

**A narrative approach to understanding child homicide from the perspective of
incarcerated South African parents convicted of killing their children**

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Abstract

South Africa has among the highest reported rates of neonaticide and infanticide, yet we do not know much about the circumstances surrounding parental child killing. Therefore, this dissertation sought to address this lacuna in the research literature. The dissertation is divided into two phases.

Phase one includes a scoping review, which describes research on the homicide of infants (aged 0-1 year), pertaining to victim and perpetrator characteristics. A search of 18 databases, yielded 53 included articles, of which 39 were case studies, two were qualitative, and 12 were quantitative. The review's main finding is the shortage of good quality data as most included studies were case studies. Therefore, we hope that this review encourages the development of a larger scholarship of robust research focused on the homicide of infants.

Phase two presents the findings of a life history study, couched within a biopsychosocial epistemology, undertaken to uncover the life stories of parents who are incarcerated for killing either a biological child, a stepchild, or a child in their care. The qualitative study draws on 49 in-depth interviews with 22 participants. Attachment theory, epigenetics, feminist theory, and the social ecological theory assisted in understanding this crime.

Through a grounded theory analysis of the life stories presented, it becomes evident how traumatic parent-child experiences in the form of absent parents, neglect, and abuse, had a profound impact on these participants. Their narratives suggest that, in the absence of reparative environments, their histories of childhood abuse and abandonment were potentially risk factors for negative consequences in the parenting role, as they likely reenacted these cycles of unhealthy behavior with partners and children.

Their narratives also shed light on their widespread exposure to interpersonal and structural violence during adolescence and adulthood, the possible untreated trauma symptoms, and the resorting to maladaptive coping strategies such as drugs and/or alcohol, in the absence of support

in the aftermath of experiencing such trauma. This possibly resulted in these parents lacking resources to mitigate the sequelae of multiple, adverse experiences. Consequently, it becomes evident that a multitude of factors seemed to influence their pathway to violence/crime, showing that a single factor seemingly does not result in the perpetration of abuse. Instead, the possibility that a father or mother will become violent, is a function of many factors.

Thus, this dissertation also shows that the children who became violent fathers and mothers, had been victims themselves. While this is not to suggest that the men and women are blameless for their cruel acts of violence, it does suggest the need for a compassionate response. In addition, their narratives illuminate the notion that the best chance of preventing parental child killing is to ensure that children are not exposed to violence or trauma within proximal settings, such as the home, and are warmly cared for.

An approach to preventing neonaticides and filicides requires targeted interventions to support individuals and families at risk (e.g. those parents who were abused as children, or who live in poor, high-violence environments) and to protect children. There is also a dire need to improve mental health responses in South Africa.

In sum, this study highlighted that the foundation for violence tends to be laid many years before society feels the effects. The way in which we respond to children who experience violence in 2018 will determine the level of violence we will experience in 2038.

Declaration

I declare that the research “A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children” is my own work. It has not been submitted before for any degree, or examination at any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.



Bianca Dekel



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*“To die by other hands more merciless than mine
No; I who gave them life will give them death
Oh, now no cowardice, no thought how young they are
How dear they are, how when they first were born
Not that – I will forget they are my sons
One moment, one short moment – then forever sorrow”*

(Hamilton, 1942, p. 75).

Dedication

This thesis is dedicated to my mother, who passed away in the course of my pursuing this PhD.

This is for you mommy dearest. With love and gratitude for everything.



Definitions

- **Adverse attachment styles:** Includes avoidant, ambivalent, insecure, resistant, preoccupied, disorganized, and dismissing attachment styles (Bowlby, 1969; 1973; 1980; 1988; Shelton, Hoffer, & Muirhead, 2015).
- **“Black”:** Used to refer to a racial category constructed by the apartheid government of South Africa, still used today. The term “Black” is used to refer to a group of people who were oppressed and who are mainly of “African” ancestry (Boonzaier & van Schalkwyk, 2011).
- **Child:** A person under the age of 18 years (Unicef, 1989).
- **Child homicide:** The intentional, unlawful killing of a child for which another person is held responsible (Mathews, Martin, Scott, Coetzee, & Lake, 2015).
- **“Colored”:** Used to refer to a racial category constructed by the apartheid government of South Africa, which is still used today. It refers to a group of people who constituted one of the oppressed groups during apartheid and who are of “mixed” ancestry (Boonzaier & van Schalkwyk, 2011).
- **Correctional centre:** Refers to prisons, as requested by the Department of Correctional Services.
- **Emotional abuse:** Refers to verbal assaults (includes shouting and swearing), influencing the person’s sense of worth/wellbeing (leading to a feeling of worthlessness, unloved, or unwanted), or any humiliating, demeaning, or threatening behavior, creating an atmosphere of hatred (Bernstein & Fink, 1998).
- **Exposure to violence:** Violence that is witnessed by an individual or which is experienced indirectly (Gibson, Morris, & Beaver, 2009).
- **Fatal child abuse:** All forms of physical and/or sexual abuse, neglect or negligent treatment resulting in the child’s death, in the context of a relationship of responsibility and care (Mathews, Martin, Coetzee, Scott, Naidoo, Brijmohun, & Quarrie, 2016).
- **Filicide:** The killing of a child by a parent (Palermo, 2002).

- **Gender-based violence:** Any harmful act directed against individuals or groups on the basis of their gender (United Nations, 2014).
- **Homicide/murder:** The unlawful and intentional killing of another person (Burchell & Milton, 2005).
- **“Indian/Asian”:** Used to refer to a racial category constructed by the apartheid government of South Africa, still used today. The term “Indian” is used to refer to a group of people who are descendants from East Asia, primarily the Indian subcontinent (Steyn, Bradshaw, Norman, Laubscher, & Saloojee, 2002).
- **Infanticide:** The killing of an infant under the age of one year by a parent (Debowska, Boduszek, & Dhingra, 2015).
- **Intimate partner violence:** Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. This includes acts of physical aggression (slapping, hitting, kicking, or beating), psychological abuse (intimidation, constant belittling, or humiliation), forced sexual intercourse or any other controlling behavior (isolating a person from family and friends, monitoring their movements and restricting access to information or assistance) (Kilpatrick, 2004).
- **Maternal filicide:** The killing of a child by a mother (Friedman, Hrouda, Holden, Noffsinger, & Resnick, 2005).
- **Maternal infanticide:** The killing of an infant under the age of one by the mother (Friedman et al., 2005).
- **Neglect:** Failure to provide for a child's basic physical (including food, clothing, shelter, safety, supervision, health, emotional, or educational) needs or to protect a child from harm or potential harm (Cummings & Berkowitz, 2014).
- **Neonaticide:** Newborns killed within the first 28 days of life (Abrahams, Mathews, Martin, Lombard, Nannan, & Jewkes, 2016).

- **Parent:** In this dissertation, refers to biological and non-biological parents (e.g. stepparents and caregivers).
- **Parental child homicide:** In this dissertation, refers to the unlawful killing of a child by a parent (biological and non-biological parents, i.e. stepparents and caregivers).
- **Paternal filicide:** The killing of a child by a father (Adinkrah, 2003).
- **Paternal infanticide:** The killing of an infant under the age of one by the father (Adinkrah, 2003).
- **Physical abuse:** Refers to hitting, slapping, shoving, kicking, grabbing, pinching, biting, hair-pulling; inflicting physical pain or injury upon another (physical attack or assault).
- **Psychological abuse:** Controlling and coercive behaviour (between two people, such as romantic partners or parent and child), including isolating another person; denigrating and dominating them; and using recurring criticism, threats, and verbal aggression. The infliction of anguish, pain, or distress through verbal or nonverbal acts. A form of mistreatment in which there is intent to cause mental or emotional pain or injury including verbal aggression or statements intended to humiliate or insult (O'Leary, 1999).
- **Post-traumatic stress disorder:** Refers to the development of anxiety-related psychological disturbances (i.e. hyperarousal, re-experiencing the trauma, and emotional/numbing) following exposure to an extreme stressor/traumatic event (American Psychiatric Association, 1994).
- **Sexual abuse:** Any completed or attempted sexual act with, sexual contact with, or exploitation (i.e. noncontact sexual interaction) that the person does not give consent to or that violates the law. Sexual activity may include fondling, oral-genital contact, rape, penetration genital or anal, exhibitionism, voyeurism, and exposure to pornography (Krug, Mercy, Dahlberg, & Zwi, 2002).
- **Trauma:** Includes being a victim of violence, being a witness to violence, or experiencing stressful life events. Examples include experiencing child sexual abuse and losing a loved one. It may also refer to experiences of inequality, poverty, unemployment, social exclusion, and marginalization. Trauma can include any form of interpersonal or domestic physical, sexual, or emotional abuse or

neglect which is sufficiently detrimental to cause prolonged physical, psychological, or social distress to the individual (Maschi, 2006).

- **Violence:** The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (Krug et al., 2002).
- **Violence against children:** All forms of physical or mental/emotional violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse, resulting in actual or potential harm to the person's health, survival, development, or dignity in the context of a relationship of responsibility (World Health Organization, 2018).
- **Violence against women:** Any act of gender-based violence that results in, or is possible to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, 1993).
- **“White”:** Used to refer to one of the racial categories constructed by the apartheid government of South Africa, still used in South Africa, referring to Caucasian individuals with European ancestry (Steyn, 2004).

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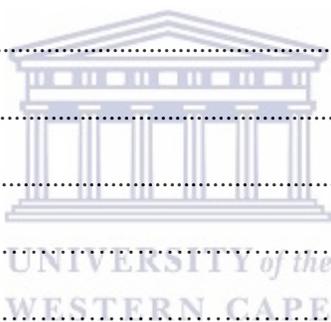
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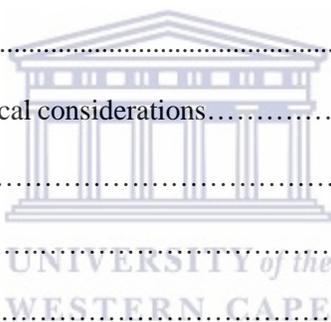
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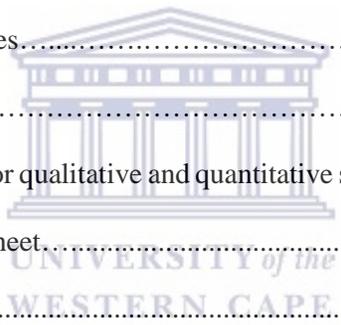
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Chapter One: Background and Rationale

Deciding to undertake a study focused on child homicide committed by parents (defined herein as biological parents, stepparents, and caregivers) was a formidable endeavor. Despite the international literature dedicated to parental child killing, I realized that the South African literature lacked in-depth understandings obtained directly from the parents who committed the crime. I mirror Castellini's sentiments (2017, p. 16), who wrote that these parents tend to be "silenced and expunged...into the realm of the unthinkable". Consequently, the aim of this thesis was to explore the narrative accounts of the parent(s) convicted of the murder of their child(ren).

In this opening chapter, I define the term 'epistemology', and then proceed to present the epistemological home of the dissertation. Thereafter, I provide some important background information for the study.

1.1. Defining Epistemology

The word 'epistemology' was derived from the Greek word, 'episteme' and is defined as "the science of knowing" (Babbie, 2017, p. 4). Epistemology is a branch of philosophy that deals with the theory of knowledge (Willig, 2013). Thinking epistemologically entails a contemplation of the relationship between the knower and what can be known. Epistemology, therefore, covers what counts as legitimate knowledge (Letherby, 2003). Each epistemology provides different guidelines on what constitutes legitimate knowledge and in so doing, provides diverse criteria for establishing knowledge as sufficient or valid. An epistemology endeavors to provide answers to questions such as 'How, and what, can we know?'. This entails considering the nature of knowledge itself, about its scope, and about the validity and reliability of claims to knowledge. In sum, an epistemology refers to a framework or theory for stipulating the components and generation of knowledge about the social world. That is, it is focused around how to understand the nature of reality (Willig, 2013). The epistemological home of the study will now be explored.

1.2. Epistemological Position: BioPsychoSocial (BPS) Epistemology

Many argue that the BPS is a model, and not an epistemology. However, as I will proceed to illustrate, I concur with Kelly, Kelly, and Russo (2014) and Saraga, Fuks, and Boudreau (2014) who argue that Engel's writings (1977; 1980; 1992; 1997) can be interpreted as both a model and an epistemology.

The BPS epistemology was largely proposed by George Engel (1977; 1980; 1992; 1997), an American psychiatrist. It delineates the knowledge being sought, the means to gain it, and the limits of the approach. In a word, it constitutes an epistemology. The knowledge pertains to what is or was going on inside the participant's mind, as well as within their body and social surroundings. The means to access this includes asking about, for example, his/her upbringing, and asking about what happened in the moment of the murder. On epistemological grounds, it is impossible to understand child homicide without engaging and collaborating with the participant. The issue is not to understand the individual participant in a comprehensive and exhaustive manner, but rather the participant's narrative, situated within a biological, psychological, and social context, to understand child homicide (Saraga, Fuks, & Boudreau, 2014).

Operating within a BPS epistemology means that in order to collaborate with the participant, the researcher should first ensure that the participant feels comfortable to speak, so that the researcher can gain knowledge from the outside, about what is going on inside. Applied to this study, it was important for the researcher/me (outside) to gain knowledge about parental child homicide from the inside (from parents who have first-hand knowledge). This knowledge is gained by directing specific questions to the participant (person-centered) (Engel, 1997).

Person-centered narrative interviews are but the extension of the researcher's art of coming to understand the participant: they are on an epistemic continuum. At the core of the epistemology is the belief that person-centered interviews can make the participant transparent, that we are able

to get to know our participants. The epistemic object (that is, “the object of investigation in a scientific research project”; Werle & Seidl, 2015, p. 70), is not the participant but the participant’s mind/thoughts/beliefs. To access the latter, the researcher should be empathic and compassionate (Engel, 1997).

Thus, Engel was proposing an epistemology that is focused on understanding people, while placing an emphasis on humanness. Many (e.g. Hren, Marusic, & Marusic 2011; Kumagai 2014; Marcum, 2008) agree that being humane and empathic is a requirement for conducting research from within a BPS epistemology and that it is not “merely a prescription for compassion” (Engel, 1992, p. 338). In other words, if this notion is framed as other than epistemological, then the argument is that a psychosocial aspect should be added to the biomedical part of the research and the argument rests on moral grounds (a prescription for compassion). According to Engel (1997), this prescriptive approach has failed as the requirement for humanness has long been repeated, and its very persistence indicates that it has not produced the intended effects. Instead, as Good and DelVecchio Good (1993) proposed, it is maintaining the very dichotomy it intends to resolve.

Consequently, it is important researchers acknowledge that their epistemic object is the human being (participant), meaning they can no longer relegate the individual to the periphery of their interest. Engel (1997) proposed that a researcher who neglects the human nature of the participant cannot be competent, because the researcher’s epistemic object is the human being. The key consequence of not appreciating Engel’s epistemological dimension, then, is that the biomedical model will remain intact and the psychosocial will merely be added to the biomedical approach.

Indeed, it is proposed that what was mostly retained by many, were aspects of Engel’s original 1977 article, which encompassed aspects of medicine. Thus, his writings have primarily been understood as a multi-factorial approach to the etiology of disease. It was only in his later

work (1997) that he began focusing his work as an epistemology, yet, examples of the etiological reading are plentiful (e.g. Abelson, Rupel, & Pincus, 2008; Adler, 2009; Kroenke, 2006; Novack, 2003; White, 2005). Although there is an abundance of examples, it may be fair to say that the BPS has mostly been viewed as a model, leading Saraga et al. (2014) to argue that many people have missed the essential aspect; namely, that the BPS is an epistemology.

For example, Engel (1997) maintained that to adequately understand and respond to an individual's illness, professionals simultaneously needed to address the biological, psychological, and social dimensions of his/her complaints (Borrell-Carrió, Suchman, & Epstein, 2004). He developed the BPS in an attempt to offer a holistic alternative to the dominant biomedical model that was predicated on reductionism and mind-body dualism, which excluded a patient's subjective narrative (Engel, 1997; 1980). The BPS was developed during a period when science was evolving from an analytic and reductionist endeavor to become contextual and cross-disciplinary (Borrell-Carrió et al., 2004). Therefore, from "biomedical to biopsychosocial" indicates a historical transition in scientific thinking (Engel, 1997, p. 521).

In attempting to create a holistic epistemology, Engel (1980) did not deny the importance of biomedical research's vital contribution to understanding illness (Borrell-Carrió et al., 2004). Instead, the BPS was constructed to consider the missing elements of the biomedical model (Engel, 1980). Engel (1980) did, however, criticize the biomedical perspective for regarding patients as objects of study, and for ignoring the possibility that the subjective experience of the patient was amenable to scientific study (Borrell-Carrió et al., 2004). Engel (1992) wanted the BPS to reverse the disempowerment and dehumanization of patients. Based on this, the BPS epistemology endeavors to understand a phenomenon through an appreciation of how biological, psychological, and social elements interact with one another. It thus highlights the benefits derived from their simultaneous inclusion (Borrell-Carrió et al., 2004).

Therefore, a tripod of factors is included as phenomena are believed to have a reciprocal impact on one another. Biological factors are believed to exist in and interact with psychological factors, both of which are suggested to exist in and interact with family and other social factors (McKenry, Julian, & Gavazzi, 1995). Thus, the BPS is based on a systems approach, believing that nothing exists in isolation and that every system is influenced by the interrelationship of the systems of which each is a part (Engel, 1980). As such, the relevant data is biological, psychological, and social, leading Evans and Trotter (2009) to argue that the BPS is a comprehensive and integrative epistemology. For instance, the understanding of violent behavior cannot be gained through only focusing on social circumstances, and instead violence is viewed as occurring because of combined biological, psychological, and social factors (Ghaemi, 2009; Willig, 2013). Parental child homicide must, therefore, be conceptualized as embedded in multiple complex ecologies (Silva et al., 1998).

In my own reading of literature published on parental child homicide, I realized that research tended to adopt an epistemology that espoused an ‘either/or’ option: focusing on either biological or psychological factors or environmental influences. Therefore, I found that a common limitation is an emphasis on one domain at the cost of failing to adopt a holistic perspective. I believe that advances in the study of parental child killing would require a holistic focus and propose that this violent behavior would be better understood by unpacking all BPS aspects. Consequently, I concur with Silva et al. (1996), who purport that a BPS epistemology provides the best possible option for adopting a more comprehensive way of understanding the perplexing phenomenon of parental child murder. Thus, I have chosen to address the glaring gaps by unpacking parental child homicide in relation to all these factors, as I believe a BPS epistemology is a well-suited and appropriate epistemological position to frame this study.

Having outlined the epistemological home of the study, I will now proceed to provide an overview of the history of parental child killing.

1.3. History of Parental Child Homicide

For many people living in late 20th-century societies, the notion of child homicide, committed by a parent, is abhorrent, as it evokes significant outrage and repulsion. Publicized accounts of murderous parents describe the crime as atrocious, barbaric, and immoral, and the parental assailants as cold-hearted and even, as evil (Adinkrah, 2001). Consequently, it is believed that “to kill a child subverts symbolically one of the most basic principles of human survival” (Lundsgaarde, 1977, p. 87). One reason that child homicide strikes so many of us as an aberration is because of the implicit assumption that it is ‘natural’ for parents to love their children (Belsky, 1993). It is also believed that hurting them breaches the fundamental parental role of providing protection to one’s own children. Yet, such a view of parent-child relations fails to acknowledge that, from the perspective of evolutionary biology, the interests of parents and children are not always the same (Belsky, 1993).

Having said that, parental child killing dates to the beginning of time. Child homicide is ubiquitous throughout history and across cultures. For years, parents have killed their children for an avalanche of reasons, including a lack of resources to care for them, social norms that stigmatize having a child out of wedlock, a preference for male children, or deformity of the child. Some of these reasons still hold true today (De Ruiter & Kaser-Boyd, 2015).

Archaeological evidence from 7000 B.C. reveals the presence of child sacrifice, which transpired in many cultures as a way of placating the gods or warding off evil (Sharma, 2006). Years later in the Greek and Roman civilizations, child homicide was sanctioned as a means of ridding the populations of infants who were regarded as weak or malformed (Moseley, 1985). In Roman law, the father was granted patria potestas, which refers to the ultimate authority to decide

which of his children lived or died. The father was allowed to kill his own child without legal repercussions (Resnick, 1970). The infant body was seen as dispensable because it was perceived as having no value or physical capital (Shilling, 2012).

Many cultures survived in primitive conditions by killing newborns when scarcity precluded the raising of a child. When twins were born to numerous tribes in Africa, for example, it was common to kill the weaker of the two, if it was believed that both could not be supported (Emery, 1985). Also, newborn girls have long been at greater risk for homicide worldwide. In some cultures, females are seen as a hindrance and a consumer of resources, which could be used more effectively by future fighting men and workers (Adinkrah, 2000). Daughters are also often considered less desirable due to their inability to carry on the family name and because they tend to be seen as an economic burden, especially in cultures where a bride's family is expected to pay a significant dowry (Koenen & Thompson, 2008).

Despite the rise of many religions and their emphasis on respect for life, child homicides continued, frequently perpetrated by mothers (Kellum, 1974). Without systems of documentation, such as birth and death records, it was easier to execute a child homicide without the knowledge of authorities (Wrightson, 1975).

In 347A.D., the Roman emperor Constantine endeavored to alter the way society viewed the crime of parental child killing. He declared the murder of an infant to be equivalent to all other homicides (Montag & Montag, 1979). Despite this declaration, the social pressures ensuing in the killing of children continued, and, thus, so did child homicide. The most common method of committing child murder was overlaying, which occurred when mainly mothers, intentionally rolled over or laid on the child in bed, resulting in death from suffocation. This became so common that church laws prohibited mothers from sharing a bed with their children (Moseley, 1985).

As a result of the widespread use of overlaying, in the 16th and 17th century, mothers became the target of laws related to child murder. The first government to pass a law distinguishing infanticide (the killing of an infant under the age of one year) from murder was Russia in 1643 (Koenen & Thompson, 2008). Years later, France and England also made child homicide a crime punishable by death. Thus, the modern era was focused around maternal child homicide, defined by the passage of the United Kingdom's Infanticide Acts of 1922 and 1938 (Coster, 2016; Wrightson, 1975).

In the 1920's, Hopwood (1927) published research stating that 70% of the 166 mothers who were breastfeeding at the time they killed their children, suffered from lactational insanity, which bestowed support for laws that provided for special consideration in the case of infanticide. Thus, the first of England's legislative acts, The Infanticide Act of 1922, prohibited the use of the death penalty as a punishment for mothers, instead assigning a lesser sentence, especially if they were suffering from a mental disturbance. Infanticide laws were intended to reduce the penalty for mothers who murdered their children aged zero to one year (Oberman, 1996).

In some instances, mothers convicted of infanticide received probation (or acquittal) and referral to mental health treatment, rather than incarceration. A well-known recent example is that of Andrea Yates who murdered her five children and claimed during her trial that she suffered from postpartum psychosis. She was eventually acquitted in 2006 based on her insanity defense (Dubriwny, 2010). Although the notion of lactational insanity has since lost favor, the laws remain, perhaps suggesting that society objects to harshly punishing mothers who murder their children (Oberman, 1996). Indeed, after the establishment of the Infanticide Acts (1922; 1938) in England, other countries followed suit. Today, a few countries have infanticide laws (e.g. Australia, Austria, Brazil, Canada, Colombia, Finland, and Germany). However, South Africa does not have an infanticide law.

I will now continue to provide an overview of the history of parental child killing in South Africa.

1.3.1. Child homicide and the South African legal system.

One of the earliest reports of parental child homicide in South Africa was the case of a slave woman, Susanna van Bengale, who was executed in 1669, as she was sewn into a sack and drowned (Beseken, 1977). According to van der Westhuizen (2009), the first reported case of a mother who was charged with the common-law crime of exposing an infant (although an exact year was not provided), was that of Christina Adams, who had abandoned her infant on the day of his birth. After the Adams case, perpetrators were instead charged with concealment of birth.

It was in 1845 that legislation was passed enabling mothers who had murdered their babies to be convicted of concealment of birth (a legal term for a surreptitious birth followed by abandoning the newborn) rather than child murder. This was done as the punishment for the former was not the death penalty (Jackson, 2002), alluding to the same leniency applied to women in the United Kingdom, for example.

Years later, a judge noticed that from 1 July 1985 to 1 June 1986 there were 33 recorded cases of infanticide. He subsequently made a plea for research to be conducted on parental child killing to facilitate the courts task when it came to sentencing the accused (Van der Westhuizen, 2009).

Currently, infanticide is not recognized as a separate crime in South Africa, but as a common-law crime of murder. This also applies to a parent who abandons an infant with the intention of killing it; if the baby dies, the parent can be charged with murder, or if the baby lives, with attempted murder. In an instance where the parent negligently abandons a child, the parent can be charged with culpable murder. Since there is no separate legislation dealing with infanticide, children's lives are only protected by means of general legislation. The right to life is entrenched

in the Constitution of the Republic of South Africa, 1996, which includes the rights of children. Even though there are general legislative measures in place to protect children, the murder of children by their parents still occurs (Van der Westhuizen, 2009).

Before I outline patterns of child homicide in South Africa, it is important that violence in the South African context is examined by discussing the general levels of violence and outlining the pattern of homicide in general. Thereafter, I discuss violence against children and the patterns of child homicide.

1.4. Context of Violence in South Africa

An extraordinary and distressing feature has been highlighted in South Africa; that of how violent the country is. This includes interpersonal violence, violence in childrearing, intimate relationships, sport, education, media, and establishing social identities, and political negotiation, to name but a few areas (Collins, 2013). Indeed, in South Africa, violence is experienced in a variety of settings, with interpersonal violence accounting for high levels of the overall rate of violence (Matzopoulos et al., 2015).

For example, intimate partner violence (IPV) is a widespread problem, founded in gender relations that legitimize men's use of violence to dominate and assert power and control in romantic relationships (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). A cross-sectional, population study found that 42% of men reported perpetration in three districts in the Eastern Cape and Kwa-Zulu Natal Provinces (Jewkes, Sikweyiya, Morrell, & Dunkle, 2009). Non-representative studies have estimated that between 43% and 56% of women have experienced IPV (e.g. Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Dunkle et al., 2004).

South Africa's underlying contributing factors are complex and there is no single cause but rather, a plethora of intersecting factors, which combine to give rise to the high levels of violence. However, violence in South Africa is, for the most part, believed to be rooted in our past, which

entailed legalized, racial violence (Moolman, 2013). Some believe this largely provides the foundation for the current levels of violence (Du Toit & Manganyi, 2016). Since the demise of apartheid, violence has largely become normative as it is viewed by many as an appropriate means to settle disputes (Jonck, Goujon, Testa, & Kandala, 2015), giving rise to South African's high homicide rate (Matzopoulos et al., 2015), briefly outlined below.

1.5. The Pattern of Homicide in South Africa

A national, injury-related mortality study conducted in 2009 found that homicide was the leading apparent manner of death, accounting for 36.2% (19 028/52 493) of all injury-related deaths. The country's reported homicide rate (38.4 per 100,000) was significantly higher than the global homicide rate (6.2 per 100,000) (UNODC, 2013). This placed South Africa amongst the most violent countries, despite the decrease from 2000, when the homicide rate was estimated at 64.8 per 100,000 (Matzopoulos et al., 2015).

Matzopoulos et al. (2015) found that the mortality rate amongst males (67.4 per 100,000 population) was significantly higher than the rate for females (11.3 per 100,000), equivalent to six male deaths per female death. This led to the conclusion that homicide in South Africa is clearly gendered. The gendered nature of homicide is further demonstrated in female homicide studies with more than half (57.1%) of female murders committed by a male intimate partner, with a rate of 12.9 per 100,000 (Abrahams, Mathews, Martin, Lombard, & Jewkes, 2013).

Since the patterns of homicide in South Africa have been outlined, I will now elaborate on violence against children in South Africa.

1.6. Violence against Children

Violence against children is a common feature within South African society, despite children having the constitutional right to be protected from maltreatment, neglect, and abuse (Burton, Ward, Artz, & Leoschut, 2016). The Optimus study produced the first national prevalence

estimates on child maltreatment through conducting research with a sample of 15-17-year-old adolescents recruited from schools (4086 participants) as well as households (5631 participants). Results revealed that between 16.8% and 35.4% of adolescents experienced some form of sexual abuse, 20.8–34.8% of adolescents reported experiences of physical violence, whereas emotional abuse ranged from 16.1% and 26.1%. Finally, between 12.2% and 15.1% experienced neglect. The study concluded that approximately 42% of children (within the school survey) reported some form of maltreatment (Burton et al., 2016). This underlines the widespread nature of children's adverse experiences.

Reports of high levels of violence against children in South Africa are supported by an abundance of studies (e.g. Jewkes, Dunkle, Nduna, Jama, & Puren, 2010; Machisa, Jewkes, Lowe-Morna, & Rama, 2011; Meinck, Cluver, Boyes, & Loening-Voysey, 2016), highlighting the ubiquity of children's experiences.

1.7. Patterns of Child Homicide in South Africa

A paucity of research attention had been assigned to child murder in South Africa, until the national study on child homicide was conducted by the South African Medical Research Council (Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013). Their study was the first to provide a glimpse into the magnitude and pattern of child homicides. The authors found the estimated rate of child murder to be 5.5 per 100,000 children under the age of 18 years, which was higher than the then estimated global rate of 4.0 per 100,000 children aged 0–19 years (UNICEF, 2014), and reflects children's vulnerable position in South African society.

The national homicide study found that 1,018 child homicides occurred in 2009, of which 650 children were male and 364 female, providing an overall murder rate for boys (6.9 per 100,000 males younger than 18 years). This was almost double the rate for girls (3.9 per 100,000 females younger than 18 years) (Mathews et al., 2013).

Physical child abuse and neglect had preceded almost half (44.5%) of all murders and this was most common in children younger than five years (73.8%; Mathews et al., 2013). Sexual assault was found more often in girls than in boys (25.3% versus 1.5%, respectively). The study showed that sexual assault homicides are not rare events in South Africa. One in 10 child homicides were identified with an associated sexual crime, providing a child sexual homicide rate of 0.56 per 100,000 children under 18 years (Abrahams, Mathews, Lombard, Martin, & Jewkes, 2017).

The study also found distinct age and gender patterns amongst the children killed. The age group with the highest homicide rate was 15-17-year-olds (13.2 per 100,000). The second highest rate was found amongst the 0-5 age group (7.9 per 100,000). Firstly, teenage males are over-represented in the adolescent age group, which is not surprising as it mirrors the adult male pattern of homicide (Matzopoulos et al., 2015). Some teenage boys may engage in violent behavior to resolve conflict, thereby adhering to violent notions of masculine behavior (Lilleston, Goldman, Verma, & McCleary-Sills, 2017; van Dijken, Stams, & de Winter, 2017).

Secondly, infants and young children tend to be victimized by primary caregivers (outlined hereafter) because of their dependence on parental figures, and their limited independent social interactions outside the home. Indeed, the national child homicide study found many of the children were killed in their home (34%) (Mathews et al., 2013).

1.8. Understanding Patterns of Parental Child Homicide in South Africa

The role of parents in child homicides was also described for the first time in the national study. Among the 1, 018 children who were killed in 2009, 29.8% were cared for by both parents, 4.6% were cared for by a father only, and almost half (43%) were cared for by a single mother (Mathews et al., 2013).

