education of the children was seen by the New Labour as a key, not only to better economy, but also to fighting social issues such as for example poverty or unemployment. Therefore, another reform to children's services was needed. *Every Child Matters*, (HM Government, 2004) and Children Act 2004 partially came as a response to the Lord Laming Inquiry into the death and abuse of nine-year old Victoria Climbié, who had been known to the social services, police and medical professionals, yet no one estimated the risk she had been in. *Every Child Matters* focused on the wellbeing of all children, while implementing a more integrated, business-like and inter-agency system. The emphasis lied on the early intervention and prevention in order to escape tragedies such as this of Victoria Climbié. Tony Blair argued that the changes brought by the New Labour were effective: over 1.5 million children were

taken out of poverty, the suicide rates among young people decreased and the quality of life in poorer families improved. However, the UNICEF report (2007) measuring the general quality of wellbeing in children, placed the United Kingdom at the end of the list.

In November 2008, the media erupted with criticisms towards professionals involved in the care and support (social workers, medical personnel and police in the London borough of Haringey) of 17-month-old Peter Connelly, who died as a result of abuse and neglect received from the partner of his mother. The public and media backlash to the death of 'Baby P' was much more visible than in past tragic cases of child abuse. The death of Baby P, not only highlighted the flaws in the child protection system, but also in practices used to deal with the general problems of the contemporary society (Parton, 2014). Holland (2012) argues that the legislation and practices, which emerged as a response to 'Baby P' crisis (The Munro Review 2011, Working Together to Safeguard Children 2013) changed the bureaucracy- and procedure-driven children's services into child- and community-centred approach. Munro's suggestion was to 'develop a system, which was more child-centred and about learning rather than compliance driving and blaming' (Munro, 2011, p.93). Following Munro's recommendations, the responsibility and accountability is shifted from the central government into Local Safeguarding Children's Boards. Whilst it gives more powers to the people, who are closer to the issues, it also separates the government from the potential failures and mistakes committed by the individuals who are in charge of local services (Dugmore, 2014).

Many government documents in the past and present have emphasised the importance of multi-agency work in safeguarding children. However, Peckover & Golding (2015), while examining multi-agency approach to domestic abuse and safeguarding child found that it faces many challenges and criticisms. Very often, there is lack of single agency accountability and additionally, the professional approach to the cases varies between agencies: 'these include differences in how readily domestic abuse was recognised, the extent to which risk was assessed and women and children's safety considered, and differences in the skills and confidence to address domestic abuse safely and effectively' (Peckover & Golding, 2015, p.8). *Working Together* (2013) draws attention to the child protection as everyone's business – shifting the responsibility of social services into everyone who comes into

contact with children. For example, a police officer who deals with domestic violence must recognize the effects it has on child(-ren) who live in the household. While the permission to remove the child from the household/parents is often given by court, any police officer can use emergency powers to remove a child according to section 46 of the *Children Act* 1989. Holland (2014) suggests that a stronger emphasis should be placed on community-based approach to child protection and funding projects in the local areas such as parenting classes, youth work or childcare and play centres. In her research, Holland noticed that there is a negative relationship between residents of her studied area and formal organizations. Families and children are often stigmatised as a result of having a social worker. Such projects, often run by voluntary organizations, could act as bridge between residents and statutory sector (particularly those agencies involved in the children protection). In addition, they are more local, approachable and available to the residents.

It is hard to measure the success of all the implemented practises and laws regarding child protection and safeguarding. If they are judged based on the reduction of numbers in child deaths, according to Pritchard and Williams (2010) the child deaths (particularly those abuse-related) declined since 1974, which suggests that the laws and practises are effective. However, child protection is a wider field to look at, and child deaths are just a fraction.

### 1.9. INVESTIGATING CHILD DEATH

This paragraph will look at the circumstances and proceedings, which accompany child deaths (suspicious and non-suspicious) in residential premises (excluding murder-suicides). When the child death occurs outside home, the normal criminal investigation follows.

Sudden and Unexpected Death in Infant (SUDI) or Child (SUDC) is defined in the *Working Together 2013* as 'the death of an infant or child (less than 18 years old) which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was a similarly unexpected collapse or incident leading to or precipitating the events which lead to the death' (HM Government, 2013, p.79). Once SUDI or SUDC occurs, the professional responsible for confirming the death should inform local paediatrician as well as coroner and police. At this point, the police investigation is initiated. These deaths fall into three broad investigative

categories ranging from natural deaths (e.g. medical conditions, SIDS) to unnatural deaths (e.g. murder, manslaughter, infanticide). Inappropriate assessment may have a significant impact on the outcome of the investigation: 'essential evidence being lost and justice denied for the parties affected' (Marshall, 2012, p.33). Child death investigation is about communication and sharing information with other agencies and professionals (paediatrician, police, social service, GP, etc.) in order to evaluate the death of a child. Majority of the cases will not fall into the 'unnatural death' category, as there are going to be medical or natural explanations to justify the death. According to Marshall (2012, p.38-39) 'childhood death investigation operates in a very challenging and provoking environment – one that needs very careful consideration, sensitivity, management, and professional knowledge-based judgements'. All the child deaths which fall into suspicious deaths and child homicides will be reviewed during regular meetings held by Child Death Overview Panel (CDOP). The aim of these multi-agency meetings is to discuss the preventability of the deaths: 'not to allocate blame, but to learn lessons' (HM Government, 2013, p.73). The police participation in the child death investigation becomes more overt when the potential causes of child's death skew towards homicide. According to Marshall (2012) expressed that child death investigations may belong to one of the most difficult investigations to work on. Sensitivity and open-mind need to be present throughout the investigation in order to balance the rights of a lost child and those of family members. Parents must be treated with respect and dignity, whether they are just grieving parents or potential suspects. Such investigation poses many challenges to the police work. In child homicides, according to Kennedy (2004) the investigation must be initiated from the position that the death of a child could be caused by natural or medical explanations. Such approach negates the principles of modern criminal investigation and the notion of 'golden hour', which consequently can lead to losing essential evidence or contamination of the potential crime scene. According to Marshall (2012, p. 5-6) 'in a child-centred, victim-focused investigation, this possibility of a covert homicide has to at least be considered, but in a very compassionate and sensitive manner, maintaining an open mind in the search for the truth'. Therefore, the training and experience in such investigations is very important in order to conduct an effective investigation. According to Van Patten & Burke (2001) police detectives, whose work involves investigating child homicide offences, experience the highest level of stress,

in comparison to other police personnel.

Criminological field lacks research into the work of police investigators and their perceptions, understanding and attitudes about child homicide offences, therefore this study is going to help create knowledge around these issues.

#### 1.10. PUBLIC OPINION

Studying public opinion of crime has become a growing area of criminological research, actively influencing local and national political agendas and constantly unlocking doors for further research. Most researchers agree that public have misconceptions of crime and its trends and characteristics (Vandiver & Giacomassi, 1997; Williams, 2008). Researchers measured the people's perceptions of homicide rates, and in many of the studies public believed that homicide rates are increasing, while in reality the numbers have been stable or declining (Roberts & Stalans, 1997; Indermaur, 1987; Mitchell & Roberts, 2012). Williams (2008) argued that raising awareness of public perceptions is important, especially amongst students and professionals having contact with criminal matters. Knowing a true picture of crime prevents individuals from stereotyping and allows for prejudice-free thinking. 'Without a realistic perceptions of crime, their actions may be based not on reality but on media-generated conceptions' (Vandiver & Giacomassi, 1997, p. 142).

Garland (2000) argued that media plays a significant role in shaping people's opinions and perceptions on crime as it is often the main cited source of information of crime. Media not only informs about the events, but also has the power to tell how and what to think about specific events, particularly if those respondents poses little or no knowledge of the issue. If statistics about child characteristics are not presented to the public, the public can perceive the child homicide events as those which gain the most media: extra-familial perpetrators kidnapping children or parents from disadvantaged families abusing their child until it dies. The ways in which crime events have been portrayed by media were criticised: 'the media is drawn towards acts which are visible and spectacular' ('newsworthy') and those are presented in 'a deliberately shocking, blunt, or brutal manner, and emphasise the contrast with what is implied to be a quiet and law-abiding community' (Williams, 2008, p.46). Homicide is no longer a personal tragedy, but rather a 'social spectacle', which has turned into profitable business. Morall (2006, p. 183) criticises the process of murder fascinations: 'this is not a social process. At best it is social stagnation, and at worst

social degeneration’.

Chapter 1 explored the literature review around child homicide: its definitions, statistics, characteristics, as well as it looked into the child abuse, safeguarding children and investigating child deaths.

### 1.11. RESEARCH QUESTIONS

Despite of substantial amount of research into the characteristics of child homicide perpetrators and motives, the field lacks research into the public and professional opinions of the subject. Most of the knowledge of child homicide characteristics come from numerous policies and inquiries, which very often highlight the professional failures, and address potential changes. However, none of them focuses on the pre-offence characteristics of victims or perpetrators.

Therefore, this study aims to expand the knowledge by examining these public and professional opinions and comparing them to official statistics and already existing research in this area.

This study is going to answer these research questions:

1. How do public and those professionals working in child homicide protection/investigation perceive the offence of child homicide, and what shapes their understanding of this offence?
2. What are the differences and similarities between their opinions and official statistics and existing research?
3. What role do professionals working with child protection/homicide believe to have in preventing and investigating child homicide?

In sum, the overarching aim here is to create a baseline of public and professional perceptions and opinions about child homicide, from which future prevention interventions might be crafted and measured (e.g. new policies and legislation regarding protection of children).

## **CHAPTER 2: STUDY ONE**

This chapter is going to explore the public and professional perceptions and opinions on the characteristics of child homicide offences. The opinions were gathered during the questionnaires, and included responses from professionals involved in pre- or post-roles in child homicides, as well as responses from members of public not involved professionally in child homicide. The chapter is going to include methodology of the study, results and analysis as well as discussion of the findings.

### **2.1. METHODOLOGY OF STUDY ONE**

In the first part of the research, quantitative method was used in order to collect data to aid in creating a working base-line of opinions and perceptions on child homicide. Structured questionnaire was used because of the need for numerical data, which would be easily comparable and statistically analysed. Questionnaire, because of its one-time (and not face-to-face) contact with the participant, needs to be thought through in advance and effectively mirror the theoretical underpinnings and comprehension of data analysis. The questionnaire in this study contains: participants' personal details (e.g. demographics) questions, awareness of the topic questions (e.g. estimations of recent child homicide rates for England and Wales), and opinion-based questions (e.g. respondents' opinions on the most likely explanations for child homicide). To gauge participants awareness and opinions on the topic, 5-point Likert scale was used, ranging from 1 (strongly disagree) through to 5 (strongly agree). All instructions and questions presented in as easily understandable and unambiguous way. This was crucial as the survey was to be distributed and completed electronically (online) meaning that no extra guidance could be given to respondents directly.

Prior to the study, a pilot study comprising 5 participants with different demographics (e.g. Criminology student, a Polish national who does not speak advanced English and a new mother), was conducted in order to assess the feasibility, clarity of instructions, missing responses, ambiguity of questions and the writing style of the questionnaire. Very few amendments were suggested, with only a few structural changes of certain sentences needing to be implemented.

A primary reason for employing a survey (questionnaire) approach was their quick to administer and inexpensive nature, when compared to for example

interviews or focus groups, which would have required a vast amount of time and financial support to interview 263 participants. The questionnaires were designed on the Survey Gizmo website, and were distributed using social media such as Twitter and Facebook.

Unfortunately, certain limitations became apparent after data collection. Firstly, respondents were less representative of the UK society than had been anticipated. One of the possible dangers associated with distributing and conducting online surveys is that the researchers surrenders any certainty of achieving a representative response from all members of a population, and becomes somewhat hostage to those who use, understand and respond to social media. As de Vaus suggests:

*'A fundamental goal of research is to be able to generalise – to say something reliably about a wider population on the basis of the findings in a particular study'* (de Vaus, 2002, p.69).

Although often making a truly representative sample of the UK population is difficult to achieve, the flip-side is that by using social media a better response rate in terms of the number of responses returned is usually achievable. For this purpose, stratified sampling would be ideal to proportionately reflect the characteristics of a wider population and achieve a greater degree of representativeness. However, the sampling was limited on the grounds of practical constraints, therefore, the convenience sample was chosen, based on its accessibility and availability. This study's sample consisted of 79% females and 79% of individuals who graduated from undergraduate or postgraduate college/university. In addition, only 27.5 % of respondents were professionally involved in jobs dealing with child protection and child homicide. However, a deeper insight into professionals' understanding was gained in the second part of the research, through semi-structured interviews. Furthermore, many respondents did not finish the survey, and the biggest drop-out was noticed at questions regarding child homicide statistics. In future studies, such questions should perhaps be placed towards the end of the questionnaire to avoid discouraging people at the beginning with difficult questions.

Data from the questionnaires was analysed using SPSS 20, because of the correlation research design, which refers to studying relationships between the variables. SPSS allows for quick data analysis in many different statistical techniques.

Ethical considerations were followed with the accordance to the British Society of Criminology. Following ethical principles was particularly important in this research because of its sensitive nature (child homicide) and direct contact with the respondents (BSC, 2015). Participation in study one was voluntary and participants were informed about the contents of the questionnaires. A copy of consent form is included in the Appendix, alongside the original questionnaires. In addition to these ethical considerations, participants were informed about their right to withdraw as well their right to confidentiality and anonymity (Bryman, 2008; BSC, 2015). Questionnaires did not collect any personal information such as names or e-mail addresses. Contact details to Samaritans were provided in the introductory sheet in case any participant was affected adversely by the contents of the questionnaire. All the collected data remained confidential and anonymous, stored securely on the researcher's computer in a password-protected file and is going to remain there for two years from the collection date.

## 2.2. QUESTIONNAIRE RESULTS AND ANALYSIS

This section is going to look at the results and analysis of the results from study one, the 263 questionnaires distributed online. The questionnaire consisted of participant details (e.g. demographics), questions regarding awareness of the topic (e.g. estimations of recent child homicide rates for England and Wales), and opinion-based questions (e.g. respondents' opinions on the most likely explanations for child homicide). The overarching aim of this part is to create a working baseline of opinions and perceptions of child homicide, and find similarities/differences between responses of general public and those professionals who work in child homicide prevention or investigation fields.

In order to analyse the data, SPSS 22 was used.

### 2.2.1. PARTICIPANT SAMPLE DEMOGRAPHICS

All questionnaires were limited to the respondents living in England and Wales because of the access to homicide statistics applicable only to this geographical part of the United Kingdom. Extending the questionnaires to residents living in Scotland or Ireland, would require additional work in obtaining general UK statistics, as those are not readily accessible.

The sample consisted of 263 participants: 209 females (80%) and 52 males (20%). The average age was 31 years (range: 18-71, std. deviation: 11.322). 86% of participants were of white ethnic origins, 8% Asian/Asian British and 3% Black/African/Caribbean/Black British. Half of respondents stated their religion preferences as 'No Religion' and 32% as Christian. 50% of the participants classed themselves as college/university graduates, with 28% holding a postgraduate degree, while 17% of the respondents were high school graduates. Almost 50% of respondents stated they were single, and nearly 44% were married or in a relationship. 62% of the participants do not have any children in comparison to 38% who do. Of those who have children: 48% have two children, 25% have one child and 21% have three children. The question regarding having any children was significant to examine whether those who do have children perceive the child homicide offences in different light than those who do not have any children. 72.5% of respondents stated that their job role did not involve dealing with child protection or child homicide, while 27.5% (72 participants) were involved in this type of work. Some of the examples of those professionals included: social workers, police officers, PCSOs, and medical professionals.