Nearly one-third (30%) of all children were killed by their mothers, with girls more likely than boys to be killed by their mothers (45.4% versus 21.3%, respectively). Fathers were responsible for 5.8% of all child homicides, with girls also more likely than boys to be killed by their fathers (7.3% versus 4.9%, respectively; Mathews et al., 2013).

A more focused analysis of the under five years age group showed that overall, 71% of all children under five were murdered by mothers. A limitation of Abrahams et al.'s (2016) article is that they did not further analyze the under-five paternal homicides. It was estimated that 454 children under the age of five were murdered in 2009. Almost 75% were infants (under one year of age) and more than half (53.2%) were neonates (0–28 days old), giving an infanticide rate of 28.4 per 100,000 live births, and a neonaticide rate of 19.6 per 100,000. These rates are amongst the highest reported rates for infanticide and neonaticide, surpassed only by the neonaticide estimate for Dar es Salaam (27.7 per 100,000 live births; Outwater et al., 2010).

The period of greatest risk was identified as the early neonatal period (0–6 days) with more than half (53.2%) of child homicides reported for those under the five-day period. Neonaticides involving abandonment accounted for 84.9% of all neonaticides (Abrahams et al., 2016). As I will demonstrate in chapter two, there is a limited understanding of the underlying factors in neonaticide cases in South Africa. It would appear that some police members automatically suspect mothers to be the perpetrators when a newborn is found murdered. We do not yet know to what extent fathers play a direct or indirect role. Indeed, the child homicide study found that all neonatal murders were committed by mothers (Abrahams et al., 2016).

In addition, the neonaticide rate (19.6 per 100,000 live births) is possibly an under-estimate as it could be safe to say that there may be many dumped bodies that were never discovered as neonaticides are especially difficult to investigate. The national study discovered that in most cases, perpetrators were never found, with only 8.2% of male and 6.5% of female neonatal murders

resulting in criminal convictions (Abrahams et al., 2016). The national child homicide study was a quantitative study, and, therefore provided limited social context data, highlighting the importance of this dissertation.

1.9. Study Rationale

Parental child homicide is complex and multifaceted and the dearth of research, coupled with South Africa's high rate of child murders, warrants an investigation into the perpetrators who commit these acts. Currently, we do not know much about the circumstances surrounding parental child killing in South Africa. Thus, interventions are compromised, based on the gaps in the scientific knowledge base.

As this chapter has shown, the emerging research on parental child killing in South Africa, has largely been limited to the quantitative study conducted by Abrahams et al. (2016), which describes the scope of the problem, and not much else is known. Consequently, the literature lacks in-depth understandings of the parent's own background, history, and experiences, obtained directly from the population concerned. Therefore, the purpose of this qualitative study was to address this empirical lacuna and to contribute to a more in-depth understanding of the subject. It is argued that qualitative research is needed, as information yielded by such studies would provide richer and more detailed understandings and may allow for further, identifiable opportunities for interventions.

To the best of my knowledge, there is no in-depth qualitative study (with a sufficient sample size) incorporating both fathers and mothers, emanating from South Africa. The only study identified through the extensive literature search was a single, neonaticide, case study on a mother suffering from postnatal depression. The authors, the mother's psychologists, illustrated representations of self and showed the link between depression and pathogenic maternal representations (Gous & Rous, 2005).

Thus, this study is a valuable contribution to the limited South African-based literature, especially since it is couched within a BPS epistemology and unpacked using four theories (outlined in chapter three). This provides an opportunity to attain a more comprehensive understanding of parental child murder as it is difficult to understand this crime through using only one theory, given its multi-layered and complex nature.

This dissertation also provides the foundation for further knowledge building. This is critically important for informing strategies and programs to reduce the level of parental child homicide and ultimately to guide prevention policies to ensure the widespread safety of children. We are reminded that “violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable” (Pineiro, 2006, p. xi).



1.10. Study Aim

The broad aim of this study was to explore the narrative accounts of the parent(s) convicted of the murder of their child(ren). In an effort to learn more about this topic, the primary aim crystallized into the following objectives.

1.11. Objectives

- To describe the current state of knowledge regarding the homicide of children under one (*Chapter Five: Article One*)
- To explore the parent-child relationships between the parents convicted of child homicide and their own parents (*Chapter Six: Article Two*)
- To explore the intersection between violence against women and violence against children from the perspective of parents convicted of child homicide (*Chapter Seven: Article Three*)
- To explore the role of multiple trauma across multiple domains in convicted child murderers' pathways to violence (*Chapter Eight: Article Four*)

1.12. Chapter Outline

This dissertation was completed by manuscripts, and comprises nine chapters. Of these nine chapters, four chapters (*Chapters Five-Eight*) represent the four journal articles, which address the four objectives of the dissertation. Thus, it is to be expected that there will be some overlap of the literature in the chapters presented as articles. **Chapter One**, Introduction, presented the epistemological contour of the thesis and contextualized the study by providing important background information, the rationale, the aim, and the objectives of the study. In **Chapter Two**, Literature Review, the study is contextualized further through a more in-depth review of the relevant literature. **Chapter Three**, Theoretical Considerations, represents the theoretical heart of the thesis by outlining the theoretical underpinnings of the study. **Chapter Four**, Methods, presents the methodological and ethical considerations of the study. The analytic section of the thesis is spread out over four chapters. **Chapter Five**, Article One, the first of the four articles, is a scoping review of the literature regarding the homicide of children under the age of one. **Chapter Six**, Article Two, reveals the second manuscript, which investigated the relationships between parents convicted of child homicide and their own parents. **Chapter Seven**, Article Three, considers the intersection between violence against women and violence against children from the perspective of parents convicted of child homicide. **Chapter Eight**, Article Four, presents the findings from the fourth and final article, which explored multiple trauma over the lifespan in convicted child murderers' pathways to violence. Finally, **Chapter Nine**, provides a discussion of the main findings and a space to reflect on the study's limitations, recommendations, and ends off with a reflection on the research process.

1.13. Conclusion

This chapter provided the epistemological contour of the thesis and contextualized the study by providing imperative background information, the rationale, the aim, and the objectives of the study. It was emphasized that the main motivation for the study was the absence of qualitative research on parental child homicide in South Africa. This chapter also showed that research into this area is vital by outlining the high South African child homicide rates. The following chapter will provide a more in-depth review of the relevant international and national literature.

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Chapter Two: Literature Review

2.1. Introduction

The aim of this chapter is to provide the reader with more of an in-depth overview of the literature on parental child killing. This chapter plays an important role in showing the gaps in the South African literature. It also demonstrates how filicide has been investigated, starting with a brief discussion of parental child homicide classification systems. The chapter then continues by providing an overview of parenting in South Africa, and ending with a discussion on vital parent-child interactions. This includes trauma histories, and an outline of factors that tend to play a role in the homicide such as intimate partner violence (IPV), poverty, mental illness, and substance use.

2.2. Classifying Parental Child Homicide

Filicide (the killing of a child by a parent) classification systems have been devised to aid in the understanding of parental child killing. Resnick, who was trained as a psychiatrist, developed the first filicide classification system in 1969, structured according to the apparent motive for the killing. This classification system was developed after an extensive global literature review was conducted on child murder studies published from 1751 to 1967. Data from 155 cases was used to establish six classification categories, detailed hereafter (Resnick, 1969).

Altruistic filicide comprised the motive of relieving the child of real or imagined suffering and included murder associated with suicide, where the parent believes they cannot abandon their child(ren) when they commit suicide. Acutely psychotic filicide involved parents who kill under the influence of severe mental illness. In unwanted-child filicide, the victim was never or is no longer desired by the parent(s), and in accidental filicides, the death is an unintentional death (homicidal intent is lacking) due to fatal child abuse. Spousal revenge filicide describes children

who are killed in the parent's attempt to retaliate against or punish his/her current or ex intimate partner (Resnick, 1969).

Neonaticide was Resnick's (1970) final category. He was the first to distinguish the age differences between children killed, and used the term neonaticide, to define "the killing of a neonate on the day of its birth" (Resnick, 1970, p. 1414). He reasoned that the motives, circumstances of the killing, and psychosocial background of neonaticide offenders are different from those found amongst parents who kill older children. He found neonaticides tend to be committed either because the infant is unwanted, there is extramarital paternity, the infant was conceived out of rape, and/or the child is seen as an obstacle to parental ambition. He also noticed that these pregnancies tend to be kept secret from family and friends (Resnick, 1970).

Although widely embraced by many, Resnick's (1969; 1970) classification system is not free from contestation. Some scholars, such as Koenen and Thompson (2008) mirror Scott's (1973) sentiments. Scott (1973) argued that motivation is a poor criterion, as it relies on the perpetrators' statements, long after the crime has been committed, and may be subjective and defensive. It is also often difficult to determine the exact motive as multiple motivations could be involved (Meyer & Oberman, 2001).

Further, the cases upon which Resnick's (1969; 1970) system was founded, originated from sources and cultures which may not apply to parental child homicide in many settings, such as South Africa. The common ways in which to kill a newborn reported by Resnick (1970, p. 1415) included using "acid, lye" or "throwing" the newborn "to pigs". Many of these methods represent cultural or temporal distinctions that are not relevant to a contemporary South African context.

Resnick's classification system was also formulated in the 1960's and 1970's, and because it only focused on mothers, not only does it lack a gendered analysis, but few would argue that women's societal status and roles have remained constant since then. In many settings, norms

related to sexuality, illegitimacy, and reproductive rights have undergone transformation. In addition, in many countries, such as South Africa, the right to a safe abortion has subsequently been legalized.

Despite these criticisms, some researchers (e.g. Rohde, Raic, Varchmin-Schultheiß, & Marneros, 1998) have used Resnick's (1969; 1970) classification system. Yet, a few typologies have also been proposed to remedy the above-mentioned deficiencies (e.g. Alder & Baker, 1997; Bourget & Bradford, 1990; Bourget & Gagné, 2002; d'Orban, 1979; Guileyardo, Prahlow, & Barnard, 1999; Lewis & Bounce, 2003; McKee, 2015; Meyer & Oberman, 2001; Scott, 1973; Wilczynski, 1995). These typologies largely draw on Resnick's (1969; 1970) initial categories and, thus, there are many commonalities among these systems. For instance, most typologies include a mental illness category (e.g. pathological, mentally ill, acutely psychotic) and an altruistic category (e.g. mercy killing). Some systems are based on a maternal sample (e.g. d'Orban, 1979) and some are based on a paternal sample (e.g. Scott, 1973). Bourget and Bradford (1990) were the first to base their system on both parents and by doing this, were the first to recognize the importance of gender as a category in and of itself.

Silva et al. (1998) developed a typology couched within a BioPsychoSocial (BPS) epistemology as the researchers argued that the then existing systems placed little emphasis on social factors. Inherent in their typology is a major limitation as it was developed based on a single case of an 18-year-old woman living in the United States of America who committed neonaticide. I do, nevertheless, concur with Silva et al. (1998) who argued that a successful method for assessing such parents requires a holistic approach. These authors highlighted that emphasis was placed on categorizing motivational characteristics, at the expense of failing to view the relevant environmental factors in which the murderous behavior occurred, and the role these play in the (conscious and unconscious) life of the perpetrators. In sum, despite the many systems that have

been developed, parental child killing remains an area that needs attention and understanding this crime in all societies, including South African society, will contribute to building this knowledge.

It is vital that I now proceed to outline parenting in South Africa. This is because an understanding of the country's main factors impacting on parenting, and how this contributes to the difficulty inherent in parenting should be contextualized, before we can form an understanding of filicide in South Africa.

2.3. Parenting in South Africa

Parenting is at best a complex task, however, the pressures accompanying everyday parenting are exacerbated for many parents residing in South Africa. This is because South Africa is a country that has a unique history of apartheid, with multiple systems of oppression, which has impacted on many South African families.

It has been argued that the migrant labor system was arguably among the most impactful as it largely disrupted family life, as it produced an environment where men of color worked in urban settings away from their rural home and families for most of the year. These men received low wages, which often trapped them into neglecting their rural families. Children were left behind in impoverished rural communities with grandparents, while their mothers braved the apartheid system to be with partners (Ramphela & Richter, 2006).

Many years later, father involvement remains largely predicated on financial provision. Fathers are also largely seen as the head of the household, the protectors of the family, and as responsible for household decision-making. In contrast, a woman's role is frequently related to caring for her husband and children, but with minimal decision-making power. Apartheid's labor migration is considered to be a contributing factor to the current view of gender roles, in that a man's worth is synonymous with his ability to provide financially, while a woman's worth is linked to the provision of care (Kedde, Rehse, Nobre, & van den Berg, 2018).

Both locally and internationally, motherhood is largely viewed as a supreme calling, a joyful experience, a heavenly blessing, a womanly profession, and the absolute feminine achievement. Mothers are also expected to be guided by natural feminine instincts that provide them with an angelic temperament and make them immediately loving toward their babies, clairvoyant about their children's needs, and willing to place their family's desires before their own (Barnett, 2006).

These stereotypes signify mothering as natural and, therefore, as easy. However, these stories of motherhood create unrealistic expectations of maternal perfection and set an unrealistic ideal that mothers' feel they must attain. It therefore, places immense pressure on women (Barnett, 2006). Indeed, internationally, as South Africa lacks dedicated qualitative research, it has been found that it is not uncommon for women who commit child homicide to cite feeling overburdened as a contributing factor (e.g. Valença, Mendlowicz, Nascimento, & Nardi, 2011).

Tied to this, hegemonic masculinity circumscribes the amount of physical and emotional care men provide. It tends to set the tone or rather, dictate the ways in which men engage in childcare, and frequently this is rather limited (Sikweyiya, Shai, Gibbs, Mahlangu, & Jewkes, 2017). For example, in many (although not all) African communities, parenting is still framed as a predominantly feminine role, with fatherhood limited to financial provision rather than providing nurturing and emotional connectedness with children. However, because of minimal economic opportunities, many fathers are unable to fulfil the provider role. Thus, for this reason and for other economic reasons, many South African households, mainly headed by mothers/grandmothers, are trapped in poverty (outlined in more depth later on), with a reliance on government grants, such as the child support grant (Hall & Posel, 2012; Williams, 2018). Given South Africa's inadequate maintenance system, combined with high unemployment and gendered poverty, grants are crucial for alleviating the strain on women (Hall & Budlender, 2016).

Thus, many years after the introduction of democracy, the impact of the migrant labor system can still be seen in households, which is also due to the increasing unemployment and poor educational interventions. South African research shows that many fathers are physically and financially absent from their children's lives (e.g. Nathane-Taulela & Nduna, 2014). For example, in 2014, only 35% of children were living with both parents, 41% lived with their mothers only, and 4% of children lived with fathers only (Hall & Sambu, 2016).

In addition to childcare, a significant number of pregnancies occur in families where support during and after pregnancy rests almost solely on the mother. Overall in 2010, it was estimated, based on extrapolations from the 2010 General Household Survey, that 53% of pregnant women were single. Van den Heever (2016), from the University of the Witwatersrand, argued that for many of these women, pregnancies increase their financial and health-related vulnerabilities, and adversely affects their life chances and that of their children. In fact, South Africa has high rates of both antenatal (32% in a sample of 5402 women) (Honikman, Van Heyningen, Field, Baron, & Tomlinson, 2012) and postnatal depression (184 women assessed at six months postnatally and 16% met DSM-IV criteria for major depressive disorder) (Cooper et al., 2009). Postnatal depression has indeed been associated with parental child homicide within South Africa (Gous & Rous, 2005) and abroad (Kauppi, Kumpulainen, Karkola, Vanamo, & Merikanto, 2010).

Given the above discussion, it would perhaps be anticipated that many children experience a sequence of caregivers as South Africa has high levels of family instability (Häefele & Malherbe, 2014; Hall & Sambu, 2016). Such alternate care arrangements can be emotionally traumatic for these children as it often leads to feelings of abandonment/rejection, and attachment issues (Ramphela & Richter, 2006). In addition, these moves may be traumatic as they may signify losses on many levels.

In sum, this research alludes to there being a great degree of trauma inherent in South African society. I will now continue to demonstrate using predominantly international research (again highlighting the paucity of South African literature), how trauma may play a role in parental child homicides.

2.4. Parent-Child Interactions

In a seminal article written by Belsky (1980), in which he studied the etiology of child maltreatment, he proposed that the parent-child system is largely considered the crucible of parental child killing. Thus, subsequent research attention has attempted to understand the parent-child dynamics between the parents who commit child homicide and their own parents.

2.4.1. Trauma histories.

Some international research shows that parents who kill their children tend to have significant trauma histories (e.g. Eriksson, Mazerolle, Wortley, & Johnson, 2016; Mugavin, 2008).

2.4.1.1. Trauma in utero.

For some, this trauma may begin in utero. Cross-sectional and population-based studies have found exposure to stress and violence may lead to complications during pregnancy associated with adverse effects on the child's future psychological health (e.g. Coker, Sanderson, & Dong, 2004; Cokkinides, Coker, Sanderson, Addy, & Bethea, 1999). Indeed, O'Donnell et al.'s (2012) research with mothers found maternal stress may program brain development and stress system plasticity of the fetus. While emerging epigenetic research has the potential to advance our understanding of the consequences of trauma, such work needs additional robust research. Thus, the findings should be interpreted with caution, as epigenetics represents one piece of a complex puzzle of interacting biological and environmental factors (Ramo-Fernández, Schneider, Wilker, & Kolassa, 2015).

Nevertheless, evolving research does show that although the developing fetus is protected from maternal glucocorticoid levels by enzymatic inactivation of cortisol in the placenta, maternal

cortisol levels are often too high, which compromises the buffering function of the respective placental enzyme (Cottrell & Seckl, 2009). Talge, Neal, and Glover (2007) conducted a review of a significant body of evidence from independent prospective studies, which found that fetal cortisol exposure is associated with increased risk of impaired neurodevelopment and psychiatric diseases later in life. The child is also considerably more likely to have emotional or cognitive problems.

Acute stress during pregnancy has also been associated with the later development of Post Traumatic Stress Disorder (PTSD) and lower cortisol levels within the child. This has been shown internationally, in infants of mothers who were pregnant when exposed to the World Trade Center collapse on 11 September 2001. This data supports the notion that maternal stress exposure and, thus, increased glucocorticoid levels during pregnancy, can influence the child's later reactivity to stress (Yehuda et al., 2005).

2.4.1.2. Trauma in South Africa.

One could argue, that for many South Africans, trauma may have begun in utero, as South Africa has high rates of IPV during pregnancy (Groves et al., 2015; Shamu, Abrahams, Temmerman, Musekiwa, & Zarowsky, 2011). In addition, the South African Stress and Health study (SASH), a nationally representative, epidemiological survey of 4351 adults found multiple trauma to be a common occurrence within the general population (Williams et al., 2007).

More specifically, a cross-sectional study conducted in Durban, South Africa was undertaken to understand trauma amongst offenders. Naidoo and Mkize (2012) found that 55.4% of prisoners had a mental disorder. This led the researchers to postulate that there may be a high prevalence of mental illness among offenders within South Africa, alluding to the widespread nature of trauma.

South African qualitative research with incarcerated, violent male offenders, some being murderers, also found the presence of trauma histories (Gould, 2015; Kleijn, 2010; Mathews, Jewkes, & Abrahams, 2014). To illustrate, Gould (2015) conducted a life history study with offenders incarcerated for violent crimes. Through the life stories presented, it became evident that the participants' untreated trauma (along with other factors) influenced their use of violence. Their narratives showed a multitude of violent experiences, which were not restricted to discrete settings. Violence experienced at home was mirrored at school and in their communities and it appeared that each of these violent experiences had a compounding effect.

2.4.1.3. History of trauma and the pathway to crime.

Indeed, research has found that it is not uncommon for trauma to lead to adjustment and behavioral problems, which may evolve into antisocial behavior. Research with 1,175 male and 663 female juvenile offenders, found that the experience of trauma and victimization in their family of origin, was salient to elucidating their pathway to crime (Jones, Brown, Wanamaker, & Greiner, 2014). This is because a sequence of caregivers/moving from one home to another, may lead to a deterioration in academic performance/leaving school, or rather, seeking companionship from delinquent peers, because of parents being unavailable (for a variety of reasons). Socializing with such peers often further leads to joining a gang and/or experimenting with drugs/alcohol. As I will outline in more depth further on, many studies on parental child killing have noted the widespread use of illicit substances or alcohol amongst such parents (e.g. Farooque & Ernst, 2003).

International research has also found a relationship between exposure to violence in the family of origin and subsequent offending and victimization within one's nuclear family as an adult. This relationship holds not only for direct exposure (e.g. experiencing violence), but also for indirect exposure (e.g. witnessing violence; Black, Sussman, & Unger, 2010; Fulu et al., 2017;

Gómez, 2010; Heyman & Slep, 2002; Kerley, Xu, Sirisunyaluck, & Alley, 2010; Van de Weijer, Bijleveld, & Blokland, 2014; Yang, Font, Ketchum, & Kim, 2018).

The link between multiple trauma and violence perpetration has been observed in several studies with incarcerated individuals, stemming from developed settings, where examples of trauma experienced included childhood abuse, and witnessing violence between parents (Carlson & Shafer, 2010; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Fuentes, 2014).

Recently, Fulu et al. (2017) undertook a multi-country study, conducted in nine diverse (rural and urban) sites across six countries in Asia and the Pacific region from 2010 to 2013, where 10, 178 men and 3, 106 women were interviewed. The researchers established a direct pathway between childhood trauma (specifically being a victim of child physical abuse and witnessing abuse of mothers) and the perpetration of harsh physical discipline as an adult/parent. Thus, this suggests that parents' own abuse histories are risk factors for negative consequences in the parenting role, including the use of more aggressive discipline.

According to Gómez (2010), since the family is an important socializing institution for childhood learning, aggression modeled between parents (and children) provides scripts for violent behavior. It also teaches the appropriateness and consequence of such behavior in an intimate relationship to children through direct and vicarious reinforcement of rewards and punishments. Being abused or witnessing abuse from a young age may lead to the normalization of the use of violence in general. It may also lead to the ingrained notion that harsh parenting practices are normal child rearing/discipline practices (Gómez, 2010).

It has been found that modeled behavior is also more likely to be adopted if the behavior is viewed as resulting in advantageous outcomes with few negative consequences (Black et al., 2010). Individuals may learn violence is an effective means of conflict resolution with partners or as a means of gaining control. In contrast, children with violent parents often do not have the

opportunity to learn socially healthy conflict resolution methods such as, negotiation, verbal reasoning, and self-calming tactics, which are conducive to positive communication (Black et al., 2010).

Therefore, the cycle of violence theory proposes that victimized children grow up to victimize others (Heyman & Slep, 2002; Muller, Hunter, & Stollak, 1995). This notion is not without criticism as some researchers (e.g. Stark & Flitcraft, 2005) argue that most people who experience abuse in childhood do not proceed to abuse their children. In contrast, advocates of this theory suggest that when abused children become parents themselves, they tend to model their parenting behavior on what they observed and learned as children. Thus, early adversity is believed to be a risk factor, at least for some, for maltreatment of one's own offspring (Dixon, Browne, & Hamilton-Giachritsis, 2009).

Regarding the transgenerational transmission of trauma and violence, it is also argued that the experience of trauma and violence, particularly if it occurs in early developmental stages, could repeat itself—a process termed re-victimization. For instance, a prospective cohort study conducted by Widom, Czaja, and Dutton (2008) over 35 years found individuals who were abused during childhood were at increased risk for experiencing violent re-victimization as adults. It was suggested that abused females may become attached to men who victimize them, whereas abused males are thought to externalize and victimize others. Situational factors may also influence re-victimization through continued residence in impoverished or dangerous areas. However, the mechanisms which place these children on a path toward re-victimization are still not fully understood and warrant further attention (Widom, Czaja, & Dutton, 2008).

Based on the above discussion, it is evident that a multitude of factors seem to influence the pathways to violence. The chapter has shown that human behavior is too complex to isolate certain factors as causative. However, in many studies, early traumatic experiences emerge as a

strong factor important in determining later development (Adshead, 2002). Yet, history is not destiny. Whether parenthood becomes a repetition of the past in the present (Fraiberg, Adelson, & Shapiro, 1975) is increasingly determined by additional external factors, which contribute to the development of violent behavior amongst parents, detailed hereafter.

2.4.2. External factors.

2.4.2.2. Intimate partner violence.

Several researchers have documented the co-occurrence of IPV and the abuse of children in the same home, noting that children in such homes are more likely than other children to experience abuse and neglect (Hamby, Finkelhor, Turner, & Ormrod, 2010; Whitfield, Anda, Dube, & Felitti, 2003). Appel and Holden (1998) conducted a meta-analysis of 31 studies that provided data concerning this co-occurrence. They found a median co-occurrence rate for IPV and child abuse of 40% in the United States of America. Chan (2011) assessed the overlap of child maltreatment and IPV amongst a sample of 1, 094 children aged 12-17 years old in Hong Kong. He found that 54.4% of children who grew up in families characterized by IPV, experienced child maltreatment. Rada (2014) sampled 869 male and female participants, aged 18-75 years old, and found that during childhood, 35% of participants witnessed parental violence, and 53.7% were victims of family violence.

Given this discussion, it may not be surprising that in addition to childhood trauma, many parents, in particular mothers, are faced with the occurrence of adult trauma, such as IPV, impacting on their ability to parent. Although South Africa does not have a national IPV study, we do have a clear indication that there are high levels of IPV. For example, in 1998, Jewkes, Levin, and Penn-Kekana (2002) conducted a cross-sectional study of violence against women in three provinces of South Africa (the Eastern Cape, Mpumalanga, and the Northern Cape). The lifetime

prevalence of experiencing physical violence from a current or ex-husband/boyfriend was found to be 24.6%.

A separate study found that over half of the women in Gauteng (51.2%) experienced some form of violence (emotional, economic, physical, or sexual) in their lifetime. Most (78.3%) of the men admitted to perpetrating some form of violence against women (Machisa, Jewkes, Lowe-Morna, & Rama, 2011).

Thus, it may not be surprising that the national femicide study found that IPV was the leading cause of death among female homicide victims, with 56% of female homicides committed by an intimate male partner (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012).

IPV also tends to be chronic as it is seldom an isolated event, which constitutes continuous trauma for the victimized. It is, thus, not surprising that a systematic review of 58 included studies found IPV to be associated with adverse mental health amongst the women who endured this abuse (Lagdon, Armour, & Stringer, 2014).

Given this discussion, research findings also propose that IPV has a damaging impact on mothering. To illustrate, Lansford, Deater-Deckard, Bornstein, Putnick, and Bradley (2014) collected data on measures of IPV and discipline. This was completed by 85, 999 mothers of children aged 2-14 years old, from families in 25 low-and middle income countries (LMIC). The authors found that abused mothers tended to believe that corporal punishment was necessary to rear children, and were more likely to report that their children had experienced physical abuse. Their findings were in line with the cultural spillover theory of violence, which purports that violence within one domain may spillover into another domain.

Research has also shown that some abused women may be abusive towards their children (Lapierre, 2009; 2010). A qualitative study conducted with 26 abused mothers in the United Kingdom found that IPV created a context that complicated their mothering. Firstly, the women

reported that their male partners targeted their relationships with their children as part of their violent, controlling strategies. This often led to the women feeling as though they had limited control over their mothering, as the men attempted to dominate their decision-making regarding their mothering (Lapierre, 2009; 2010). Secondly, findings further revealed that the IPV prevented these women from caring for their children in ways they had wanted to. This resulted in the women suffering from anxiety and depression, which made it difficult for them to perform the already “hard and time-consuming work” involved in mothering (Lapierre, 2009, p. 1444).

Not surprising, female victims of domestic violence in Canada reported fear and exhaustion ensuing from the IPV, which they reported led to them adopting abusive behaviors towards their children. The context created by the abuse may lead some women to feel as though they are losing control over their own behaviors, with their children being the first affected by their violent behaviors. According to these accounts, the women’s violence can be seen as a consequence of their own experiences of IPV (Damant et al., 2009). This finding is consistent with the work of feminist scholars, who emphasize the significance of women’s oppression and victimization in women’s violence towards children (e.g. Stark & Flitcraft, 2005).

Recently, a qualitative study from Uganda explored the intersection between violence against women and children (Namy et al., 2017). The mothers reported suffering emotionally when witnessing their husbands’ abuse their children. A limitation of Namy et al.’s (2017) research is that they collected interview data predominantly on physical and emotional violence. Thus, their findings do not include reference to child sexual abuse or marital rape.

In line with Damant et al.’s (2009) findings, some women in Namy et al.’s (2017) study reported that their own experience of IPV was redirected as violence against their children. This was referred to as displaced aggression, whereby mothers reacted violently towards their children after experiencing abuse from their husbands. The type of behavior displayed in displaced

aggression, one could argue, is similar to the behavior found in revenge child homicides. The latter involves a parent killing a child as a reaction to a partner's actions (for example, infidelity), in an attempt to make their spouses suffer (Resnick, 2016). In both cases, the parent takes his/her frustration/aggression out on the child, instead of aiming this towards the spouse. However, where displaced aggression is more common amongst women, revenge homicides tend to be more common amongst men (Eriksson et al., 2016).

A history of childhood trauma and the presence of IPV are not the only factors influencing parent-child interactions. Additional key factors will now be explored.

2.4.2.3. Poverty, mental illness, and substance use.

2.4.2.3.1. Poverty.

Qualitative and quantitative research from both developed and developing settings (including South Africa) has found that parents who kill their children tend to be unemployed/experiencing financial difficulties, and/or living in poverty (e.g. Adinkrah, 2000; 2003; Camperio & Fontanesi, 2012; Malherbe & Häefele, 2017).

Bywaters et al. (2016) conducted a systematic review of cohort studies and found a strong association between family poverty and a child's chance of suffering child abuse or neglect. However, it is not a straightforward divide between families in poverty and those, which are not, but the greater the economic hardship, the greater the likelihood and severity of child abuse or neglect. There are many reasons for the poverty-child abuse relationship. The most widely described propose either a direct effect through material hardship, or lack of money to buy in support, or an indirect effect through parental stress and neighborhood conditions (Bywaters et al., 2016).

South Africa, in particular, has high rates of unemployment and poverty (Statistics South Africa, 2017), making the contribution of this psychosocial stressor arguably high for parents when

trying to provide for and protect their children. Ward, Makusha, and Bray (2015) remind us that poverty also tends to reduce the ability of parents to provide sufficient nutrition and access to good educational opportunities for children, necessary for healthy development. Poverty, thus, can considerably undermine parenting, reduce the life chances of children, and thereby transmit poverty from one generation to the next.

Such stressors contribute to the adversity experienced by many families as they pose serious challenges in providing care in these circumstances, briefly outlined in the parenting in South Africa section. Despite poverty being recognized as a major challenge in South Africa, very little was known about its impact on mental health, until recently.

2.4.2.3.2. Mental health.

Burns, Tomita, and Lund (2017) explored the relationship between household income and depressive symptoms in South Africa, within national panel data, and found financial suffering increased the risk of depression. In fact, depression is quite common within the South African population (4.9%; Williams et al., 2008). This would be expected given that trauma (one of the possible contributors for depression) is not a rare occurrence within South Africa (Williams et al., 2007; 2008). It is important to acknowledge that some mentally ill people have never experienced traumas, and some people who have experienced trauma are resilient.

An abundance of international research has found the presence of mental illness amongst parents who kill their children (e.g. Bourget & Gagne, 2005; Brown, Tyson, & Arias, 2014; Haapasalo & Petäjä's, 1999; Krischer, Stone, Sevecke, & Steinmeyer, 2007). Evidence indicates that parents with adverse mental health (e.g. experiencing depression or PTSD related symptoms) tend to experience difficulties in parenting. To illustrate, a United Kingdom based cohort study with parents and their children, found such parents were less responsive and less positive towards their children. This has been related to behavior problems in children, such as externalizing

behaviors of aggression, and internalizing disorders of withdrawal and anxiety. The study also found maternal depression was associated with the use of harsh disciplinary practices, specifically more frequent smacking, and shouting (Kiernan & Huerta, 2008).

Psychiatrists Karen Appleyard and Joy Osofsy (2003) proposed that symptoms of trauma, such as depression and anxiety, may result in an inability to hear children's distress. It may also result in a parent's need to withdraw to protect themselves from feelings of vulnerability, and difficulty tolerating their children's resultant anxiety and aggression.

Banyard, Williams, and Siegel (2003) and Cohen, Hien, and Batchelder (2008) studied the detrimental impact of cumulative trauma experiences on the mothering role. These authors found trauma exposure was linked with decreased parenting satisfaction, reports of child neglect and abuse, and a history of protective service reports. This emerging literature on trauma and parenting confirms longstanding notions that a history of abuse can negatively affect a parent's caretaking abilities in ways that can have far-reaching consequences.

2.4.2.3.3. *Substance use.*

Those exposed to many adversities may also attempt to numb emotional pain by using drugs/alcohol (Bonugli, Lesser, & Escandon, 2013; Brownhill, Wilhelm, Barclay, & Schmied, 2005). Berry and Malek (2017) have highlighted that in South Africa, many parents may attempt to cope with difficult psychosocial circumstances, lessen intrusive thoughts related either to mental illness or to trauma-related memories, by resorting to using alcohol and/or illicit substances.

Indeed, South Africa has an enormous burden of drug and alcohol use. One of the disorders assessed in the SASH study was substance use disorders (alcohol abuse, alcohol dependence, drug abuse, and drug dependence). It was found that the estimated prevalence of substance use in South Africa was 5.8 per 100,000 (Williams et al., 2008). The second most prevalent class of lifetime disorders was substance use disorders (13.3%; Herman et al., 2009). For some South Africans, the

abuse of alcohol is partly rooted in the apartheid era, where farm workers were paid with alcohol, known as the `dop'¹ system. However, the relationship between apartheid and alcohol is much more complex. For an indepth discussion, please see Mager (2004). Nevertheless, despite its official prohibition, the widespread abuse of alcohol appears to persist as the SASH study found 4.5% of the population had alcohol abuse or dependence (Williams et al., 2008).

Parents may hurt a child while under the influence of alcohol, or prescribed or illicit psychoactive substances, as these may result in impaired perceptions of reality and subsequent actions within that impairment. Alcohol/substance use may cause problems with impulsivity, disinhibition, and disordered emotional behavior. Consequently, a parent may misinterpret the child's cues (e.g. crying, acting out, temper tantrums, whining), which may result in fatal or non-fatal child abuse (Mugavin, 2008). This is because substance and/or alcohol use can increase the risk for aggression or violence (Shelton, Hoffer, & Muirhead, 2015). Indeed, a surplus of examples of a history of exposure to substance and/or alcohol abuse by parents who kill their children exists throughout the literature (e.g. Farooque & Ernst, 2003; Kauppi et al., 2010; Meyer & Oberman, 2001; Razali, 2017).

Living this type of lifestyle often leads individuals to associate with those who engage in and endorse violence. Research has noted that some fathers and mothers, who have killed their children, have had prior arrests (although more common amongst fathers; e.g. Benítez-Borrego, Guàrdia-Olmos, & Aliaga-Moore, 2013; Eriksson et al., 2016).

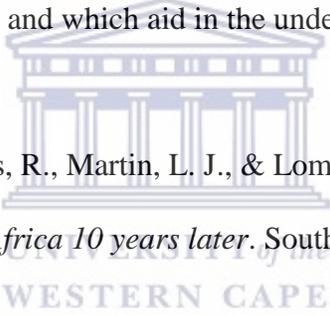
2.5. Conclusion

This chapter began with an overview of the first attempts to understand parental child killing, namely the development of different filicide classification systems. It was thereafter explained that

¹ Afrikaans slang word for alcohol

these systems are not free from contestation, and it was proposed that these systems placed little emphasis on social factors. Thereafter, the chapter outlined parenting in South Africa, focusing on the country's social factors impacting on parenting, and demonstrated the difficulty inherent in parenting in South Africa. This was done by explaining that the pressures accompanying parenting is intensified for many as it is a country with a history of multiple systems of oppression, which has impacted on South African families. Despite the difficulties plaguing South African families, this chapter has also illustrated that parental child killing is a multifaceted, complex phenomenon, that transcends international borders and, which is influenced by a diverse range of factors such as poverty and substance use. The subsequent chapter provides a discussion of the theoretical approaches that underpin this thesis and which aid in the understanding of parental child killing.

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Chapter Three: Theoretical Considerations

3.1. Introduction

This chapter provides an in-depth exploration of the theoretical approaches that underpin this dissertation, framed within a biopsychosocial (BPS) epistemology. Together, these theories guided the understanding of parental child homicide. The theoretical considerations outlining each article (*Chapters Five-Eight*) in this dissertation included attachment theory, epigenetics, feminist theory, and social ecological theory. This chapter is especially important because theoretical explorations of parental child homicide are limited (Dawson, 2018).

3.2. Attachment Theory

The attachment theory utilized in this dissertation draws largely on the work of John Bowlby (1969; 1973; 1980; 1988), who was arguably the founder of attachment theory.

It is difficult to deny the relational component of parental child killing as the offense is committed against an important attachment figure (Edge, Subramaney, & Hoffman, 2017). Therefore, attachment theory is possibly one of the best starting points for understanding this crime.

There are many developmental pathways through which adverse childhood experiences, such as child abuse and neglect, lead to problematic outcomes in adulthood. Yet, attachment theory offers a useful framework to understand attachment as an important mediator between child trauma and damaging outcomes in adulthood (Widom, Czaja, Kozakowski, & Chauhan, 2018). Especially, when considered as part of a constellation of social and other factors, attachment theory contributes to our understanding of parental child homicide (Adshead, 2002).

A fundamental principle is that early childhood relational experiences create the context from which individuals understand relationships and, thus, tend to influence the individuals' experiences throughout life (Bowlby, 1969). Bowlby (1969) proposed that children internalize the interactional

experiences they have with their parents, which then become entrenched in individuals' internal working models. Internal working models are somewhat enduring structures as they show some continuity from childhood to adulthood. Although they may be modified by later attachment experiences, for example; there may be changes in a child's relationship with a parent, these structures tend to persist (Krane, Davies, Carlton, & Mulcahy, 2010). Indeed, evidence exists for the stability of attachment styles over time (Bartholomew & Shaver, 1998), although other work has shown changes (Theisen, Fraley, Hankin, Young, & Chopik, 2018).

Basically, the theory asserts that "expectations and responses to interpersonal situations learned in the context of early childhood relationships provide a model for relatively stable patterns of intimate relationships in adulthood" (Widom et al., 2018, p. 534). Thus, patterns of attachment formed during early interactions with one's parents, may influence the type/style of interactions that individuals will have with their own children, as these models become roadmaps for interpreting and responding to others (Bowlby, 1973; 1980; 1988).

Bowlby (1973) distinguished between children who are able to use their caregivers as a secure base, as opposed to children who are unable to utilize their parents as such. Children who use their parents as a secure base tend to develop positive internal working models of their parents, themselves, and relationships. Such individuals may view themselves as worthy of love, tend to be more trusting, and perceive relationships as worthwhile. In turn, this may allow for healthy cognitive, social, and emotional development, as well as the ability to self-regulate, and to manage emotions and impulses. However, this tends to be compromised in instances of adverse attachment (Edge et al., 2017).

Children with unavailable, inconsistent, rejecting, abusive, or neglectful parents, may develop negative internal working models of self and others, and may present with adverse attachment styles (avoidant, ambivalent, insecure, resistant, preoccupied, disorganized, and

dismissing attachment styles) (Shelton, Hoffer, & Muirhead, 2015). These children tend to feel unloved and unworthy of care. They may also develop along a deviant pathway, and may develop adverse mental health (Bowlby, 1980; 1988).

Attachment theory has been suggested as one explanation for the relationship between childhood trauma and problematic mental health in adulthood. Given the imperative role of the parent in the development of a child's attachment, the lack of adequate care is consistent with a prediction of poor quality attachment. Neglected children may learn that they are ineffective in communicating their needs and obtaining parental cooperation to meet their needs, so they may increase their demands. If this behavior results in attention, then they are likely to maintain a pattern of clinging and demanding behavior. If their behavior does not result in attention, then they may become withdrawn, depressed, and feel unworthy of attention. In contrast, abused children may feel that they are worthy of harsh attention, and may develop a fear of closeness leading to avoidance of relationships (Widom et al., 2018).

Although Bowlby did not specifically focus his attention on child abuse, he made reference to abusive relationships in his writings (Bowlby, 1988). For example, he linked care-seeking behavior with anger so that, within the attachment relationship, anxiety and anger were viewed as natural responses to the risk of loss. Bowlby (1988, p. 81) proposed that "A great deal of maladaptive violence met within families can be understood as the distorted and exaggerated versions of behavior that is potentially functional, especially attachment behavior on the one hand and caregiving behavior on the other". Thus, attachment theory largely interprets abusive parents as yearning for care but expecting rejection, because of their childhood experiences of rejection or abandonment, leading Bowlby (1988) to suggest,

Small wonder, therefore, if when a woman with this background becomes a mother, that there are times when instead of being ready to mother her child, she looks to the child to mother

her. Small wonder too if when her child fails to oblige and starts crying, demanding care and attention, that she gets angry and impatient with it (p. 86).

According to Bowlby (1973), angry behavior is a way that some children may communicate to their parents that attachment needs are not being met. He termed this functional anger as it can either serve to promote the attachment bond, which, thus, may be functional to keeping the relationship intact. However, anger that becomes so intense or persistent it threatens to disrupt the attachment bond, no longer serves its function, and was viewed by him as dysfunctional. Dysfunctional anger tends to develop under conditions of actual or threatened experiences of separation or psychological/physical abandonment and loss (Bowlby, 1973).

3.3. Attachment Theory and Parenting

Adjusting to becoming a parent is a difficult and trying period for many, regardless of attachment styles. For those with adverse styles, parenthood can increase feelings of vulnerability, which may intensify anxiety, fear, helplessness, and anger. Such parents may battle to tolerate and cope with these feelings, which may have reawakened painful childhood memories of abuse or neglect from his/her own parent (Shelton et al., 2015). Hence, this may inhibit the parent from caring/soothing their child and/or it may lead to the parent acting aggressively toward his/her child (Fonagy & Target, 2005).

Such individuals also often have a low reflective function, defined as an impaired ability to identify the emotions, and needs of other people, which is also connected to the development of empathy. Empathic failure is believed to be a contributing factor in the perpetration of violence (Adshead, 2002) as such parents may lack the insight that they are causing harm and may engage in harsh discipline practices (Fonagy & Target, 2005). Thus, Mugavin (2008), in studying filicide, proposed that attachment theory partly conceptualizes parental child homicide as the outcome of the

intergenerational transmission of inadequate parental behaviors. That is, fathers and mothers tend to parent in a manner in line with the context of their own prior experiences and relationships.

Data from studies conducted with at-risk mothers (abusive or neglectful parents) illustrated a prevalence of adverse attachment styles (Adshead & Bluglass, 2005; Barone, Bramante, Lionetti, & Pastore, 2014; Frigerio, Costantino, Ceppi, & Barone, 2013). These findings suggest an attachment approach could effectively contribute to the identification of mechanisms underlying various forms of atypical parental behaviors in the caregiving task. For example, Barone, Bramante, Lionetti, and Pastore (2014) examined whether attachment theory could contribute to identifying risk factors involved in parental child homicide by comparing mothers from the normative population versus filicidal mothers. The authors found the filicidal group had more unresolved, hostile relationships with their own parents, compared to the normative group. These findings are in line with previous studies addressing attachment styles in male and female samples at-risk for intra-family violence (e.g. Bakermans-Kranenburg & van IJzendoorn, 2009). This suggests that the intergenerational transmission of at-risk experiences within attachment relationships may determine a relevant increase in the chances of parental child homicide, which is illustrated more in chapter six.

In sum, attachment theory proved a fruitful lens through which to understand the participants' relationships, with their own parents, and with their children (*Chapter Six: Article Two*). However, this theory is not free from contestation. It has been criticized for ignoring aspects such as race, poverty, and culture, and for failing to consider the direct impact of these external factors on the relationship between parent and child (Buchanan, 2018). To account for this, this dissertation incorporated the social ecological theory, which highlighted environmental factors.

A feminist critique is that attachment theory promotes a narrow, exclusive positioning of women as mothers relegated to the private sphere of the family, responsible for children's

wellbeing and development. Thus, some may have mistakenly interpreted attachment theory as misogynistic, demanding undivided attention from the mother in the early years, and burdening her with sole responsibility for the child's development (Krane et al., 2010). This may be a misinterpretation of the theory, as attachment theorists place no special emphasis upon the maternal bond, instead focusing on the primary caregiver(s), and have come to examine the quality of interactions, rather than the amount of time spent with a primary caregiver (Adshead, 2002).

Further, some researchers, such as Eyer (1992) and Birns (1999) have disputed the notion that children suffer life-long developmental traumas when not cared for by all-available/all-loving parents. However, type of attachment is not suggested as a failsafe early predictor of later development. Many adults who have experienced adverse attachments, find adequate resilience to grow into well-balanced adults who do not abuse their children (Ansbro, 2008).

Finally, the theory's focus on the connection between early care and later development also often results in it being misunderstood as too deterministic. It is hoped that this chapter has demonstrated that the theory does much more than emphasize this connection as it provides a rich analysis of the mediating psychological processes (Adshead, 2002).

I will now continue to explore epigenetics, which, according to a recent study, shows that epigenetic processes are involved in attachment development. In other words, epigenetics in a way adds biological evidence to attachment theory (Bosmans, Young, & Hankin, 2018).

3.4. Epigenetics

The application and understanding of epigenetics utilized in this dissertation draws on the work of many researchers, some of which include McGowan et al. (2009), Meloni (2014), and Weaver et al. (2004).

Epigenetics is defined as the study of heritable changes in gene expression/function that do not involve changes to the underlying DNA sequence (Bird, 2007). Attachment theory proposes

that early attachment experiences impact on the child's development, which influences his/her experiences throughout life. Similarly, epigenetic research elucidates the social as a factor affecting the biology of humans and proposes that early interactions with parents influences the developing child's DNA (Landecker & Panofsky, 2013). Consequently, child development can be conceptualized as experiences becoming sculpted in the organism's DNA through methylation, one of the major epigenetic mechanisms of change (Fraga et al., 2005; van IJzendoorn, Bakermans-Kranenburg, & Ebstein, 2011). Therefore, in addition to attachment theory, epigenetics as a theory was useful in understanding the participants' relationships to their own parents, to their children, and to the understanding of their use of violence in later life (*Chapter Six: Article Two*).

3.4.1. Epigenetics and parenting.

The field of epigenetics brings with it not only the understanding that external factors can influence biology, but also that these changes may be reflected in later generations. Emerging epigenetics research shows potential mechanisms of intergenerational transfer of both paternal and maternal experience on the health and wellbeing of children through epigenetic inheritance (Pembrey et al., 2006).

Epigenetic inheritance refers to modifications in gene expression in parental cells in response to challenges presented by the environment, which can be transmitted to a child and to future generations in the absence of the original exposure. Epigenetic transmission of parental experience can, thus, explain how even before conception, environmental exposure of parents may be a determinant of risk and coping in the following generations (Babenko, Kovalchuk, & Metz, 2015; Harper, 2005).

Psychologists Hesse and Main (1999) refer to epigenetic inheritance as a second generation effect. Through their clinical work, they encountered many cases in which they determined that traumatic experiences on the part of the patient's parents, somehow indirectly became associated

with the patient's own symptomatology. This was a conclusion that appeared intriguing as it was difficult to identify more direct experiential origins of the patient's mental state. Thus, in line with the theory of intergenerational transmission of abuse, epigenetics states that genetic and environmental vulnerabilities can foster certain triggers that escalate the potential for abuse to be carried forward to the next generation. This is especially if the individual has not been exposed to a reparative environment (Lane, Robker, & Robertson, 2014).

Yehuda, Halligman, and Grossman (2001) investigated parental trauma exposure and parental Post Traumatic Stress Disorder (PTSD), by studying 51 adult children of Holocaust survivors and 41 control subjects. Yehuda et al. (2001) found that the offspring of Holocaust survivors showed higher levels of self-reported childhood trauma, particularly emotional abuse, and neglect, relative to the comparison subjects. The difference was largely attributed to parental PTSD. Thus, it may not be trauma exposure alone, but the persistence of enduring and disabling effects of the exposure (such as in PTSD) within the survivors that is associated with offspring effects. This once again highlights the importance of reparative environments.

Research (e.g. Anway, Cupp, Uzumcu, & Skinner, 2005) is showing that epigenetic transference can reach up to four generations. This was highlighted in the research on transgenerational effects on chronic disease in people prenatally exposed to famine during the Dutch Hunger Winter in 1944–1945 (Heijmans et al., 2008). Heijmans et al.'s (2008) research showed that individuals who were prenatally exposed to famine during the Dutch Hunger Winter had, six decades later, increased rates of heart disease and obesity. This shows that during gestation, interactions between mother and fetus can have long-term consequences for the infant's physiological and psychological health.

Until McGowan et al.'s. (2009) research, not much was known about the epigenetic mechanisms by which these interactions produce long-term alterations in human physiology and

behavior. Their research on the postmortem hippocampus obtained from suicide victims with a history of childhood abuse, found that adversity can alter the development of systems that serve to regulate stress responses, thus, enhancing the effect of stress in adulthood and vulnerability for mental disorders. McGowan et al.'s. (2009) human research followed on from the earlier work with rats by Weaver et al. (2004). Weaver et al.'s. (2004) major finding was that rats groomed more frequently by their mothers, displayed more brain development and were better able to cope with stress, than those who did not receive equal attention from their mothers. According to Hyman (2009), McGowan et al.'s (2009) research has been recognized as biological evidence of how traumatic life experiences become embedded within that person, or rather, "how adversity gets under the skin" (Hyman, 2009, p. 241). Indeed, this is similar to attachment theory, which states that attachment styles are carried into and largely maintained in adulthood (Bowlby, 1988).

Again, in line with attachment theory, epigenetic marks are long lasting, yet also potentially reversible. Social and environmental insults (e.g. childhood abuse) can leave permanent scars on the body and brain, yet are also susceptible to improvement through social interventions (e.g. therapy; Weaver et al., 2004). This is important to also acknowledge as this new, emerging research may unintentionally be viewed as supporting a narrative of permanent and significant damage in children, rather than contributing to discussions of possible resilience and adaptability in biological systems affected by stress. It is recognized that the possibility that the effects of trauma in parents could linger in their children, is potentially stigmatizing and victimizing, suggesting that these children are somehow damaged or vulnerable as a result of preconception parental trauma (although it is acknowledged that epigenetic damage can also be done post-conception). In contrast, one can also imagine that for some children who suffered greatly from the scars of their parents, documentation of intergenerational effects might validate their experiences (Yehuda, Lehrner, & Bierer, 2018).

Finally, feminist theory has criticized epigenetics by highlighting the frequent focus on the maternal imprint on the fetal epigenome, or rather, the somewhat disproportionate focus on the maternal-fetal interface, arguing that this is problematic because of the implications for women (Consoli, 2014). This is despite the evidence that indicates the relevance of epigenetic inheritance applicable to both fathers and mothers (Pembrey et al., 2006). Feminists purport that there is a tendency to disproportionately portray epigenetic influences as being within the domain of conception and pregnancy, locating epigenetic processes within the female/maternal body. When the emphasis is on the maternal as potential filter of that which could trigger epigenetic changes, it implicitly states that it is the mother's body, and thus, the mother's responsibility, thus alluding that the mother is once again 'different from' the father. In this way, epigenetics becomes not as much about the DNA that all organisms share, as it is about the womb, and about the role of women in safeguarding the fetus. Thus, researchers are encouraged to engage with both maternal as well as paternal inheritance (Consoli, 2014).

In sum, despite these challenges, the field of epigenetics research's paradigm-shifting impact on our understanding of the body, that is, that "there is no set boundary between the body and all that it engages with, such as environment and experience" (Consoli, 2014, p.13), is unquestionable. Going forth, the rapid advances in technology for epigenetics and the focused initiatives to fund and coordinate epigenetic research will provide an exciting field for novel research (Cressman & Piquette-Miller, 2012).

3.5. Feminist Theory

The feminist theory utilized in this dissertation draws on the work of many feminist scholars such as Boonzaier and de la Rey (2004), Brown (2004; 2012), Damant (2008; 2009), and Namy et al. (2017). A paucity of parental child homicide studies incorporates a feminist framework to

understand why parents kill their children (Dawson, 2018), making this thesis an important contribution.

Feminist theory, through its focus on gender and power, has been an indispensable lens through which to understand the intersection of violence against women and children (*Chapter Seven: Article Three*), detailed shortly hereafter. It is important to acknowledge, firstly, from the outset, that although I have used an umbrella term (feminist theory), I acknowledge feminism is not a unitary theory (DeKeseredy, 2016). It is beyond the scope of this thesis to review all the variants of feminist thought. The aim is not to homogenize different strands of thinking into one convenient label (Morrissey, 2003). It is emphasized that defining feminist thinking is subject to much debate. However, if, for convenience, I was to choose a simple definition of feminism, it may be good to follow Daly and Chesney-Lind's (1988, p. 502) definition "a set of theories about women's oppression".

Secondly, although the term 'women' is used, it is recognized that there are differences amongst women; however, this is not to say there are no commonalities amongst women as well. 'Women' may no longer be thought of as a unitary category but it can still potentially be a unifying one (Jackson & Jones, 1998). Such terms stand for the social construction of a set of people facing – albeit with differences – a common reality based on a common oppression (Letherby, 2003).

To proceed, feminist theory also fits with the study's epistemological position. According to Brown (2012), feminist theory often adopts a BPS approach to understanding phenomena, such as parental child homicide, as it acknowledges some behaviors have biological components and origins. However, it also argues behaviors and actions are largely influenced by social/cultural factors. Therefore, feminist theory maintains that even though behaviors may have biological sources, these actions are still assigned social/contextual meaning, which often reflects the

person's experiences of oppression and powerlessness, as well as resilience, and personal power, detailed hereafter.

3.5.1. Men's use of violence against women and children.

Feminist theory's central underpinning is that violence against women and children cannot be examined without gender as the central component of the analysis. Both forms of violence are largely viewed as the result of male oppression and domination of women and children within a patriarchal system (Boonzaier & de la Rey, 2004). Feminist theory proposes that women and children are socialized to accept a subordinate position within the family and societal domain, and that males are socialized to be dominant within both domains. It is believed that the power dynamics within a patriarchal system perpetuate crimes such as rape and child sexual abuse by creating a belief that men are entitled to gain from women. For example, the father who dominates his daughter for sexual gratification is viewed as preparing her for the subservient role she will fulfill in society and in her marriage (Robinson, 1998).

Feminist theory also maintains that traditional ideas about marriage, the family, and gender roles, support patriarchy, male dominance, and abuse. Proponents of feminist theory argue that patriarchal power and dominance is created, reinforced, and continued in the nuclear family (widely accepted to mean a legally married, two-parent, heterosexual couple), legitimizing violence as a form of control over subordinate family members (Boonzaier & de la Rey, 2004). Patriarchy promotes a hierarchy, with men in a superior position. Violent men abuse this power assigned to them within a patriarchal culture (Brown, 2012). Thus, feminist theory highlights the various ways in which patriarchal gender norms and hegemonic masculinities (normative ideals defining and reinforcing men's dominance, privilege, and power) serve to produce gender hierarchies and validate men's use of violence against women and children (Morrell, 1998).

It is suggested that men may blame women and children for breaking away from expected, traditional, dutiful, and submissive behaviors, thereby validating violence as a legitimate form of social control (Namy et al., 2017). It is believed that abusive men may experience feelings of power and control when using violence to solve conflict in relationships (Brown, 2012). When a husband beats his wife or child, feminist researchers, such as Brown (2004), maintain these forms of violation are strategies used (consciously or unconsciously) for upholding the oppressive, cultural status quo.

In many societies, as in South Africa, men's use of violence is largely considered normal, appropriate, and acceptable (Morrell, 1998). Even in circumstances where men's use of violence is considered inappropriate (where there is no 'good reason' for the violence), men may still be exonerated. Their violence is largely viewed as uncontrollable, a 'natural' response to the stress associated with masculinity. Thus, feminists contend there is a tolerance for men's perpetration of violence as an expression of anger, associated with notions of hegemonic masculinity (Namy et al., 2017).

Studies have also proposed that some South African men may perceive it as necessary to claim a dominant position over women (e.g. Morrell, 1998). According to such studies, South African men tend to act violently because of their inability to control women through other means. This is because they often experience social and economic marginalization, which affects their ability to live up to the traditional notion of being a good provider. Simultaneously, they are competitive about power, status, and honor. This combination of lacking the means to establish dominance and an unwillingness to accept a non-dominant position, has been described as a root cause of violence against women (Lindegaard, 2017).

Additionally, Damant and colleagues (2008; 2009) remind us that women's mothering is often targeted in men's use of violence against women and children, as part of their controlling,

abusive strategies. This highlights the double level of intentionality, whereby a violent act directed towards one individual (mother/child) is simultaneously intended to affect the other. Mullender et al. (2002) emphasized that,

It is not an accident that abusive men attack women's abilities to mother, they know that this represents a source of positive identity, the thing above all else that abused women try to preserve, and also that it is an area of vulnerability (p. 158).

3.5.2. Women's use of violence against children.

Feminist theory upholds that women's violence toward their children largely stems from their own victimization and oppressive experiences as women and mothers (Damant et al., 2009). Thus, feminist researchers argue that maternal violence against children cannot be understood without situating it within the broader context of the patriarchal family, which may systemically disempower and infantilize women (Namy et al., 2017).

It is within the home environment that mothers may endure psychological trauma associated with witnessing a partner's use of violence against their children. Mothers are also often abused in front of their children, which may trigger shame and embarrassment, possibly compromising their role as mothers. This further serves to strengthen the intergenerational nature of violence. It reveals how the intersection between violence against women, and children's experience of abuse and exposure to abuse (another form of violence against children), can reproduce normative beliefs surrounding violence, and continue abuse into future generations (Namy et al., 2017).

Men's violence also tends to affect many aspects of women's lives, including their physical and mental health, which makes it difficult to perform the work involved in mothering. It is within this oppressed, abusive, male dominated, home environment (coupled with adverse physical and

mental consequences), that women may displace their anger onto children, and react violently toward their children after experiencing abuse from partners (Damant et al., 2009; Lapierre, 2008).

It has been proposed that women's violence is tied to the sense of power (that they otherwise do not possess) that follows the aggressive act, which may serve to reinforce violent behavior. Thus, women's violence against children is largely viewed as a consequence of their own experiences of IPV (Damant et al., 2009). Women may violently express their powerlessness - or attempt to consolidate their own power - over children, who are perceived as the most subordinate within the hierarchy (Namy et al., 2017). As such, children can represent a source of both power and oppression for mothers as, in many societies women still hold minimal power both outside and inside of the home (relative to men). Yet, simultaneously women are in positions where they are responsible for home and childcare. Consequently, according to Mugavin (2008, p. 70) "it may not be surprising that when a mother becomes violent, the most possible targets are those who have even less power than she does".

Thus, feminist theory has been useful in exploring the variety of ways in which female status is bound up with child homicide. Starting with the marital structure, feminists have purported that social norms largely support the use of violence against women as a means for men to remain in control of their marriages. It has been suggested that patriarchal structures may perpetuate the use of violence against women by creating woman's economic dependence on husbands, thereby creating a barrier for wives to leave abusive husbands (Chaudhuri, Morash, & Yingling, 2014). It has long been established that women's financial status affects power dynamics in the home. A lack of income may mean women have less control over fertility practices and overall decision-making in the home. When women occupy a lower status, it can cause a ripple effect, impacting on the wellbeing of children. This is because child victimization is often associated with tension in the home and with spousal disagreement. Thus, as the status of women

(relative to men) improves, it tends to reduce family friction resulting in a safer environment (Hunnicut & LaFree, 2008).

Hence, the value assigned to women runs in close parallel with the value assigned to children. The devaluation of women is a gauge for the devaluation of children. The victimization of children shares many characteristics with the victimization of women. Given that the value, wellbeing, and survival of children, are inextricably bound to women's structural position, it is reasonable to assume children's risk of violence is conditioned by gender-specific social forces (Hunnicut, 2007).

However, according to Morrissey (2003), there is a tendency within feminist theory to remain within a realm of safety and familiarity by situating women who kill their children, within common categories, which emphasize female victimhood, and male oppression. These portrayals repeat traditional positionings of male power and female passivity rather than exploring the potential for female agency. Representing women who kill in a way that denies them agency also works to confirm that female aggression has no place in our culture. It is not uncommon for women's agency to be denied through monsterization (denying agency by insisting upon the evil nature of the murderess. Therefore, causing her to lose humanity as she is transformed into a monster, instead of being seen as one of society's members, produced, and enabled by her social and cultural milieu), mythification (relates women who kill to a mythic character, such as Medea, created to increase fear and to distance the female offender from her society. In this way she is not only monsterized but also transformed into the living embodiment of mythicism), and victimization (denies agency through invoking a portrayal of women who kill as being so profoundly victimized that it is difficult to regard her as ever having engaged in an intentional act in her life. By emphasizing victimhood, agency is neglected) (Morrissey, 2003).

Women are not always powerless within patriarchal families. According to the patriarchal bargain, women may make conscious, strategic, decisions (within a narrow range of possible decisions), that involve making bargains. The patriarchal bargain refers to women making difficult compromises “between acting with unrestrained agency and accommodating to the constraints on agency due to rules and scripts regulating gender relations” (Kandiyoti, 1998, p. 286). These compromises often involve receiving financial security from abusive men in return for following certain rules and scripts, which women are ‘expected’ to follow, such as doing the cooking and attending to children (Chaudhuri et al., 2014).

Agreeing to a patriarchal bargain and remaining in an abusive relationship is often interpreted as complying with patriarchal constraints and remaining passive; in turn, women’s agency is often ignored. However, it has been proposed that women who ascribe to patriarchal bargains should be conceptualized as agentic. This is because these bargains may be viewed as day-to-day strategies for dealing with abuse, as a form of resistance, in the context of gender arrangements within their families and cultures. Even though abused women may lack resources and may be socially isolated, their strategies contradict stereotypic images of them as passive. This is largely because when men in patriarchal systems cannot maintain their part of the bargain by providing financial security, women frequently challenge traditional arrangements. In Ahmed and Bould’s (2004) study, the authors found that after mothers realized that their partners were unable to uphold their promise to provide financial support for them and their children, the women started acting autonomously. The women started seeking employment and through their actions, rejected the traditional expectation that they would be financially dependent on their men.

In line with the patriarchal bargain, Fawcett and Featherstone (2000) maintain that women should not always be constructed as passive and powerless victims, suggesting the power dynamics

are more complex, playing out differently in various contexts. Therefore, Featherstone (1996) posited,

Women may occupy a range of subject positions which shift. They may be victims in one situation, for example in relation to their husbands, but in relation to their children, they may be in a position of power for a variety of reasons. They can, therefore, be both victim and victimizer and these positions themselves shift (p. 183).