### 2.2.2. AWARENESS OF CHILD HOMICIDE IN ENGLAND AND WALES

It was found that 65% of all respondents believed killing a child was the worst type of crime, with female participants more likely to agree with this statement than their male counterparts ( $t=2.078$ ,  $df=80.896$ ,  $p=.039$ ). Moreover, respondents that were are parents were found more likely to agree with the statement that child homicide is the worst type of crime of all, than those who did not have any children ( $t=2.030$ ,  $df=215$ ,  $p=.044$ ).

According to recent statistics, there were 551 homicides (adult and children) in England and Wales in 2012/13 and 526 homicides in 2013/14 (ONS, 2014). In this study, 43% of the respondents thought that there were between 401 and 800, which reflects the picture. 30% of the respondents, however, thought there to be less than 400 homicides and almost 30% thought there were more than 800 homicide offences in England and Wales annually. In sum, 60% of respondents either over- or underestimated the number of overall homicides in England and Wales annually. Perhaps more worrying was the finding that 65% of respondents who states that they worked within the child protection and homicide investigation arenas, either over- or

underestimated the homicide numbers. No statistical difference, however, was found between them and other members of the public, suggesting that although they are not more aware of the prevalence of homicide (including child victims) than the general public, they are no less so at least.

Crosstabulational and chi-square analysis were conducted to identify any statistical differences between the estimations of overall homicide numbers and participant demographics (e.g. gender, religion, relationship status, parents and non-parents, source of information on crime as well as frequency of following crime news (George & Mallery, 2010). No significant differences except for relationship status and the estimation of all homicides, where half of the respondents that were married (or in a relationship) answered the question more accurately when compared with only 36% of single participants (Chi-square= 3.946, df = 1, p = 0.047).

Next in the survey, the participants were asked more specifically to estimate the number of child homicides in England and Wales annually. Here, almost half of the participants thought that child homicide represented 1-25% of overall homicide rates, with a further 41% of respondents thinking that the percentage was more likely to be between 26-50%. Peculiarly, in their presentation of the analysis of the data for England and Wales, ONS classify child homicide victims to be only those under 16 years old, on which basis child homicide constitutes approximately 10% of all homicides (according to ONS it was 12% in 2012/13 and 9% in 2011/12). As homicide numbers from the Homicide Index for certain age are challenging to obtain, the estimation was made that those aged 17 could make no more than few percentages of overall homicides. Therefore, it is safe to estimate that the child homicide (under 18 year old) make less than 20% of overall homicide rates, and this answer was chosen by approximately half of the respondents in this present study. In the present research, 58% of participants working in child protection/ homicide investigation, however, accurately estimated the number of child homicide victims in England and Wales annually, compared with only 41% of those not working in these arenas. The difference was found to be statistically significant (Chi-square = 5.604, df=1, p=0.018). Additional analysis found that 60% of male participants were accurate in estimating the percentage of child homicide in overall homicide numbers, with only 42% of their female counterparts. Again this was found statistically significant (Chi-square = 4.4.65, df = 1, p=0.035).

There were 67 child homicide recorded in England and Wales in 2013/14, the lowest since 1989, however, only 30% of the respondents in this study said that they thought that the child homicide rates had been decreasing over the past ten years, leaving 70% saying that they thought that it had been increasing. Indeed, participants with children were found to be more likely to think that the numbers of child homicide were increasing, when compared to participants without children. A t-test for both groups was found to be statistically significant ( $t=-2.890$ ,  $df=254$ ,  $p=.004$ ).

As police records and official statistics are the main ways of accessing the numbers of child homicide, the respondents were asked whether they thought the official statistics to be accurate. 41% said that they considered them to be broadly accurate, whereas 30% stated that they did not believe them to be so. Those participants most accurate when estimating the number of recorded homicides, were found to be also be more likely to believe in accuracy of the official statistics, than those who were less accurate in estimating the number of homicides. An independent t-test between the two groups identified that this difference was statistically significant ( $t=4.514$ ,  $df=255$ ,  $p=.000$ ).

Participants were also asked about their perception of child victims of homicide aged less than one year of age. Nearly 60% of the respondents stated that child homicide victims under one year old constituted less than 20% of all homicide victims under 18 years old. While only a fifth stated that the percentage was between 21 and 40, which, in fact, best reflects the estimates gleaned from the official statistics. However, when participants were asked to agree or disagree with the statement that children up to one year old are the most vulnerable to becoming victims of homicides, nearly 60% agreed. Furthermore, single participants were more likely to believe in the heightened risk of homicide in children under twelve months, than those participants who are married or in a relationship ( $t=2.249$ ,  $df=242$ ,  $p=.025$ ).

Officially, children under the age of one year do have the highest rate of homicide per million population of nearly 30 per million population, compared with overall homicide rate per million population in England and Wales of 9.7 (ONS, 2014). There were 22 victims under twelve months in 2012/13 and 15 in 2011/12, which makes about 33% of all child homicides. According to the statistics and previous research children under one year old are at the highest risk of homicide

victimisation and one hopes that professionals working with children such as social workers or police officers are aware of this (ONS, 2014; Roach & Bryant, 2015). However, in present study, no statistically significant difference in awareness of rates, trends and numbers was found between those respondents considered to be 'professionals' in the child protection/homicide fields and those respondents who were not.

73% respondents stated that they thought child abuse often leads to child homicide, with single participants more likely to agree with the statement, than those that were married or in relationships. An independent t-test returned a statistically significant difference between married and single respondents ( $t=3.200$ ,  $df=196$ ,  $p=.002$ ).

In the present study it was found that 85% of participants agreed that a high percentage of child homicide victims are killed by either their parents or close family relatives, and subsequently, 75% of the respondents disagreed that strangers' abductions and murders represent a high percentage of the child homicides. According to ONS (2014) in 46 offences (69%) of child homicide the perpetrator was known to the victim (40 victims were killed by a parent or step-parent) and in 8 cases (11%) the offence was committed by a stranger. This similar trend has been repeated in the most recent official statistics, as about 50% of victims under 16 were killed by a parent or step-parents, and only 9% by stranger (ONS, 2015). People who described their religious preferences as 'no religion' (as opposed to those who specified their religion) were more likely to reject the statement that high percentage of child homicide offences is committed by strangers abducting and killing children ( $t=2.686$ ,  $df=249.095$ ,  $p=.008$ ). In addition, those respondents who accurately estimated the child homicide statistics, were more likely to believe in members of the family being the most common perpetrators ( $t=2.578$ ,  $df=255$ ,  $p=.010$ ), rather than strangers ( $t=3.751$ ,  $df=254$ ,  $p=.000$ ). No other statistical differences were found. As these findings illustrate, the public seems to be aware of the most common perpetrators in the child homicide offences.

Furthermore, the respondents were asked their opinions about men that kill children. First, almost 50% of the respondents stated that men are more likely to abduct and murder children than women (with 28% disagreeing). The results of an independent t-test showed that male respondents were more likely to agree with the

statement, than their female counterparts ( $t=2.265$ ,  $df=84$ ,  $p=.026$ ). Secondly, when the participants were asked whether they thought children to be at higher risk of homicide victimisation from step-fathers (or step-parental figures) than the biological father: opinions varied with: 37% agreeing, and 35% disagreeing. Thirdly, when the participants were asked if they believe that it is more common for men to kill their children in murder-suicide or family annihilation, again opinions varied with 42% agreeing, and 32% disagreeing.

It was found that only 31% of respondents thought that men kill children by more violent means than women, while 42% disagreed.

Next, the participants were asked if they thought that mental illness was the main explanation for why men kill children. 42% of respondents disagreed with this statement, and 33% agreed with it.

When the participants were asked whether they agreed that mental illness explains why women who, a substantial 74% of respondents agreed with this statement. Explaining why someone killed a child is obviously a highly complex issue, and often reflects combination of different factors (e.g. psychological, socio-economic) rather than a straight-forward, unequivocal explanation. Approximately 70% of respondents agreed that mothers that kill their own children tend to attract a far larger public and media backlash, than when others kill children. Female respondents were found more likely to agree with this viewpoint than male respondents were ( $t=2.436$ ,  $df=254$ ,  $p=.016$ ).

Respondents were also asked about child homicide investigation (although these questions were rudimentary in this study and reserved primarily for in depth interviews with the professionals in study two. Here respondents were asked if they thought that determining whether a child under two died of natural causes or is a victim of homicide, was a straightforward process. 85% of respondents said that they did not think that it was, but with 76% respondents not thinking it straightforward when the child is between two and seventeen years of age. Professionals involved in the child prevention/investigation were more likely to believe that the process is not straightforward.

Further statements asked respondents about their opinions on punishment. Firstly, Almost 60% of the public believes that anyone who kills a child should get a mandatory life sentence. Single participants (in comparison to those in relationships) were more likely to agree with the statement that anyone who kills a child should

receive a mandatory life sentence ( $t=2.357$ ,  $df=240$ ,  $p=.019$ ).

Secondly, 82% of the respondents do not think that mothers that killed their own children should receive more leniency in punishment than fathers who kill their children, while almost 50% believe that men who kill children are likely to be punished more severely than women. 40% believes that women who commit neonaticide should receive support and treatment, rather than be punished, while 31% disagreed. Those respondents who are married/in relationships were more likely to agree that the women who commit neonaticide should receive support and treatment, rather than punishment ( $t=2.277$ ,  $df=241$ ,  $p=.024$ ).

The last section of questions, asked participants for their thoughts on the prevention of child homicide. 70% of the respondents said that they thought that child homicide was preventable. Those respondents who accessed information on crime from non-media related sources (e.g. professional experience, university course) were more likely to agree that child homicide is preventable, than those whose main source of information of crime came from the news ( $t=2.102$ ,  $df=61$ ,  $p=.040$ ). A further research is needed in order to explore the public perceptions of child homicide prevention. Potential prevention of child homicide from professional side is going to be discussed during the interviews with police professionals in the second part of the research. Last two statement of the questionnaire asked about significant roles in preventing child homicide. 83% of the respondents believe that those working in child protection play a significant role in preventing child homicide offences. Only 54% agreed that the general public play a significant role in prevention of child homicides. Those professionals working in the child homicide investigation or prevention (in comparison to the general public who is not involved in such roles) were found to be more likely to agree with the statement that general public plays a significant role in child homicide prevention ( $t=2.696$ ,  $df=254$ ,  $p=.007$ ). In addition, respondents with 'no religion' as their religious preference, were more likely to agree that general public plays a significant role in preventing child homicide ( $t=2.592$ ,  $df=255$ ,  $p=.010$ ).

### 2.2.3. SOURCES OF INFORMATION ABOUT CRIME

At the end of the questionnaire, the respondents were asked about their main source of information on crime, and how often were they accessing the news about crime. The most quoted sources of information about crime were: TV news (48%), Social

media websites (19%) and newspapers (16%). Category 'Other' received 5%, and most common answers amongst it were: university course and professional experience. Second question asked about the frequency of accessing crime news and 48% said daily, 26% said 2-3 times a week, 15% weekly, 4% monthly, and 8% said they were not interested in the news about crime. For better comparison results, the answers were combined into media-related news (85%) and non-media related news (15%) and the frequency of accessing news on crime into frequent (73%) and in-frequent (27%).

### 2.3. SUMMARY OF FINDINGS

The main aim of the quantitative part was to show how public and professionals working in child homicide and child protection perceive the phenomena of child homicide, what are their opinions and understanding of the issues and characteristics surrounding the offence, such as common perpetrators, motives, victims.

Summary of most important findings:

- 60% of respondents under- or –overestimated the numbers of overall homicide in England and Wales
- 50% of participants estimated that overall homicide consists of less than 25% child homicides
- Only 30% of respondents believe in decreasing child homicide statistics
- Nearly 60% of participants believe that children under one are in highest risk of homicide victimisation
- 73% of respondents believe that child abuse can often lead to child homicide
- 85% of respondents believe that high percentage of child homicide victims are killed by either their parents or close relatives
- Only 37% of respondents agreed that children are at highest risk of homicide victimisation from their step-fathers, than their biological fathers.
- 42% of participants agreed that it is more common for a men to kill their children in murder-suicide or family annihilation.
- 32% of respondents believe that mental health can be an explanation of why men kill children, while 74% believe that mental health can be an explanation of why women kill children.
- Almost 60% of the respondents believe that anyone who kills a child should receive

a mandatory life sentence.

-70% of the respondents believe that child homicide is preventable.

-83% of participants believe that those working in child protection play significant role in preventing child homicide.

-53% of the respondents believe that general public plays a significant role in preventing child homicide.

Discussion of the findings as well as the implications and limitations of the study will be discussed in the last chapter, which is going to discuss results of both studies.

### **CHAPTER 3: STUDY TWO**

This chapter is going to explore the perceptions and opinions of child homicide from the perspective of professionals involved in the investigation of child homicide, which were obtained from the interviews. Chapter is going to include the methodology of the study, results, analysis and discussion of the findings.

#### **3.1. METHODOLOGY OF STUDY TWO**

Second part of the research used qualitative research methods, which gives an opportunity to gain a deeper insight into the perceptions and opinions of the professionals working in child homicide investigation and child protection. Participants were chosen by the representative of the company (convenience sample), who was contacted via e-mail and from whom a written permission to conduct a study was obtained. The sample chosen for these semi-structured interviews consisted of four police professionals (ranks ranging from Detective Inspectors to Detective Superintendents) from the Homicide and Major Inquiry Team (HMET) in a police force located in England and Wales. All participants have had previous experience in dealing with suspicious child deaths and/or child homicides. Because anonymity and confidentiality are an essential part of the research, neither police force nor the names of the interviewees are going to be disclosed. Interview participants were all males, which presents the issues of the representativeness. However, Bryman (2008) argues that because convenience sampling aims to generate an in-depth insight into the studied phenomena, the representativeness of the sample should not be a priority.

Data was collected from four face-to-face semi-structured interviews. It

allowed for testing the already existing theories and explanations around child homicide described in the literature reviews, as well as generate new explanations of issues not yet examined by other researchers. According to Bryman (2008) more information can be obtained by using qualitative interviews in comparison to questionnaires, and in addition, semi-structured interviews allow for exploring the subjects to even greater extent because of the option to ask about more. Therefore, answers from the semi-structured interviews can not only confirm some of the results from the quantitative part of the research, but also explain and expand studied phenomena of child homicide. Questions and specific topics were written down before the interviews took place, and they were used as interview guide (Bryman, 2008). Participants were e-mailed these questions in advance, which complies with the ethical guidelines (BSC, 2013). Each interview lasted around 30 minutes and was audio-recorded to enable the researcher to fully focus on the interview. Despite of time-consuming nature of transcribing interviews, it provided a great opportunity to learn more about the respondents and initiate the process of identifying key themes, which are going to be analysed in depth.

Data was analysed using thematic analysis, which analyses, interpret and groups collected data into themes and subthemes (Braun & Clarke, 2006). Thematic analysis is a rarely-acknowledged, widely-used, theoretical-free, and flexible tool to analyse qualitative data. 'Thematic analysis can be a method which works both to reflect reality, and to unpick or unravel the surface of „reality“ (Braun & Clarke, 2006, p.9).

Ethical considerations were followed with the accordance to the British Society of Criminology. Following ethical principles was particularly important in this research because of its sensitive nature (child homicide) and face-t-face contact with the respondents (BSC, 2015). Participation in study two was voluntary and participants were informed about the contents of the interviews in advance by e-mail. Copies of consent form and information sheet are included in the Appendix, alongside the original interview questions. In addition to these ethical considerations, participants were informed about their right to withdraw as well their right to confidentiality and anonymity (Bryman, 2008; BSC, 2015). Contact details to Samaritans were provided in the introductory sheet in case any participant was affected adversely by the contents of the questionnaire. All the collected data remained confidential and anonymous, stored securely on the researcher's computer

in a password-protected file and is going to remain there for two years from the collection date.