Thus, a vital concern is the assumption that the interests of women/mothers and children always coincide. In this regard, Featherstone and Trinder (1997, p. 153) suggest “this is not to argue that women do not often fight for their children’s wellbeing, but there is a problem in assuming that they always do, and there is a further problem in developing policies which assume they will”. It is argued that the multiple and complex connections among the constructions of IPV, child abuse, and mothering are considered. It is imperative to bear in mind the complex power relations between women/mothers and children, the ambivalence women/mothers may feel towards their children, and, therefore, the possibility that women/mothers could be violent towards their children (Damant et al., 2008).

In sum, feminist researchers have emphasized the following ways in which violence against women and children intersect within the family: (1) bystander trauma, where women and/or children suffer psychological abuse from witnessing violence against the other; and (2) displaced aggression, when women's own experience of IPV may be redirected as violence against children (Bidarra, Lessard, & Dumont, 2016).

To conclude, proponents of social ecological theory have criticised feminist researchers for being reluctant to acknowledge factors other than patriarchy in the etiology of abuse. Researchers, such as Heise (1998), suggest that as a single factor explanation, it is inadequate. This feminist hesitance should be viewed in the context of a discourse on violence that has traditionally been

slow to recognize the significance of gender inequalities and power differentials in the etiology of violence against women and children. It is imperative to highlight that feminist theories of men's use of violence have evolved since the writings of Dobash and Dobash (1979), for example. As I have attempted to show, there is now a large feminist literature incorporating factors, such as unemployment, into the understanding of violence against women and children (DeKeseredy, 2016).

3.6. Social Ecological Theory

The social ecological theory utilized in this dissertation draws on the work of authors such as Bronfenbrenner (1979), Belsky (1980; 1993), Heise (1998; 2011) and Ward et al. (2012). The theory is used to aid in our understanding of the role of trauma (occurring within multiple domains) in the later use of violence, and, to assist in the understanding of the impact of external factors in the perpetration of violence (*Chapter Eight: Article Four*).

3.6.1. Proponents of social ecological theory with regards to child abuse.

Social ecological theory outlines a system capable of integrating divergent etiological viewpoints that emphasizes psychological disturbance in parents, dysfunctional patterns of family interaction, stress-inducing social forces, and abuse-promoting cultural values. In so doing, it demonstrates that child abuse is multiply determined by forces operating in the individual, family, community, and culture in which the individual and family are embedded, and ecologically nested within one another (Belsky, 1980).

Some researchers have interpreted the ecological theory as implying a deterministic view of the world. If, given certain characteristics in the parents' backgrounds, the community, and culture, and if the 'right' family interactions occur, abuse will inevitably happen. This is not the case. It is acknowledged that any factor may increase or decrease the probability of abuse occurring, but cannot determine it (Sidebotham, 2001). An ecological framework purports there

are embedded pathways of causality. A single factor does not result in the perpetration of abuse, and instead, the possibility that a father or mother will become violent, is a function of many factors, which intersect at multiple domains of the social ecology (Heise, 1998; 2011). These factors relate to an individual, family, community, and societal level (Ward et al., 2012).

3.6.2. Individual (microsystem) level.

The individual level encompasses biological and personal factors, such as gender, age, and substance use, which may increase the possibility of becoming a victim or perpetrator of violence. For example, gender is an important consideration (as it is in feminist theory), as girls tend more often to be victims of sexual violence compared to boys, who tend more often to perpetrate such violence (Dartnall & Jewkes, 2013).

Simpson and Rholes (2015) have proposed that the individual level also focuses on epigenetics and its effects on attachment processes and outcomes. The authors have suggested that to fully understand parental child homicide, one must look beyond the societal/macro-level processes and into the individual level processes. Thus, applied to the realm of psychological trauma, social ecological theory understands violent and traumatic events as ecological threats to the adaptive capacities of individuals (Harvey, 1996).

A parent's socialization history can also be a contributing agent, as a characteristic perpetrators of abuse tend to share (although not always), is a history of abuse in their own childhood. This alludes to the possible normalization of violence, which becomes embedded in childrearing practices. In some contexts, parents may not see corporal punishment as constituting abuse (Edberg, Shaikh, Rimal, Rassool, & Mthembu, 2017). Still, a parent's own rearing need not be characterized as abusive to contribute to mistreatment of his/her own child. It has, however, been suggested that effects of observing aggression, being rewarded for anti-social behavior,

exposure to and experience with violence as a child, might result in the adoption of aggressive strategies for coping with parent-child conflict as an adult (Belsky, 1980).

The entities with which an individual comes into direct contact form the microsystem (Lehman, David, & Gruber, 2017). That is, the relationship level, which comprises the most immediate developmental domain, where daily interactions tend to shape a person's behavior most closely, this includes relationships with parents and intimate partners, which may increase the risk of experiencing or perpetrating violence (Voith, Gromoske, & Holmes, 2014). In keeping with attachment theory, the family is viewed as the most important domain in which children develop adverse attachments, which may influence subsequent problematic behavior. The parent-child system is nested within the spousal relationship, so what occurs between husbands and wives, from an ecological point of view, has implications for what happens between parents and their children, that is, IPV between couples often spills over into parent-child relationships (Belsky, 1980).

3.6.3. Community (exosystem) level.

Basic to an understanding of the social ecological theory is an appreciation of the embeddedness of the individual and family within larger social units (Belsky, 1980). The community level (exosystem) is defined as settings in which, individuals play no active role, but which nonetheless have an influence on them (Voith et al., 2014). It incorporates broader community, cultural, and societal systems affecting the child's development. These settings, such as neighborhoods, wherein social relationships occur, are associated with possibly becoming victims or perpetrators of violence. Examples of violence within this system includes community violence or gang violence (Ward et al., 2012). For instance, how does growing up in a violence-ridden neighborhood that lacks formal support affect how one bonds with a parent? How does growing up in such a neighborhood impact on what one is taught when encountering conflict?

Community violence can be viewed as an ecological threat to a community's ability to offer its members a safe haven. Racism, sexism, and poverty can be thought of as environmental pollutants, in other words, ecological anomalies, that foster violence and threaten to overwhelm the health-promoting resources of communities (Harvey, 1996). Unemployment is associated with frustrating circumstances, such as a lack of monetary resources. For many, the sense of powerlessness resulting from being dethroned as family provider could potentially fuel intra-family violence, particularly when status can be regained by force against defenseless children (Belsky, 1980).

3.6.4. Societal (macrosystem) level.

Lastly, the societal level (macrosystem) is viewed as the all-encompassing 'blueprint' for these nested systems, molding people's beliefs, and patterns of behavior as they interact within these domains. A person's biological, psychological, and interpersonal features, all occur within contextual dynamics and are centrally influenced by societal factors. The macrosystem includes all societal factors, such as health, economic, educational, and social policies. These produce an environment in which, violence is encouraged or inhibited and helps to maintain economic or social inequalities between gendered or racial groups (Voith et al., 2014).

For instance, in South Africa, for some, violence may be seen as legitimate by higher-status individuals (men) against lower-status individuals (women and children). Side stepping the notion that lower status individuals (women) may also perpetrate violence against other lower status individuals (children). Nevertheless, it has been said that "that which is not valued, is not well treated, which should come as no surprise" (Belsky, 1980, p. 329). There is a general acceptance towards the use of violence as a legitimate means to resolve conflict. These social norms encourage the use of violence through shaping behavior (Ward et al., 2012). Indeed, research shows that South Africa has a high crime rate, and an overall high homicide rate, compared to other countries

(Matzopoulos et al., 2015), which leads to a possible conclusion that violence may be normalized in our country.

For example, although corporal punishment is now banned within South African schools, years ago the courts ruled that schools had the right to corporally punish disobedient children. When South Africa's legal institutions pass such a judgment, it is difficult to assert that disobedience should not be met with physical violence. Today, many of the children who received corporal punishment, are parents and indeed, there appears to be somewhat of a legacy of authoritarian practices and the belief that corporal punishment is a normative discipline strategy (Breen, Daniels, & Tomlinson, 2015). It is postulated that such high levels of violence set the stage for the occurrence of family violence, one form of which is child abuse. Thus, what transpires in the micro and exosystems of child abuse is influenced by prevailing cultural attitudes, and values, which form the macrosystem of child abuse (Belsky, 1980).

In addition, feminist theory, for example, assigns the root of the violence against women problem, to the misogyny of a culture. It is argued that violence against women arises because women are oppressed by virtue of being a member of the non-dominant group within a patriarchal culture. Thus, the cultural context of patriarchy is interpreted as problematic (Brown, 2004; 2012). Misogyny and patriarchy are seen as contributors to sexual and physical violence and ecological threats to the wellbeing of women (Harvey, 1996). We are also reminded that the value assigned to women runs in close parallel with the value assigned to children (Hunnicut, 2007). Therefore, by investigating the larger cultural fabric in which the individual, the family, and the community are inextricably interwoven, we can begin to understand the role of the macrosystem in child maltreatment (Belsky, 1980).

Social ecological theory, as well as the BPS epistemology, have been criticized for not placing enough emphasis on questioning and attempting to fight these norms (Payne, 2015).

According to Ungar (2002), both social ecological theory as well as the BPS epistemology lack a focus on deconstructing power structures to address and improve the phenomenon at hand. Thus, in this instance, a feminist framework has been proposed as it attempts to deconstruct power structures and structural inequalities (Cosgrove, 2003).

In sum, the social ecology includes the parent's life histories, including traumatic events, which parents may bring to their relationships with their children, as well as the context and situational factors that impact on their everyday lives. The ecology also includes social norms, which are reinforced as appropriate parental behavior, including the acceptability of harsh parenting practices, such as the use of violence to discipline children. Additional norms include teaching young boys to fight physically, to engage in violence when encountering conflict, to preserve male honor. Together, these social and cultural norms (shaped by structural factors and ideologies) tend to promote the use of violence and have an influence in shaping the contours of acceptable behavior.

Understanding child homicide from an ecological perspective provided an opportunity to determine how risk factors, operating at various domains, intersect and in combination, increase the possibility of violence towards children. Thus, an ecological framework maintains a constellation of factors and pathways converge to influence the possibility of homicide.

3.7. Conclusion

This chapter elucidated the theoretical considerations of the study and illustrated their importance in understanding a parent's violent behavior towards his or her child. An understanding of parental child homicide should integrate all the components reviewed above. This is important to be able to create a comprehensive explanation that takes advantage of the unique contributions of each theoretical approach and assimilates them into an overall picture. The integration of these theories is presented in Chapters Five-Eight, which also points to the significance and relevance of these

theories in terms of the implications of the findings from the study. The next chapter, Chapter Four, details the methodological considerations of the study.

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Chapter Four: Methods

4.1. Introduction

This chapter presents the methodological considerations of the study, which comprised two distinct sequential phases. Phase one consisted of a scoping review of the literature on the homicide of children under one. Phase two encompassed the qualitative phase, which explored the narrative accounts of the parent(s) convicted of the murder of their child(ren). These phases will now be delineated.

4.2. Phase One: Scoping Review (*Chapter Five: Article One*)

4.2.1. Review aim.

The aim was to undertake a descriptive review to summarize the literature on the homicide of infants. This broad aim crystallized into the following research questions.

4.2.2. Review questions.

1. What is the state of the evidence (year of publication, country study conducted in, study time-period, article's perspective, and study design/approach)?
2. What are the victim, perpetrator, and homicide context characteristics?
3. What do we know about the perpetrators' childhood and intimate relationships?
4. What are the perpetrator characteristics related to the crime?

4.2.3. Rationale for the review.

Although research has been conducted on the homicide of the 0-1 year age group, to the best of my knowledge, the findings have not been described and synthesized in a meaningful way. This is important so that the scope of the problem can be comprehended and mapped for researchers to develop and implement evidenced-based interventions. Scoping reviews are valuable in this regard as they provide opportunities to conduct a preliminary assessment of the scope of available research literature (Grant & Booth, 2009). The key feature of this review is it provides vital

information identified during different time spans and studies utilizing diverse methodologies, bringing attention to an important public health issue.

4.2.4. Search strategy.

Data for the homicide of children aged 0-1 year were compiled following the PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). Eighteen databases (Appendix A) were used to identify all studies published in English from first recorded/published study until 31 December 2014. Appendix B shows the search terms. The review was registered at PROSPERO (Registration number: CRD42016051473) on 15 November 2016.

4.2.5. Included studies.

Levac, Colquhoun, and O'Brien (2010) have argued that scoping reviews are ideal because researchers can incorporate a range of study designs. The review included all methodological frameworks (case study/qualitative/quantitative). Although quantitative studies were included, important to note is the focus was not on the prevalence, as this was covered by a systematic review conducted by Stöckl, Dekel, Morris, Watts, and Abrahams (2017). Based on this, eligible studies met the following criteria: (1) published in English, (2) reported an original research study (contained primary data), (3) victim aged between 0-1 (infanticide and neonaticide cases), and (4) reported on completed homicides (homicide attempts excluded).

4.2.6. Excluded studies.

Studies were excluded if: (1) the victim was over the age of one, (2) the study was not published in English, (3) did not have primary data (e.g. reviews and newspaper reports), (4) did not differentiate between attempted and completed homicides or only reported on attempted homicides or homicidal ideation, and (5) did not separate the homicides of children aged under one from the under 18 year results.

4.2.7. Abstract and full text screening.

A co-author (Dr. Heidi Stöckl) and I independently screened the 8,046 abstracts. Any discrepancies were resolved by discussion with Prof. Naeemah Abrahams (co-author and secondary PhD supervisor). Prof. Abrahams and I independently screened the resulting 707 full texts. Any discrepancies were resolved by discussion with Dr. Stöckl. In total, 53 studies were included (see Figure 1).

4.2.8. Quality appraisal.

There has been an ongoing debate in the literature regarding the need for quality assessment of included studies within scoping reviews. Some researchers (e.g. Arksey & O'Malley, 2005) have argued that scoping reviews differ from systematic reviews in that scoping reviews do not assess the quality of included studies.

However, I agree with Daudt et al. (2013) and others, who maintain that quality assessments are a necessary component of scoping reviews. I also support those who maintain that one of the aims of undertaking a scoping review is to identify gaps in the existing literature, which may yield false conclusions about the nature and extent of those gaps if the quality of the evidence is not assessed (Levac et al., 2010). Brien, Lorenzetti, Lewis, Kennedy, and Ghali (2010) have mentioned that the lack of quality assessment makes the results of scoping reviews challenging to interpret. Grant and Booth (2009) have also suggested that this limits the uptake of scoping review findings into policy and practice. Indeed, two scoping reviews have reported that their results could not be used to make recommendations for policy or practice because they did not assess the quality of included studies (Boström, Slaughter, Chojecki, & Estabrooks, 2012; Churchill et al., 2011). Thus, it is not surprising that few scoping reviews have reported the lack of a quality assessment as a limitation (Feehan, Beck, Harris, MacIntyre, & Li, 2011).

Bearing this in mind, the quality assessment was vital in evaluating the strength of the inferences and conclusions arrived at in the published studies. The included studies were assessed by utilizing an adapted version (as used by Adams & Savahl, 2017) of the Evaluation Tool for Qualitative Studies (Long & Godfrey, 2004) and the Evaluation Tool for Quantitative Studies (Long, Godfrey, Randall, Brettle, & Grant, 2002) (Appendix C). The adapted checklist was selected because of its clarity, simplicity, and thorough approach to appraisal without being too prescriptive, as these were the criteria born in mind when selecting an appropriate tool. The quality assessment was completed with the understanding that no single set of guidelines can be completely definitive. By applying these criteria, it was observed that no articles were uniformly poor and, therefore, none of the studies were excluded based on the quality appraisal.

4.2.9. Data extraction.

Data was extracted from the 53 included studies for data management and analysis, and this was double-checked by Prof. Abrahams. The extracted data is presented in four tables (*Chapter Five: Article One*). The tables were formatted to extract data specifically relevant to the research questions, which guided this review.

4.2.10. Data analysis.

The qualitative and quantitative studies were analysed separately. Given the complementary nature of the data that emerged from the two differing study designs, it was decided to present the data separately, but in the same table. For example, Table 3 (*Chapter Five: Article One*) provides victim, perpetrator and homicide context characteristics distinguished between qualitative and quantitative studies.

The qualitative studies were analysed by means of thematic analysis, as used in previous qualitative scoping reviews (e.g. Tricco et al., 2016). This involved the identification of prominent/recurrent themes in the studies and thereafter summarising/organizing the findings from

the different studies under thematic headings. Summary tables, providing descriptions of the key points were produced to summarize and present the data into the thematic areas, with a focus on, for example, victim and perpetrator characteristics as well as factors/circumstances surrounding the crime. Information was tabulated as this allowed for the identification of themes and offered a structured way of dealing with data on each theme (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005). The relevant data from each study was extracted and appropriately inserted into these tables. Studies were subsequently exposed to multiple checks for new emerging themes and, thus, new categories were added to the tables.

Explicitly stated quantitative data (e.g. exact number of murdered male and female infants) were extracted and added to each table, under each relevant heading. Implicitly stated quantitative data (e.g. total number of parents of which the number of mothers and fathers needed to be calculated) were calculated and then entered into the tables.

These tables allowed the comparison of similarities and differences across quantitative and qualitative studies. This was made possible as the tables illustrate the overlaps of the emerging data across the studies, to develop an extensive understanding of the homicide of children aged 0-1 year, which goes beyond but maintains the specificity of, each individual study.

The second phase of the project, the qualitative study, which encompassed most of the dissertation, will now be presented.

4.3. Phase Two: Qualitative Study (*Chapters Six-Eight: Articles Two-Four*)

The aim of the second phase of the study was to explore the narrative accounts of the parent(s) convicted of the homicide of their child(ren).

4.3.1. Research design: narrative methodology.

The qualitative component of the study employed narrative methods to address the study's broad aim. Within this study, the words "narrative" and "story" are used interchangeably and refer to

instances where individuals recount, chronologically, a substantial portion of their life. Narratives are valued for their ability to tell the listener and reader about one's past, present, and future according to the narrator. A narrative method centers on the individual's unique story and helps illuminate their lived experiences. This method attempts to capture data in narrative form, providing a glimpse into participants' subjective experiences (Schiff, McKim, & Patron, 2017), which is the essential component of a participant's life history, according to the BPS epistemology. It is within this epistemology that participant's own voices are stressed (Engel, 1997).

A BPS reality of each participant is produced during each interview (Smith, 2002). Thus, a BPS epistemology places emphasis on subjective experience as the researcher is encouraged to try and see/understand the world through the participant's eyes. For example, the researcher is encouraged to try to understand parental child homicide through the eyes of those convicted of the crime. Indeed, Engel repeatedly emphasized that subjective human experience is and should be a focus of scientific study (Epstein & Borrell-Carrio, 2005).

A researcher operating within a BPS epistemology tries to understand the participant's narrative so that he/she is able to know, for instance, which interventions to develop for that social ill. The participants' narratives provide researchers with a deeper and more complete understanding of the participant and his/her story of abuse, and abandonment; for example, and how this influenced the homicide of his/her children. Thus, it is important to place the participant's narrative at the very center of the research (Miles, Asbridge, & Caballero, 2015).

From the viewpoint of a BPS epistemology, the participants' narratives are believed to increase the authenticity of the knowledge created. For example, instead of us (researchers) devising reasons as to why a parent would kill his/her child – the reasons for child homicide would be more authentic (interpreted considering their stories are subjective and based on their own perceptions) if they came from the perpetrators (participants) themselves. The worldview of a BPS

researcher is that only the participants can provide this kind of knowledge (it is acknowledged that information provided by participants is the information available to their conscious minds), which only he/she has gained because of his/her lived experiences. Thus, it is impossible to understand child homicide without engaging the participant. We are reminded that a phenomenon, such as parental child homicide, occurs as a private experience not necessarily knowable to anyone else, other than the parent who commits the act. Hence, it is the researcher's job to gain access to this private world (Engel, 1997).

Therefore, a reciprocal relationship is encouraged (between researcher and researched) as participants' rich knowledge is believed to complement the knowledge of researchers. There is the recognition that the participant is a collaborator. The researcher listens to the participant's reporting of his/her inner-world, while simultaneously tapping into his/her own scientific knowledge to make sense of this data. The medium is dialogue, which includes interviewing and analysis, which is the basic methodologic dyad for rendering participant data scientific, according to the BPS epistemology. Thus, more power is accorded to the participant in the interview as it shifts the participant's role from a passive object of investigation to a collaborator (Engel, 1997).

A BPS epistemology enables the researcher to consider how broader, structural components, shape the narrative (Presser, 2010). Therefore, it is acknowledged that experience cannot "be conveyed in some pristine or authentic form separate from the institutions and events of the day" (Holstein & Gubrium, 2000, p. 103) as a BPS epistemology maintains all aspects are interrelated and connected (Engel, 1980).

Although the BPS epistemology is focused on participants, Engel (1997) acknowledged that factors such as the researcher's personal attitudes and own belief system may have an influence on the research encounter. He also acknowledged the researcher's own expectations of participants and of what qualifies as knowledge, all serve to shape the research activity in general

as well as the individual interview. A sociopolitical environment shapes research and research should deconstruct the myth that a researcher is immune to context, and embodying some essential, transcendental psychological competence. The argument is that the researcher not only needs to begin with the participant at the person level, but also with him/herself at the same level. Consequently, conducting research from a BPS stance required that emphasis be placed upon reflexivity (outlined in the discussion chapter), as one cannot assume a standpoint of pure objectivity (Saraga, Fuks, & Boudreau, 2014). Based on the above discussion, it only makes sense to take a moment to explore the environment in which this research was conducted.

4.3.2. Research setting.

This study was conducted in the Western Cape Province of South Africa. Based on 2018 mid-year statistics estimates, this province has a total population of 6,621,100 people (11.5% of the total population of South Africa, which is estimated at 57,73,000 people), with a total of 32,63,609 males and 33,57,494 females (Statistics South Africa, 2018). Further, the 2011 census data indicated that 48.8% of the Western Cape population are racially classified as ‘Colored’, 32.9% as ‘Black’, 15.7% as ‘White’, and 1% as ‘Indian/Asian’. The three main languages spoken are Afrikaans, isiXhosa, and English (Statistics South Africa, 2012).

More specifically, this research was conducted within a correctional center setting, covering both an urban and rural landscape. For confidentiality reasons, the names of the correctional centers that were visited are not mentioned. services.

4.3.3. Recruitment and sampling procedure.

Before recruitment could begin, ethical requirements needed to be followed, detailed in the following section. Once ethical approval was obtained, I set out to access participants, which posed a huge challenge.

In issuing me an approval letter to conduct research in correctional centers, the DCS assigned an internal guide to my study, whose task it was to assist me in sourcing participants. My internal guide was a psychologist from one of the larger correctional centers. An initial meeting was arranged with her to understand the DCS's system for identification of participants. She explained the DCS's administrative system contained details on the broad crime each offender was sentenced for, such as murder or theft. However, she explained the system does not specify who the victim is and, thus, does not explain the offender's relationship to the victim. This created a challenge, as I needed to know this information, as my inclusion criteria only encompassed parents incarcerated for the murder of a child.

It was also not possible to organize offenders into a room and to ask "Who is incarcerated for the murder of a child?" and then to ask those to remain so I could tell them about my study. It was explained to me, because of the stigma attached to it, that none of the offenders would have publicly admitted to the killing of a child. The only way I could recruit participants was if an offender told one of the psychologists that he/she was sentenced for the murder of a child. Therefore, I had to rely on the psychologists' knowledge of offenders.

My internal guide also contacted each psychologist at the different Western Cape correctional centers to inquire whether they were aware of any additional offenders that met my inclusion criteria, so that I could achieve a sufficient sample size. The inclusion criteria used for the identifying of possible participants applicable to this study were as follows: Parents (biological fathers, biological mothers, stepparents, and/or caregivers), who were over the age of 18 years at the time of the interviews, and who were previously convicted of the murder of their child(ren) aged 18 years and below. These criteria were not restricted to only interviewing those responsible for inflicting the fatal injury and included those parents who were incarcerated for being an accomplice.

For similar reasons, the National Prosecuting Authority (NPA) could also not identify child homicide offenders on their system. A meeting with a senior advocate from the NPA responsible for child offenses advised me to run an online search of all newspaper articles published on parents arrested for the murder of their children in the Western Cape. This process yielded some names, which were sent to the advocate. For ethical/confidentiality reasons, I have not mentioned which participants were sourced in this manner. The advocate then entered the names into her administrative system to check whether these parents had already been sentenced. Once she confirmed this, the names were forwarded to my internal guide, who then entered these names into the DCS's system and could see where (which correctional center) each person was incarcerated.

Once my internal guide knew where each of these offenders were incarcerated, she proceeded to contact each center's psychologist. In other words, if she saw on her system X was sentenced to Y center, she would contact that center's psychologist and tell him/her about my study and my interest in X. That center's psychologist would then double check X was indeed housed at that center and would thereafter tell X about my study and inquire with him/her to see if he/she would be willing to participate. If he/she agreed, a suitable date and time would be organized for us to meet.

Therefore, recruitment initially began using purposive sampling through utilizing each center's psychologist. Fourteen participants were identified using purposive sampling and eight participants were identified using snowball sampling (a form of purposive sampling). Once interviews commenced, offenders voluntarily provided additional names of offenders known to them. Snowball sampling was appropriate for this study as the incarcerated parents constituted a population that were difficult to locate (Babbie, 2017).

It was also during this phase that I asked each center's psychologist whether he/she would be willing/available to provide counseling to the participants, should they feel they require it post-

interview. All psychologists agreed to provide counseling. All prospective participants also agreed to participate. Therefore, a sample of 22 participants (14 females, 10 mothers, three stepmothers, one caregiver, and eight males (four fathers, three stepfathers, and one caregiver), responsible for the death of 25 children) was recruited. Sampling continued until no new information emerged, that is, until theoretical saturation was reached, which reflects the point at which data collection may conclude (Creswell & Poth, 2017).

4.3.4. Ethical procedures.

The ethical considerations of this study fell under those stipulated by the University of the Western Cape (UWC) and the South African Medical Research Council (SAMRC). Before I could undertake data collection, I had to obtain permission to conduct my research from UWC's Humanities and Social Sciences Research and Ethics Committee and the SAMRC's Research Ethics Committee, which requires all research proposals undergo rigorous ethical scrutiny. Once ethical clearance was obtained from both institutions (refer to Appendix J, K, and L for approval letters), I sought permission to conduct my research from the DCS, which was approved (refer to Appendix M for the approval letter).

Following Glesne's (2006) reminder that ethics is not an aspect of research we can forget once we have satisfied the demands of institutional review boards, I ensured that at the initial meeting with each prospective participant, I introduced myself and elaborated on what my study was about, as psychologists had already briefed them. I provided each participant with an information sheet (Appendix D and E). This outlined the aim of the study, what he/she would be asked to do if he/she agreed to participate, issues of confidentiality, the risks and benefits of the research, the voluntary nature of participation, and the option of referral for counseling. The participants were told they would not directly benefit from participating in this research, as providing them with a monetary compensation was not allowed within the correctional center

setting. However, they were informed that the information they were to provide would be used to inform policies and guidelines that may be of benefit to parents and children. All participants felt it was imperative their stories be told, as a cautionary tale to other parents who were going through a tough time. If participants agreed (and all did), written informed consent was obtained using a consent form (Appendix F).

Due to the sensitive nature of the topic, it was important that participants understood I would do my best to keep their information confidential and that no information would be shared with any correctional center authorities. I did, however, obtain written permission (Appendix F) for my two supervisors and potential examiners to read some of the extracts from their interviews. To note, I had both an Afrikaans and an isiXhosa assistant who assisted me during the interviews. They both signed confidentiality agreements (Appendix I). They served a dual purpose: firstly, to translate during interviews, and secondly, to transcribe the audio-recordings afterward. Therefore, since translators were present from the beginning, participants would have already have consented to them hearing their stories. I also informed participants I would publish articles, which would be made publicly available, in which I would continue to uphold their confidentiality and to ensure anonymity.

I also sought to obtain each participant's permission for the interview to be audio-recorded, which formed part of Appendix F. I informed them that they were not obligated to answer any question they did not feel comfortable answering. It was important the participants understood the study was voluntary and that they could withdraw from the study at any point in time, without consequence.

It was acknowledged that the study focused on a sensitive topic and there was a great deal of risk for psychological distress to participants through being asked to remember traumatic events.

Therefore, as I had already ensured counseling was available to participants, I informed them of this availability before obtaining consent.

4.4. Participant Characteristics

Below follows a short description of each participant. Pseudo names have been used to safeguard the confidentiality and anonymity of participants.

Michelle (Caregiver)

Two interviews were conducted with Michelle, a 23-year-old, ‘Colored’ woman, previously unemployed prior to her arrest. She was a drug user and was previously un-sentenced for drug possession. The term ‘un-sentenced’ refers to those arrested but not convicted. The individual may never be convicted if the case is dismissed due to a lack of evidence, for example (Singh, 2011).

Michelle had no children of her own and her highest level of schooling was Grade 6 (last year of primary school/year 6). She was incarcerated for the death of a two-year-old boy whom she, along with Ryan (outlined below) were responsible for caring for. Michelle, Ryan, and Nicole (also outlined below) were all incarcerated for the homicide of one child.

The manner of death was fatal child abuse. Michelle received an eight-month sentence as she had already spent eight months un-sentenced in a correctional center. So, in total, she was to spend a year and a half incarcerated. Michelle’s then boyfriend, Ryan, allegedly inflicted the fatal injury. However, she was still charged and convicted for the child’s death on the basis that non-protectiveness (neglect) reflected complicity in the crime, as she was allegedly aware of Ryan’s violence toward the child. She received the shortest sentence, out of all participants.

Ryan (Caregiver)

Two interviews were conducted with Ryan, a 32-year-old, ‘White’ male, previously employed as an electrical engineer. His highest grade obtained was Grade 10 (high school, year

10). He has no children of his own. Ryan was a drug user and was previously un-sentenced for drug possession. Along with Michelle (mentioned above) and Nicole (mentioned below), he was convicted of the murder of Nicole's son, aged two-years-old. As previously mentioned, the manner of death was fatal child abuse. He received a 13-year sentence.

Nicole (Mother)

Two interviews were conducted with Nicole, a 34-year-old, 'Colored' woman, previously unemployed. Her highest grade obtained was Grade 9 (high school, year 9). She has four remaining children and was a drug user. Her two-year-old son passed away while in Michelle and Ryan's care. Although Ryan allegedly inflicted the final injury, the medical examiner found that Nicole's son had signs of prolonged exposure to physical abuse and, therefore, Nicole was also convicted for her part in her son's death. She received a two-year sentence.

Thandi (Mother)

One interview was conducted with Thandi as she declined a second interview, explaining that after some thought, she decided she was not emotionally ready to speak about her case in more depth. Thandi, a 31-year-old, 'Black' woman, was previously employed in a shop. She completed Grade 10 (high school, year 10) and has two remaining children. Thandi and her then boyfriend (who is not the father of her deceased daughter) were both incarcerated for the murder of Thandi's three-year-old daughter. Thandi's boyfriend (not a participant) was also sentenced for the rape of her daughter. The manner of death was fatal child abuse. Thandi received a 10-year sentence.

Deidre (Mother)

Two interviews were conducted with Deidre, a 22-year-old, 'Colored' woman, who completed Grade 7 (first year of high school/year 7), was previously unemployed, and a drug user. She has one remaining son, and had no prior convictions; however, she was arrested for robbery and spent time un-sentenced. She was incarcerated for the death of her son, aged one-year-and-

two months. She was sentenced for child abuse and neglect, resulting in homicide. She received a six-year sentence.

Latifa (Stepmother)

Two interviews were conducted with Latifa, a 36-year-old, ‘Colored’ woman, previously employed as a sports coach at a school, with no previous convictions. She completed Matric (final year of high school/year 12) and had never used drugs before. She has three of her own children. She was incarcerated for the murder of her husband’s son, her stepson, aged five-years-old. The manner of death was fatal child abuse. She received a 10-month-sentence.

Winnie (Mother)

One interview only was conducted with Winnie, who, as with Thandi, declined a second interview, explaining she was not emotionally ready to speak about her case in more depth. Winnie, the youngest participant, a 20-year-old, ‘Black’ woman, completed Grade 4 (primary school, year 4), was previously unemployed, with no prior convictions, and no history of alcohol/drug use. She murdered her daughter, aged one week, whom she buried alive. She received a 10-month sentence.

Adam (Father)

Three interviews were conducted with Adam, a 45-year-old, ‘Colored’ man, previously employed as a farm worker. He completed Grade 10 (high school, year 10), was not a drug user, but frequently drank alcohol, and was previously convicted for car theft. He has three remaining children. He was previously a suspect in his five-year-old son’s death but was never convicted. He was, however, convicted of the murder of his 12-year-old daughter, whom he strangled to death. He received a 26-year sentence.

Michael (Father)

Three interviews were conducted with Michael, the oldest participant, a 53-year-old, ‘White’ male, previously employed as a Superintendent within the South African Police Services

(SAPS), with no prior convictions. He completed Matric (final year of high school/year 12) and had various diplomas. He was not a drug user but frequently consumed alcohol. He was convicted of the triple murder of his children. He shot and killed his 16-year-old daughter, his five-year-old son, and his 21-month-old daughter. He also attempted suicide thereafter. He received a 24-year sentence.

Zolu (Father)

Two interviews were conducted with Zolu, a 33-year-old, 'Black' male, previously employed as a gardener, with no prior convictions. He completed Grade 11 (high school, year 11), was not a drug user, but consumed alcohol. He had one remaining daughter as he was convicted of the murder of his two-year-old son, whom he buried alive. He received a 28-year sentence.

Abigail (Stepmother)

One interview was conducted with Abigail as she was unavailable for additional interviews. Abigail, a 34-year-old, 'White' female, was unemployed prior to her incarceration, had completed Matric (final year of high school/year 12), and had never used drugs before, but classified herself as a social drinker. She had no children of her own and no prior convictions. She was convicted of plotting the murder of her then boyfriend's six-month-old daughter who was stabbed to death. She received the longest sentence out of all the female participants: A life sentence.

Lauren (Mother)

Two interviews were conducted with Lauren, a 28-year-old, 'Black' female, previously unemployed. She completed Grade 11 (high school, year 11), had no prior convictions, and had never used drugs or consumed alcohol before. She has two remaining children. She was convicted of the murder of her newborn baby. She gave birth alone, slit the baby's throat and then disposed of the body in a refuse bin. She received a 10-year-conviction.

Zubeidah (Mother)

Three interviews were conducted with Zubeidah, a 34-year-old, ‘Colored’ woman, who was unemployed prior to her incarceration and had no prior convictions. She was a drug user before her arrest, completed Grade 10 (high school, year 10) and has no remaining children. She was convicted of the murder of her two-year-old son, whom she smothered to death. She previously had a one-and-a-half-year-old daughter as well as a son aged two-years-and-eight-months who passed away; she was a suspect in their deaths but was never convicted. She received a sentence of 20-years.

Christelle (Mother)

Three interviews were conducted with Christelle, a 36-year-old, ‘Colored’ female, previously unemployed, with no prior arrests. She completed Matric (final year of high school/year 12), and has one remaining child. Christelle was convicted of the murder of her six-month-old son and the murder of her then boyfriend. She smothered her son with a pillow and stabbed her boyfriend to death. She also attempted suicide after the murders. She received a 15-year sentence.

Cayleigh (Stepmother)

Three interviews were conducted with Cayleigh, a 32-year-old, ‘Colored’ woman, who, prior to her incarceration, had a permanent job, completed Grade 10 (high school, year 10), was never arrested, and did not use drugs or consume alcohol. She has one remaining child. She was convicted of the murder of her husband’s seven-year-old daughter, whom she smothered to death. She received a 15-year sentence.

Patricia (Mother)

Two interviews were conducted with Patricia, a 32-year-old, ‘Black’ woman, who was previously unemployed and who had completed Grade 11 (high school, year 11). She did not drink alcohol or use drugs and had no prior convictions. She has one remaining child. She was convicted

of the murder of her one-year-old daughter and the attempted murder of her eight-year-old daughter. Patricia laced her and her daughters' cold drink with rat poison. She and her eldest daughter survived and the youngest daughter passed away. She received a 15-year sentence.

Jennifer (Mother)

Three interviews were conducted with Jennifer, a 29-year-old 'White' woman, who completed Grade 9 (high school, year 9), was previously unemployed, had no prior convictions, and was addicted to drugs and alcohol. She has no remaining children as she was convicted of the murder of her only child: A three-month-old daughter, who was fatally abused. She received a 12-year sentence.

Nelly (Mother)

Two interviews were conducted with Nelly, a 41-year-old 'Black' woman, who previously ran her own tuck-shop out of her house. She completed Grade 7 (last year of primary school/year 7), did not drink alcohol, or use drugs, and had no prior convictions. She has one remaining child. Nelly received an 11-year sentence for the murder of her son, aged nine. She threw paraffin on him, as a form of punishment for smoking a cigarette and he burnt to death, as he caught alight from the cigarette he was smoking. After Nelly was incarcerated, her eldest son (aged 13) was placed in foster care. He fell into a depression (according to Nelly) and committed suicide.

James (Stepfather)

Three interviews were conducted with James, a 36-year-old 'Colored' male, who was previously unemployed. James was a drug user for many years. He had the lowest completed educational level: Grade 3 (primary school, year 3). He has two remaining children. He had been incarcerated seven times prior to this arrest. He was convicted of the murder of his stepson: His wife's son, aged five-years-old, whom he physically beat to death. He received a 15-year sentence.

Jamaal (Father)

Two interviews were conducted with Jamaal, a 38-year-old ‘Colored’ male, who was previously unemployed. He completed Grade 10 (high school, year 10), and was a drug user, with no prior convictions. Jamaal had no remaining children as he was convicted of the murder of his only child: An eight-year-old son, whom he strangled to death. He received a 24-year sentence.

Sipho (Father)

Three interviews were conducted with Sipho, a 30-year-old ‘Black’ male, who was previously employed in a casual position. He had no prior convictions and completed Grade 8 (first year of high school/year 8). He has two remaining children. He was convicted of the murder of his two-year-old son and the attempted murder of his girlfriend. He was fighting with his girlfriend and had picked up a brick, and thought he was hitting his girlfriend with the brick, but she was covering her face with her son, and, thus, Sipho’s son was fatally hit. He received a 25-year sentence.

Howard (Stepfather)

Two interviews were conducted with Howard, a 33-year-old ‘Colored’ male, previously officially unemployed, as he was a drug dealer. He had been un-sentenced for rape. He completed Grade 9 (high school, year 9). All seven of his children were still alive as he was convicted of the double murder of his girlfriend’s twin daughters, his stepdaughters, aged two-years-old, whom he stabbed to death. He was the only male participant who received a life sentence.

4.5. Data Collection

4.5.1. Life story approach.

This study followed the life story approach to data collection, which provided participants with an opportunity to speak about the life they had lived. This approach has extensively been used in qualitative studies (e.g. Arar & Shapira, 2016; Sørensen et al., 2017).

The life story technique presents an insider's perspective on a life lived, as it attempts to provide the researcher with a glimpse into the person's subjective understanding of his/her lived experience (Schiff et al., 2017). In this study, the aim of the interviews was to achieve just that; a description of the participants' life trajectories. This approach allowed me to understand their thoughts, attitudes, and behaviors, while also providing an opportunity to understand how their actions may have been influenced by BPS factors that previously occurred in their lives. In other words, to explore what events and circumstances contributed to the death of their child. Thus, the participants were asked to describe their lives and 'yes or no' questions were avoided.

Following common practice, I attempted to follow a chronological path during interviews, starting with the participant's early childhood (earliest memories) and ending with the present. However, in reality, an interview about someone's life does not yield a neat chronological account (Schiff et al., 2017).

To conclude, Atkinson (2007) suggested there may be no equal to the life story approach for revealing more about the inner life of a person. For my participants, this approach provided them with an opportunity to reflect on their story, to develop a clearer perspective on their feelings and experiences, which brought about a greater self-knowledge. Therefore, these interviews largely afforded them a way of purging, or releasing, certain burdens and validating personal experience – which is, in fact, central to the recovery process.

I will now proceed to explain how these interviews were organized.

4.5.2. Interviews.

Detailed plans to conduct interviews were organized with each center's delegated contact person (psychologist) as my research had to fit into the correctional center routine. Even though prior arrangements were made to see participants and interview dates and times were scheduled so they suited the facility's schedule, this did not guarantee participants were available. Often I would find

on arrival, planned interviews could not take place as participants had been allocated to another activity (e.g. sent to work). Additionally, the process of entering the center, the finding of each participant, and then bringing him/her to the interview room was a lengthy process.

Nevertheless, I was able to conduct 49 individual interviews. I conducted most interviews in English. Five participants spoke a mixture of English and Afrikaans, where an Afrikaans translator aided. An isiXhosa interviewer was required for two participants. Both translators were employed in the Gender and Health Research Unit (SAMRC) and both had extensive experience in conducting qualitative research on sensitive topics.

During each interview, I was present along with the relevant translator. Members (the term used at correctional centers for wardens/correctional center staff) were never present during interviews, to ensure confidentiality. The interviews ranged from approximately one to two hours each. The length of each interview was dependent on the participant and on the members who had it in their power to cut the interview short. For example, if they wanted to end their shift early, as members were sometimes stationed outside the room to ensure safety.

A BPS epistemology, within which this dissertation is couched, emphasizes that a researcher's interactions with participants entail a display of sensitivity, empathy, and respect (Smith & Hoppe, 1991). Thus, I ensured that before starting the first interview, I made small talk with participants to try and build rapport and, which also served as an icebreaker.

A BPS epistemology is also against interviews where the researcher assumes full control and where the participant is an object of study, rather than an active participant. It is believed that research should encourage "intimacy" as "interrogation generates defensiveness" (Engel, 1997, p. 526). Consequently, the aim was to create a non-judgmental and friendly environment for participants to feel comfortable to recount their life histories. Thus, while providing information on the study and obtaining consent, I reiterated to them that I was not there to judge them and that

I was interested in who they were and their stories. Polkinghorne (2005) reminds us that to move past initial thin, surface responses from participants, researchers should demonstrate to the participant that it is safe to be open and revealing of deeply personal feelings and stories.

Part of trying to create a non-judgmental environment also meant that during data collection, I refrained from using the word ‘murder’ in the information sheet, consent form, and most importantly, during the interviews. I initially used the phrase ‘the death of your child’, and once they started explaining their crime, I used the same language they used to explain what had happened. Using the word ‘murder’ may have upset or alienated them and could have prejudged the rest of the discussion. The aim was not to evoke feelings of embarrassment, shame, or guilt. Murder might also not have been their understanding of the event.

Further, within a BPS epistemology, the primary means for eliciting the story is open-ended interviewing (Smith & Hoppe, 1991). Open-ended, semi-structured interviews allowed the agenda to be flexible although partially directed by the interview schedule.

The first interview served as an opportunity to learn about their childhood and relationships with parents/caregivers. Please refer to Appendix G and H for the full interview schedules. I also wrote down participant observation notes after each interview, which included my impression of participants, my experience of our interaction during interviews, their reactions, and information given. Going into the initial interview, I asked broad questions and this prompted the participants to tell me their life story in their own words. Examples of questions asked during the first interview included “Tell me about your childhood life” and “Tell me about your mother/father”. Most interviewees recalled their life story from their earliest memory. After they had finished, I thanked them, and asked them to elaborate on certain points.

Working within a BPS epistemology means that participants tend to lead the exchange as the participant tells the researcher about his/her life, somewhat controlling the direction of the

conversation. The researcher follows the participant; however, he/she will ask the participant questions such as “Tell me more about this”. It is imperative within a BPS epistemology that participants are collaborators in the research encounter (Smith & Hoppe, 1991). Engel (1997) also reminds us it is the role of the interviewer to listen to that, which the participant was or is experiencing.

The second interview focused on their adult relationships including romantic relationships, relationships with their own children, factors leading up to and surrounding the crime, as well as their explanation of the actual crime. Examples of questions asked included “Tell me about your adult years” and “Tell me about the events leading to your/the child’s death”.

The third interview served as an opportunity to ask questions that arose from the previous interviews and for member checking. As soon as it was possible, I listened to the previous interviews and made extensive notes, which were used to devise follow-up questions. The third interview was, therefore, more focused, and often explored their experiences in greater depth. This also provided an opportunity for the participants to add newly remembered information as they would often say something like “I forgot to tell you last time”, or “that reminds me, something I’ve forgotten about and only remembered now”. Ultimately, the entire interview procedure was aimed at attaining a conversation that consisted of a give-and-take dialectic in which I followed the conversational threads opened by the interviewee, and then guided the conversation toward producing a full account of their life history (Polkinghorne, 2005). Finally, the BPS epistemology encourages researchers to verify their understandings with participants and such corroboration generally signals the end of the interviews (Smith & Hoppe, 1991).

I transcribed all English interviews and some Afrikaans interviews. I received some assistance for the Afrikaans interviews, while the isiXhosa translator transcribed the isiXhosa interviews. To ensure quality control, a colleague and I checked the English and Afrikaans

recorded interviews against each transcribed interview more than once to ensure it was done without error. A second isiXhosa transcriber checked the isiXhosa interviews (Creswell & Poth, 2017).

As outlined in the “recruitment and sampling procedure”, I had already ensured counseling was available, so after each interview, I reiterated this availability to participants. Five participants indicated they wanted to see a psychologist, so after their interviews, I spoke to the psychologists to relay this message. Important to note is their requests to see a psychologist was not because my interviews with them upset them to a degree that they needed further counseling. Rather, they had explained that they had been trying to see a psychologist for quite some time before I had met them, and their attempts proved unfruitful. Thus, they welcomed my offer to source counseling after the interviews. Follow-up calls and emails were made to the psychologists stationed at each center to ascertain whether those participants who requested counseling did indeed receive this. Follow ups were also done to determine whether any concerns or problems had occurred because of my research.

Finally, not only were the emotions of the participants important, but so were my emotions, as the researcher. After the interviews, I discussed the fieldwork experiences with my translators (who accompanied me to most interviews) and secondary supervisor. The SAMRC counseling support services for researchers was also available to both myself, and the translators.

4.6. Data Analysis

Data were analyzed by means of grounded theory (although the aim was not to develop a theory). Grounded theory (used as an analytic tool) provided an opportunity for an in-depth analysis of participants’ stories while retaining a connection to the data from which it was derived. It was also selected to analyse the data in order to generate knowledge towards a theory. Grounded theory is also well-suited to a BPS epistemology as both appreciate the participants’ subjective experiences

(Corbin, Strauss, & Strauss, 2014; Engel, 1997). Finally, grounded theory was also selected as I did not want to limit myself to preconceived notions about parents who kill their children.

Following guidelines proposed by Corbin, Strauss, and Strauss (2014), grounded theory in this study involved a procedure for developing categories of information (open coding), interconnecting the categories (axial coding), and the final product being the creation of a story (selective coding). This will now be explained more in-depth. The qualitative software program Atlas T.I version 8.0 assisted in the organizing of the analysis of the data.

4.6.1. Open coding.

The texts were examined for salient categories of information supported by the data. That is, the audio-recordings, transcripts, and corresponding participant observation notes, were reviewed multiple times. This was done with the aim of searching for thoughts, ideas, and meaning, and consequently assigning them codes. Emphasis was placed on allowing concepts to emerge naturally without forcing them into predefined categories. Open coding was, thus, the creation of codes, termed ‘in vivo coding’ in Atlas T.I version 8.0.

Throughout the process of open coding, the aim was to keep the coding as close to the original data as possible and to saturate these categories. That is, to search for instances that represented the category and to continue looking (and interviewing) until the new information obtained did not provide additional insight into the category. I also started writing down notes (memos) about the different codes, which were used in step three. These memos also often gave rise to questions that were posed to participants in subsequent interviews.

Open coding also involved the use of the constant comparative approach in which, incidents were compared with other events/incidents in terms of similarities and differences. Events/incidents that appeared to have the same meaning were grouped together and assigned in vivo codes.

These codes were then grouped together to form categories with sub-categories. This was vital as open coding led to many codes (a total of 108 codes), which needed to be grouped into sub-categories. As analysis progressed, these codes were trimmed down by grouping together ideas with similar meanings, which contributed to a more refined understanding of parental child homicide. This concluded the open coding stage of analysis with a total of 54 codes.

In sum, open coding allowed the vast amount of data obtained from the participants to be organized into a small set of categories/themes that characterized their narratives about their lives and circumstances leading up to the murder of their children.

4.6.2. Axial coding.

Axial coding, the second step in grounded theory, entailed examining the relationships between categories and sub-categories identified in step one, to understand parental child killing. During axial coding, an existing category is further developed through its connection to the sub-categories. This process is likened to fitting parts of a jigsaw puzzle together as axial coding entailed reassembling the data that was fractured during open coding, to achieve a higher level of understanding. Thus, this step is termed 'axial' because coding occurs around the axis of a category.

Once an initial set of categories were developed, a single category from the open coding list was identified as the central phenomenon of interest. This selection was made based on whichever category was most extensively discussed by participants. After one open coding category was selected, it was positioned as a central feature. The data was thereafter returned to, to collect more information to understand the categories that related to this category. This illustrated the overarching categories, at the center, with relationships to the causal conditions, intervening conditions, the context, action/interactional strategies, and consequences. This enabled the phenomenon of parental child homicide to be contextualized.

4.6.3. Selective coding.

The third and final coding phase, which integrated all the work done in the first two steps, is called selective coding, the aim of which was to formulate, conceptualize, and validate the storyline.

Selective coding involved the identification of a core category (the central phenomenon) around which, other categories discovered during axial coding were related and a storyline was constructed. We are reminded that the grounded theory steps are done in a reciprocating process.

A challenge was finding a core category, as there were many main and sub-categories. The core category was the one most frequently cited within the data, in other words, most extensively discussed by participants. All emerging categories were subjected to the following core category criteria to determine its suitability. It was ensured the code that: 1) recurred most frequently, 2) linked the data together, 3) explained variation in the data, and 4) allowed maximum variation and analysis, was selected. Examples of questions that were asked to guide the discovery of the core category included: 1) what appears to be the most striking/interesting in the data obtained from interviews? 2) does one category seem more central? 3) can it explain the others?

Once the core category was selected, all other axial codes were then related to it. For example, parent-child relationships was discovered as a core category. A literature search on filicide further confirmed and validated its use as a core category. Attachment theorists, among others, have placed parent-child attachment as central to the later violent behavior towards one's own children. Thus, parent-child relationships was selected as a core category as it met the criteria recommended by Corbin et al. (2014).

In conceptualizing the storyline, the core category was related to the other categories. For example, parent-child relationships were related to the inability to assume a paternal or maternal role. Early parent-child relationships set the tone for parental behavior as adults.

Part of engaging in selective coding entailed returning to the notes/memos, which contained my ideas about codes and their interconnections. These memos were also used to record my thinking surrounding the meaning of codes as well as how and when processes occurred, how they changed, and what their consequences were. These memos also allowed for comparisons between data and codes to find similarities and differences.

The conceptualization and validation of the storyline was facilitated by discussions with my supervisors and with participants (member checking).

To illustrate the storyline, discriminate sampling was used, which refers to selecting certain participant quotes/narratives, who can maximize opportunities for verifying the storyline. For instance, when speaking about parental abandonment, certain participant quotes were selected to illustrate, for example, their feelings after the event occurred.

Finally, core categories were then organized into the research articles presented in chapter six-eight. Three central phenomena of interest, contributing to our understanding of parental child homicide emerged. I assigned one phenomenon to each article, that is, to article two, three, and four – as article one reflects the scoping review.

4.7. Validity

Although the term ‘validity’ is highly contested in qualitative research (Silverman, 2013), there is the widespread belief that researchers should demonstrate that their studies are credible. Validity can be understood as the way in which the research describes or explains what it aims to describe or explain (Creswell & Poth, 2017). The strategies employed to ensure the validity of the study follows.

To achieve a level of credibility, I attempted to ensure prolonged engagement with participants. This was done by conducting two to three interviews of roughly one to two hours each with each participant (where possible) to allow for a level of trust to develop. Repeat

interviews provided opportunities to clarify, reflect on answers provided, and explain my understanding back to them (member checking) (Creswell & Poth, 2017).

Qualitative data collection takes place in real-life settings and the data collection for this study took place at correctional centers. Thus, there was no need to extrapolate from an artificial setting, such as the laboratory, to the real world. This promoted validity because the participants under study were not removed from their natural context (Willig, 2013).

I also engaged in reflexivity (outlined in the discussion chapter). Part of engaging in reflexivity also meant I wrote notes to keep a record of my thoughts, insights, as well as a detailed account of the research process, throughout all stages of the study (Lasch et al., 2010). This was done to ensure the entire research process was continuously scrutinized to promote validity (Willig, 2013).

Finally, peer debriefing added to the validity of the findings. Peer debriefing entails a review of the study by someone external to the study (Creswell & Poth, 2017). In this study, peer debriefing involved the peer review of chapter five, six, seven, and eight, which cover journal article's one-four. This process entailed a peer review at three levels: By the editor, as well as two (sometimes three) anonymous reviewers. Articles one, two and, three are published. Article four is under review.

4.8. Conclusion

This chapter outlined indepth the two phases of the dissertation, explaining that phase one encompassed a scoping review, and outlined the review's aim, questions, rationale, search strategy, the criteria for inclusion and exclusion, the manner in which abstracts and full texts were screened, the quality appraisal, and finally, the data extraction and analysis. This chapter also outlined the methodology for the second phase of the study, highlighting how a narrative methodology using a lifestory approach dovetailed with a BPS epistemology. Thereafter phase two's research setting,

recruitment and sampling techniques, ethical considerations, participants' characteristics, and data analysis was also explained. The next chapter, chapter five, presents the scoping review.

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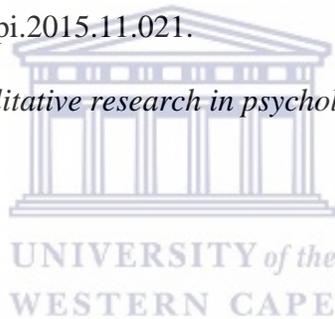
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Chapter Five (Article One): ‘Mapping the Global Scientific Research of Infant Homicide: A Descriptive Scoping Review’

5.1. Introduction

This chapter presents the first article of the dissertation, and represents phase one of the study, which encompassed a scoping review to provide a description of the existing data on infanticide. This article has been published online in *Acta Criminologica: Southern African Journal of Criminology*.

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5.2. Abstract

The review describes research on the homicide of infants (aged 0-1 year), pertaining to victim and perpetrator characteristics. A search of eighteen databases, yielded fifty-three included articles, of which, thirty-nine were cases studies, two qualitative, and twelve quantitative. The diversity of study methods and shortage of robust, dedicated studies prevented adequate synthesis of the findings. This review, therefore, encourages the development of more targeted research focused on the homicide of infants.

5.3. Key words

Homicide; infanticide; neonaticide; perpetrator; scoping review; victim

5.4. Introduction

Infant homicide (used synonymously with infanticide. Defined as the killing of a child under one year of age) is a global public health concern. The level of child killing in a country is a proxy indicator of the effectiveness of the child protection system (Mathews, Jamieson, Lake & Smith, 2014: 99; Pinheiro, 2006: np). Similarly, infant mortality is a key indicator for the development and health status of a country (Liu, Johnson, Cousens, Perin, Scott, Lawn, Rudan, Campbell, Cibulskis, Li, Mathers & Black, 2012: 2159) and child homicide should be a part of this. However, many countries, especially Low and Middle Income Countries (LMIC), do not collect or analyse data on child homicides (the killing of a child under the age of 18 years) (Abrahams, Mathews, Martin, Lombard, Nannan & Jewkes, 2016: 3-4) as an indicator of child health.

Despite poor data from LMIC, a 13 year review (1999–2011) conducted by Razali, Kirkman, Ahmad and Fisher (2014: 5) in Malaysia found an infanticide rate fluctuating from 4.8 per 100 000 live births (2007) to 9.1 per 100 000 live births (2011). Two African studies reported significantly higher rates, with a Tanzanian study conducted by Outwater, Mgaya, Campbell,

Becker, Kinabo and Menick (2010: 248) reporting the highest neonaticide (defined as the killing of a neonate on the day of its birth (Resnick, 1970: 58)) rate of 27.7 per 100 000 live births. While, the South African study, conducted by Abrahams, Mathews, Martin, Lombard, Nannan and Jewkes (2016: 5) reported a neonaticide rate of 19.6 per 100 000 live births and an infanticide rate of 28.4 per 100 000 live births. In contrast, the few incidence studies that have been done from developed settings, have shown that infanticide/neonaticide rates range from 2.1 to 6.9 per 100 000 live births (Porter & Gavin, 2010: 100).

The homicide incidence is often derived from routine data sources, which is also often unavailable in developing settings. In addition, routine data sources have a limitation as it tends to underestimate fatal child abuse/neglect. This is because the younger the child, the greater the likelihood that the death may be coded as 'accidental' or 'sudden infant death'. This leads many (For example, Browne & Lynch, 1995: 313) to postulate that some fatal child abuse cases remain unrecognised. This is also tied to the difficulty in determining the cause of infant deaths, as routine surveillance systems tend to have a poor ability to record homicides that are a result of deliberate neglect or omission of care. More importantly, data on perpetrator and victim characteristics, which is critical for the development of targeted interventions, is frequently missing from routine surveillance systems. This is especially true in developing settings, where routine administrative data are not well established (Abrahams et al, 2016: 3-4). Recently, in response to improving access to data, the South African Police Services (SAPS) signed an agreement with Statistics South Africa to assist with the calculation of crime statistics. SAPS has also adapted their crime categories to address the different homicide categories. However, it is likely that the homicide of all children under the age of 18 years will be placed into one category, and that the age categories, such as that of infanticide (0-1 year), will not be delineated.

Although reviews have been conducted on the causes of infanticide, such as the review conducted by Porter and Gavin (2010) and Pitt and Bale (1995), additional infanticide research has been published since. To the best of our knowledge, this paper is the first review of this age group that includes all perpetrators and all methodological frameworks, focusing particularly on victim and perpetrator characteristics. Thus, in this paper, we present a scoping review of the homicide of infants (aged 0-1 year), with the aim to synthesise information on: (1) the description of the research regarding infant homicide (such as the year of publication, the country the study was conducted in, the study time-period, the article's perspective, and the study design/approach), (2) the victim and perpetrators' characteristics, (3) the perpetrators' childhood and intimate relationship characteristics, and (4) the motive/circumstances surrounding the crime.

5.5. Methods

5.5.1. Search strategy

Data were compiled following the PRISMA guidelines (an evidence-based minimum set of items for reporting in reviews) (Moher, Liberati, Tetzlaff & Altman, 2009: 267). Eighteen databases (Appendix 1) were used to identify all studies published from first recorded/published study until 31 December 2014. Appendix 2 shows the search terms. The review was registered at PROSPERO (Registration number: CRD42016051473) on 15 November 2016.

5.5.2. Included and excluded studies

The review aimed to provide a description of the data on infanticide and, therefore, included all methodological frameworks. We were also mindful of the notion that a focus on qualitative studies would have largely included case studies. We should also highlight that although we included quantitative studies, the focus was not on prevalence, as this was covered in another review we were involved in (Identifying reference).

Eligible studies met the following criteria: (1) published in English, (2) reported on an original research study (had its own primary data), (3) the victim was aged between zero and one (infanticide and neonaticide cases), and (4) reported on completed homicides (homicide attempts excluded). Studies were excluded if: (1) the victim was over the age of one, (2) was not published in English, (3) did not have its own primary data (For example, reviews and newspaper reports), (4) did not differentiate between attempted and completed homicides, or only reported on attempted homicides, or homicidal ideation, and (5) did not separate the under one homicides from the under eighteen year results.

5.5.3. Abstract and full text screening

The first and second author independently screened 8046 abstracts and any discrepancies were resolved by discussion with the fourth author. The resulting 707 full texts were independently screened by the first and fourth author and any discrepancies were resolved by discussion with the second author. In total, fifty-three studies were included (Figure 1).

5.5.4. Quality appraisal

The included studies were assessed by utilising an adapted version (as used by Adams & Savahl, 2017: 294) of the Evaluation Tool for Qualitative Studies (Long & Godfrey, 2004: 186-187) and for Quantitative Studies (Long, Godfrey, Randall, Brettle & Grant, 2002: 30-37) (Appendix 3). The adapted checklist was selected because of its clarity, simplicity, and thorough approach to appraisal without being too prescriptive. The assessment was completed with the understanding that no single set of guidelines can be completely definitive. By applying these criteria, it was observed that no papers were uniformly poor. Therefore, none of the studies were excluded based on the quality appraisal.

5.5.5. Data extraction and analysis

The first author extracted the data from the fifty-three included studies, and this was double-checked by the fourth author. The extracted data is presented in four tables. The qualitative and quantitative studies were reviewed and analysed separately. The researchers were mindful of what emerged from each set of data and this informed the extraction of data from each study. The analysis followed a process of reading and rereading each article.

Regarding the qualitative studies, tables were utilised to show thematic domains that were developed. Thereafter, the relevant data from each study was extracted and appropriately matched in the tables; constituting a cyclical process. Studies were subsequently exposed to multiple checks for new emerging themes and thus, new categories were added to the tables. Explicitly stated quantitative data were extracted and added to each table, under each relevant heading. Implicitly stated quantitative data were calculated to obtain proportions and then entered into tables. Tables are presented by: (1) a description of the included studies, (2) the quantitative studies, (3) the victim and perpetrator characteristics, and (4) the circumstances surrounding the crime. Lastly, the qualitative and quantitative data are presented separately, yet in the same table.