### 3.2. ANALYSIS OF THE INTERVIEWS

This part of the paper is going to look at the results from the qualitative part of the research, in which four individuals working in child homicide/protection were interviewed. The analysis was done using thematic analysis, during which key themes and subthemes of child homicide characteristics and child homicide investigation emerged. For confidentiality purposes, the interviewees will be referred to as participant 1, 2, 3 and 4 in the course of the study. Interview transcriptions can be found in the Appendix 4.

Themes, which emerged during the interviews:

- child homicide is a rare occurrence
- the majority of child homicides are committed by parents
- the younger the child, the higher risk of homicide victimisation
- child abuse may lead to child homicide
- parents, who kill are often portrayed as young and inexperienced
- some child homicides are preventable
- differences in the investigating a child under two and over two years old were found
- differences in investigating a child homicide and adult homicide were found
- differences in investigating 'live' and historic child homicide investigations

In addition, the skills, which are needed to be a good investigator of child homicide, are going to be discussed.

#### 3.2.1. CHILD HOMICIDE IS A RARE OCCURRENCE.

Participants' experience in dealing with child deaths and child homicides varies based on their ranks and functions, but they all share a common feature of the rarity of child homicide. While they dealt, in average, with 30 child deaths investigations in course of their careers, only a small percentage of them were classified as homicides. In terms of experience with child homicide investigations, their answers ranged from none to twelve (average: 8).

*'I've been personally involved in, probably since I've been with the homicide team.. I've been involved with four. Over and above that, from my career as a detective I've probably been involved in about dozen'* (Participant 1).

*'In terms of suspicious deaths I probably dealt with about twenty, but in terms of those which were treated as homicides I've dealt with two'* (Participants 3).

*'I've probably dealt with many, many suspicious deaths that were reported to us as suspicious, but actually weren't'* (Participant 2).

*'I would say probably 30-40 child deaths I've been involved in. And probably, somewhere in the region of 15-20% of them were suspicious'* (Participant 4).

### 3.2.2. THE MAJORITY OF CHILD HOMICIDES ARE COMMITTED BY PARENTS, NOT BY STRANGERS.

All of four interviewees agreed that most of the child homicides are committed by parents, carers and someone who is known to the family of the victim. Crime often occurs in the residential premises. From the professionals' experience, only few cases were committed by a stranger.

*'It will be perpetrated by the child's parents or carers, or somebody who is living within the household, who is gaining the trust of the child's family'* (Participant 2).

*'In terms of homicide, my experience is that in almost all these cases, the child has been lawfully killed by somebody who is connected directly to the child or to the family. Very, very few stranger offenders'* (Participant 4).

### 3.2.3. THE YOUNGER THE CHILD, THE MORE RISK IT CARRIE OF HOMICIDE VICTIMISATION.

All of four interviewees stated that they thought that younger children are at higher risk of homicide victimisation. The responses ranged from newly born babies to up to ten years of age, the most common was between one and five years old. Younger children are at more risk of being killed by parents, while older children from extra-familial perpetrators, according to the interviewees.

*'I personally think the younger the child, the greater the risk of being the subject of a child homicide. (...) I think as they get older, their risk gets less and less if it's going to be somebody they know, whereas, you know, if they get murdered by somebody they don't know the risk is always there'* (Participant 3).

*'The age tend to be under five, they are extremely vulnerable because they are controlled by adults a lot, aren't they? But then occasionally you get teenagers who are murdered, particularly by vast majority'* (Participant 4).

*'From the experience I had, they tend to be younger children, not babies, but maybe slightly older so from toddlers up to kind of ten years of age'* (Participant 2).

As specified by participants, the higher risk of child homicide victimisation in younger children exists because of their fragile, vulnerable nature and inability to defend themselves.

*'I think the younger the child is, certainly more fragile they are. It is easier to kill a child when they are young. There is less resistance, no control over what you are doing'* (Participant 1).

In addition, young children are fully depended on their parents. Three of the participants noticed the routine activities of the younger children are different, and there is less involvement with outside world. Teachers, new friends, various agencies become potential witnesses. In addition, children over two years old gain the ability to speak and there is a possibility that words of importance were said to their friends or teachers.

*'if the child comes to school with bruises, the social services are involved and certain measures are put to protect the children, whereas before the school, there is very limited involvement with agencies and these things can go undetected'* (Participant 4).

*'They [children over two years old] will be going to school, they will have lots of*

*friends, so you've got all these different people that this child may be coming in contact with, which can be potential witnesses, people of interest we will want to speak to gain evidence from'* (Participant 2).

#### 3.2.4. ABUSE MAY LEAD TO CHILD HOMICIDE.

Two participants clearly suggested that it is common in child homicide cases for the child to be abused by parents before the fatal assault takes place, two other participants, despite of not mentioning child abuse directly, brought into conversation violent, aggressive parents as common perpetrators, and bruises as visible signs, which could predict the risk of future child homicide victimisation.

*'When we talk about methods of killing, it's usually...they died of injuries they have experienced over time so constant kind of abuse that builds up and then the injuries become unsurvivable, especially with younger children'* (Participant 2).

*'Scenario where you could get circumstances where a homicide occurs is when you get a violent parent, and that violence is then repeatedly transferred to the child'* (Participant 3).

#### 3.2.5. PARENTS WHO KILL ARE OFTEN PORTRAYED AS YOUNG AND INEXPERIENCED IN LIFE.

When participants were asked about most common characteristics of the perpetrators, the image of young and inexperienced parents emerged, who may have history of violence, mental health issues, problematic relationship and possibly children from previous relationships. There may be signs of child abuse. According to the participants child homicide happens *'if you've got lots of ingredients like (...) young parents that have got issues, mental health... violence issues as well. I think it's a dangerous mix if you have a child in there. Or parents who had lots of children by different partners and they come together and have a child'* (Participant 3).

*'They are inexperienced in life, they are inexperienced in being a parent, they don't know what they are doing, and there is a fault at relationship that existed before the child came along'* (Participant 1).

One of the participants stated: *'we tend to find that very young children are more at risk from dad than mum. Not to say that we don't get cases when mum does it, but certainly in my experience, it's more risk from dad. Men tend to be little more violent, little bit less skilled at handling fragile infants and cause injuries a lot easier'* (Participant 1). In addition, according to the same participant: *'mums tend to bond [with a child] immediately. Men, speaking from personal experience, it takes a bit longer to bond properly with your child'*. Some of the common characteristics present in the male-perpetrators are: use of alcohol/drugs, violent and aggressive behaviour towards the partner or child, mental health issues, controlling and domineering behaviour. *'When you look back at that and you think the signs are there: domineering husband, acting strangely... but would you think it would lead to killing a child? No, probably not.'* (Participant 1).

Women tend to suffer from mental health issues, most probably depression. They tend to be young and inexperienced in dealing with children, similarly as fathers who kill.

Participants mostly referred to the perpetrators as parents, and rarely distinguished between mother and father, except in few examples where follow-up questions were asked by the interviewer, or specific cases were described by the investigators.

### 3.2.6. METHODS OF KILLINGS USED IN CHILD HOMICIDE.

Most common ways in which children are killed, as revealed by the interviewees are: shaken baby syndrome, suffocation smothering, blunt force trauma, fatal assault (abuse), stabbing, arson.

*'Well, certainly blunt force trauma, certainly in young babies we see injuries consistent with shaking or striking against a solid object... and then you know, smothering as well'* (Participant 3).

*'Children are of course vulnerable to suffocations, and shaking baby syndrome. To that, I've also been involved with numerous cases where kids were stabbed'* (Participant 4).

However, many deaths, which come into the attention of the police, are likely to be accidents and eventually classified as non-suspicious deaths: *'parents feeding child, fall asleep, child slips down, self-suffocates... slips away, a lot of them like that... parents taking babies to bed, and rolling over them quite a few like that'* (Participant

1).

### 3.2.7. SOME CHILD HOMICIDE OFFENCES ARE PREVENTABLE.

According to the interviewees, some child homicides are preventable. Domestic violence and abuse by parents are the situations, which could give early signs of potential child homicide: *'we seek to look for domestic violence early and intervene when we can. Situations like that, yes, preventable'* (Participant 2).

*'At any time that police officers go to a house or premises where there's a danger, you know mum and dad fighting each other and there are children present... I think that's an opportunity where we have, the police have, to do something about the potential dangers to the child. (...) It's making sure that whenever these people go to the premises, that they are actually looking for signs of abuse, they are checking to make sure that the child is safe, secure, not injured... and trying to get the opportunity to talk to the child, to make sure the child is ok'* (Participant 2).

*'I think the ones you can prevent are the ones where you've got dysfunctional parents who are having more and more children... So I think it's predicting those families and those parents that are the greatest risk of harming their children'* (Participant 3).

Child homicide, which are unpreventable or less preventable according to the participants, are the ones committed by strangers (e.g. abduction followed by murder), and those committed in the spur of moment by loving parents, where no circumstances could lead you into thinking that they could kill their own children.

*'I think you always gonna get a case where we get children abducted and killed, and they are so random that you cannot predict it'*. (Participant 3).

*'Sometimes, it's impossible to prevent, and those are the ones, and it's sad, but you find that the loving parent who snaps for whatever reason, those are the ones which are less preventable to me'* (Participant 1).

### 3.2.8. DIFFERENCES IN INVESTIGATING A CHILD UNDER TWO AND OVER TWO YEARS OLD.

First of all, according to the interviewees it can be more difficult to investigate child deaths under two years old because of the lack of potential witnesses who could bring evidence or information into the course of investigation.

*'With the child over 2 years of age, there may have been opportunities for the child to say something to another individual'* (Participant 2).

In addition, the child over two could come to school with signs of abuse (bruises, wounds), which gives opportunity for school, social services or other agencies to put certain measures in, and widen the number of potential witnesses.

Secondly, there are differences on forensic level, where a help of other specialists is needed in order to carry out the investigation.

*'You may get circumstances, certainly in the post mortem of young child, you may get something that pops up, and you think: why is that? Paediatrician will explain in young children, for example, your skull formation hasn't settled in and you'll get differences. There are fractured marks on your skull where it's formed, and in really young babies they are movable. So these are the things that paediatrician can explain that aren't suspicious, that in a ten year old would be.'* (Participant 1).

### 3.2.9. DIFFERENCES IN INVESTIGATING HOMICIDES WITH A CHILD AND ADULT VICTIM.

Firstly, all participants highlighted that child homicide is different than adult homicide, mostly because of more visible presence of various agencies and organizations, which are taking part in the investigation and review process of the child death.

*'That's all about exploring, not just the circumstances of the death but identifying the missed opportunities to protect the children as we go forward. That's something we do in all child deaths. In adult murders, we don't necessarily do that. In homicide investigation, when someone is killed by a partner, we do a review, but it's not as detailed as child one'* (Participant 4).

The child homicide investigation itself includes more professionals, than the adult homicide (paediatrician, health experts, coroners, social workers, health visitors,

etc.).

In terms of professional aspects of the investigation, the child homicide does not vary from adult homicide according to the participants: *'I'd be as thorough in child homicide as in adult homicide. I'm responsible for presenting the facts and where is appropriate to deliver the justice to the families and victims'* (Participant 4).

*'You still want to do a professional job and do them justice, and bring perpetrators to justice... The professional aspects of the investigation doesn't really change'* (Participant 1).

However, all of them discuss the pressures, which are not necessarily present during the adult homicide investigation. There is a strong pressure from the outside world to detect the crime: *'with the child homicide everything is kind of magnified'* (Participant 2). In addition, one of the participants highlighted that the criminal investigation of who did it to whom is the easiest part of investigation, as there are many external pressures which complicate and make the investigation difficult. There are far more pressures present in the child homicide, than adult ones. There is a strong media presence, because of the newsworthiness and infrequency of child homicide occurrence. There is also a significant public response, which scrutinises every move of the professionals which had been involved with the child at some point in the past. *'I'd say that public expectation and the media expectation is always greater because they [child homicides] are so rare, and they carry so much emotions with them, that the pressure is always there'* (Participant 3). *'We get outside pressure from the press, we get the outside pressure from other agencies looking in, you get outside pressure from other agencies who may want to point the finger of blame at the police for maybe times when we have interacted with child but haven't done what we should do, so there are many sorts of pressures which can make it all difficult'* (Participant 2).

In addition, three out of four respondents highlighted the financial pressures, and a need for multi-skilled, effective and efficient investigators when many staff jobs are being reduced.

*'I think, just in general, with all the pressure that police have around finances and resources, you know, we spend less time shining the spotlight on things like these, and dealing with them in that fine-grinded detail that we used to. Because we are under pressure to move to the next thing, and then next and next thing'* (Participant 2).

Another challenging consideration, which emerged during all four interviews was dealing with parents in child death investigations. In any child death, it is important to treat parents with respect and sensitivity, and to find a right balance between their double role in the investigation (victim and suspect).

*'Unless there is something blindly obvious telling us that something happened here, we move away from treating parents as suspects. They are witnesses, they are vulnerable, they are going through a horrible time, so you deal with that but at the same time you've got one eye on the circumstances and why has this happened'* (Participant 1).

*'We also need to ensure that we treat family with sensitivity, and that's a real thing. In things like that, once we are investigating... don't park a police-marked car outside and put a uniform officer at the door'* (Participant 4).

*'I think... dealing with distraught and upset parents effectively with compassion, with care... it's really important, but also understanding that the suspects may well be one of those distraught parents. So how you manage to weigh up and deal with those people, that's a real skill'* (Participant 2).

In addition, all interviewees discussed the emotional pressures in the investigation of child death, which are not necessarily present during the adult homicide investigation. All four participants agreed that it is more difficult to deal with child death or child homicide. Many professionals have children of their own.

*'It's always harder to deal with child murder, because a lot of us have children and you think how anybody can do that to a child'* (Participant 1).

*'I think that with the child, obviously, it's going to be more difficult, you become more emotionally involved, and it becomes more personal'* (Participant 2).

*'It's very difficult. I do get emotional, I'm a parent myself, but that helps me too because I can use empathy, particularly to understand the needs of parents and those affected by the death of a child'* (Participant 4).

All participants recognized the importance of psychological/ counselling help and good management in child homicide investigations. Despite of highlighting the presence of psychological/counselling services within the organization and explaining that no stigma is attached to those requiring such help, none of the participant mentioned using the service themselves. Most common way of dealing with emotional pressure was a chat with colleague, sharing the pressure amongst team members and taking time out.

*'Not so much of a problem, until I got to the post mortem and saw the child for the first time. She was the spitting image of my daughter. That was a difficult one to deal with. Now, I didn't get any psychological help but I spoke to someone about that because I knew it affected me. You have your support at home, we get quite a lot of time out'* (Participant 1).

*'Being able to see the warning signs in myself that the emotional aspects may be getting to me, so, you know, taking time out, making sure you are sharing your ideas with all your team as well, so it's a shared pressure. (...), seeking some help if necessary and realising that I'm not some sort of superman that can just keep going on and on, because you keep going on and on and then you fell over'* (Participant 3).

*'When you become aware of someone who is probably suffering (...), then you need to identify that and take them away from the team. If it would be me, I'd go and seek a bit of counselling, probably from a colleague. (...). If I'd have a member of staff who lost a child, I'd think carefully about this and asked him/her how they feel about participating in this investigation'* (Participant 4).

### 3.2.10. WHAT SKILLS MAKE A GOOD INVESTIGATOR OF CHILD HOMICIDE?

Most common characteristic mentioned by all participants was the emotional resilience and an ability to remain professional at all times. As noted by respondents, it can be challenging because of the dual role of parents in the investigation or because of a young children who should not have died in the first place.

*'You need to have lots of emotional resilience because child deaths are very upsetting'* (Participant 3).

Another important skill is the ability to think everything through, to look at the information in a fine-grinded detail, build a timeline and take time to get to know the life of a victim, be thorough and open-minded. In addition, one should not be afraid to seek expert opinion.

*'Speak to someone who has dealt with one before. Make sure you can map out all the different agencies involved in that child, make sure you get all the records from all the agencies, so you know... build a timeline'* (Participant 3). *'Be open-minded, be balanced in your approach, be sensitive to the needs of the family, but like I said, balance it with the need for a detailed investigation as well'* (Participant 4).

When it comes to the training in child homicide, police investigators are involved in

lots of multi-agency trainings (for example with social services) as well as e-learning packages, which have to be undertaken on regular basis. A course on sudden child deaths is run by College Policing of London, and it is aimed at senior detective employees. It is an extensive, four-day course, which teaches how to properly and effectively respond to sudden child deaths within local and national procedures. PCSOs, Special Constables and police officers are regularly receiving training in safeguarding as well as domestic violence incidents, which can be often linked to child homicide prevention. However, three out of four participants said that the best training comes from experience or shared experience: an ability to discuss child death investigations of their colleagues. *'We are constantly learning from one another, when unfortunately child homicide happens, it's sort of incumbent of SIOs to ensure that whatever he/she learnt during the investigation, they share with their colleagues'* (Participant 2).

Participants were asked if they think that investigators should specialize in all kinds of homicide, or there should be a dedicated child homicide investigator. All four participants agreed that in the current financial times, it would be a waste of resources to have someone specifically trained to deal with child homicide cases only.

*'We haven't got this luxury in this economic times where we reduce our staff. We need multi-skilled investigators: one day somebody dies in a car accident, next day someone dies as being murdered or a child dies – we need to investigate them all'* (Participant 3).

*'Rather than having a dedicated child homicide investigator, I think all homicide investigators should have a specialist training in the investigation of child homicide. I'll tell you why that is... because the numbers of investigators is probably going to reduce in current financial climate, because the police force is shrinking...'* (Participant 4).

### 3.2.11. DIFFERENCES IN INVESTIGATING 'LIVE' AND HISTORIC CHILD HOMICIDE CASES.

All four interviewees agreed that there are differences between cold and live cases. Each participants highlighted the importance of time in any homicide investigation:

*'Forensics, the scene, the witnesses... in any investigation, the longer you leave it,*

*the more difficult it gets*' (Participant 2). *'Things go missing in terms of exhibits, the paperwork, finding witnesses is difficult twenty years down the line'* (Participant 3). When re-opening an old case, it is important to remember that the case could have been investigated in accordance with different protocols, procedures: *'The procedures might have been different and things which haven't been done, and we have to do now, or procedures which have been done, but we wouldn't do now'* (Participant 1).

One of the participants believes that cold child homicide cases are probably more memorable than cold adult homicide cases, which seem to diminish with time: *'Thirty years later, you could go to a community where there was a murder of a child that's undetected, and people will still remember and will want to help, which probably wouldn't be a case if you went for the adult murder twenty years ago'* (Participant 2). Another significant comment was made by one of the interviewees regarding the importance of having a real purpose in re-opening a cold homicide case, whether it is adult or child homicide investigation: *'what you've got to be mindful of is that you're reopening wounds with the family. You know, if I walked back to your life after twenty years, and say that we are reinvestigating your child, I'm sure you would feel very emotive about that. Whereas someone just died, you're already in that phase'* (Participant 1).

### 3.3. SUMMARY OF FINDINGS IN STUDY TWO.

The analysis of study two examined the understanding of child homicide by professionals working directly with this type of offence. Because of inability to gain permission to interview the social workers, the understanding was only gained from the police investigators' perception, who deals with the child death investigation. Most common themes, which emerged during the interviews are that child homicide is a rare occurrence and that it is mostly committed by members of the family (parents). Parents who kill are most likely to be young, inexperienced individuals with either mental health issues, aggressive behaviour or drugs/alcohol addictions. Participants agreed that younger children, especially those under five, carry more risk of homicide victimisation, than older children. Abuse, aggressive behaviour, violent parents were often described as factors, which could lead to child homicide, and those are also the homicides which are preventable. There are differences in investigating children under two and over two, particularly in terms of potential

witnesses and on the forensic level. There are even more differences between investigating child and adult homicide. First of all, there is a higher presence of multi-agency work in child homicides. In addition, participants described the strong outside pressures as a challenging factor in child homicide investigations (media, public, finances and resources) as well as internal pressures (emotions when dealing with death of a child as well as finding the professionalism and right balance in treating parents as victims and suspects). The most common characteristics of a good child death investigator included high emotional resilience, professionalism, being thorough and an ability to deal with stress and pressures, which are thrown at the investigator from each side.

The findings, as well as the implications and limitations of the study will be discussed in the next chapter, alongside the findings from study one.

## **CHAPTER 5: DISCUSSION OF STUDY ONE AND TWO**

This chapter is going to discuss findings from study one and study two, as well as it is going to look at the implications and limitations of each study.

This paper has sought to describe and explore understanding of child homicide and its pre- and post-offence characteristics from the United Kingdom's perspective. The opinions and perceptions of child homicide were gained by conducting two separate studies: a questionnaire involving about 260 participants and four semi-structured interviews with homicide investigators. The overarching purpose was to contribute to the field of criminology concerned with child homicides and child protection.

This paper set out to explore the following research questions:

1. How do public and those professionals working in child homicide protection/investigation perceive the offence of child homicide, and what shapes their understanding of this offence?
2. What are the differences and similarities between their opinions and official statistics and existing research?

### 3. What role do professionals working with child protection/homicide believe to have in preventing and investigating child homicide?

Previous research has pointed to child homicide being the worst type of crime, irrespective of culture, religion, ethnicity, nationality, gender, etc. For example, over half of participants in Mitchell's study (1998) chose child homicide as the worst type of criminal activity, mainly due to the vulnerable and defenceless state of the victim. This present study confirmed the previous findings: 65% of all participants believed that killing a child was the worst type of crime. Female participants were more likely to agree with this statement, than their male counterparts. Moreover, participants who classed themselves as parents (as opposed to non-parents) were found to be more likely to agree with the statement that child homicide was the worst type of crime.

#### 4.1. THE MISCONCEPTIONS OF CHILD HOMICIDE NUMBERS

Crime, whether it is burglary, robbery or homicide, is very often perceived differently by public to what the previous research and official statistics portrayed. Almost 60% of the study one's respondents over- or under-estimated the number of child homicides in England and Wales in recent years. In addition, 70% of the respondents thought that the child homicide trends have been increasing, despite of the numbers of child homicides being the lowest since 1989 (according to ONS, 2015).

Previous studies found that public have misconceptions of crime, particularly in regards to the numbers and trends (Mitchell & Roberts, 2012; Vandiver & Giacomassi, 1997; Williams, 2008). According to recent official statistics, there were 551 homicides (both adult and children) in England and Wales in 2012/13, and 526 homicides in 2013/14 (ONS, 2014). In this study, as suggested above, almost 60% of all respondents over- or underestimated the number of overall homicides in England and Wales, whereas only 43% of the participants thought that there were between 401 and 800 homicides in England and Wales annually (option which best reflected the official statistics). Perhaps more worrying was the finding that 65% of respondents who stated that they worked within the child protection and homicide investigation arenas, either over- or underestimated the homicide numbers.

When participants in study one were asked to estimate the percentage of

child homicides in overall homicide numbers annually, almost 50% of the participants thought that child homicide represented 1-25% of overall homicide rates, with a further 41% of respondents thinking that the percentage was more likely to be between 26-50%. Professionals working in child protection/ homicide investigation were found to be more aware of the rates than the general public (58% of professionals, and 41% of the public).

ONS divides the age of homicide victims between 'under 16 years old' and 'over 16 years old'. However, according to legislation, children are individuals up to 18 years of age. No explanation from the ONS was given why the child homicide constituted of children only up to 16 years of age. As precise numbers of homicide in specific age categories are challenging to obtain, safe estimations were made from the available statistics that the children up to 18 years of age cannot represent more than 25% of overall homicide rates. For homicide victims under 16 years, the rate is approximately 10% of all homicides (according to ONS it was 12% in 2012/13 and 9% in 2011/12).

According to previous research, conducted in the United Kingdom, United States or Canada, public have misconceptions of crime not only in estimating numbers, but also in perceiving crime trends. People tend to believe in increasing crime trends over years, rather than declining trends portrayed in the official statistics and academic research (Mitchell & Roberts, 2012; Vandiver & Giacomassi, 1997; Williams, 2008). Despite of the decreasing trend of child homicide in the official statistics in England and Wales in the past twenty years, based on study one at least, the public appears to think that the opposite is true: the child homicide numbers are increasing. There were 67 child homicide recorded in England and Wales in 2013/14, the lowest since 1989, however, only 30% of the respondents in this study said that they thought that the child homicide rates had been decreasing over the past ten years, leaving 70% saying that they thought that it had been increasing. Indeed, participants with children were found to be more likely to think that the numbers of child homicide were increasing, when compared to participants without children.

Participants in study two were asked of the number of child homicides they had dealt with during their career as a homicide investigator. The analysis found that investigators, despite of dealing with (on average) 30 child deaths in course of their careers, dealt with only a small percentage of child deaths which were eventually

classified as homicides. In terms of participants' experience with child homicide investigations, the answers ranged from none to twelve (average: 8). On average, the police service from which the professionals were chosen, deals with 5 child homicides yearly, and there were about 150 offences classified as child homicide in last thirty years in that chosen police force.

Recorded homicide statistics are generally considered to be the most accurate indicators of levels of crime because almost all of them will come to the attention of the authorities (Roberts & Stalans, 1997). Despite of the fact that interviewees in study two highlighted the rare occurrence of child homicide events, only one of the interviewees said that there were child death cases in the course of his professional career, which could have been classified as suspicious, but no clear evidence was found to support the case. These cases were looked upon as suspicious but eventually classified as non-suspicious because of the lack of evidence to support it. According to Wilczynski (1997), dark figure of child homicides is highly neglected in studies and should be examined in greater detail, not only by researchers but also by professionals directly involved in child homicide investigation or child protection. For example, babies found in sewerages or trash bins indicate that there may be more children of whose concealment was successful. Some accidents or illnesses may be the result of the parental neglect, but omitted (for example, because of lack of evidence) and classified as not suspicious deaths instead. Similarly, Levene and Bacon (2004) argued that 5-10% of unexpected deaths in infants could be covert homicides. Because of lack of evidence the cases can only be classified as non-suspicious deaths. Roshier (1973) highlighted the importance of public perceptions because there could be a possibility that these perceptions paint more accurate image of crime than those presented in the official statistics.

Public awareness of crime statistics needs be raised, especially amongst professionals and students in criminology or child-care fields to avoid misconceptions plaguing the criminal justice or social care sectors. Additionally, future research should address the phenomena of dark figure of crime in child homicide offences, as this area appears under-researched.

#### 4.2. CHILDREN UNDER ONE YEAR OLD ARE THE MOST VULNERABLE AGE CATEGORY TO BECOME VICTIMS OF HOMICIDE.

According to the recent official statistics, children under one year of age have the highest rate of homicide of nearly 30 per million population, compared with overall homicide rate in England and Wales of 9.7 per million (ONS, 2014; Roach & Bryant, 2015). There were 22 victims under twelve months in 2012/13 and 15 in 2011/12, which constitutes 33% of all child homicides. In study one, only a fifth of all respondents stated that the percentage of victims under one in all child homicides was between 21 and 40%, whereas nearly 60% stated that they thought that the percentage was less than 20%. However, when asked about their opinion on the statement that children under one are at highest risk of homicide victimisation, nearly 60% of all respondents agreed. Single participants were found to be more likely to agree with the statement, than their married (or in a relationship) counterparts. One would hope that the difference between professionals working in child protection/homicide was bound to appear in statistical tests, however no statistically significant difference was found.

According to participants in study two, younger children carry more risk of homicide victimisation than older children. Interviewees' answers ranged from newly born babies to ten years old, but the most common years appearing in the course of the interviews were between one to five years old, which is not necessarily supporting the official statistics and previous research suggesting that the most vulnerable age category is under one year old. Future research is needed in order to explore this trend across different police divisions in England and Wales. This could be achieved by comparing homicide records for all divisions in England and Wales, and then comparing them against the national statistics.

#### 4.3. PARENTS ARE THE MOST COMMON PERPETRATORS IN CHILD HOMICIDE

According to ONS (2014) in 46 offences (69%) of child homicide the perpetrator was known to the victim (40 victims were killed by a parent or step-parent) and in 8 cases (11%) the offence was committed by a stranger. This similar trend has been repeated in the most recent official statistics, as about 50% of victims under 16 were killed by a parent or step-parents, and only 9% by stranger (ONS, 2015). Similar findings have been found in many previous studies (Roach & Bryant; Alder & Polk, 2001; Brookman, 2005). 85% of participants in the study said that they thought that a high percentage of child homicide victims were killed by either their

parents or close family relatives, and subsequently, 75% disagreed that strangers' abductions-murders represented a high percentage of the child homicide offences. Participants who classed their religious preferences as 'no religion' (as opposed to those participants who chose certain religions) were more likely to disagree with the statement that high number of child homicides were being committed by strangers.

Analysis of study two answered findings from previous research and statistics, and confirmed that parents were the most common perpetrators in child homicides, whereas stranger-perpetrated child homicide cases represent only a small percentage of all child homicides.

#### 4.4. MOTHERS AND FATHERS WHO KILL

During the interviews in study two, the homicide investigators rarely distinguished between mother and father, except in cases where specific child homicide cases were described.

As previous research suggests, men are generally more likely to commit homicide, than females. In child homicides, the numbers of female and male offenders are proportional, which does not appear in any other criminal activity (Brookman, 2005; Daly & Wilson, 1988; Alder & Polk, 2001; Roach & Bryant, 2015). However, according to previous research, men tend to commit more strangers' abductions-murder, than women. In study one, almost 50% of the respondents stated that they thought that men were more likely to abduct and murder children than women (with 28% disagreeing with the statement). Male respondents, when compared to their female counterparts, were found to be more likely to agree with the statement that men were responsible for majority of strangers' abductions and murders.

According to past research, men were the most common perpetrators in murder-suicide and family annihilation cases. In 44% of 101 cases of killing over one year old children and 11% of 38 cases of killing infant babies, men committed suicides (Alder & Polk, 2001). Men tend to be usually in their thirties (slightly older than in cases of fatal assaults) and are very often the biological parent of the child. This occurrence is often explained in psychological theories: the issues of self-esteem and emotion of shame, often triggered by stressful events (Gilligan, 2000, cited in Brookman, 2005). However, it is worth noting that the general suicide rate for males was three times higher than in women in 2012 in England and Wales (ONS,

2012). The highest suicide rate for men, similarly as in Alder & Polk's study, falls for male between 30 and 44.

According to Alder & Polk' study (2001) almost 90% of the fatal assaults on children were committed by step-fathers or partners of the child's mother, where in most scenarios they had not been in a relationship with the victim's mother for more than six months. Abuse and homicide of step-children was also highlighted in the work of Daly and Wilson (1988), who claimed that step-parents were hundred times more likely to kill a child, than its biological parents. In addition, the research conducted by Cavanagh et al (2007) confirms the Daly and Wilson's theories about higher risk of homicide victimisation from step-parental figures. Cavanagh et al (2007) found (when examining 26 cases of fatal child abuse) that 62% of fatal child abuse victims were step-children. Birth fathers were more likely to kill younger children under six months of age, and 97% of stepfathers' victims were between one and four years of age. Higher risk of homicide victimisation from step-parents is often explained in terms of evolutionary psychology and natural selection (Daly & Wilson, 1988; Roach & Pease, 2011).

Despite of the results from previous studies, none of the homicide investigators in study two discussed this occurrence, even when asked to clarify whether they meant biological or non-biological parents. Similar outcome was achieved by a small scale survey conducted by Roach and Pease (2011) which asked a small sample of social workers about their awareness of heightened risk posed to children by non-biological parental figures: majority of professionals was not aware of the heightened risk.