5.6. RESULTS

Table 1: Description of the 53 included studies

Author	Publication year	Country	Study data time period	Paper's perspective	Study design/approach
Achakzai and Kasi	2007	N/R ²	N/R	Psychological	Case study
Anderson, Sisask and Varnik	2011	Estonia	N/R	Psychological	Case study
Atkins, Grimes, Joseph and Liebman	1999	United States of America (USA)	Crime committed in 1997	Legal and psychological	Case study
Becroft and Lockett	1997	New Zealand	Crimes committed between 1980-1993	Medical forensics	Case study
Beyer, Mack and Shelton	2008	USA	Crimes committed between 1992-2005	Criminology	Quantitative
Bohnert, Perdekamp, and Pollak	2004	Germany	N/R	Medical forensics and legal	Case study
Briggs and Briggs	2000	Venezuela	Crime committed in 1992	Legal and cultural	Case study
Briggs and Cutright	1994	USA	Data collected: 1965-1988	Statistical analysis with an economic	Quantitative

² N/R refers to cases in which this characteristic was not reported by author

				perspective of homicide data	
Brookman and Nolan	2006	United Kingdom (UK)	Data collected: 1995-2002	Medical forensics/crime	Quantitative
Bucove	1968	USA	N/R	Psychological	Case study
Drakeford and Butler	2010	UK	Crime committed in 2005	Social Work	Case study
Domenici, Toni, Spinetti, Rocchi and Presciuttini	2008	Italy	N/R	Medical forensics	Case study
Fiala and LaFree	1988	USA	Data collected: 1965-1975	Epidemiology	Quantitative
Gaillard, Breuil, Doche, Romeuf, Lemeur, Prevosto and Fanton	2011	France	N/R	Medical forensics	Case study
Gartner	1990	Canada	Data collected: 1950-1980	Public health	Quantitative
Gartner	1991	Canada	Data collected: 1965-1980	Public health	Quantitative
Gous and Roos	2005	South Africa	N/R	Psychological	Case study
Green and Manohar	1990	USA	N/R	Psychological	Case study
Hughes	1990	USA	Crimes committed between 1978-1984	Psychological	Case study
Hunnicutt and LaFree	2008	USA	Data collected: 1945-1998	Epidemiology	Quantitative
Kahana, Penner, Nachman and Hiss	2005	Israel	N/R	Multidisciplinary approach	Case study
Kauppi, Kumpulainen, Vanamo, Merikanto and Karkola	2008	Finland	Data collected: 1970-1994	Psychological	Case study
Kaye, Borenstein and Donnelly	1990	USA	Crimes committed between 1911-1983	Psychological	Case study
Korbin	1986	USA	N/R	Psychological	Qualitative
Kunst	2002	USA	N/R	Psychological	Case study
Large, Nielssen, Lackersteen and Smith	2010	Australia	Data collected: 1987-2001	Epidemiology	Quantitative
Lee, Li, Kwong and So	2006	Hong Kong	N/R	Medical forensics	Case study
Mendlowicz, Rapaport, Mecler, Golshan and Moraes	1998	Brazil	Data collected: 1900-1995	Epidemiology/public health	Quantitative
Minne	2009	UK	N/R	Psychological	Case study
Mishra, Ramachandran, Kumar, Tiwari, Chopra, Datta and Sali	2014	India	N/R	Cultural/social	Case study
Mitchell and Davis	1984	USA	Data collected: 1959-1981	Medical forensics	Case study
Nesca and Dalby	2011	Canada	N/R	Psychological	Case study
Overpeck, Brenner, Trumble, Trifiletti and Berendes	1998	USA	Data collected: 1983-1991	Epidemiology/public health	Quantitative
Palermo	2002	USA	N/R	Psychological	Case study
Paluszny and McNabb	1975	USA	N/R	Psychological	Case study
Piercecchi-Marti, Louis-Borrione, Bartoli, Sanvoisin, Panuel, Pelissier-Alicot and Leonetti,	2006	France	N/R	Medical forensics	Case study
Radano	2007	USA	N/R	Psychological	Case study
Rahman, Grellner, Harry, Beck and Lauriello	2013	USA	N/R	Psychological	Case study
Ribe and Changsri	2008	USA	N/R	Medical forensics	Case study

Riley	2005	USA	N/R	Biopsychosocial	Qualitative
Sadoff	1995	USA	N/R	Psychological	Case study
Saunders	1989	USA	Crimes committed between 1987-1988	Psychological	Case study
Sauvageau, Belley-Coôté and Racette	2007	Canada	N/R	Medical forensics	Case study
Scherer and Scherer	2007	Brazil	N/R	Psychological	Case study
Silva, Leong, Dassori, Ferrari, Weinstock and Yamamoto	1998	USA	N/R	Psychological	Case study
Shelton, Muirhead and Canning	2010	USA	Crimes committed between 1992-2006	Crime/justice	Quantitative
Simpson and Stanton	2010	New Zealand	N/R	Psychological	Case study
Sorenson, Wiebe and Berk	2002	USA	Data collected: 1960–1998	Epidemiology/public health	Quantitative
Stanton and Simpson	2001	New Zealand	N/R	Psychological	Case study
Turner and Jumbelic	2003	USA	N/R	Medical forensics	Case study
Valença, Mendlowicz, Nascimento and Nardi	2011	Brazil	Crime committed in 1987	Psychological	Case study
Von Wurmb-Schwark and Schwark	2009	Germany	N/R	Medical forensics	Case study
Wilkins	1984	UK	N/R	Psychological	Case study

The fifty-three infant homicide studies that met the inclusion criteria are summarised in Table 1. Studies were published from 1968 until 2014 with the majority published after the 2000s. The fifty-three studies represent 16 countries. Most were published from developed settings (classification is based on the United Nation’s classification of developed versus developing countries): USA, New Zealand, Germany, UK, Italy, France, Canada, Israel, Finland, Australia, and Hong Kong. Six studies were from developing settings: Estonia, Venezuela, South Africa, India, and Brazil. The longest research period was from a study in Rio de Janeiro, and included data from judicial records, covering a total of ninety-five years. For many studies, the period of study was not stipulated. Further, the two most common perspectives from which studies were conducted were psychological and forensic medical. The majority of publications were case studies, which arose out of clinical settings, where the author(s) were the perpetrators’ psychologists/psychiatrists. In three case studies, the authors performed the post mortem on the deceased infant. Most papers described single cases, with eleven papers reporting on two or more cases. Twelve studies used a quantitative approach, from a public health/epidemiological perspective, using country level mortality data (routine administrative data). Only two studies used a qualitative approach, with individual interviews with child homicide perpetrators. Korbin (1986:

331) used a retrospective design and Riley's (2005: 6) study was exploratory. While, Korbin (1986) did not report on the number of interviews and length, Riley (2005: 7) conducted two interviews per participant, lasting between two to three hours each.

Table 2: Quantitative (n=12) study methods and findings

Author (Year)	Aim/hypotheses	Data collection methods	Number of participants/homicides/countries	Data analysis methods	Main findings pertaining to 0-1 age group
Beyer et al, (2008)	Determine neonaticidal victim and perpetrator characteristics	Offenders identified through Federal Bureau of Investigation's (FBI's) database, Violent Criminal Apprehension Program, Lexis Nexus, and Internet searches (1992-2005)	40 female perpetrators and 41 infant deaths	Descriptive/ frequency statistics	Refer to Table 3&4
Briggs and Cutright (1994)	Developed models of structural characteristics for child homicide	Collected cross-national child homicide data (1965-1988)	21 developed countries	Multivariate analysis	<ol style="list-style-type: none"> 1. Increasing social insurance expenditure decreases infant homicide rates. 2. Increased divorce rates and societal integration associated with infant homicide rates. 3. Greater female labour force participation increases infant homicide. 4. Increased culture of violence increases infant homicide.
Brookman and Nolan (2006)	Explore recorded infanticide cases in England and Wales	Collected data through Home Office Homicide Index (1995-2001)	298 infant homicides	Descriptive/ frequency statistics	Refer to Table 3&4
Fiala and LaFree (1988)	To use child homicide cross-national data to develop societal models of child abuse	Collected cross-national child homicide data (1965-1975)	18 countries	Regression analysis	<p>Results for: Lesser-developed countries:</p> <ol style="list-style-type: none"> 1. Greater female labour force participation associated with higher homicide rates. 2. Higher female participation in tertiary education, and higher ratio of women to men in professional jobs, associated with lower homicide rates. 3. Gross national product growth is positive yet significant for children under 1. <p>Results for: More-developed countries:</p> <ol style="list-style-type: none"> 1. Women's labour force participation positive effect on homicide rate. 2. Women's higher social status reduces homicide rate.



Gartner (1990)	Develop and test models of cross-national and temporal variation in homicide rates using victimisation data	Collected cross-national child homicide data (1950-1980)	18 countries	Multivariate analysis	1. Infant homicide rate decreased. Yet, infant homicide rates are highest out of all child age groups in each nation, except USA, Sweden and Italy. 2. Nations with high wartime battle deaths have higher infant homicide rate
Gartner (1991)	Examine relationship between family structure and infant homicide victimisation rates in 17 developed nations	Collected cross-national child homicide data (1965-1980)	17 countries	Multivariate analysis	1. Infant homicide rates higher with high rate of births to teenage mothers. 2. Lower welfare spending, greater female labour participation, and history of wars associated with higher infant homicide rate.
Hunnicutt and LaFree (2008)	Expand and replicate four previous studies to gain understanding of infant homicide at cross-national level	Collected cross-national child homicide data (1945-1998)	39 countries included in descriptive analysis and 27 countries included in regression analysis	Descriptive and regression analysis	1. Increased female labour force participation increases infant homicide rates. 2. Increase income inequality increases infant homicide.
Large et al, (2010)	Examine association between rates of infant homicide, suicide, and other homicide	Used World Health Organisation and Centre for Disease Control mortality statistics (1987-2001)	Included 48 countries (total of 12837 infant homicides)	Linear regression analysis	Infant homicide rate significantly associated with total homicide and total suicide rate.
Mendlowicz et al, (1998)	Hypothesis: harsh conditions prevent neonaticidal women from having and raising children	Cases in which mothers murdered child on first day after birth in Rio de Janeiro (1900-1995) identified retrospectively through search in judicial files	53 mothers responsible for the death of 72 newborns	T-test and chi-square test	Refer to Table 3&4
Overpeck et al, (1998)	Assess timing of deaths and risk factors for infant homicide	Collected birth and death data in USA (1983-1991)	2776 infant homicides	Bivariate and multivariate stratified analyses	Refer to Table 3&4
Shelton et al, (2010)	Examine legal outcomes for neonaticide offenders, identify variables influencing conviction/sentencing, and compare USA legal response to other developed nations	Offenders identified through FBI's database, FBI's Violent Criminal Apprehension Program, FBI National Academy graduates, LexisNexis, and internet searches (1992-2006)	44 female perpetrators responsible for 45 infant deaths	Descriptive and frequency analysis	Refer to Table 3&4
Sorenson et al, (2002)	Hypothesis: legalising abortion reduces infant homicide	USA child mortality data obtained from National Centre for Health Statistics (1960-1998)	9090 infants killed	Estimated transfer function models	Abortion legalisation limited effect on reducing infant homicide

Table 2 summarises the aims, methods, and findings of all the twelve quantitative studies. A limitation of national mortality studies is the lack of perpetrator data, such as age and sex data. The

five studies with detailed perpetrator and victim data (that is, studies not using administrative data) are presented in Table 3 and 4.

Six studies collected cross-national data from multi-country databases. Briggs and Cutright (1994: 3), Fiala and LaFree (1988: 432), Gartner (1991: 231), and Hunnicutt and LaFree (2008: 46) found that greater female labour force participation increased infanticide rates. Briggs and Cutright (1994: 4) found that increasing social insurance expenditure also decreased infanticide rates. Likewise, Gartner (1991: 232), who used data on welfare spending, found lower expenditure was associated with higher homicide rates.

Gartner (1991: 238) also looked at reproductive data and reported that higher infanticide rates were associated with higher teenage pregnancies. In a single country study, Sorenson et al, (2002: 239) also reported on reproductive factors, as they sought to determine the association between legalising abortion and infant homicide rates. The authors examined 1960–1998 USA mortality data and found that legalising abortion did not have a significant association with infanticide.

Finally, Large et al, (2010: 87) examined rates of suicide and infant homicide. The authors observed a positive association between infanticide and suicide rates within countries, postulating that infant homicide and suicide share some risk factors.

Table 3: Victim and perpetrator characteristics from the case study (n=39), qualitative (n=2), and quantitative (n=5) studies

CASE AND QUALITATIVE STUDIES						
Author (Year)	Victim sex (n=88)	Victim age (n=88)	Cause of death (n=88)	Perpetrator relationship to victim (n=88)	Perpetrator age (n=88)	Perpetrator employment (n=88)
Achakzai and Kasi (2007)	Male (1)	Newborn (1)	Stabbing (1)	Mother (1)	27 (1)	N/R (1)
Anderson et al, (2011)	Female (1)	7 months (1)	Strangulation (1)	Father (1)	33 (1)	Unemployed (1)
Atkins et al, (1999)	Female (1)	Newborn (1)	Placed baby in a bag (1)	Mother (1)	17 (1)	Student (1)

Becroft and Lockett (1997)	Male (1) Female (4)	6 weeks (1) 3 months (1) 8 months (2) 9 months (1)	Suffocation (5)	Caregiver (1) Mother (1)	N/R (2)	Nanny (1) N/R (1)
Bohnert et al, (2004)	Females (3)	2 weeks (1) 7 weeks (1) 11 weeks (1)	Asphyxiation (3)	Father (1) Mother (1)	26 (1) N/R (1)	N/R (2)
Briggs and Briggs (2000)	Female (1)	Newborn (1)	Suffocation (1)	Mother (1)	16 (1)	Nanny (1)
Bucove (1968)	Male (1)	Newborn (1)	Unknown ³ (1)	Mother (1)	36 (1)	N/R (1)
Drakeford and Butler (2010)	Female (1)	4 months (1)	Fatal Child Abuse (FCA) (1)	Stepfather (1) Mother (1)	21 (1) N/R (1)	N/R (2)
Domenici et al, (2008)	Unknown (1)	Newborn (1)	Baby thrown into bin (1)	Mother (1)	N/R (1)	N/R (1)
Gaillard et al, (2011)	Female (1)	1 month (1)	Poisoned (1)	Mother (1)	N/R (1)	N/R (1)
Gous and Roos (2005)	Female (1)	7 months (1)	Suffocation (1)	Mother (1)	27 (1)	Unemployed (1)
Green and Manohar (1990)	N/R (1)	Newborn (1)	Drowning (1)	Mother (1)	23 (1)	Secretary (1)
Hughes (1990)	Male (1) Female (1)	1 month (1) 9 months (1)	Pneumonia left untreated (did not believe in medicine) (2)	Father (2) Mother (2)	N/R (4)	N/R (4)
Kahana et al, (2005)	Female (1)	Newborn (1)	Asphyxiation (1)	Mother (1)	21 (1)	Worked in fields (1)
Kauppi et al, (2008)	Male (4) Female (6)	Newborn (1) 1 month (2) 2 months (1) 4 months (1) 5 months (2) 7 months (2) 8 months (1)	Drowning (4) Suffocation (2) Cut baby throat (1) Pushed baby under car (1) FCA (1) Set house on fire (1)	Mother (10)	Mean age of the mothers: 28.5 years (10)	Skilled workers (7) White-collar workers (3)
Kaye et al, (1990)	Male (2) N/R (2)	Newborn (4)	Poisoned (1) Strangulation (1) Stabbing (1) FCA (1)	Father (4)	26 (1) 32 (1) 35 (1) 36 (1)	N/R (4)
Korbin (1986)	Male (2) Female (1) N/R (1)	5 months (1) 8 months (1) 11 months (2)	FCA (2) Unknown (2)	Mother (4)	N/R (4)	Nurse (1) N/R (3)
Kunst (2002)	Female (1)	7 days (1)	Stabbing (1)	Mother (1)	19 (1)	N/R (1)
Lee et al, (2006)	Male (1) Female (3)	Newborn (4)	Strangulation (2) Placed baby in bin (1) Drowning (1)	Mother (4)	13 (1) 17 (1) 22 (1) Unknown (1)	N/R (4)
Minne (2009)	Female (1)	9 weeks (1)	Poisoned (1)	Mother (1)	28 (1)	N/R (1)
Mishra et al, (2014)	Female (2)	Newborn (2)	Strangulation (2)	Mother (2)	25 (1) 27 (1)	N/R (2)
Mitchell and Davis (1984)	N/R (2)	Newborn (2)	Drowning (2)	Mother (2)	19 (1) 27 (1)	N/R (2)
Nesca and Dalby (2011)	N/R (1)	Newborn (1)	Strangulation (1)	Mother (1)	19 (1)	N/R (1)
Palermo (2002)	Male (3)	Newborn (1) 3 months (1)	Suffocation (1) FCA (1)	Father (2) Mother (1)	20 (1) 34 (1)	Unemployed (1)

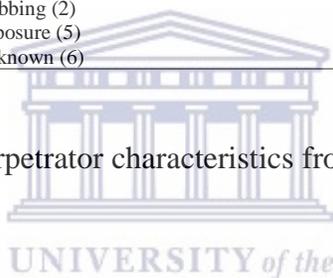
³ Unknown refers to cases in which this characteristic was explicitly stated as unknown by the author

		1 year (1)	Drowning (1)		Unknown (1)	Self-employed (1) Unknown (1)
Paluszny and McNabb (1975)	Male (1)	4 months (1)	FCA (1)	Sister (1)	6 (1)	N/A (1)
Piercecchi-Marti et al, (2006)	Female (1)	6 months (1)	Dehydration/ starvation (1)	Father (1) Mother (1)	N/R (2)	N/R (2)
Radano (2007)	Female (1)	5 weeks (1)	Asphyxiation (1)	Mother (1)	N/R (1)	School teacher (1)
Rahman et al, (2013)	Male (1)	4 months (1)	Starvation/ dehydration (1)	Father (1) Mother (1)	26 (1) 29 (1)	Fitness trainer (1) Unemployed (1)
Ribe and Changsri (2008)	Female (1)	4 months (1)	FCA (1)	Father (1) Mother (1)	23 (1) Unknown (1)	Employed (1) Unemployed (1)
Riley (2005)	N/R (9)	Newborn (9)	Suffocation (8) Drowning (1)	Mother (9)	17 (1) 18 (2) 20 (1) 23 (1) 27 (1) 28 (1) 29 (1) 38 (1)	N/R (9)
Sadoff (1995)	Male (1) N/R (1)	Newborn (1) 2 months (1)	Baby placed in cupboard (1) Suffocation (1)	Mother (2)	18 (1) 26 (1)	Student (1) Unknown (1)
Saunders (1989)	Male (3) Female (2) N/R (2)	Newborn (7)	Infant placed in bin (1) Exposure (2) Drowned (3) Set on fire (1)	Child's uncle (1) Mother (6)	14 (1) 17 (1) 18 (1) 19 (2) 28 (2)	N/R (7)
Sauvageau et al, (2007)	Male (1)	Newborn (1)	Asphyxiation and exposure (1)	Mother (1)	N/R (1)	N/R (1)
Scherer and Scherer (2007)	Male (1)	8 months (1)	Suffocation (1)	Mother (1)	29 (1)	Unemployed (1)
Silva et al, (1998)	Female (1)	Newborn (1)	Cut baby up into pieces (1)	Mother (1)	18 (1)	N/R (1)
Simpson and Stanton (2010)	Male (2)	4 weeks (1) 6 weeks (1)	FCA (1) Cut baby's throat (1)	Mother (2)	19 (1) 24 (1)	N/R (2)
Stanton and Simpson (2001)	Female (2) N/R (1)	2 months (1) 3 months (1) 8 months (1)	Smothering (3)	Mother (1)	Early 20s (1)	Unemployed (1)
Turner and Jumbelic (2003)	Male (1)	7 months (1)	Stun gun (1)	Foster mother (1)	N/R (1)	Foster mother (1)
Valença et al, (2011)	Male (1)	1 year (1)	Threw baby out window (1)	Mother (1)	43 (1)	N/R (1)
Von Wurmb-Schwark and Schwark (2009)	Female (1)	Newborn (1)	Drowning (1)	Mother (1)	32 (1)	N/R (1)
Wilkins (1984)	N/R (1)	Newborn (1)	Placed infant in cupboard (1)	Mother (1)	28 (1)	Unemployed (1)
QUANTITATIVE STUDIES						
Author (Year)	Victim sex (n=3213)	Victim age (n=3213)	Cause of death (n=3213)	Perpetrator relationship to victim (n=3211)	Perpetrator age (n=3211)	Perpetrator employment (n=3211)
Beyer et al, (2008)	Male (23)	Newborn (41)	N/R (41)	Mother (40)	Mean age:	Unknown (40)

	Female (18)				21 years (12-42 years) (40)	
Brookman and Nolan (2006)	Male (170) Female (128)	0 months - 1 years (298)	Suffocation (51) FCA (17) Poisoning (4) Neglect (14) Drowning (7) Exposure (6) Unknown (199)	Father (112) Mother (104) Unknown (82)	Mean age: 26 years (298)	N/R (298)
Mendlowicz et al, (1998)	N/R (53)	Newborn (53)	N/R (53)	Mother (53)	15-19 years (12) 20-24 (28) 25-29 (8) 30-34 (3) > 44 (1) unknown (1)	Domestic worker (48) Dressmaker (2) Unemployed (3)
Overpeck et al, (1998)	N/R (2776)	0 months - 1 year (2776)	FCA (1693) Suffocation/ strangulation (282) Drowning (120) Firearms (84) Neglect (81) Arson (64) Stabbing (58) Unknown (394)	Mother (2776)	< 15 year (27) 15-16 (162) 17-19 (684) 20-24 (1063) > 25 (840)	N/R (2776)
Shelton et al, (2010)	Male (25) Female (20)	Newborn (45)	Asphyxiation (27) FCA (4) Stabbing (2) Exposure (5) Unknown (6)	Mother (44)	Mean age: 20.91 years (12-42 years) (44)	Student (21) Employed (16) Unemployed (7)

- N/R = not reported

Table 3 provides the victim and perpetrator characteristics from the case, qualitative, and the five quantitative studies.



Overall, eighty-eight victims and eighty-eight perpetrators were reported by the case and qualitative studies. These studies reported on cases where victims were mainly newborns and perpetrators were mainly mothers. Most infants were females, and most were killed by strangulation, asphyxiation, smothering, or suffocation. These qualitative studies showed that some perpetrators were mainly in their twenties and were unemployed. Perpetrator Socio-Economic Status (SES) information (not reported on in Table 3) was provided and showed that perpetrators were mainly from a low and middle SES background.

A total of 3213 victims and 3211 perpetrators were reported by the five quantitative studies. Not all victim and perpetrator variables were reported by all studies, and this is shown in Table 3 as unknowns or not reported (nr). These studies did, however, show that infants were mainly male. Two quantitative studies did not specify exact victim ages, besides that the children

were between the ages of 0-1. The three quantitative studies that reported on the exact victim's age were focused on neonaticides. Further, fatal child abuse was reported as a cause of death, with limited detail on specifics. Where the specifics were provided, authors explained that infants' died in similar manners, that is of head injuries. As with the qualitative studies, most quantitative studies included only mothers in their sample.

Only one study included maternal and paternal perpetrators in the sample and reported more paternal perpetrators than maternal perpetrators. However, this study also reported a large number of cases where the identity of the perpetrator was unknown. Furthermore, three of the five quantitative studies reported on the mean age of the perpetrators. The means were 21, 26, and 20.9 years respectively. Two studies reported on perpetrator age categories and reported that the 20-24 year age group was most common. Perpetrator employment data from the quantitative studies was limited, with most studies not reporting on this. The three studies reporting on employment showed that perpetrators were mainly domestic workers or students. Finally, two quantitative studies showed perpetrators mainly stemmed from a low SES.

Table 4: Perpetrators' childhood and intimate relationship characteristics and circumstances surrounding the crime from the case study (n=39), qualitative (n=2), and quantitative (n=5) studies

CASE AND QUALITATIVE STUDIES				
Author (Year)	Childhood abuse/issues (n=88)	Marital status (n=88)	Perpetrator a victim of Intimate Partner Violence (IPV) prior to homicide (n=88)	Motive/circumstances surrounding the crime (n=88)
Achakzai and Kasi (2007)	N/R (1)	Married (1)	N/R (1)	Mental illness (1)
Anderson et al, (2011)	Physical abuse (1)	Married (1)	No (1)	Gambling debts, recently contracted HIV, & dismissed from army (1)
Atkins et al, (1999)	Sexual abuse (1)	Relationship (1)	Yes (1)	Unwanted child (1)
Becroft and Lockett (1997)	N/R (2)	N/R (2)	N/R (2)	Mental illness (2)
Bohnert et al, (2004)	N/R (2)	Married (2)	N/R (2)	Child care too strenuous (2)

Briggs and Briggs (2000)	Sexual abuse (1)	Single (1)	N/R (1)	Concealed pregnancy (1)
Bucove (1968)	None (1)	Married (1)	N/R (1)	Unwanted child (1)
Drakeford and Butler (2010)	N/R (2)	Relationship (2)	N/R (2)	N/R (2)
Domenici et al, (2008)	N/R (1)	N/R (1)	N/R (1)	N/R (1)
Gaillard et al, (2011)	N/R (1)	N/R (1)	N/R (1)	N/R (1)
Gous and Roos (2005)	Physical abuse and neglect (1)	Single (1)	N/R (1)	Baby did not make her life better as expected (1)
Green and Manohar (1990)	Physical abuse (1)	Relationship (1)	N/R (1)	Pregnancy out of wedlock (1)
Hughes (1990)	N/R (4)	Married (4)	N/R (4)	No intent to kill - did not believe in medicine as part of religious cult (4)
Kahana et al, (2005)	N/R (1)	Single (1)	N/R (1)	N/R (1)
Kauppi et al, (2008)	Emotional abuse (10)	Married (10)	Yes (1) Unknown (9)	Mental illness (10)
Kaye et al, (1990)	N/R (4)	Married (3) Unknown (1)	N/R (4)	Father felt own poor health will result in his death leaving no one to provide for his child (1) Unwanted child (3)
Korbin (1986)	Emotional abuse (1) Sexual abuse (1) Abandonment (1) Physical abuse (1)	Married (1) Relationship (1) Unknown (2)	N/R (4)	Did not want a boy (1) Drug abuse (1) Child would not eat breakfast (1) Unknown (1)
Kunst (2002)	Neglect and abuse (1)	Single (1)	Yes (1)	Mental illness (1)
Lee et al, (2006)	Sexual abuse (1) Unknown (3)	Married (1) Relationship (1) Single (1) Unknown (1)	N/R (4)	Concealed pregnancy (2) Unwanted child (1) Unknown (1)
Minne (2009)	Physical abuse, neglect, rejection (1)	Single (1)	No (1)	Mental illness (1)
Mishra et al, (2014)	N/R (2)	Married (2)	N/R (2)	Stigma of having another daughter (2)
Mitchell and Davis (1984)	N/R (2)	Single (2)	N/R (2)	N/R (2)
Nesca and Dalby (2011)	None (1)	Single (1)	No (1)	N/R (1)
Palermo (2002)	N/R (3)	Single (1) Relationship (1) Married (1)	N/R (3)	Lack of support (1) Baby would not stop crying (1) Mental illness (1)
Paluszny and McNabb (1975)	Physical abuse (1)	Single (still a child) (1)	N/A (1)	Only a child when she killed her brother: abused while growing up and believed her brother was stealing her mother's affection (1)
Piercecchi-Marti et al, (2006)	N/R (2)	Married (2)	N/R (2)	N/R (2)
Radano (2007)	N/R (1)	Married (1)	N/R (1)	Mental illness (1)
Rahman et al, (2013)	N/R (2)	Married (2)	N/R (2)	Mental illness (2)
Ribe and Changsri (2008)	N/R (2)	Relationship (2)	Yes (2)	N/R (2)
Riley (2005)	N/R (9)	Single (7) Divorced (1) Married (1)	Yes (3) No (6)	Unwanted child (9)
Sadoff (1995)	N/R (2)	Married (1) Unknown (1)	N/R (2)	Concealed pregnancy (1) Mental illness (1)

Saunders (1989)	N/R (7)	N/R (7)	N/R (7)	N/R (7)
Sauvageau et al. (2007)	N/R (1)	N/R (1)	N/R (1)	N/R (1)
Scherer and Scherer (2007)	N/R (1)	Married (1)	N/R (1)	Mental illness (1)
Silva et al. (1998)	None (1)	Single (1)	No (1)	Concealed pregnancy (1)
Simpson and Stanton (2010)	Physical and sexual abuse (1) Unknown (1)	Married (2)	Yes (1) No (1)	Child would not eat his dinner (1) Mental illness (1)
Stanton and Simpson (2001)	N/R (1)	Married (1)	No (1)	Mental illness (1)
Turner and Jumbelic (2003)	N/R (1)	N/R (1)	N/R (1)	Wanted child to stop crying (1)
Valença et al. (2011)	N/R (1)	Single (1)	No (1)	Mental illness (1)
Von Wurmb-Schwark and Schwark (2009)	N/R (1)	N/R (1)	N/R (1)	N/R (1)
Wilkins (1984)	N/R (1)	Single (1)	N/R (1)	N/R (1)
QUANTITATIVE STUDIES				
Author (Year)	Childhood abuse/ issues (n=3211)	Marital status (n=3211)	Perp a victim of IPV prior to homicide (n=3211)	Motive/circumstances surrounding the crime (n=3211)
Beyer et al. (2008)	N/R (40)	Single (34) Married (5) Widowed (1)	Yes (2) No (38)	Unwanted child (40)
Brookman and Nolan (2006)	N/R (298)	N/R (298)	N/R (298)	N/R (298)
Mendlowicz et al. (1998)	N/R (53)	Single (43) Married (6) Widowed (2) Unknown (2)	N/R (53)	N/R (53)
Overpeck et al. (1998)	N/R (2776)	Single (1626) Married (1150)	N/R (2776)	N/R (2776)
Shelton et al. (2010)	N/R (44)	Single (22) Married (6) Unknown (16)	N/R (44)	Unwanted child (44)

Table 4 presents the perpetrators' childhood and intimate partner relationship information, as well as information on the circumstances surrounding the crime.

The qualitative studies reported that some offenders had endured childhood abuse. These studies also reported that more than half of the perpetrators were married, and that some of these offenders reported IPV victimisation. Moreover, an unwanted child was a common reason for the murders. Again, additional perpetrator information was reported by the studies, not shown in Table 4. These qualitative studies showed that fewer perpetrators were aware that they were pregnant (with the incident murder case) compared to those who admitted to concealing their pregnancy.

The quantitative studies did not report on relationship factors, for example, on childhood abuse histories or pregnancy concealment. One quantitative study reported on IPV experiences and noted that most offenders reported an absence of IPV. Finally, the quantitative studies reporting on the motive were neonaticide studies, and these reported that an unwanted child was a common reason for the murders.

5.7. Discussion and recommendations

This review has shown that a great deal of infant homicide research stems from case studies. It has also highlighted the challenges in collating data on infanticides due to the lack of dedicated studies. It is, therefore, not surprising that there is a reliance on administrative data to quantify the problem. However, inherent in this is the issue of under counting and misreporting of infanticides, especially within countries with poor monitoring systems. This review shows that in many settings, certain data, such as whether the perpetrator was a victim of childhood abuse and/or whether he/she was a victim of IPV prior to the homicide, is often incomplete and lacking. This is concerning as it limits the evidence base needed for developing effective prevention measures.

Although this review has shown that the murder of infants is an international phenomenon, only six studies (mainly qualitative) were from developing countries. This was partly expected, given the fact that we acknowledged in the introduction, that many LMIC, do not capture data on child homicides (Liu et al, 2012: 2160). The shortage of good quality data from developing settings is partly due to the possible lack of resources and well-established homicide monitoring systems, common in LMIC (Abrahams et al, 2016: 3-4). Although a monumental task, we recommend increased investment into data systems, including systems to facilitate an improved linkage of different data sources. For example, a pilot, multidisciplinary child death review project was initiated to close the above gap in South Africa. The authors reported that the project has been effective in improving the identification of child homicides, identifying modifiable causes of

death, and using these findings to strengthen policy and service provision (Mathews, Martin, Coetzee, Scott, Naidoo, Brijmohun & Quarrie, 2016: 1-5).