The analysis of results from study one found that the public does not appear to be aware of the heightened risk either. Their opinions on the higher homicide victimisation from step-parents, their opinions varied with 37% agreeing and 35% disagreeing that children are at higher risk of homicide victimisation from the step-parental figures (step-fathers), than biological fathers. Findings from research conducted by Daly & Wilson (1988) or Cavanagh et al (2007) suggest that there should be a stronger emphasis on the family structure in the preventative methods used by social workers or police officers. Further research is required in order to look into the methods in which child homicides are recorded. Classifying perpetrators,

particularly step-parental figures or partners of mother/father would aid future researchers and hopefully, future child protection policy-makers to address the heightened risk from step-parents.

When it comes to methods and means used to kill children, 31% of respondents of study one stated that they thought that men killed children by more violent means than women, while 42% did not think so. Research indicates that younger children were likely to be suffocated, shaken or drowned, predominantly because of the minimum use of force and fragility of the small children (Brookman, 2005). Younger children, especially those newly born and those under twelve were most likely to be killed by biological mothers, and non-violent means tended to be used when killing a child. Older victims were more regularly beaten to death or killed with the help of weapon (Brookman, 2005; Porter & Gavin, 2010).

In addition to opinions on men that kill children, participants were asked if they thought that mental illness was the main explanation for why men kill children. 42% of respondents disagreed with this statement, and 33% agreed with it. Explaining why someone killed a child is obviously a highly complex issue, and largely reflects combination of different factors (e.g. psychological, socio-economic) rather than a straight-forward, unequivocal explanation. Notwithstanding, preceding research suggests that mental illness was less likely to be an explanation for why men kill children than it is for women that do. The most common mental illnesses attributed to filicidal fathers were depression, psychosis, acute substance intoxication and personality disorder. Yet a majority of men had not sought professional help before the offence took place, and so they were undiagnosed at the time of the crime.

When the questionnaire participants in study one were asked whether they agreed that mental illness explains why women killed children, a substantial 74% of respondents agreed with the statement. Killing a child by its mother contradicts not simply the image of a non-violent female, but also the dominant ideology of a motherhood: 'the prevailing public view on women who kill their babies is that they are either monsters or psychotic, or both' (Porter & Gavin, 2010, p.99). Women, who kill are often linked with the specific mental illnesses (such as psychosis, postpartum depression). It is unusual for a neonaticidal women to suffer from mental disorders at time of killing a child, but it is more common for women who kill infants and older

children. Whereas, 74% of the respondents did think that mental illness can explain why women kill, 59% of participants also considered socio-economic factors (e.g. poverty, unemployment, health issues). Despite a lack of research into the effects of socioeconomic factors on levels of female violence (e.g. the poverty, unemployment and lack of education (they are often cited in attempted explanations for why a woman killed or abused children. Understanding child homicide committed by mothers is a complex process, and the paucity of research into killing mothers limits the ability to explain why such events occur. In addition, this study found that 70% of the respondents thought that mothers that kill their own children tend to attract a far larger public and media backlash, than when others kill children.

Previous research showed that single, young mothers were the most common perpetrators in child homicide victims under one year, therefore participants in study one were asked about their opinion of this statement. Over half of the respondents rejected the statement, while only about 20% agreed. Females were found to be more likely to disagree that single, young mothers were the most common perpetrators in child homicide victims under one year old. Daly and Wilson (1988) found that both age and marital status of mothers affect the rates of homicide. The highest risk of infanticide occurs in teenaged single mothers, and it decreased with age. In their study, single mothers accounted for 12% of 2 million babies between 1977 and 1983, and they represented over a half of 64 maternal infanticides recorded by the police.

Interviews with homicide investigators in study two showed that some of the common characteristics present in the male child homicide perpetrators were: use of alcohol/drugs, violent and aggressive behaviour towards the partner or child, mental health issues, controlling and domineering behaviour. Whereas, female perpetrators, mainly of young age, were characterised by homicide investigators as those suffering from mental health issues (most probably depression). Parents, as the perpetrators were regularly named by investigators, were generally described as young, inexperienced in life, being in problematic relationships, having mental health issues or history of violence.

#### 4.5. CHILD ABUSE

Abuse is often cited in previous studies as a potential factor leading to child homicide. It is challenging to underpin child homicide as a result of child abuse. There are over 50,000 children on the child protection register in the United Kingdom, and dark figure is being strongly emphasised in cases of child abuse and child maltreatment. Because of lack of opportunity to access recent detailed homicide statistics, it is hard to estimate how many of these less than hundred homicides were a result of child abuse. According to previous research conducted by Homicide Index between 1995-2001, almost 60% of paternal homicide were a result of child abuse (Brookman, 2005). Child abuse has also been strongly visible in the child homicides analysis conducted by Roach & Bryant (2015). It is however important to note that in most cases of fatal child abuse, the intent was not to kill, but rather to punish (Alder & Polk, 2001). When the participants of study one were asked about their opinions on child abuse as one of the circumstances leading to child homicide, 73% agreed with the statement. Single participants were more likely to agree with the statement than their married (or in a relationship) counterparts.

During the interviews in study two, two participants clearly suggested that it was common in child homicide cases for the child to be abused by parents before the fatal assault took place. Two other participants, despite of not mentioning child abuse directly, brought into conversation details of violent, aggressive parents as common perpetrators, and bruises, wounds as visible signs, which could predict the risk of future child homicide victimisation.

#### 4.6. OPINIONS ON PUNISHMENT IN CHILD HOMICIDE

Further statements in study one asked respondents about their opinions on punishment of those who killed children. Firstly, almost 60% of the public believed that anyone who killed a child should get a mandatory life sentence. Single participants, when compared to married or in a relationship participants, were found to be more likely to agree with the statement that anyone who kills a child should receive a mandatory life sentence.

Secondly, 82% of the respondents stated that they did not think that mothers that killed their own children should receive more leniency in punishment than fathers

who kill their children, while almost 50% of the respondents stated that they thought that men who kill children were likely to be punished more severely than women. 40% of the respondents stated that they thought that women who commit neonaticide should receive support and treatment, rather than be punished, while 31% of participants did not think that. Married (or in relationships) respondents were found to be more likely to agree that the women who commit neonaticide should receive support and treatment, rather than be punished.

#### 4.7. OPINIONS ON PREVENTION OF CHILD HOMICIDE

Lastly, the participants in study one were asked for their thoughts on the prevention of child homicide. 70% of the respondents said that they thought that child homicide was preventable. Those respondents who accessed information on crime from non-media related sources (e.g. professional experience, university course) were more likely to agree that child homicide is preventable, than those whose main source of information of crime came from the news. A further research is needed in order to explore the public perceptions of child homicide prevention, particularly of what cases are seen as preventable by the public.

When police in study two were asked whether they thought that child homicide was preventable, all of them thought that there were child homicide scenarios which could be prevented. Domestic violence and abuse by parents are the situations, which could give early signs of potential child homicide. As mentioned during interviews, police officers were trained nowadays in safeguarding and were regularly looking for signs of potential domestic violence/child abuse. Child homicides which are unpreventable or less preventable, according to the participants, are the ones committed by strangers (e.g. abduction followed by murder), and those committed in the spur of moment by loving parents, where no circumstances could lead into thinking that they could kill their own children (for example, scenarios of family annihilation).

Two statements in the questionnaire (in study one) asked about significant roles in preventing child homicide. 83% of the respondents stated that they thought that those working in child protection played a significant role in preventing child homicide offences. Whereas, only 54% stated that it was the general public that played a significant role in prevention of child homicides. Professionals involved in child prevention/investigation, compared to the participants not involved in these

roles, were found to be more likely to agree that the public played a significant role in child homicide investigation. In addition, respondents with 'no religion', when compared to respondents who stated their religious preferences, were more likely to agree that general public played a significant role in preventing child homicide.

Child homicide should be everyone's responsibility, and future measures should be implemented to engage members of the public in prevention of potential child homicides, such as for example the advertisement campaigns by NSPCC, which raise awareness of child abuse and child neglect.

#### 4.8. SOURCES OF INFORMATION ON CRIME

At the end of the questionnaire, participants were asked about their sources of crime in order to assess how their opinions on child homicide could be formed. 85% of the respondents were media-users (TV, newspapers, social media websites), and 73% of the respondents were accessing information on crime frequently (daily or 2-3 times a week). This indicates that media is a powerful tool in forming people's perceptions and opinions on crime, as found by current and previous studies. According to Garlan (2000) media not only informs about the events, but also has the power to tell how and what to think about specific events, particularly if those respondents pose little or no knowledge of the issue. It is worth noting that 'the media is very often drawn towards acts which are visible and spectacular' ('newsworthy') and those are presented in 'a deliberately shocking, blunt, or brutal manner, and emphasise the contrast with what is implied to be a quiet and law-abiding community' (Williams, 2008, p.46).

#### 4.9. THE ROLE OF INVESTIGATOR OF CHILD HOMICIDE

The following part is going to focus on the child homicide investigation from the individuals directly involved in the process. When asked whether differences in investigating children under two and over two years of age exists, all four participants agreed. Most common difference was the lack of witnesses in children under two years old, which is primarily linked with routine activities of the child. Children over two years of age go to school, where teachers, friends could have seen bruises/wounds, and words of importance could have been passed to potential witnesses. In the cases of child deaths under two, the child is fully under the control

of the partner, and very often there is lack of external connections, which could become potential witnesses who had seen or heard something. In addition, all participants stated that there were differences on the forensic levels between very young children and older ones, which sometimes required professional help to explain certain types of injuries or abnormalities. It may happen that those abnormalities, which looked suspicious to the police investigator were a natural process of developing certain body parts in young children (for example: movable parts of skull in young babies was mentioned in the course of interview).

According to police investigators there were also differences in investigating a child and adult homicide. As highlighted by the investigators, the professional aspects of the investigation does not change in any investigation: their role is to investigate and deliver justice, but they all agreed that there are far more pressures in investigating a child than an adult homicide.

Firstly, there was a more visible presence of professionals, agencies and organizations as each child death had to be reviewed, which gives the agencies and organizations involved in the protection of children, an opportunity to notice what could have been done differently and what could be done in the future to prevent potential children's deaths. The reviews of adult deaths is rarely conducted. Child homicide seemed to spark more public and media attention. In addition, public scrutinises every single move of the professionals, including the past events, which could had predicted the child homicide victimisation. In addition, to strong public and media presence in the course of the investigation, the interviewees mentioned the financial and times pressures, which called for multi-skilled investigators who can participate in all kinds of investigations, whether it is someone who died in a car accident or a child who was fatally abused by its father. When asked whether a dedicated role of child homicide investigator should be created, all interviewees believed it would be a waste of (already limited) resources.

All homicide investigators interviewed in study two stated that there was far more emotional pressure involved in child homicides, particularly for those officers who were parents themselves. All four interviewees highlighted the importance of psychological/counselling support: chat with a colleague, taking time off, sharing the pressure with the team or simply accessing psychological help, which was readily available to the police staff (and no stigma was attached to those requiring this help).

According to Van Patten & Burke (2001) police detectives, whose work

involves investigating child homicide offences, experience the highest level of stress, in comparison to other police personnel. Future research is needed to explore the levels of stress experienced by these investigators engaged in child deaths, for example by conducting an Impact Of Events Scale-based study to assess the impact of their job (of investigating a child homicide) on their lifestyles and daily routines.

#### 4.10. WHAT SKILLS MAKE A GOOD INVESTIGATOR OF CHILD HOMICIDE?

When asked what characteristics/skills are needed to make a good child homicide investigator, following skills were mentioned: emotional resilience, an ability to remain professional at all times, be thorough and open-minded. A question whether a role of a specialist child homicide investigator should be created, was asked, but none of the investigators felt there should be one created. They all highlighted that having an investigator dedicated to child homicide only would be a luxury in the current financial times. They all suggested that multi-trained investigators are the response to managing the resources wisely. When it comes to the training in child homicide, police investigators are involved in lots of multi-agency trainings (for example with social services) as well as e-learning packages, which have to be undertaken on regular basis. A course on sudden child deaths is run by College Policing of London, and it is aimed at senior detective employees. It is an extensive, four-day course, which teaches how to properly and effectively respond to sudden child deaths within local and national procedures. PCSOs, Special Constables and police officers are regularly receiving training in safeguarding as well as domestic violence incidents, which can be often linked to child homicide prevention. However, three out of four participants said that the best training comes from experience or shared experience: an ability to discuss child death investigations with their colleagues and the team.

#### 4.11. DIFFERENCES IN INVESTIGATING 'LIVE' AND HISTORIC CHILD HOMICIDE CASES.

Interviewees were also asked about their experience with 'live' and 'cold' cases in child homicides, and all of them agreed that there were differences between current and historic cases. They all highlighted the importance of time in any homicide investigation, whether it was a child or adult investigation. As one of the participant stated the longer it is left, the more difficult it gets. Very often, when the

homicide investigation is re-opened after years, the paperwork, documents, exhibits, witnesses are inaccessible by the professionals leading the investigation.

It was thought by the interviewees that child homicide appeared to be more memorable than adult homicides. Community tended to remember the details of the child homicide cases, even twenty years later, as opposed to adult homicides which seem to diminish with time.

Another significant point made the interviewees was that to re-open the investigation after years, there was a need for real purpose as re-opening investigation resembles opening the wounds with the family. Live cases are already in that 'open-wounds phase'. There was still lots of emotions involved in both cases, whether it is live or cold, for both the family, relatives as well as the police personnel.

#### 4.12. LIMITATIONS OF STUDY ONE

Few limitations were recognized in the course of conducting study one. First of all, the questionnaire's respondents could have been more representative. One of the disadvantages of conducting questionnaire online is that the researcher lacks control of directing it at underrepresented participants. This sample consisted of 79% females, and 79% of individuals who graduated from undergraduate or postgraduate college/ university. In addition, only 27.5 % of respondents were professionally involved in jobs dealing with child protection and/or child homicide. Why the differences between certain groups occur in perceiving the phenomena of child homicide is the question to be addressed in further research into child homicide. As seen above, the answers of the professionals working in the child homicide/prevention fields do not vary from those of general public. Therefore, a study number two was being conducted, in order to look deeper into the understanding of child homicide from the professionals working in child homicide investigation perception, and to create a more accurate working baseline of the opinions and perceptions regarding child homicide and child homicide investigations.

#### 4.13. LIMITATIONS OF STUDY TWO

Few limitations were recognized in the course of conducting study two. One of them was the small number of respondents, because of time and financial constrains placed on the researcher. Numerous attempts for the permission to interview social workers in various cities were conducted, but remained

unsuccessful. Social workers opinions and perceptions of child homicide could have made the study even more insightful, especially of the pre-offence characteristics. Future research could include a bigger number of interviewees coming from different professional backgrounds, not only the police but also social workers, health workers, GPs, paediatricians, coroners to gain even more accurate insight into the pre- and post- characteristics of child homicide offences.

## **THE CONCLUSION**

This dissertation explored public and professional understanding of child homicide, and its pre- and post-offence characteristic. The perceptions and opinions were gathered by conducting two studies: online-based questionnaires and four semi-structured interviews with homicide investigators. Both studies within this dissertation strived to create a working baseline of understanding of child homicide, as well challenge previous research and official statistics. Each study, despite of its own limitations, came up with unique findings. Child homicide still remains an under-researched area, and main hope is to spark interest and attention to this important part of criminological field, not only from the researchers' and students' side, but also from the professionals directly involved in the prevention and investigation of child homicide.

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## APPENDICES

## APPENDIX 1 CONSENT + QUESTIONNAIRE

### PUBLIC AND PROFESSIONAL UNDERSTANDING OF CHILD HOMICIDE

Thank you for considering taking part in this study. I am an MRes student, exploring public and professional knowledge and opinions about child homicide.

Your participation is voluntary. You can withdraw from the online completion of the questionnaire at any time, but once you submit your answers the withdrawal is no longer possible. All information provided will be anonymous, confidential and solely used for research purposes.

Should you experience a degree of emotional distress while filling the questionnaire, please do not hesitate to talk to someone you trust or contact the Samaritans on 08457 90 90 90 or [jo@samaritans.org](mailto:jo@samaritans.org). The Samaritans provide confidential non-judgmental emotional support 24/7.

My contact details:

Agnieszka Dudek

[U1164799@unimail.hud.ac.uk](mailto:U1164799@unimail.hud.ac.uk)

In completing and submitting my responses to this questionnaire, I understand that:

- My participation is voluntary.
- I can withdraw during the online completion but once the answers are submitted, it will no longer be possible to withdraw due to the anonymous data collection procedure
- All responses will be anonymous.
- The data will be used for research purposes and will be published but that my identity will not be revealed. The data will be archived for a period of up to 3 years.

Tick the box:

\* I agree.

\* I don't agree.

Please, indicate the category which you belong to:

- General public
- Social worker
- Police

Your gender:

- Female
- Male

Please, write down your age:.....

What best describes your ethnic origins?

- White
- Mixed / Multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group
- Prefer not to say

What is your religious preference?

- Jewish
- Protestant
- Roman Catholic
- Muslim
- Orthodox church such as the Greek or Russian Orthodox Church
- No religion
- Something else (please specify).....

What is the highest level of education you have attained?

some high school

high school graduate

trade/technical/vocational training

college/university graduate

postgraduate degree

prefer not to say

What is your current relationship status?

- Single
- Married
- Divorced
- Other: .....
- Prefer not to answer

Do you have children?

- Yes
- No

If you answered yes to previous question, could you please write how many children you have:.....

What do you consider to be your main source of information about crime? (Please just choose ONE):

- TV news
- TV dramas, soaps and films
- Newspapers
- Police (websites, meetings)
- Personal experience
- Family/friends
- Social media websites (Facebook, Twitter)
- Other: .....

How often do you access the news about crime?

Daily

2-3 times a week

Weekly

Monthly

I am not interested in the news about crime.

How many homicides (this consists of child and adult homicides) do you think they were recorded in 2012/13 in England and Wales?

- less than 400

-401-800

-801-1200

-1201 and more

What percentage of overall recorded homicides are child homicide offences (under 16 years old) ?

- 1-25%

-26-50%

-51-75 %

-76-99%

Please choose the box, which best reflects your personal opinion. Remember that those are your personal opinions!

1) I think that child homicide is the worst type of homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

2) I think the number of child homicide offences in England and Wales has increased when compared to last year.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

3) I think the number of child homicide offences has decreased when looking at last ten years.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

4) I think that official statistics regarding child homicide are accurate.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

5) I think it is a straightforward process to establish whether the child under 2 years old died of natural causes or was a victim of homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

6) I think it is a straightforward process to establish whether the child aged 2 -16 died of natural causes or was a victim of homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

7) I think that children under one year are the most vulnerable group to become a victim of child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

8) Please, write down your opinion on what percentage of child homicides (under 16 years) consists of children under 1 year?

.....

9) I think that high percentage of children are killed by their parents and close relatives, rather than by strangers.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

10) I think that high percentage of numbers on child homicide consists of children being abducted and murdered by strangers.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

11) I think that step-fathers are more likely to kill the child than the biological father.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

12) I think that child abuse leads to child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

13) I think that men who kill children do so by more violent means than women.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

14) I think that mental disturbances may be the reason why mothers kill their own children.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

15) I think that socio-economic factors (poverty, unemployment, health issues) often contribute to the reason why mothers kill their own children.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

16) I think that mothers who kill their own children should receive more empathy than fathers.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

17) I think that mothers who kill provoke larger public outrage and media coverage than anyone else who kills a child.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

18) I think that single mothers are more likely to kill children under year one, in comparison to married mothers.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

19) I think that young mothers (teenage years and 20s) are more likely to kill their children, rather than those in their 30s and 40s.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

20) I think it is more common for a man to kill their children in murder-suicide (or family annihilation) than woman.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

21) I think that men are more likely to abduct and murder children than women.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

22) I think that everyone who kills a child should get a life sentence.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

23) I think that women who commit neonaticide (killing a child until 24 hours after birth) should receive support and treatment, rather than be punished.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

24) I think that men who kill children are punished harsher than women who kill children.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

25) I think it is possible to prevent a high percentage of child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

26) I think that social workers play a significant role in preventing child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

27) I think that other professionals such as police officers, teachers, General Practitioners, doctors, health visitors play a significant role in preventing child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

28) I think that general public play a significant role in preventing child homicide.

Strongly Disagree    Disagree    Undecided    Agree    Strongly Agree

## APPENDIX 2 INFORMATION SHEET, CONSENT + INTERVIEW QUESTIONS

# INTERVIEW INFORMATION SHEET

Thank you agreeing to take part in my research on Public and Professional Understanding of Child Homicide. But before I start asking questions, you must familiarize yourself with the following details and discuss any points, which may seem unclear to you.

### **What is the study about?**

Child homicide is believed to be one of the most serious forms of homicides and despite a major overhaul in child protection and vetting procedures in recent years, at least one child will be killed in England and Wales every week (NSPCC, 2014). Although there is a general paucity of child homicide focussed research, that which explores both peoples' perceptions of it and opinions about this type of homicide, is perhaps most noticeable by its absence. How for example the general public and professionals, such as social workers or police officers (i.e. who work with children and/or have experience in dealing with child homicide offences), perceive the topic of child homicide (e.g. do they perceive it differently?) are at present, sadly lacking. The aim of this study is to explore both public and professional perceptions and opinions about child homicide , such as its perceived prevalence, the explanations for it, the characteristics and motives of victims and suspects, ,and the challenges faced in preventing and investigating child homicide.

In summary, the overarching aim here is to create a baseline of public and professional perceptions and opinions about child homicide, from which future prevention interventions might be crafted and measured (e.g. new policies and legislation regarding protection of children).

### **Why I have been approached?**

You were chosen by your manager/supervisor as a person suitable to participate in this research. I required candidates with previous experience in dealing with child homicide cases.

### **Do I have to take part?**

It is absolutely your decision whether or not to take part. If you decide to take part you will be asked to sign a consent form, and you will be free to withdraw at any time and without giving a reason.

### **What will I need to do?**

If you agree to take part in this research on public and professional understanding of child homicide, you will be asked a series of questions, which is going to take about an hour. The interview will be audio-recorded, and the file with the recordings will be used only by me, the researcher, and is going to be kept in a password-protected file for up to two years.

### **Will my identity be disclosed?**

All information disclosed within the interview will be kept confidential, except where legal obligations would necessitate disclosure by the researchers to appropriate personnel. Research itself will not mention your names or names of the organizations you work for.

### **What will happen to the information?**

All information collected from you during this research will be kept secure and any identifying material, such as names will be removed in order to ensure anonymity. It is anticipated that the research may, at some point, be published in a journal or report. However, should this happen, your anonymity will be ensured, although it may be necessary to use your words in the presentation of the findings and your permission for this is included in the consent form.

Would you require any more information about the research, do not hesitate to contact me on:

Agnieszka Dudek, Tel: 07774843281

E-mail: [Agnieszka.dudek27@gmail.com](mailto:Agnieszka.dudek27@gmail.com)

## **INTERVIEW CONSENT FORM (researcher's copy)**

**RESEARCH TITLE:** PUBLIC AND PROFESSIONAL UNDERSTANDING OF CHILD HOMICIDE

### **RESEARCHER DETAILS:**

Agnieszka Dudek,

Masters by Research Student at the University of Huddersfield,

E-MAIL: [U1164799@unimail.hud.ac.uk](mailto:U1164799@unimail.hud.ac.uk) or [Agnieszka.dudek27@gmail.com](mailto:Agnieszka.dudek27@gmail.com)

Please, read the following statements, and tick the box if you agree:

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I can withdraw from the interview at any time, without giving reason.

3. I agree to the use of audio recording in this interview.

4. I agree to the use of anonymised quotes in the publications.

5. I agree to take part in this interview.

_____	_____	_____
Name of Participant		Signature
_____	_____	_____
Name of Researcher		Signature

## INTERVIEW CONSENT FORM (participant's copy)

**RESEARCH TITLE:** PUBLIC AND PROFESSIONAL UNDERSTANDING OF CHILD HOMICIDE

**RESEARCHER DETAILS:**

Agnieszka Dudek,  
Masters by Research Student at the University of Huddersfield,  
E-MAIL: [U1164799@unimail.hud.ac.uk](mailto:U1164799@unimail.hud.ac.uk) or [Agnieszka.dudek27@gmail.com](mailto:Agnieszka.dudek27@gmail.com)

Please, read the following statements, and tick the box if you agree:

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I can withdraw from the interview at any time, without giving reason.
3. I agree to the use of audio recording in this interview.
4. I agree to the use of anonymised quotes in the publications.
5. I agree to take part in this interview.

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Name of Participant

---

Signature

---

Name of Researcher

---

Signature

## INTERVIEW QUESTIONS FOR POLICE INVESTIGATORS

1. How many child deaths investigations have you been personally involved with and how many would you say were suspicious?

2. Do you feel there are any typical circumstances in which a child is killed?

-If so, what are most common circumstances?

-Who are the perpetrators? Likely victims? Locations? Methods of killing?

2. In your experience, what age category of children are at highest risk of homicide victimisation and why do you think this is?

3. How preventable do you think child homicide is?

-Do you think there are any signs which could predict this type of crime? Any particular relationships between victims and killer to look out for? Any signs of violence and abuse to go by?

4. In your experience, does investigating the suspected killing of a child present any particular pressures, emotional considerations, challenges and considerations if compared with the investigation of:

1) other types of crime

2) other types of homicide (adult victims)

-Are child homicides different to other types of homicides?

-Are there any differences in investigating a child under two and over two year olds?

5. What trainings have you had with regard to investigating and preventing child homicide?

- Do you think that investigators need special knowledge, skills, and attributes to be able to conduct child homicide investigations effectively?

-Do you think investigators should specialize in homicide generally or there should be specially trained child homicide investigators and bespoke training for these officers?

6. What would you say there are three main considerations that you would give to a colleague who is just about to conduct their first child homicide investigation?

7. Do you feel that there are any significant differences between investigating current (live) child homicides and undetected (cold) cases? If so, what are these?

8. How do you cope personally when investigating a suspected child homicide?

9. Would you say that the pressure to get a satisfactory result in a child homicide case is greater than for other types of crime?

10. How many child homicide cases do you think you will have been involved with by the end of your career?

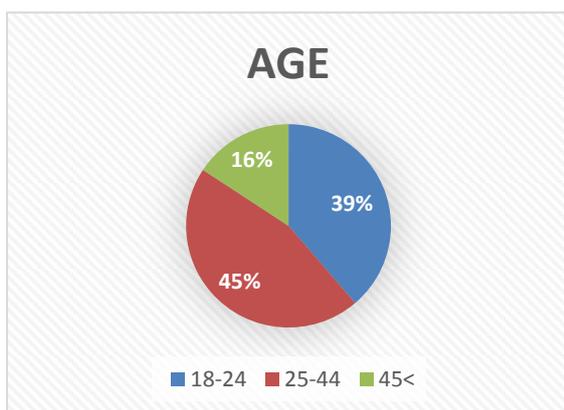
### APPENDIX 3: QUESTIONNAIRE RESULTS

Demographics and characteristics of the participants:

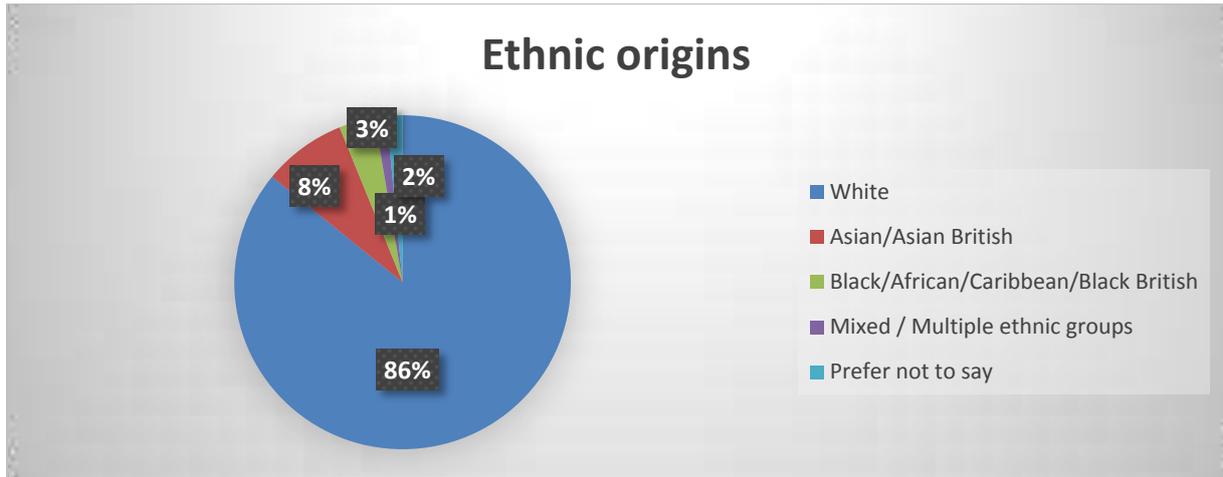
#### Age

<b>N</b>	<b>Valid: 262, Missing: 1</b>
<b>Mean</b>	<b>31.23</b>
<b>Std. Deviation</b>	<b>11.322</b>
<b>Range</b>	<b>53</b>
<b>Minimum</b>	<b>18</b>
<b>Maximum</b>	<b>71</b>

Age categories:



Ethnic origins:



### CROSSTAB. RELATIONSHIP STATUS VS ESTIMATION OF HOMICIDES

			Homicide Estimations		TOTAL
			Accurate	Not-accurate	
RELATIONSHIP STATUS	SINGLE/DIVORCED	Count	48	86	134
		Expected Count	56.2	77.8	134.0
		% within Relationship Status	35.8%	64.2%	100%
	MARRIED/ IN A RELATIONSHIP	Count	56	58	49
		Expected Count	47.8	66.2	114.0
		% within Relationship Status	49.1%	50.9%	100%
TOTAL		Count	104	144	248
		Expected Count	104.0	144.0	248.0

### CHI-SQUARE: RELATIONSHIP STATUS VS ESTIMATION OF HOMICIDES

	Value	df	Asymp. Sig (2-sided)	Exact Sig. (2-sided)	Exact Sig (1-sided)
Pearson Chi-Square	4.476 (a)	1	.034		
Continuity Correction (b)	3.946	1	.047		
Likelihood Ratio	4.481	1	.034		
Fisher's Exact Test				.039	.023
Linear-by-Linear Association	4.458	1	.035		

N of Valid Cases	248				
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**CROSSTABULATION GENDER VS CHILD HOMICIDE ESTIMATIONS**

			Child Homicide Estimations		TOTAL
			Accurate	Not-accurate	
GENDER	FEMALE	Count	88	121	209
		Expected Count	95.3	113.7	209.0
		% within Gender	42.1%	57.9%	100%
	MALE	Count	31	21	52
		Expected Count	23.7	28.3	52.0
		% within Gender	59.6%	40.4%	100%
TOTAL		Count	119	142	261
		Expected Count	119.0	142.0	261.0