The review also highlighted the intersection of several characteristics serving as risk factors for infanticide. For example, it was found that a greater female labour force participation increased infant homicide. This was confirmed by studies stemming from both developed and developing settings and across many years: Briggs and Cutright (1994: 3), Fiala and LaFree (1988: 432), Gartner (1991: 231), and Hunnicutt and LaFree (2008: 46). The authors explained that female labour force participation is an indirect measure of perceived economic pressure (Briggs & Cutright, 1994: 4). This is because when mothers move into the labour force out of economic necessity, they tend to receive little childcare/household support. Thus, employment may increase family stress, which may increase the likelihood of taking this stress out on children (child abuse). In other words, rates of infanticide may increase when there are conflicts between the need for employment and maternal roles. This also suggests that employment may be a double edged sword in these situations. On the one hand, mothers move into the economic sphere out of necessity, but on the other hand, being employed presents its own challenges. Consequently, these ambiguous stressful situations could serve as fertile grounds for breeding violence against their own children. For example, a recent South African qualitative study, amongst parents convicted of child homicide, showed that some mothers experienced a lack of financial support from male partners. They maintained that their financial strain worsened with the birth of their children, which contributed to the homicide. However, this finding was not restricted to the homicide of the 0-1 age group, yet, this may provide a glimpse into the context of such homicides (Dekel, Abrahams & Andipatin, 2018: np).

Our review also supports the recent finding within (Identifying reference) review that parents committed most of the infanticides. We observed that our included qualitative studies,

tended to focus on maternal infanticides. The single quantitative study that included both paternal and maternal perpetrators (which explored all recorded cases of infanticide for the period 1995-2002 and noted offenders, victims, and offense characteristics), found fathers were the main perpetrators. However, this study was restricted to the UK, and reported many unknowns regarding the identity of the perpetrator (Brookman & Nolan, 2006: 872). Further, this review alludes to the notion that there is a tendency for infanticide research to focus on women/mothers. Some have stated that the reason for this focus is because, overall, mothers are the primary perpetrators of this age group (For example, Friedman & Resnick, 2009: 10). This could be expected given our finding that the majority of children killed were newborns. Nevertheless, future research should ensure fathers are not neglected.

The age of the infant has been identified as a risk factor. Within both the qualitative and quantitative studies, it was found that the murdered children appeared to be mainly newborns. Thus, our study seems to confirm the finding within Abrahams et al (2016: 5-8) South African child homicide study that the first hours and days of life may be the time point of highest risk for being murdered, amongst children under one. However, caution should be exercised in the interpretation. This is because, three of the five quantitative studies only focused on neonaticides. The two studies that included all infants between the ages of zero and one years, did not specify exact victim ages. Nonetheless, we encourage positive parenting interventions. Two noteworthy examples include South Africa's Parent Centre's Parent-Infant Home Visiting project, which has been evaluated through randomised control trials and has shown positive outcomes (Cooper, Tomlinson, Swartz, Landman, Molteno, Stein, McPherson & Murray, 2009: 1) and, secondly, Uganda's REAL Fathers mentoring program. The post-assessment trial revealed a significant reduction in the use of physical punishment to discipline children (Bacchus, Colombini, Contreras Urbina, Howarth, Gardner, Annan, Ashburn, Madrid, Levtov & Watts, 2017: 140-147).

Finally, an absence of reproductive services has been associated with increased homicide rates (Kalist & Molinari, 2006: 614), as reproductive services generally help vulnerable mothers. Sorenson et al, (2002: 239) postulated that legalising abortion would decrease infanticides. However, they observed that this legalisation had a limited effect on reducing infanticide. Our review also found that the primary motive, within both the quantitative and qualitative studies, was an unwanted infant, again alluding to a high rate of unwanted pregnancies going to term. This finding was, however, mainly supported by studies stemming from developed settings. Nevertheless, Abrahams et al, (2016: 9) research in South Africa, also found a high rate of unwanted pregnancies going to term. The authors noted that this was remarkable given that the country has liberal abortion laws and reasonably good contraception services. Thus, it may allude to a failure in maternal and reproductive health services within such settings. It may also highlight the judgement and stigma (from both health care providers and society) at large, which is often present, resulting in many women avoiding the use of these services (Jewkes, Abrahams & Mvo, 1998: 1790).

In the event of unwanted infants/unwanted pregnancies going to term, we encourage health service points, such as hospitals and clinics, to install baby hatches. This will allow mothers/parents, without entering the hospital, to anonymously place their infant. Alternatively, hospitals could allow women to give birth anonymously and free of charge, as enacted in some European countries. Klier, Grylli, Amon, Fiala, Weizmann-Henelius, Pruitt and Putkonen (2012: 428) evaluated the effectiveness of the anonymous delivery law in Austria on the frequency of neonaticide and found a reduction in neonaticides. Prior to the new law, the neonaticide rate was 7.2 per 100 000 births, and 3.1 per 100 000 births after the law. Although caution should be exercised, as this is one study in a particular (developed) setting, we recommend that policy makers consider these options.

Currently, social service and public health approaches are not meeting society's needs to prevent infanticide and neonaticide. Hence, a continued global effort to conduct robust research on infanticide and to have well-established homicide monitoring systems would provide an invaluable database to assist in the prevention of such crimes.

5.8. Limitations

Our review is not without limitations. A key limitation is the missing data, which hampered the ability to form a more complete understanding of infanticide. It also highlights that the murder of infants should be better documented.

Then, it is important to consider the generalisability of the research, as most studies arose out of clinical settings and from developed countries. Further, the inclusion of a wide variety of study designs enabled a vast contribution of data to be included, which meant that statistical pooling of results by meta-analysis was not possible due to the heterogeneity of study design and methods. This made comparison between studies difficult. Also, comparisons are drawn from studies with different sample sizes, methodologies, and data sources. Thus, a limitation is that a descriptive approach was selected rather than a quantitative approach (For example, a meta-analysis). Lastly, a limitation is the exclusion of prevalence studies.

5.9. Conclusion

This review contributes to the small body of knowledge on infant homicide as it included all methodological frameworks and included all perpetrators, attempting to provide as much detail on victim and perpetrator characteristics. In this way, our review contributes to the field as it attempts to provide a more complete picture of infant homicide. Some of our key findings are that a great deal of infant homicide research stems from developed settings and from case studies, highlighting the shortage of dedicated, robust research, which also prevents generalisation. Lastly, the review found that there is a tendency for infanticide research to focus on women/mothers. Thus, this is

possibly why we also found that the first hours and days of life may be the time point of highest risk for homicide. Future research should include men/fathers. The prevention of homicide is an important policy goal in every country and the prevention of infanticides is a crucial part of this aim.

5.10. References

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Chapter Six (Article Two): ‘Exploring Adverse Parent-Child Relationships from the Perspective of Convicted Child Murderers: A South African Qualitative Study’

6.1. Introduction

This chapter presents article two, which represents phase two, the qualitative phase of the study.

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6.2. Abstract

Child homicide is the most extreme form of violence against children. Within South Africa, children face the highest risk of homicide by parents/caregivers. It is suggested that prolonged exposure to adverse relationships with one's own parents may be linked to committing child homicide as it may lead to psychological damage and disturb neurological functioning. This paper explores the adverse parent-child relationships of 22 men and women incarcerated for the murder of either a biological child, a stepchild or a child in their care, and draws on 49 in-depth interviews with these participants. We illustrate that traumatic parent-child experiences in the form of absent parents, neglect, and abuse have a profound impact on establishing unhealthy attachment styles and emphasize the importance of early adverse parent-child bonds in setting the tone for future bonds as adults. The pathway to adopting an adverse attachment with one's own child is argued to be influenced by these early traumatic emotional experiences within the home. This study highlights the need to acknowledge the impact that adverse parent-child experiences have on the formation of violent forms of parental behavior. It is imperative to reduce children's emotional

vulnerabilities by implementing strategies to strengthen current parenting practices, to promote the development of less violent parent-child relationships and to work towards resolving parents' experiences of trauma in reducing child homicide.

6.3. Introduction

Child homicide by a parent is an unfathomable crime for many. Although it is an age-old practice (Sharma, 2006) a paucity of research has been conducted in developing settings. The 2014 report on violence against children published by UNICEF, found the under five year age group had the second largest number of homicides among children, followed by the 15-19 year age group (UNICEF, 2014). The South African national child homicide study found a similar pattern (Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013). Among the under five year group, more than half (53.2%) were neonates (defined as 0-28 days old) and infants (74.4%) (defined as under 1 years of age), giving a neonaticide rate of 19.6 per 100,000 live births, and an infanticide rate of 28.4 per 100,000 live births (Abrahams et al., 2016). The study reported among the highest rates for neonaticide and infanticide, surpassed only by the estimate for Dar es Salaam (27.7 per 100,000 live births; Outwater et al., 2010). This rate is also much higher than those reported in developed settings (Porter & Gavin, 2010). However, the South African study did not limit the perpetrators to parents, given the South Africa context of childcare, with many children not raised by biological parents (Hall & Sambu, 2016). The South African child homicide study showed, however, that a parent was the perpetrator in the majority of cases (Abrahams et al., 2016).

Child homicide is poorly understood in South Africa and not much is known about the psychosocial processes underlying parent's homicidal acts. Men and women with histories of child abuse are more likely than non-abused men and women to engage in violence toward children (Colman & Widom, 2004). Thus, understanding the role of poor and abusive parent-child

relationships in childhood (and adulthood) and its impact on violence within the adults' relationship with their own children is important.

Attachment theory and epigenetics provides a framework to begin the engagement to understand child homicide. Attachment theory suggests the parent child relationship plays a role in the development of mental representations of self and others, which provides the foundation for relationships and emotional regulation (Bowlby, 1969). Loving parenting promotes secure attachments: Most of these children become securely bonded and emotionally balanced adults/parents. Harsh/rejecting parenting promotes adverse attachments and the development of an inability to regulate and interpret their own feelings and that of others, as the caregiver is a source of both fear and comfort, which has important implications for the development of personality disorders. Interactions with one's child (whether this is an interaction with a biological or stepchild) are largely influenced by the caregiver's own attachment style and are affected by whether or not the individual has resolved early traumatic experiences. A parent's adverse attachment style with his/her children can result in him/her exhibiting poor parenting skills. He/she may battle to tolerate feelings that have reawakened painful childhood memories of abuse from his/her own parent. Therefore, he/she may act out aggressively toward his/her child (Shelton, Hoffer, & Muirhead, 2015).

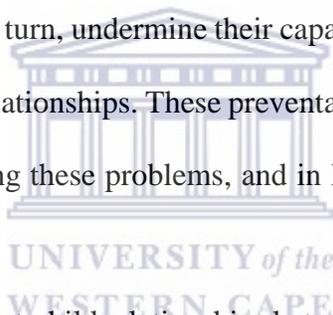
Epigenetics has emerged as a theory to aid in the understanding of violence in later life. Epigenetic research has opened the biological to environmental/social influences and to the impact of early experience on the later use of violence (Meloni, 2014). Social/environmental factors play an instrumental role in human biology and social/environmental insults can leave long-term indelible scars on the body and brain. For example, epigenetics demonstrates that there is a direct link between maternal care and neurological development/cellular modifications of the child. It thus proposes that the first 1,000 days of a child's life (from conception to age two) are critical in

terms of the effects of early experience on neurological development. The sustained effects of these cellular modifications form the basis for the developmental origins of vulnerability to violence. Therefore, early traumatic life experiences become embedded in the ‘memory’ of a person. It is, consequently, recognized that the interaction between environmental and biological factors is imperative to consider in the development of crime and violence (Raine, Brennan, & Mednick, 1997).

Many children in South Africa have difficult childhoods, for example, numerous children do not live in the same home as their parents and experience a sequence of different caregivers (Hall & Sambu, 2016). This is largely a result of a number of factors, including labor migration, poverty, housing, and educational opportunities. It is common for relatives (mainly grandmothers) to play a role in childrearing, which is mainly the responsibility of women (Hall & Budlender, 2016). In developed settings, it is not uncommon for women who commit child homicide to cite feeling overburdened as the main motive (Valenciã, Mendlowicz, Nascimento, & Nardi, 2011). In South Africa, a significant number of pregnancies occur in families where support during and after pregnancy rests almost solely on the mother and overall in 2010, 53% of pregnant women were single. For many of these women, pregnancies increase their financial and health-related vulnerabilities and adversely affect their life chances and that of their children, as many mothers and children live in poverty (van den Heever, 2016). In developed settings, women have cited financial difficulties as the motive for child homicide (Krischer, Stone, Sevecke, & Steinmeyer, 2007). Indeed, in South Africa in 2014, 30% of children (5.5 million) lived in households where no adults were working and the unemployment rate was slightly higher for women (28%) than for men (23%; Hall & Budlender, 2016).

Poverty is a societal risk factor for child abuse (van den Heever, 2016). Reducing poverty (and, thus, the stress on families) is a vital aspect in reducing child abuse, as is equipping

parents/caregivers with the skills for non-violent forms of discipline. By the time young people in South Africa are 15-17 years old, many would have experienced abuse and neglect. A recent national South African study collected information from 9,730 adolescents between the ages of 15 and 17 years old, stratified between households and schools. It was found that one in five young people reported having experienced some form of sexual abuse in their lifetime and one in three young people reported physical abuse. A total of 16.1% of young people experienced emotional abuse and one fifth of the young people reported experiencing child neglect at some point in their life. The study also found gender differences in the experiences of abuse, with girls experiencing more abuse, neglect, and bullying. These young people are more likely to develop mental and physical health problems. These, in turn, undermine their capacity to succeed in life (at school and at work) and to maintain healthy relationships. These preventable issues cost South Africa greatly, both in terms of the costs of treating these problems, and in lost economic productivity (Burton, Ward, Artz, & Leoschut, 2015).



This paper explores the parent-child relationships between the parents/caregivers convicted of child homicide and their own parents. Child homicide definitions are delineated to refer to different victim ages. Neonaticide is defined as the killing of a neonate on the day of its birth (first 24 hours) by his or her parent(s) (Resnick, 1970), and infanticide as the murder of a child in the first year of his or her life by a parent(s). Filicide refers to the killing of a child by a parent (Friedman & Resnick, 2007). This study focuses on parents and caregivers (defined herein as biological, step, and de facto parents) who have been convicted of the death of a child in their care.

Many children in South Africa endure childhoods characterized by adversity. However, the difference for these participants is located in the emotional experiences of adverse fathering and mothering. The parent-child relationship is the first relationship in the infant's life and according to attachment theory and epigenetics, sets the tone for the bond between the adult child and his/her

own child. Due to the established importance of that first relationship, it is vital that we start our inquiry into the lives of men and women who killed their children by considering the stories they tell about their own parents. This study was part of a PhD project where the overall purpose was to explore the participants' childhood, adolescence, and adulthood experiences, their relationships with their children and partners, as well as what they perceived to have led to the homicidal act.

6.4. Methods

Ethical approval was obtained from the Humanities and Social Sciences Research and Ethics Committees at the University of the Western Cape and the South African Medical Research Council. Approval to conduct research within correctional centers was provided by the Department of Correctional Services. Interviews were conducted with individuals incarcerated for the death of a child. A sample of 22 convicted men and women (eight men and 14 women) (see Table 1) were recruited from five correctional centers, based within the Western Cape Province of South Africa. Two centers were medium centers, two centers housed both medium and maximum offenders, and finally, one center was a maximum center. Three correctional centers housed males only and two centers housed both males and females.

Purposive and snowballing sampling was used to recruit participants. Initially recruitment began using purposive sampling through utilizing each correctional center's psychology department. Correctional center psychologists identified men and women (parents/caregivers) who were incarcerated for the death of a child and asked each offender whether he/she would be willing to participate. If he/she agreed, a suitable date and time would be organized for us to meet. Fourteen participants were identified using purposive sampling. Furthermore, eight participants were identified using snowball sampling. Once interviews commenced, offenders voluntarily provided additional names of offenders known to them. All prospective participants agreed to participate.

During each interview, the first author was present, as well as the participant and the relevant translator; no member (warden) ever sat inside the room during the interview, to ensure confidentiality. Participants had a choice as to their preferred language for the interviews. An Afrikaans and an isiXhosa translator were available and accompanied the first author if needed. After the interviews were conducted, the first author transcribed all English interviews and some Afrikaans interviews, with assistance from the Afrikaans translator, while the isiXhosa translator transcribed the isiXhosa interviews. Quality checks were done by the first author who conducted random crosschecking of the recorded interviews against the transcribed interviews.

Informed consent procedures were followed and the aim of the study as well as all ethical procedures (risks and benefits, anonymity, confidentiality) and the recording of the interviews were explained to participants. To maintain anonymity, we use pseudonyms in the paper. A reward was not provided to those who agreed to participate as this study was conducted in a correctional center setting. We recognized that support for these participants was vital. Thus, prior to each interview we asked each correctional center psychologist whether he/she would be willing to meet with the offender after the interview, if he/she felt this was needed. All correctional center psychologists agreed and five participants were referred to psychologists. Psychological support was also arranged for the first author, who conducted the interviews.

The first author conducted individual, semi-structured interviews, which enabled interviews to be flexible and allowed for the probing of areas of interest. A total of 49 interviews were conducted, and each interview ranged between one to two hours. A scope of enquiry was developed based on the literature reviewed, and used to guide the interviews, which allowed the agenda to be flexible although partially directed by the interview schedule. The first interview explored the participant's background: their childhood and adolescent experiences, in particular their relationship with their father and mother. Examples of questions asked include “Tell me about

your childhood life”; “Tell me about your mother/father”; “Do you have siblings?”; “What was it like being a teenager?”. The participants spent a great deal of the interviews speaking about their relationships with their own parents. They also touched on the beginning of their intimate relationships, and for some, teenage pregnancy. The initial interview steered the second interview, which focused on their relationships with their own children, their desire to be a parent as well as the factors surrounding the death of the child. Examples of questions asked include “How did you meet your spouse?”; “How was your and his/her relationship”; “Did you want to be a father/mother?”; “What do you think contributed to your child's death?”. The third interview entailed follow up questions and provided participants with an opportunity to elaborate or provide further detail on the information provided in interviews one and two.

Atlas T.I version 8.0 assisted in data management, which was performed according to the principles of grounded theory (Corbin, Strauss, & Strauss, 2014). During open coding, audio-recordings, interview transcripts, participant observation, and field notes were reviewed with the aim of examining the text for thoughts, ideas, and meaning, and consequently assigning them codes. Emphasis was placed on allowing concepts to emerge naturally without forcing them into predefined categories. Categories were divided into sub-categories, which was important as 108 codes were created. Trimming down of the codes was done with the assistance of the second author, thereby concluding the first stage with 54 codes.

Together, a single category was identified (axial coding) as the central phenomenon of interest. This selection was made based on the category most extensively discussed by participants (in other words, the code with the highest frequency), which was then positioned as a central feature, around which, other categories were related and a storyline was constructed. To illustrate this storyline, discriminate sampling was used, which refers to selecting certain participant quotes, which are able to maximize opportunities for verifying the storyline. Part of engaging in selective

coding entailed making use of memos, containing ideas about codes and their interconnections. These memos allowed for comparisons between data and codes to find similarities and differences. The storyline was further validated by searching for relevant literature pertaining to categories. Member checking was performed with participants to iron out ideas and reach consensus, and the storyline was discussed with co-authors. Lastly, core categories were then organized into the research paper. Quotes used herein are illustrative of the codes selected.

6.5. Findings

The study includes 22 participants (14 females and eight males) responsible for the death of 25 children. They were fathers (4), mothers (10), stepfathers (3), stepmothers (3), and caregivers (2). Their ages ranged between 17 and 43 at the time of the murder, and between 20 and 53 at the time of the interviews. Participants were racially categorized as 'Black' (7), 'Colored' (11) and 'White' (4) (using the apartheid racial classification system). Two participants (one father and one stepfather) killed more than one child (three and two children respectively). The remaining participants killed one child each. The victims ranged in age from newborn to 16 years old. The manner of death was fatal child abuse, in other words, abuse or negligent treatment resulting in the child's death, in the context of a relationship of responsibility and care. These are listed in Table 1. They received sentences ranging from eight months to life imprisonment. Twenty participants were raised in communities where socio-economic hardships were common and experiences reported included violence, poor policing, unemployment, alcoholism, domestic violence, gangs, and increased crime. Of the 22 participants, six had prior convictions.

For the participants, talking about their parents was emotionally difficult and it often elicited tears. One of the effects of adverse childhood experiences, coupled with adverse attachment styles to parental figures, involves a risk of developing mental illness, and a retreat

from empathy, which is one of the foundations of emotional intelligence and moral judgement (Read, Bentall, & Fosse, 2009).

6.5.1. Abusive parent-child relationships.

6.5.1.1. Physical abuse: “she stabbed me with a knife”.

Eleven participants reported physical abuse by a parent during childhood/adolescence. This abuse began at early ages, for example, from “one year and four months” (Nelly) and “from six years” (Patricia), and endured for many years. Abuse by fathers were reported as Zubeidah explains “My daddy, he hit me with a spade already. I got kicked, yoh, it was bad the beatings”. James was convicted of the murder of his stepson, aged five years old, whom he physically beat to death. As a child, James was frequently hit with “a fan belt of a car” around the age of eight; an indication of the cycle of abuse. Attachment theory posits that people tend to parent in line with the context of their own prior experiences (Fonagy & Target, 2005). For example, a common belief in the legitimacy of harsh discipline is mediated (in part) by the connection between the experience of punitive discipline in childhood and the perpetration of it as an adult (Azar, Nix, & Makin-Byrd, 2005). Some participants (“for me it’s normal, it’s the way I was raised” - James) reiterated that they disciplined their children in line with how they themselves were harshly disciplined. Epigenetics emphasizes that parental care can be transmitted from one generation to the next (Champagne, 2008). James further explained that the beatings were largely because of his “plain naughtiness” which he ascribed to the lack of love and guidance he received while growing up, which was due to his father's alcoholism and the loss of his mother through death.

Physical abuse was not only perpetrated by biological parents, as Deidre explains “Me and my stepmother we didn’t get along...I was 12 years old when she stabbed me with a knife”. She was raised by her father as her mother abandoned her at the age of eight “My stepmother was jealous because when my father gets his money, he will wait for me, to come from school so we

can go to town. He didn't like wait for her". Abuse experienced during early adolescence (12 years old) may lead to difficulty coping with school demands (Deidre left school shortly after the stabbing), socially withdrawn behavior ("I was not like a social person. I was always on my own. I was never with friends"), and low levels of empathy ("I didn't feel bad" - she was previously arrested for robbery).

Eleven participants reported abuse by a mother. For example, Zubeidah was convicted of the murder of her two year old son and described occasions where her mother physically abused her: "My mommy used to throw me with boiling water and yoh she'd beat me". She explained that the abuse was a result of her "naughtiness" which was displayed through "stealing and lying" and which she explains "was just to seek attention". This behavior as well as the abuse endured until she was 23 years old "The stealing started when I was six years old...The beatings stopped when I got married at the age of 23, because I couldn't take it anymore. That was my scapegoat. To get married and to get out of the house, because I couldn't handle my mommy's abuse anymore". She explained that her mother was cold ("don't get that love and affection and hugging and kissing"), which was largely a result of Zubeidah's rebellious behavior, while her father "was always at work". The lack of love and attention resulted in disobedient behavior in her younger years ("the stealing started at the age of six") and in adulthood manifested in seeking attention from men (she had numerous, consecutive boyfriends), making her vulnerable to intimate partner violence (IPV).

It is common for children who do not receive enough attention, to act out in ways they mistakenly believe will provide them with the positive attention they crave. In hindsight, she acknowledges that her behavior served to drive her mother further away "Now I realize that wasn't the right way to get her attention because when I did something wrong then she got angry and wouldn't want anything to do with me again, but back then I didn't realize". An angry response

may have been rewarding, as attachment theory posits that disconnection, isolation, and loneliness becomes unbearable. Thus, any response appears to be better than no response (Belsky, 1993).

Furthermore, many participants described similar childhood experiences. A 42 year old father who killed his daughter explains “She (mother) beat us, very much, very bad”. Jennifer also recounted her experiences of being abused by her mother, which began from roughly the age of six. She said “My mom hitted me one day with a plate over my head...She would hit me with a broomstick or a mop, whatever she could get in her two hands”. The intergenerational cycle of abuse was evident in Jennifer's account as she had asked her mother why she had abused her “She said, “I want you to feel my hurt and my pain and my suffering that I went through in my life””. At the age of 21, Jennifer was found guilty of fatal child abuse of her three-month-old daughter. Patterns of interaction formed during relations with one's own parents, tend to influence the style of interactions that individuals will eventually have with children in their care (Berthelot et al., 2015).

6.5.1.2. Sexual abuse: “to my father I wasn’t his child; to him I was a wife”.

Nine of the women we interviewed experienced sexual abuse, yet Cayleigh was the only participant who reported sexual abuse at the hands of a parent. She was raised by both parents until the age of 13 when her father passed away (which is also when the abuse ended). After her father's passing, her mother abandoned her, and she lived with different family members, strangers and in foster homes “The last day that I saw my mother was the day of my father’s funeral”. She could not remember when the sexual abuse began, but knew that it endured “for as long as I can remember”. Cayleigh further explained “To my father I wasn’t his child; to him I was a wife...My father will like say to me like I must go on my knees and I must lick him like a lollypop”. Cayleigh explained “If I refuse to do what he asks me to do with him, he will beat me...I was never allowed to cry, no matter how painful it was. Otherwise, he will beat me up badly...Because he said crying

is for babies”. She mentioned that she often felt “scared” as a child as she was frequently confused and frightened because of the unknown (“As a child I was always confused, I never knew when or what to expect”). It was evident that the sexual abuse was still extremely painful to speak about and she often cried during the interviews. At the age of 23, Cayleigh murdered her seven year old stepdaughter whom she smothered with a pillow. Cayleigh was pregnant at the time with her son. Childhood sexual abuse may carve a path through many adult lives of those who survive it and may leave a legacy of this abuse.

6.5.2. Un-protective parents: “for her to stand and to watch what he’s doing to me and not doing anything was worse than the abuse”.

Participants reminisced on how they felt about one of their parents not protecting them from abuse from another parent/stepparent. Deidre, who was an only child, was physically abused by her stepmother, and recalled the lack of protection offered by her father “My dad didn’t do anything when he sees she used to beat me up. It made me hate my dad. He see what this woman is doing to me every time she wants to beat me up and you doing nothing to stop her!”. Cayleigh, who was sexually and physically abused by her father, also spoke of a lack of protection from her mother “My mother will stand and watch him, what he’s busy doing with me, and she will do nothing. For her to stand and to watch what he’s doing to me and not doing anything was worse than the abuse”. Epigenetic research proposes that young children do not have the means to curtail distress they may feel. Therefore, the child relies on its mother to comfort him/her. An un-protective mother does not buffer the child's stress (Champagne, 2008; Read et al., 2009).

Attachment theory asserts that the vulnerability of having an inadequately protective mother in one's maternal role development, may provide insight into formative experiences that possibly shaped the consciousness of her as a mother (Fonagy & Target, 2005). Thus, as Cayleigh moved into the maternal role, these experiences informed how she integrated caregiving

responsibilities of motherhood. Given this framework, perhaps it should not be surprising that she was unable to protect the child that she killed from her own anger.

Cayleigh reflected on why she thinks her mother did not protect her: “He did abuse her a lot and maybe she was scared of him”. Years later, Cayleigh found herself in an abusive relationship, yet she still maintained that “It seems to me that my mother did like being abused. Because she would not do anything or take me and run away or go to her family”. She expressed more disdain towards her mother for not protecting her than towards her abusive father, which may be tied to her strong belief that it is “a mother’s role to protect her child”, yet she herself was convicted of murdering her stepdaughter.

Cayleigh's father impregnated her at the age of 11: “My mother made me to have an abortion from that man, saying to the Doctor that I’m having sex with older men and I said to the Doctor, “she’s lying. It is my father””. She explained that the Doctor “didn’t wanted to listen to me and it was painful. I was asking myself: “will there ever be someone in my life that will listen to me?””.

Cayleigh was not only subjected to a lack of protection from her mother, but also from institutionalized protective services, alluding to the failure to protect occurring on multiple levels. This also attests to the notion that the act of killing a child is a result of a plethora of contributing factors in a complex social context of multiple layers of deprivation.

On another occasion, Cayleigh said “I ran out of the house because I couldn’t handle the abuse anymore and they (neighbors) will see like blood on me or they will hear noises and they will come and check”. As a result, the neighbors phoned the police “We were standing in the police station and my mother said to this policeman “I’m sorry sir, I can’t let my husband go to prison for this bitch””. Cayleigh's narrative illustrates that there were opportunities for protective services to intercept and assist her, but her mother prevented this from happening as her mother “said to

the policeman that I'm naughty and I don't want to listen. So he was just reacting like a father and the policeman believed my mother...A mother is someone who is supposed to be there for her children, look after them, protect them”.

The offenders we spoke to also sought protection from verbal/emotional abuse, as Jamaal explained “My stepmom will say, “you will become nothing in life”. I was about 12 years old. It was almost like a tape recorder playing...She abused me verbally...I had to stand up for myself”. Jamaal and Deidre's narratives (mentioned earlier) allude to stepmother jealousy of stepchildren. Twenty of the 22 participants' parents permitted them to be abused by others, and they themselves beat their own children, and often left their children behind, hoping to begin a new life elsewhere.

6.5.3. Abandonment and rejection.

6.5.3.1. Absent parents and idealizing mothers: “I don't know how it feels to have a mom”.

Among the 22 participants, more than half (15 participants) reported being physically abandoned by a parent. Some of the participants were raised by both parents and then were abandoned later on and raised in single parent households, and some were raised by single parents only. A few participants grew up without either of their biological parents in their lives and were raised by grandparents.

Deidre was an only child and was abandoned by her mother at the age of eight: “My mother walked away from home and she never came back. My world fell apart when she left”. Her father raised her thereafter. Ryan's older brother passed away when Ryan was a teenager. Shortly thereafter his parents divorced, resulting in Ryan's father becoming physically absent from his life. Ryan experienced two great losses simultaneously: “I was cross at my father because he is the person, which boys are supposed to look up to...Then he just disappeared...I feel disappointed and sad”. In contrast, Latifa, who was convicted of the death of her five year old stepson, says that

her biological father had been absent since birth: “My biological father, he just carries the name “father”, but he is nothing”. Latifa was the only participant who said it did not bother her that her biological father was absent, as her mother was an emotionally secure parent to her.

6.5.3.2. Idealizing mothers.

The male participants placed more importance on their mothers and her absence was considered a greater loss than the absence of a father. Their narratives highlight the societal construction of the role of mothers and the idealizing of mothers. Yet, consistently, each participant mentioned that their mothers hurt them the most emotionally “It’s my mother. She hurt me very very much” (Patricia).

Sipho, who physically beat his son to death with a brick when he was 24 years old, grew up without knowing both parents. He explained that: “To grow up without a mom is very hard. It was difficult to see other children with their mothers, painful. I’m hurt; I don’t know how it feels to have a mom”. His grandmother raised him until the age of 20, when she passed away, and Sipho was forced to live with his father, who was a stranger. Many of the participants did not live consistently in the same home. An unstable living environment has been associated with the inability to manage stress (for example, in times of stressful childrearing). Being abandoned by his parents resulted in the development of an adverse attachment, which influenced his feelings of being abandoned once again when his grandmother passed away. Individuals who are adversely attached may react to periods of separation with feelings of abandonment, jealousy, and aggression. Sipho beat his son to death and beat his then girlfriend upon suspecting that she was being unfaithful. Adverse attachment is also associated with substance use and Sipho was intoxicated at the time of the crime.