**CHI-SQUARE GENDER VS CHILD HOMICIDE ESTIMATIONS**

	Value	df	Asymp. Sig (2-sided)	Exact Sig. (2-sided)	Exact Sig (1-sided)
Pearson Chi-Square	5.147 (a)	1	.023		
Continuity Correction (b)	4.465	1	.035		
Likelihood Ratio	5.138	1	.023		
Fisher's Exact Test				.029	.017
Linear-by-Linear Association	5.127	1	.024		
N of Valid Cases	261				

**CROSSTABULATION EMPLOYMENT VS CHILD HOMICIDE ESTIMATIONS**

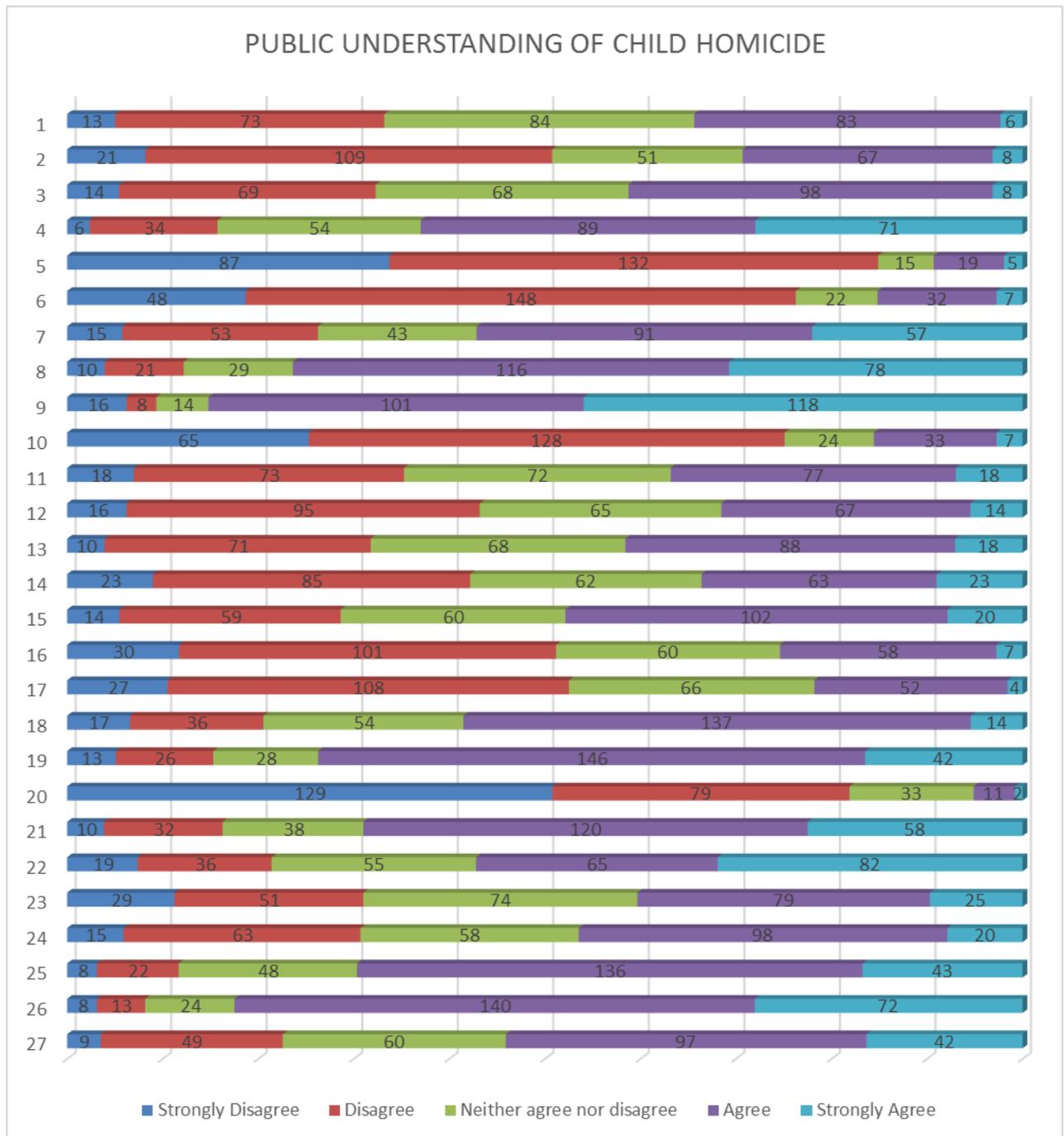
		Homicide Estimations		TOTAL	
		Accurate	Not-accurate		
	'My job role involves/involved dealing with child	Count	42	30	72
		Expected Count	33.0	39.0	72.0

EMPLOYMENT	protection/child homicide'	% within Employment	58.3%	41.7%	100%
	'My job role does not (did not) involve dealing with child protection/homicide	Count	78	112	190
		Expected Count	87.0	103.0	190.0
		% within Employment	41.1%	58.9%	100%
TOTAL		Count	120	142	262
		Expected Count	120.0	142.0	262.0

### CHI SQUARE EMPLOYMENT VS CHILD HOMICIDE ESTIMATIONS

	Value	df	Asymp. Sig (2-sided)	Exact Sig. (2-sided)	Exact Sig (1-sided)
Pearson Chi-Square	6.281 (a)	1	.012		
Continuity Correction (b)	5.604	1	.018		
Likelihood Ratio	6.277	1	.012		
Fisher's Exact Test				.013	.009
Linear-by-Linear Association	6.257	1	.012		
N of Valid Cases	262				

### LIKERT-SCALE RESULTS AND SIGNIFICANT DIFFERENCES BETWEEN VARIABLES



- 34% of respondents agreed and strongly agreed that the number of child homicides in England and Wales has increased compared to last year, while 33% disagreed and strongly disagreed (1)
- 51% of participants disagreed and strongly disagreed that the number of child homicides has decreased over the past ten years (2)
- 41% of participants believe that the official statistics for child homicides are broadly accurate (3)

- 63% of respondents believe that child homicide is the worst crime of all (4)
- 85% of the participants disagreed and strongly disagreed with the statement that determining whether a child under two years old died of natural causes or is a victim of homicide is a straightforward process (5)
- 76% did not agree with the statement that determining whether a child between 2 and 17 years of age died of natural causes or is a victim of homicide is a straightforward process (6)
- 57% of respondents agreed and strongly agreed that children aged up to one year are the most vulnerable to becoming victims of homicide (7)
- 76% believes that child abuse can often lead to child homicide (8)
- 85% of participants agreed that a high percentage of child homicide victims are killed by either their parents or close family relatives, not by strangers (9)
- 75% of participants disagreed and strongly disagreed with the statement that a high percentage of child homicide offences consist of children being abducted and murdered by strangers (10)
- 37% of participants believes that step-fathers are more likely to kill the child than the child's biological father, while 35% of respondents disagreed and strongly disagreed with the statement (11)
- 43% do not believe in the statement that men who kill children do so by more violent methods than women do (12)
- 42% agreed and strongly agreed with the statement that it was more common for men to kill their children in a murder-suicide, 32% disagreed (13)
- 42% of respondents did not agree that mental illness was the main explanation for why men kill their own children (14)
- 48% agreed and strongly agreed with the statement that men are more likely to abduct and murder children than women are (15)
- 51% of respondents do not believe that single mothers are more likely to kill children under one, than mothers who are married (16)
- 53% disagreed with the statement than young mothers (e.g. 16-24 years) were more likely to kill their children, than those aged 30 and 40 years (17)
- 59% of the respondents agreed and strongly agreed that socio-economic factors (poverty, unemployment, health issues) can often explain why mothers kill their children (18)
- 74% of respondents believe that mental illness can often explain why some mothers kill their children (19)
- 82% of the participants does not believe than mother who kill their own children should receive more leniency in punishment than fathers who kill their children (20)

- 69% believes that when mothers kill their children, it provokes a far larger public and media backlash, than for others who kill a child (21)
- 57% of respondents believe that anyone who kills a child should get a mandatory life sentence, while 21% disagrees with the statement (22)
- 40% believe that those women who commit neonaticide should receive support and treatment, rather than be punished. 31% disagreed and strongly disagreed with the statement (23)
- 47% of the respondents believe that men who kill children are likely to be punished more severely than women who kill children. 31% disagreed and strongly disagreed with the statement (24)
- 70% of the respondents believe that in many cases child homicide is preventable (25)
- 83% believe that those working in child protection play a significant role in the prevention of child homicide (26)
- 54% of the respondents believe that the general public pay a significant role in preventing child homicide, while 23% disagrees (27)

In order to find any significant differences between two groups, such as for example males/females, relationship status, religion preferences, parents/non-parents or people who watch news about crime frequently and those who do it infrequently, parametric t-Test assuming normal distribution was used. The aim of t-Test is to compare the means of those groups and see if there are any significant differences in their answers to the Likert-scale statements (George & Mallery, 2010). T-Tests results of the significant differences between groups were included in the Appendix.

#### GENDER VS LIKERT SCALE STATEMENTS:

- Females (Mean= 3.79, std. dev. = 1.091) were more inclined than men (mean= 3.44, std.dev = 0.993) into believing that child homicide is the worst crime of all ( $t = 2.078$ ,  $df = 80.896$ ,  $p = .039$ ).
- Males (Mean = 3.49, std. dev. = 0.916) were more inclined into agreeing than women ( $M=3.15$ , std. dev. = 1.086) with the statement that men were more likely to abduct and murder children than women ( $t=-2.265$ ,  $df = 83.684$ ,  $p=.026$ ).
- Females (mean= 2.58, std. 1.048) were more inclined into disagreeing than men (mean= 2.94, std. 0.966) that single mothers are more likely to kill children under one, than mothers who are married.
- Men (mean = 2.96, std. dev. =0.968) were more likely to believe than women (mean=2.51, std.dev. = 0.968) that young mothers (e.g. 16-24 years) were more likely to kill their children, than those aged 30 and 40 years ( $t=-2.945$ ,  $df= 253$ ,  $p=.004$ ).

- Females (mean= 3.79, std. dev. = 1.065) were more likely to agree than males (mean = 3.38, std. dev. = 1.028) that mothers who kill their children provoke a far larger public and media backlash, than others who kill a child ( $t=2.436$ ,  $df=254$ ,  $p=0.16$ ).

#### RELIGION PREFERENCES VS LIKERT SCALE STATEMENTS:

- People, who chose 'No religion' as their religion preferences (mean= 2.01, std. dev.=0.948) were more inclined into disagreeing than those who chose a religion (mean=2.35, std. dev.= 1.098) that a high percentage of child homicide offences consists of children being abducted and murdered by strangers ( $t=2.686$ ,  $df=249.095$ ,  $p=0.008$ ).
- Participants with 'no religion' (mean=3.62, std.dev. 1.058) were more likely to agree than those with 'religion' (mean= 3.27. std. dev. = 1.081) that the general public plays a significant role in preventing child homicide ( $t=2.592$ ,  $df= 255$ ,  $p=.010$ )

#### RELATIONSHIP STATUS VS LIKERT SCALE STATEMENTS:

- Single participants (mean= 3.64, std. dev. = 1.180) were more likely to agree than those who are married/in relationships (mean = 3.3, std.dev. = 1.177) to the statements that children up to one year are the most vulnerable to becoming victims of homicide ( $t= 2.249$ ,  $df=242$ ,  $p=.025$ )
- Single participants (mean: 4.13, std. dev.= .851) were more likely to agree than those in relationships/married (mean=3.69, std. dev. = 1.208) with the statement that child abuse can often lead to child homicide ( $t=3.200$ ,  $df=196.011$ ,  $p=.002$ ).
- Single participants (mean=3.78, std.dev.=1.259) were more likely to agree than those in relationships/married (mean=3.39, std.dev.=1.269) with the statement that anyone who kills a child should get a mandatory life sentence ( $t=2.357$ ,  $df = 240$ ,  $p=.019$ ).
- Participants in relationships/married (mean=3.23, std.dev. =1.131) were more likely to agree than single participants (mean=2.89, std.dev.=1.131) with the statement that those women who commit neonaticide should receive support and treatment, rather than be punished ( $t=-2.277$ ,  $df=241$ ,  $p=.024$ ).

#### PARENTS/NON-PARENTS VS LIKERT SCALE STATEMENTS

- Parents (mean=2.50, std.dev. =0.987) were more likely to disagree than non-parents (mean = 2.88, std. dev. =1.043) that the number of child homicides in England and Wales has decreased over the past ten years ( $t=-2.890$ ,  $df=254$ ,  $p=.004$ ).

- Parents (mean=3.90, std.dev.=1.010) were more likely to agree than non-parents (mean=3.62, std.dev.=1.109) that child homicide is the worst crime of all (t=2.030, df=215.275, p=.044)

## EMPLOYMENT VS LIKERT SCALE STATEMENTS

Many differences were expected to be found between these two groups, as one of the group are professionals working in child homicide and child protection services. Worryingly, only two significant differences were found.

- Those working in child protection/homicide (mean= 2.03, std.dev.=0.925) were more inclined into disagreeing than those not working in these fields (mean=2.30, std.dev.=0.997) with the statement that determining whether a child between 2 and 17 died of natural causes or is a victim of child homicide, is a straightforward process (t=-2.079, df=136.046, p=.040)
- Those working in child protection/homicide (mean=3.73, std.dev.=1.082) were more likely to agree than those not working in these fields (mean=3.33, std.dev.=1.005) that the general public play a significant role in preventing child homicide (t=2.696, df=254, p=.007)

Further t-Tests were run between participants who were accurate/non-accurate in estimating homicide and child homicide statistics and Likert-scale. Interestingly, the people who were more accurate in establishing child homicide numbers are more likely to believe in the official statistics (t=4.514, df=255, p=.000). Those who were accurate were also more likely to agree with the findings of previous research, as for example:

- Parents and close relatives make a high percentage of perpetrators in the child homicide offences (t=2.578, df=255, p=.010),
- Strangers who abduct and murder strangers do not make a high percentage in child homicide offences (t=-3.751, df=254, p=.000)

Men are more likely to to abduct and murder children than women are (t=2.675, df=253, p=.008)

## T-TEST: GENDER VS STATEMENT 4

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper

					)				
Equal variance assumed	0.70	.791	2.078	250	.039	.352	.169	.018	.686
Equal variance not assumed			2.200	80.896	.031	.352	.160	.034	.671

**t-TEST: GENDER VS STATEMENT 15**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	5.304	0.22	-2.040	251	.042	-.343	.168	.674	-.012
Equal variance not assumed			-2.265	83.684	.026	-.343	.151	.644	-.042

**T-TEST: GENDER VS STATEMENT 16**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	2.609	.108	-2.182	252	.030	-.358	.164	-.682	-.035
Equal variance not			-2.293	77.330	.025	-.358	.156	-.669	-.047

assumed									
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**T-TEST: RELIGION/NO RELIGION VS STATEMENT 10**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	10.326	.001	2.687	255	.008	.344	.128	.092	.596
Equal variance not assumed			2.686	249.095	.008	.344	.128	.092	.596

**T-TEST: RELIGION/NO RELIGION VS STATEMENT 27**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	0.077	.781	2.592	255	.010	.346	.133	.083	.609
Equal variance not assumed			2.592	254.956	.010	.346	.133	.083	.609

**T-TEST RELATIONSHIP VS STATEMENT 7**

	Levene's	t-Test for Equality of Means	95%
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	Test For Equality of Variances							Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	.155	.694	2.249	242	.025	.340	.151	.042	.639
Equal variance not assumed			2.249	235.758	.025	.340	.151	.042	.639

**T-TEST: RELATIONSHIP VS STATEMENT 8**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	17.003	.000	3.273	238	.001	.438	.134	.174	.701
Equal variance not assumed			3.200	196.011	.002	.438	.137	.168	.707

**T-TEST REALTIONHIP VS STATEMENT 22**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-	Mean differenc	Std. Error Differenc	Lower	Upper

					tailed )	e	e		
Equal variance assumed	.575	.449	2.357	240	.019	.384	.163	.063	.705
Equal variance not assumed			2.356	234.194	.019	.384	.163	.063	.705

**T-TEST RELATIONSHIP VS STATEMENT 23**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	.668	.414	-2.277	241	.024	-.339	.149	-.632	-.046
Equal variance not assumed			-2.285	237.776	.023	-.339	.148	-.631	-.047

**T-TEST PARENTS/NON-PARENTS VS STATEMENT 2**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance	1.105	.294	-2.890	254	.004	-.380	.131	-.638	-.121

assumed									
Equal variance not assumed			-2.928	214.328	.004	-.380	.130	-.635	-.124

**T-TEST PARENTS/NON-PARENTS VS STATEMENT 4**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	5.139	.024	1.985	252	.048	.276	.139	.002	.549
Equal variance not assumed			2.030	215.275	.044	.276	.136	.008	.543

**T-TEST EMPLOYMENT VS STATEMENT 6**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	6.988	.009	-2.011	254	.045	-.275	.137	-.543	-.006
Equal variance not assumed			-2.07	136.046	.040	-.275	.132	-.536	-.013

e not assumed			9						
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**T-TEST EMPLOYMENT VS STATEMENT 27**

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed	.526	.469	2.696	254	.007	.403	.149	.108	.697
Equal variance not assumed			2.677	125.224	.008	.403	.150	.105	.700

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed									
Equal variance not assumed									

	Levene's Test For Equality of Variances	t-Test for Equality of Means					95% Confidence interval of the differences	
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	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed									
Equal variance not assumed									

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed									
Equal variance not assumed									

	Levene's Test For Equality of Variances		t-Test for Equality of Means					95% Confidence interval of the differences	
	F	Sig	t	df	Sig. (2-tailed)	Mean difference	Std. Error Difference	Lower	Upper
Equal variance assumed									
Equal variance not assumed									

APPENDIX 4 INTERVIEW TRANSCRIPTION (SAMPLE)

Interview 2

1. How many child deaths investigations have you been personally involved with and how many would you say were suspicious?

I was looking at this. I've probably dealt with, I mean, many, many, suspicious sudden infant deaths, that were reported to us as suspicious, but actually weren't ultimately. So, and I've never actually dealt with a child homicide. So, I would say of the, roughly somewhere in the region of about 2 or 3 of the child deaths that I've dealt with were left me feel that something might have happened that we were not able to prove, but a very very small number. But as I said, I've never actually dealt with child homicide although I've dealt with one attempt.

2. Do you feel there are any typical circumstances in which a child is killed?

Yea, generally, what we say are... It's at home. It would be abuse, and it will be perpetrated by the child's parents or carers. Or somebody who is living within the household, who is gaining the trust of the child's family.

-so not strangers?

Generally, not.

-what about victims?

From what I've seen, they tend to be younger children, not babies, but maybe slightly older so from toddlers up to kind of up to ten years of age. And as I say, usually, within the home and usually, when we talk about methods of killing, it's usually, they died of injuries they have experienced over time so constant kind of abuse, that builds up and then the injuries become unsurvivable, especially with younger children. So, you know, people beating the child, until eventually the child just loses the will to live.

2. In your experience, what age category of children are at highest risk of homicide victimisation and why do you think this is?

I know you've already mentioned that in previous question, and is that the category that you think would be at a highest risk of homicide? (Up to ten years old, from toddlers)

Yea, I think so. From the experience I had.

3. How preventable do you think child homicide is?

-Do you think there are any signs which could predict this type of crime? Any particular relationships between victims and killer to look out for? Any signs of violence and abuse to go by?

Yea. At any time, that police officers goes to a house or premises where there is a danger, you know mum and dad are fighting each other and there are children present, I think that's an opportunity where we have, the police have, to do something about the potential dangers to the child. So I just think, usually, we find that when children die, there have been times when the police or some outside agencies could have done something about it. And it's making sure that whenever these people go to the premises, that there are actually looking for signs of abuse, they are checking to make sure that the child is safe, secure, not injured. And trying to get the opportunity to talk to the child, to make sure the child is ok. Sometime child may say something that leads us to think uuu

something is wrong here. At every opportunity we have as a police or outside agency trying to interact with a child then that would be a good way of preventing [child homicide].

4. In your experience, does investigating the suspected killing of a child present any particular pressures, emotional considerations, challenges and considerations if compared with the investigation of:

1) Other types of crime

2) Other types of homicide (adult victims)

-Are child homicides different to other types of homicides?

-Are there any differences in investigating a child under two and over two year olds?

Yea. Well, I talk about case I dealt with, which was a child which was attacked in the playground, by strangers, who stabbed him in the chest. The child didn't die but only because his father got to him very quickly, did some first aid, the other way he would die definitely. So the emotional with officers dealing with very young children, and officers have young children of their own. obviously they feel sympathy and empathy towards the victim and the victim's family so that's all going on, obviously, nobody likes to see injured children, so that seems very difficult. And I think, it's difficult to keep your own emotions in check when you are dealing with something like that. If for example, we, because we mostly deal with young men killing other young men, and we get used to that, but when we get to somebody killing a child, its unusual so therefore everybody is particularly determined to make sure we get the best, we do the best investigation we can. So emotionally, we get involved. We put more pressure on ourselves to do the best we can and we get very frustrated when we don't get the result we want. So yea, I just think, obviously we get outside pressure from the press, we get the outside pressure from other agencies looking in, and you get outside pressure from other agencies who may want to point the finger of blame at the police for maybe times we have interacted with the child but haven't done what we should do. So there are many sorts of pressures which can make it all difficult.

-any psychological support?

Only if, yes, if we wanted it or me as a senior officer thought that one of my member of staff was suffering, that I would. Particularly, family liaison officers, it is easy to refer to our occupational health unit. So ye, we do. And I know, not within this department so much, but in other parts of the police force we have safeguarding units who deal with child abuse and you know, regularly deal with difficult investigations, and they receive more psychological care that we would. But you know, if I thought one of my staff needed it it's easy to access it.

-differences between child and adult investigations?

Yes, they are. Because they are all sorts of checks and balances that are in check and lots of processes that we have to go through in a child's homicide that we don't go through in an adult one. So there would be, as a matter of course, then, people like the health authority, the safeguarding trusts in the local court, councils, and local authorities. They all get involved so there's differences processes that just don't exist in child homicide. quite often, you know, if for example, if a child is murdered in its own home, you may find that there were other children present so dealing with those children may be witnesses, similarly if a child is killed by parents, or its carer, and they've got

other children then we've got to make sure we safeguard the other child/en present. Although you've got to deal with the investigation side of it, you also have other things that go on around the other children who maybe involved. Similarly, you gonna have other family members involved who will want to, you know, get their revenge on the person responsible, you have the family blame going on. If there's a death of a child in, for example, Muslim family, we've got all the other cultural issues, and in this area, there's really really diverse area, multi-cultures going on there, we have to understand all of that. And there's loads and loads of cultural issues to overcome. So the investigating it, 'you did it to him, and he died' is actually the easy bit, it's all that's going on around it, is extremely difficult to deal with.

Differences in investigating a child under 2 and over 2?

Yea, because I suppose... with the child over 2 years of age, they may have been opportunities for the child to have said something to another individual involved or people that may... you are looking at under 2 years old, these children are purely and simply gonna be most of the time in the care of its parents. Kids over 2 they are going out to playschool, to you know clubs, and they'll be going to school, they will have lots of friends so you've got all these different people that this child may be coming in contact with which can be potential witness, people of interest we will want to speak to gain evidence from. There are... they may have said things of importance to doctors, to carers, to teachers, to you know, anybody, who came into contact with. But children under two will generally be purely under the care of mum or dad, won't have friends because they are so young. So that makes it more difficult, certainly more difficult for the officers because emotionally dealing with death of baby is way more difficult than dealing with death of a child, young person or adult. The younger they are, the more difficult it is and on the forensic level, you know, babies because they are developing so much and lots of evidence we would get from the injuries and the health of the child, of health of young person/young adult simply aren't able to get from baby so that makes investigation difficult to.

So there are witness stuff, the things child may have done, people child have in contact with and all the forensic stuff. There are lots of different reasons why dealing with under two is more difficult. Plus, a under 2 year old, although under the care of a, most of the time, seeing and interacting with other people, they are under the care like hospitals, doctors, social workers potentially so if a child under 2 dies, there's going to be awful lot of other people, may have questions to answer why they didn't foresee such an event happening. Does it make sense?

5. What trainings have you had with regard to investigating and preventing child homicide?

Well, we get lots of training, with have e-learning a lot of which is, kind of, stuff online that we do. And there was a big package came out some time ago, around child safeguarding and what we shouldn't/should be doing. I know at training school young officers get lots of training around dealing with domestic incidents, between mums and dads, like I talked about what they should be doing and for example, interacting with children, that is really heavily weighted in the training that they do to make sure they know what they should be looking for when they get to people's houses. To my personal level being murder and homicide investigator, we do a whole section when we do our senior officer course on child homicides, all the processes and procedures around sudden deaths of children, and we constantly learning from one another around, when unfortunately, child homicide happens, it's sort of incumbent of SIO to ensure that whatever he/she learnt during the investigation they share with their colleagues. We are always learning about it, because no two are the same. And it's really important because they are so difficult to deal with.

- Do you think that investigators need special knowledge, skills, and attributes to be able to conduct child homicide investigations effectively?

-Do you think investigators should specialize in homicide generally or there should be specially trained child homicide investigators and bespoke training for these officers?

I think that obviously what's really important is that there are procedures that we have to put in place, that are quite statutory procedures around when the child dies, so you need to know what they are, you know which other professionals from the health care, from the local authority, from the coroners, all of those types of people, they need to be involved. So you need to be really quickly and who to get involved. I think, dealing with distraught and upset parents effectively with compassion, with care, really important. But also understanding that the suspects may well be one of those distraught parents, so how you manage to weigh up and deal with those people, that's a real skill. How we managing the scene of something like that, which is going to be really really difficult scene to manage forensically and getting the right professionals in - really important. So all these things, are you know, in any murder investigation whether death of an adult or a child, they are all really important but with the child homicide everything is kind of magnified. everybody wants to know because it's gonna be so newsworthy, because it happens so relatively infrequently and there is a nasty, nasty murder of a child, everybody wants to know about it, the news are there, so you've got to have, to make sure that you are juggling all of these different parts of investigations but know no one bit is more important than the other so everything has to be done properly everything is important but I suppose, but most important person is the dead child,. We've got to do it right, because god forbid this person who've done that doing it again to another child. We need to catch them quickly. Particularly if its, if it was a stranger attack on the child which I had, as I said with this stabbing in the playground. Real important that quickly we caught this guy but we had to deal with the child who is nearly dying, we had to deal with the scene, with the mum and dad, the community, the press, everything... and it was all happening really quickly. Yea, difficult, real difficult.

6. What would you say there are three main considerations that you would give to a colleague who is just about to conduct their first child homicide investigation?

So, the three main considerations I would say is:

I think they need to understand the life of the child to then understand how the death of the child occurred, because a lot of the time, it's not gonna be a straightforward as somebody attacked that child and caused the injuries. The injury may not be immediately apparent and so for example, we had a death of a child who had swallowed a lot of tablets and fallen out of the window. So that wasn't somebody killed it but mum and dad had left all the medications lying around and weren't looking after a child properly. So understanding how this child lived every day and all the dangers the child was accessing, the fact that there wasn't really anybody looking after the child properly. The child could wander around the house, outside the house on the streets. And the people on the streets were regularly seeing this little boy wandering towards busy, main road and then they were all saying that this child will get knocked over or killed one day but no one never said anything. So you need to understand the life of a child to understand its death.

Then, I'd say the ability to deal properly with all the external pressures that are going to come on the investigation team from the outside. so all of the magnifying glass that will be shining down on the investigation team, got to be able to deal with it and have the ability to deal with all the pressure, and then to be able, then, the team that's gonna be investigating it. All emotions they are gonna feel

and to actually be professional, be responsible, be compassionate, courteous, all of these things. We doing in our everyday life as an investigators, is actually putting aside your own emotions to affectively deal with the investigation so that's I think three.

7. Do you feel that there are any significant differences between investigating current (live) child homicides and undetected (cold) cases? If so, what are these?

Yea, well, always to difficult because Simon, upstairs have got a case of a girl who was murdered, she was only 12 years old, I thin, she was murdered 20 years ago now. And any investigation that isn't detected fairly quickly becomes very difficult to detect the longer it goes unsolved. So and particularly, with the child, although with the child public feeling always remains, 20 years later, you could go to a community where there was a murder of a child that's undetected and people will still remember and will want to help, which probably wouldn't be the case if you went for the adult murder 20 years later. people will struggle to remember it so in some ways, I wouldn't say it's easier because but the passage of time doesn't seem to sort of diminish people's feelings towards whoever was responsible for it, and I suppose people who. It's more difficult for people to live with death of a child, when you commit this crime and you keep this inside of you for twenty years, generally somebody will break and crack and will come forward. Probably wouldn't get so much with the murder of the child but all of these things I spoke about, forensic, the scene, the witnesses in any investigation, the longer you leave it, the more difficult it gets.

8. How do you cope personally when investigating a suspected child homicide?

I think it's all of these things I've just talked about, I suppose being a superintendent here and dealing with death all the time, you then become immune to it but you do get used to it, and a lot of people always say: I don't know how you do what you do, when you see things that we would never dream of seeing, I think it's just about understanding that this is one compartment of your life and it shouldn't overlap other parts of your life. don't take it home with you, I do, we do get upset about things but you it's our fault, we didn't do it, we are here to investigate it, put it isn't box and trying to deal with it.

At large amount of time, just sometimes, things occasionally take a big breath and get over that. Some things are more difficult than the others. But I think that with the child, obviously it's going to be more difficult, you become more emotionally involved. and it becomes more personal, but I think it's just important to put things in perspective and not blame yourself for things that other people did to each other, because most of the time there's absolutely nothing we could do to prevent it or avoid it, and it's just world collide, other people collide with one another and there's nothing we can do about it. It's just the way it is.

9. Would you say that the pressure to get a satisfactory result in a child homicide case is greater than for other types of crime?

Yes, and it's horrible, we use that term all the time: the result. And it's like you look upon the death of somebody else and as somebody dies and they we convict somebody or arrest somebody and it's a great result. And it's probably not the great word to use. There's definitely more pressure, yea

definitely. For all of these reasons because the microscope is always there looking down on you, so yea without a doubt.

10. How many child homicide cases do you think you will have been involved with by the end of your career?

I couldn't possibly, I don't know. I suppose all you can do is that we probably deal with, I don't know we get a year here, I don't know I would have to look at the numbers and all you can do on average there would be one a year, I may deal with one or two by the end of my career. But no doubt I will deal with, every year, with half a dozen suspicious deaths of children. probably 99% of those won't be suspicious, but would we actually be able to prove the 1% that was maybe, sometimes we don't because the evidence is not there and you walk away thinking you have some concerns about those parents. So I don't know. I don't know, hopefully, I won't deal with any child homicide. I really do hope I won't. But I'm sure I will, but I don't know.

11. Extra?

I am really, it's good that I think that you are sort of concentrating on this because it's a very difficult area for the police. And I just think it's... what I would say, is it's really important to get these right, and if we get them wrong, the chances are those responsible could do it again, particularly if it's a death in a domestic setting because people who abuse children won't stop abusing, because if they have three they won't abuse just one, they will generally abuse all of them. And if we don't stop them abusing, they will continue to do it. So if we get it wrong, people suffer. So it's really important. And I think, just in general, with all of the pressure that the police have around finances and resources, you know, we spend less time shining the spotlight on things like these, and dealing with them, in that fine grinded detail that we used to be. Because we are under pressure to move to the next thing, and then next and next thing. But we should continue to look at this in great detail.