Sipho also idealized the mother of the child he murdered, who is the same girlfriend he is incarcerated for attempting to kill, along with the killing of his son. Sipho's girlfriend had

`fallen' from grace minutes before the murder of his son and the attempted murder of her. He spoke about feeling `belittled' and `humiliated' by his girlfriend, which seemed to emasculate him, as evidenced in previous research with South African homicide offenders (Mathews, Jewkes, & Abrahams, 2011). For Sipho, this idealized, once `perfect' woman, was now flawed due to her alleged adultery, which was not fitting.

Sipho engaged in internal splitting towards his mother and his girlfriend, as he perceived people as either all good or all bad (Mathews, Jewkes, & Abrahams, 2014). Splitting is related to a history of trauma and is conceptualized as an unconscious process, which separates contradictory feelings and representations of `good' and `bad', and is thought to develop to protect a positive representation of, for instance, his mother and girlfriend. Sipho explained that he believed a mother would be able to provide more guidance than a father would. Sipho's belief, which is shared by Howard, as illustrated later on, highlights their disappointment in father figures.

Howard (who was convicted of the double murder of his two-year-old twin stepdaughters) was abandoned by his mother at the age of six. Howard was subsequently raised by his father, who was frequently absent from home. His mother, just like Deidre's mother, walked away from their home, never to return: "I missed a mother in my life and it was very difficult because I didn't have a mother...It was very hard and it is still hard for me".

Although his father was in his life, he noted that "There was nobody to guide me". Both Sipho and Howard placed greater emphasis on their mothers: "It's very important to have a mother because every child needs a mother's love. A father can't give that love" (Howard). Both men believed that mothers are able to listen better and are the ones who welcome their children to speak to them, as Howard explains: "Your mother will understand you better than your father".

6.5.4. Parent-child bond (between perpetrators of child homicide and their own children).

Childhood trauma can affect how parents bond with their children. From an epigenetic perspective, parental betrayal may result in more affectionless, un-empathic interpersonal behavior, which in turn may increase the likelihood of violent behavior (Raine et al., 1997). According to attachment theory, vulnerabilities can foster certain triggers which increase the risk for abuse to be transmitted to the next generation (Bowlby, 1969). Yet, some of the participants conveyed that they were able to form satisfactory bonds with the children they killed. Whether their accounts of having happy relationships with their children are a true or exaggerated representation is unknown. This may reflect the idealization following the death of a loved one. Patricia explained that her daughter “was my best friend” and Jamaal explained that the times spent with the son he killed “was the happiest days of my life”.

During the interviews, some participants spoke of their children with little affect. James explained that he does not feel “love in my heart” for his daughters who are still alive, even stating that “I don’t want to be around kids. I don’t want them in my life, even my own”. Christelle maintained that “he’s my son, but I don’t have that kind of bond with him” and when referring to the daily caregiving responsibilities said “I didn’t do it because I wanted to, but because I had to do it”. It is not uncommon for parents to enact the same distancing with their own children, reflecting their struggles to bond with their children, and reflecting their own possible fear of abandonment. It seems as though these unresolved issues led some to an avoidance of intimacy, and for others, these issues bled into their relationships, in the form of violence.

6.5.5. Poor parental support systems in adulthood.

The rejection the participants experienced was not limited to their childhoods and the abandonment continued into adulthood for 16 of the participants. Prior to committing their crimes, many participants turned to their parents to receive help, and in many instances were turned away.

For example, Zubeidah, who was convicted of her son's murder, was in an abusive relationship with his father. Similarly, Christelle, who was convicted of the murder of her son and boyfriend, was also in an abusive relationship with her boyfriend. Seven of the women who discussed the men in their lives indicated they were beaten by them. Zubeidah purposely married her husband in an attempt to get out of her parent's abusive home, yet in hindsight says “I am ever so sorry that I got married”. There is a commonality of childhood abuse and IPV. Women may be conditioned to accept violence from those they love, and their limited ability to distance themselves from abusive relationships seems to lead to their entanglement in criminal activities.

Both Zubeidah and Christelle had left their partners and had taken their sons multiple times to their parents' home and would always eventually go back to their partners. Again, both women had attempted to move back into their parents' homes shortly before the murders. Zubeidah maintained that her parents were “fed up” because “they know I always go back to my husband”. Likewise, Christelle explained that her parents had “had enough” of her leaving her boyfriend, moving into her parents' home, and then reuniting with her boyfriend again.

On the day of Zubeidah's son's death, she decided to go home to her parents' house in an attempt to leave her husband for the last time. “I took Taahir and I went to my mother. She said “no”. I went to my father and he listened to what my mother said”. She killed her son, Taahir, that same day out of desperation, having nowhere to go, and not being able to provide for him. She maintained the lack of support, coupled with the cumulative adverse childhood/adolescent experiences, drove her to commit the crime.

Similarly, Christelle maintained that “It’s because of my father over the years; he put us out of the house...If I had a better support system maybe I would have done that, like to take my baby and go and live with my parents”. Although these participants' accounts may be a true

representation, we cannot ignore that it appears that they are attempting to shift the blame and in so doing, to not accept responsibility for their crimes.

Patricia had been independent since she was kicked out of her parent's home 8 years prior: “They did chase me away, when I was pregnant with that first baby”. She lived alone with her two daughters until she contracted HIV. Patricia was convicted for the murder of her eldest daughter and for the attempted murder of her youngest daughter. She lost her job and was unable to provide for her daughters. Just like Zubeidah, Patricia was turned away in the months preceding the murders: “I think them rejecting me, that’s what put me here. If I was having a loving mother and father, a home, where I can share everything with them, I think it was going to be easy for me to go to them and say “I’m sick now”. I was not going to suffer alone. I wasn’t going to be here in prison”.

Parenting is at best a complex process and factors such as poverty, job and family instability, add immeasurably to the inherent difficulties. Since Patricia's motive was financial, she believes that had her parents allowed her and her daughters to stay with them, her youngest daughter would still be alive.

Patricia had a tumultuous relationship with her mother since her earliest memory. “She wasn’t like a mother to me...my whole life she is making my heart sore...she is always shouting and swearing at me...she damaged me inside...I never even have a hug from her or a kiss from my mother”. Patricia's narrative resembles Jennifer's narrative of an intergenerational cycle of abuse noted earlier. Patricia explains, “I asked her why she treat me like that all the years and she said to me, “I remember the things that I did to you but it was because of the way I was raised up”. She was raised by her uncle and his wife and they was treating her differently than with their children, so that’s why she’s doing it to me, now you see it’s like history repeating itself”.

6.5.6. Emotional rejection: “what I needed was father love”.

Among the 22 participants, 20 participants experienced emotional rejection by a parent. A parent's psychological unavailability is a form of child maltreatment, which plays a role in the development of violent behavior. Jennifer was raped at the age of six by an older stepbrother and explained that “For me it was difficult because I couldn’t talk to anyone”. She had an emotionally and physically abusive relationship with her mother and felt her mother was unapproachable. Attachment theory suggests that for mothers who have experienced relationships of unavailability and fear, the responsibility for the wellbeing of their own infant can be particularly overwhelming.

For instance, the new mother's response to her infant's distress can be impeded by her own (unconscious) memories of experiences of fear and unavailability from her own mother. The relationship carries both sides of a possibly polarized internal working model as the mother may experience herself as both the angry and unavailable parent and may, thus, feel she is caught between opposing fears (Lyons-Ruth & Spielman, 2004).

Jennifer proceeded to explain that, “The rejection. The rejection. It is worse than the rape. I’m struggling still with that”. Jennifer struggled with contradictory images of a ‘loving’ and ‘abusive’ mother “She used to abuse me a lot, but she’d also give me love. There was two sides to her and that was confusing for me. I don’t understand my mom”. Such parenting behavior leads to the development of an inability to interpret one's own feelings and that of others, as the parent is a source of both fear and comfort, which could have important implications for the development of mental illness (Bowlby, 1969). This type of parenting behavior also normalizes the occurrence of love and abuse, teaching Jennifer from a young age that it is ‘normal’ for love and abuse to coexist. Years later, she found herself in an abusive relationship with the father of her baby. It is likely that Jennifer's mother suffered from a mental illness (“There was two sides to her”), which is susceptible to intergenerational transmission, according to epigenetics (McGowan, et al., 2009).

Indeed, Jennifer stated that she suffers from depression, an indication of the possible transmission of mental illness.

The emotionally cold and absent type of parenting behavior displayed by participant's parents left them feeling unloved and 'searching for love'. Jamaal, in referring to his eight-year-old son whom he killed, said "The love that I gave my son, was the love my father didn't give me" - throughout his childhood and adolescent years. Howard explained that "When I was younger, like a child and also a teenager, my father was always busy. He didn't have time for me". For both of these men, the perceived rejection by their fathers, and the lack of father love meant that they searched for male affirmation outside the home, within gangs, leading to an identification with violent models of masculinities.

Deidre said that when she turned nine, "My father didn't know it's my birthday and I was crying. I missed my mother and my dad didn't even know it was my birthday". The absence of a father figure had a similar impact on the women. At the age of 18, Deidre started dating a man (Norbit) who was 10 years older than her and who had previous convictions: "What I needed was father love and I couldn't get it from my father so Norbit was there for me".

Likewise, Patricia explained she met a man at the age of 20 and "he came to me and then he say he love me and that was the first day I hear the words "I love you"". Patricia's narrative resembles the notion that all abused parents do not continue the cycle of violence: "I was telling myself that I want to be a good mother to that child, not a mother like my mother was. I want her to have a good life. She mustn't hear the words "I love you" on the streets, there by the boys. She must hear it from me". Although this was the daughter she was convicted of killing, she was aware of the intergenerational transmission of abuse and tried her best to not fall into the same cycle. In many ways, she escaped the cycle in terms of daily abuse, yet ultimately could not prevent herself from being part of it entirely.

6.5.7. Emotional rejection due to drugs and alcohol.

Ten participants were raised by parents/caregivers addicted to substances. Addiction largely entails an emotional abandonment. Ryan's father was an alcoholic “As soon as I see or hear his name, I think alcohol”. Once Siphos father entered into his life, he was physically present, yet emotionally unavailable because he was “All the time drunk, drunk, drunk”. As a result, Siphos father “disappoint me”. Deidre, who lived with her father explained that, “My dad just wanted to drink and have his own life doing his own thing...Me and my father did not have a relationship...I needed somebody to talk to and to be there for me when I ask a question and my dad wasn't there”. Nicole, imprisoned for the fatal child abuse of her two-year-old son, stated that “My mother was a drinker. She drinks all the time. If she had no drink, she would sleep the whole day, every day”. Likewise, James stated “my father is an alcoholic”. According to the intergenerational cycle of substance abuse, it is not surprising that many of these offenders also abused substances as adults, with substance abuse often playing a role in the crime they committed. The abuse of alcohol and drugs by the participant's parents often resulted in a role reversal.

6.5.8. Parentification: “I couldn't play outside like other children”.

Due to the rejection and abandonment experienced by these participants, it is anticipated that a lack of parental guidance would be a part of this. Michelle stated, with reference to her father, that “I left school at Grade 6; he didn't even tell me like, no, I must go back to school”. In many instances, there was a great deal of role reversal, whereby as children, these participants, were tasked with the responsibility of looking after their parents, which was largely a result of their parent's substance abuse, as a then 14-year-old Michelle explains “If my daddy work on a Saturday, he will drink afterwards. Then I will stress and think, “where's this man?” and go and fetch him. So for me it was a very stressing thing to look after a big person. Because they rob people, they

kill people outside, you see? Now for me I have to sit, I'm a child but I have to sit and worry about him but he's big".

James was placed in a similar situation as a child "My father is an alcoholic. The people always asked, "Where is James? You must go and fetch your father because he is drunk and falling around". Deidre explained that instead of being able to play outside with other children, she was forced to take care of the home, since her mother abandoned her and her father was an alcoholic: "I have to be the woman of the house...when I come from school...I have to do all the cleaning and I have to make food and I couldn't play outside like other children".

6.5.9. Ability to assume a paternal or maternal role: "I don't know how to be a mother to him".

Attachment theory tends to conceptualize parental child homicide as the outcome of the intergenerational transmission of inadequate paternal/maternal role development. It is suggested that fathers and mothers often develop a paternal or maternal identity, that somewhat mirrors that of their own parents (Mugavin, 2008). Thus, childhood trauma can affect a parents' ability to assume a paternal or maternal role, as evidenced in Cayleigh's narrative: "It's difficult to give a child that you don't have experience of. Like I need to be a parent to my son, a mother to him, but I don't know how to be a mother to him, because I never had that, but now I must give him that".

The physical and emotional abandonment these participants experienced meant they often admitted to not knowing what it means to be a parent, as simply illustrated by Winnie: "I don't know". Parenting is something that is largely learnt from one's own parents. Yet, the majority of participants maintained they learnt parenting behavior from observing strangers. James explains "I actually have a lot of time to watch other people, how they are with their kids and stuff like that. I never have a father who can play with me and stuff like that and for me to see like okay that is how you must be with a kid".

6.5.10. Wanting to be a 'different' parent: "I was dreaming of being a different mother to how my mother was".

Nineteen of the participants spoke about attempts to be 'different' fathers and mothers as compared to their parents. Patricia explained "I was dreaming of having a child of my own and to be a good mother to that child, a different mother. I was dreaming of being a different mother to how my mother was". The lack of a positive fathering or mothering experience may facilitate the longing to become a different parent, a wish to not repeat the pain that one has suffered as a child. This serves a functional purpose in assisting the adult child to reverse the earlier trauma of growing up in a harsh environment, while assisting him/her vicariously in fulfilling her/his own earlier unmet needs.

For example, it is not uncommon for such parents to turn to their children for the love denied to them as children. Indeed, some women attempted to fill this emptiness by having a child of their own: "I did get the love I always wanted from my child" (Patricia) and "A woman needs a child for that love and affection, if someone else, like a parent doesn't want to give it, then that child covers that" (Zubeidah). Attachment theory states that "when a woman with this background becomes a mother, there are times when instead of being ready to mother her child, she looks to the child to mother her" (Bowlby, 1988, p. 86).

6.5.11. A child's unconditional love: "I love my mommy...no matter she abuse me long time...my mommy don't love me, but I love my mommy so much".

Regardless of the abuse or abandonment these men and women experienced at the hands of their parents, they often cried the most when speaking about their parents, and spoke of how they still yearn for their parents' love. When children are abused or abandoned by a parent, they often internalize the experience, feel responsible, and blame themselves for causing the negative reaction by the attachment figure. Instead of integrating the good and bad aspects of the parent, the child

splits off the bad aspects of the parent, so that the child can maintain a positive view of the parent. Thus, in spite of the trauma inflicted by their own parents, the men and women professed an undying loyalty to their parents.

The intertwining of a yearning for approval with a keen sense of vulnerability permeated their stories about their parents. Deidre, whose mother abandoned her at the age of eight, said that her mother hurt her the most emotionally, yet she wanted nothing more than to be reconnected with her. Jamaal was also protective of his mother, regardless of the inauspicious manner in which she had treated him throughout his life by abandoning him and failing to provide for him. He began providing for his mother when he became an adult, in ways she had been unable to do when he was a child. He went as far as resorting to crime to ensure that she never went hungry: “I took care of my mother...My mother was an alcoholic. But I could understand for certain things she went through in her life. So I stood by her. I got into gangsterism and started selling drugs so that I could sort my mother out and put food on the table for her”. Harsh parenting experiences, as exercised by Jamaal's mother, increase the risk for externalizing violent behavior, as depicted in Jamaal's narrative.

Most of the men did not have an opportunity to complete school and, therefore, were locked in poverty with restricted access to stable employment. With attainment of a provider role imperative for self-perceptions of masculine ‘success’ in South Africa, the lack of opportunities made achieving this difficult.

Zubeidah declared her love for her mother, even after being rejected and abused countless times: “I love my mother. Irrespective of the way she treated me, I still love my mother”. The participants continued to seek an emotional attachment to their parents and indeed, attachment theory suggests that we are programmed from birth to seek proximity to our parents (Bowlby, 1969). Nelly shed the most tears when speaking about her mother and said, “No matter my heart is sore,

I love my mommy so much. No matter she abuse me since I was young. I try to accept that thing, that my mommy don't love me, but I love my mommy so much”.

Even though their parents hurt them deeply, they were protective of them, which in many ways is expected given that parents tend to be a group of people we will always forgive. It may also be socially unacceptable not to love one's parents. Acknowledging one's parent as flawed could trigger a degree of humiliation, as children often feel ashamed of their parents' failings. Nobody wants to admit that they lack something as fundamental as a parent's love. Therefore, regardless of how badly these men and women were treated; they tended to love their parents unconditionally, and it is likely that they will continue to do so forever.

6.6. Discussion

This paper explores childhood and adolescent trauma perpetrated by a group of parents and the perceived impact on attachment with their children and violent behavior as an adult. Many children in South Africa endure childhoods characterized by adversity. However, we argue that the difference for these men and women is located in the emotional experiences of adverse fathering and mothering, resulting in the inability to develop a healthy internal model of a secure parent.

The participants' childhoods were marked by abusive, neglectful, and absent parenting practices. Attachment theory and epigenetics have proven to be a fruitful theoretical lens from which to understand child homicide, as these theories conceptualize child homicide to be rooted within the intergenerational transmission of an inadequate parental attachment and role development (Hackett, Feeny, & Tompa, 2016). The participants' narratives appear to have many features in common with the adversely attached parental profile, which are indicative of a lack of secure attachments to parents.

For example, their narratives suggest upbringings where experiences of fear were plentiful and accompanied by a lack of protection. Participants appeared aware of the hurt they felt while

growing up and seemed committed to not inflicting the same fear, abuse, or abandonment (i.e. wanting to be different parents). However, these participants appeared to lack an inner representation available to them of a middle ground between frightening behavior and passivity and abandonment. Thus, with no internal models of balanced nurturance available to them, they seemed unable to parent in a healthier manner.

However, childhood adversities are neither necessary nor sufficient to trigger the onset of violent behavior. Tied to this, the environment created by maltreating parents tends to not support the development of appropriate coping strategies. Therefore, children raised in these conditions, may rely on aggression, dissociation, and avoidance to cope with adverse emotions (Bailey, Moran, & Pederson, 2007). As such, it appears participants (likely unconsciously) resorted to adverse strategies such as detaching from their emotions, and using drugs/alcohol, which may have aided the use of violence as a response to stressful emotional situations. Nevertheless, the narratives presented here offer a window into the intergenerational cycle of adverse parenting patterns (Lyons-Ruth & Spielman, 2004).

Further, the reflective self tends to evolve in the context of a healthy infant-caregiver relationship (Fonagy, Steele, Steele, Moran, & Higgitt, 1991), which participants likely lacked. It is possible that this resulted in an inability to understand their own as well as another's state of mind, which entails the absence of the psychological capacity required to appropriately deal with adverse emotions (e.g. anger), and to regulate affective impulses, which possibly contributed to their perpetration of violence (Heide & Solomon, 2006).

Their narratives point towards their own parents being unwilling/unable (for a variety of reasons) to understand their state of mind (e.g. when, as children, participants craved and needed love and attention), which likely meant they grew into adults who were also unable to do this. Having a parent who does not want to, or who cannot, take in a child's state of mind, may force

the adoption of another strategy; in other words, one that will not include accessing one's own state of mind or that of others (Ansbro, 2008).

Thus, in studying attachment styles amongst violent offenders, it has been said that adverse attachment styles are “likely...linked with a developmental failure of empathy, which implies some degree of self-reflective function: it is hard to imagine the feelings of others if there is diminished capacity to think about one's own feelings” (Adshead, 2002, p. 35). Parents who have a low reflective function, tend to lack the insight to comprehend that they are causing harm to their child and, thus, are more likely to engage in harsh discipline practices (Fonagy & Target, 2005). It has been proposed that the self-reflective function is connected to the development of empathy and the failure of empathy is believed to be a vital contributing factor in the perpetration of violence (Adshead, 2002).

The abuse and absence of their own parents were remarkable, and support previous findings on childhood maltreatment amongst child homicide perpetrators (Bourget, Grace, & Whitehurst, 2007). For many, the psychological impact of an absent or abusive parent was lasting, leaving them emotionally vulnerable. Indeed, attachment theory and epigenetics place emphasis on the notion of abuse/abandonment issues remaining ‘unresolved’ (Dueger, 2016; van IJzendoorn, Bakermans-Kranenburg, & Ebstein, 2011), and we have shown that participants cried the most when speaking of their parents and the abuse/abandonment they experienced (alluding to unresolved issues).

Years ago, the challenges adults with such histories face, in freeing themselves psychologically from past traumatic experiences when they become parents, were highlighted (Bailey, Moran, & Pederson, 2007). In a study conducted with mothers, it was found that childhood abuse and general maltreatment were associated with unresolved status and that such mothers were more likely to develop adverse attachment relationships with their children (Fraiberg, Adelson, &

Shapiro, 1975). Because these issues remain unresolved, they may remain psychologically 'alive' in the mind of the individual and, therefore, have the potential to influence behavior (Adshead, 2002). It has been postulated that when traumatic experiences have not been resolved, the parent's memories and emotions associated with these experiences may be reactivated by the child's behavior (e.g. an infant's crying) and may provoke a dissociative state during which he/she engages in violent behavior with the child (Hesse & Main, 2006).

Research also demonstrates that parents, who have psychologically dealt with their own parents as rejecting, are not as likely to reject their children. This is in contrast with the parental functioning of parents who are yet to come to terms with the rejection experienced by their parents (Main & Goldwyn, 1984). Thus, these unresolved issues may continue to have an on-going emotional and cognitive influence on the parent's state of mind regarding childrearing (Lyons-Ruth & Block, 1996; Lyons-Ruth, Yellin, Melnick, & Atwood, 2003). It may also have the potential to "bleed out" (Reavis, Looman, Franco, & Rojas, 2013, p. 47) into relationships with children as this tends to adversely impact on their ability to form healthy relationships (Mugavin, 2008). A limitation of this paper is inherent in the analysis of only the relationships with their own parents, as we acknowledge there are other factors within these men and women's environments that further impacted on their ability to parent.

Another limitation is that these are their subjective views, as we do not have the thoughts and opinions from family members to validate their experiences. Finally, a criticism of attachment theory is that it ignores aspects such as race, poverty, and culture (which are imperative characteristics in South Africa), as it fails to consider the impact of these external factors on the relationship between parent and child (Buchanan, 2018). History is not destiny, and whether parenthood becomes a repetition of the past in the present, or whether it becomes a time of renewal, cannot be predicated solely based on the attachment narrative of the parental past (Fraiberg et al.,

1975). There are additional external factors, which contribute to the development of violent behavior amongst parents. These external influences are analyzed in a separate paper. Nevertheless, when considered as part of a constellation of social and other factors, attachment theory contributes to our understanding of parental child homicide.

6.7. Clinical Implications and Recommendations

There is no straightforward solution to this complex problem. Efforts to prevent child homicide should target parents/caregivers who have histories of experiencing child abuse/neglect, because their children are at increased risk of experiencing abuse/neglect. Fostering safe and nurturing relationships between parent and child, appears to be a crucial factor in breaking the intergenerational cycle of abuse (Jaffee et al., 2013). Interventions aimed at improving parent/caregiver capacity to provide nurturing should simultaneously increase parents' knowledge and ability to respond to factors plaguing resource poor settings, such as South Africa. Factors include widespread violence, substance abuse, and high levels of poverty (van Niekerk & Makoae, 2014).

Home Visitation Programs (HVP's) could improve the early bonding between parent/caregiver and child and reduce the risk of inappropriate punishment and abuse (Bower, 2014). Vulnerable mothers need to be identified during pregnancy, and followed after birth. Parents/caregivers need to be educated on non-violent parenting programs, which promotes positive parenting and discipline (Bower, 2014). It is feasible for South Africa to utilize HVP's and to add interventions to routine health services for pregnant women and new parents, as a parenting intervention to improve parent-child relationships (Knerr, Gardner, & Cluver, 2011). HVP's and center-based parenting skills training are of relevance in low-resource settings, where professional staffing is unlikely to be affordable at scale; health facilities may be inaccessible for many people, particularly in poorer areas. Thus, the use of existing service delivery mechanisms (e.g. home

visits) are more cost-effective. Thula Sana is a South African HVP that targets pregnant women and mothers of infants aged 0-2 years from low-resource communities and aims to promote sensitive, responsive engagement with their infants. An evaluation of this program found those mothers who participated in the home visits were significantly more sensitive and less intrusive in their interactions with their infants (Shai & Sikweyiya, 2015).

Efforts should be made to educate the public and professionals about child homicide risk factors (Friedman, Hrouda, Holden, Noffsinger, & Resnick, 2005). This study has shown that professionals need to take abuse seriously and should ensure that complaints are thoroughly investigated. Child protection services need to act speedily in the investigation of reported cases to protect children from continued abuse and to prevent fatalities. Professionals require training to identify which children in the household are at risk; assess the needs of those children and the capacities of carers to create an environment that is safe and conducive to recovery. Police officers should be encouraged to use their powers under the Children's Act (No. 38 of 2005) to remove perpetrators when there are risks to children's safety as assessed by social workers (Jamieson & Mathews, 2017). Child protective agencies should be encouraged to be receptive to accepting children into their care who are unwanted, even if no abuse has yet occurred. It is advised that clinic staff receive additional training in the Children's Act Regulations, so as to enhance their ability to detect abuse and neglect and to make the reports and referrals in terms of the Act (Bower, 2014).

Men are to be encouraged to support their partners and active fathers are to be acknowledged. Fathers should also be screened (where possible) for stress factors such as poverty, in which the impact is amplified when these men have psychological issues stemming from childhood. As with mothers, depression in fathers has a detrimental effect on children's development. Greater attention to fathers is needed (Mugavin, 2008). Parenting classes, emotional

support, and emergency numbers to call when parents/caregivers are overwhelmed can be helpful in preventing child homicides. Parents/caregivers need to be supported within their neighborhoods after the completion of programs and classes, if they are to maintain their resilience (Pinnock, 2016).

6.8. Conclusion

Traumatic childhood experiences have a profound impact on parent-child bonds and highlight the importance of recognizing early adverse experiences on later adult violent behavior. The experience of poor/abusive parenting practices during childhood/adolescence hampered these men and women from attaining healthy attachments with their own children and, thus, worked to continue the intergenerational cycle of abuse. This study has highlighted the need to acknowledge the impact these experiences have on an individual's ability to adopt a paternal or maternal role. It is, therefore, vital to reduce children's emotional vulnerabilities by engaging in strategies to strengthen current parenting practices and to address the “ghosts in the nursery” (Fraiberg et al., 1975, p. 387) to promote the development of less violent parent-child relationships and to resolve parents' traumatic experiences.

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Table 1

Description of perpetrators and victims

Perpetrator Pseudo name	Relationship to victim	Perpetrator age at time of interview	Victim age at time of death	Victim's manner of death	Number of interviews conducted
Michelle	Caregiver	23 yrs old	2 yrs old	Fatal child abuse	2
Thandi	Mother	31 yrs old	3 yrs old	Fatal child abuse	1
Deidre	Mother	22 yrs old	1 yr and 2 mnths	Neglect	2
Latifa	Stepmother	36 yrs old	5 yrs old	Fatal child abuse	2
Winnie	Mother	20 yrs old	1 wk old	Buried alive	1
Nicole	Mother	34 yrs old	2 yrs old	Fatal child abuse	2
Ryan	Caregiver	32 yrs old	2 yrs old	Fatal child abuse	2
Adam	Father	45 yrs old	12 yrs old	Strangulation	3
Michael	Father	53 yrs old	21 mnths old, 5 yrs old, 16 yrs old	Firearm	3
Zolu	Father	33 yrs old	2 yrs old	Buried alive	2
Abigail	Stepmother	34 yrs old	6 mnths old	Sharp injury (knife)	1
Lauren	Mother	28 yrs old	Newborn	Sharp injury (knife)	2
Zubeidah	Mother	34 yrs old	2 yrs old	Smothering	3
Christelle	Mother	36 yrs old	6 mnths old	Smothering	3
Cayleigh	Stepmother	32 yrs old	7 yrs old	Smothering	3
Patricia	Mother	32 yrs old	1 years old	Poisoning	2
Jennifer	Mother	29 yrs old	3 mnths old	Fatal child abuse	3
Nelly	Mother	41 yrs old	9 yrs old	Set child on fire	2
James	Stepfather	36 yrs old	5 yrs old	Fatal child abuse	2
Jamaal	Father	38 yrs old	8 yrs old	Strangulation	3
Sipho	Father	30 yrs old	2 yrs old	Fatal child abuse	3
Howard	Stepfather	33 yrs old	2 yrs old	Sharp injury (knife)	2

Chapter Seven (Article Three): ‘Exploring the Intersection between Violence against Women and Children from the Perspective of Parents Convicted of Child Homicide’

7.1. Introduction

This chapter presents the third article of the dissertation, which also represents phase two, the qualitative phase of the study. This article has been published online in the *Journal of Family Violence*.

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7.2. Abstract

Violence against women and violence against children are distinct research fields. Quantitative studies have demonstrated their intersection, but qualitative data provides an opportunity for a comprehensive understanding of this interface. Interviews with 22 parents/caregivers convicted of child homicide provided an opportunity to explore the context of violent experiences in their lives, including their use of violence and their experiences of it in their intimate and parenting relationships. Using a feminist framework, we found that patriarchal family structures, gender, and power dynamics contribute to the use of violence. Revenge child homicide was common with distinct gendered differences. This study calls for closer collaboration between the two fields to assist in developing prevention interventions to address and eradicate both forms of violence.

Keywords: Child homicide, South Africa, Violence against women and children

7.3. Introduction

Violence against women and violence against children are public health concerns, with devastating consequences (Butchart & Mikton, 2014). Global data for violence against women, from 141 studies in 81 countries found 30% of women, 15 years and over, experienced intimate partner violence (IPV) (Devries et al., 2013). For children, Hillis, Mercy, Amobi, and Kress (2016) collected data from 112 studies in 96 countries, estimating that the number of children, 2–17 years, exposed to emotional, physical, or sexual violence in 2015 exceeded one billion. It has been acknowledged that violence against women and children overlap in the same household. Thus, it is imperative to understand and address potential intersections for prevention work (Guedes, Bott, Garcia-Moreno, & Colombini, 2016). Relatively few studies have assessed this overlap (e.g. Appel & Holden, 1998; Chan, 2011; Rada, 2014). A qualitative study conducted in Uganda (Namy et al., 2017) explored this intersection bearing in mind gender and power hierarchies within the nuclear family, typically defined as encompassing a father, mother, and children. The authors found patriarchal family structures created an environment that normalized violence and thereby reinforced women and children's subordination. Women's rights activists and researchers have long noted that patriarchal systems shape social expectations in order to uphold male superiority over women (Boonzaier & de la Rey, 2004).

7.3.1. Context of Violence against Women and Children in South Africa

South Africa is a country with a capacity for extraordinary violence, with an exceptionally high rate of violence against women and children. Burton, Ward, Artz, and Leoschut (2015) conducted a national South African study, collecting survey data from 9,730 adolescents, 15-17 years old. They found that one in five young people had experienced some form of sexual abuse, one in three experienced physical abuse, and one fifth reported experiencing child neglect at some point in their life.

Additionally, a national child homicide study found 454 children under the age of five were killed in 2009. More than half, 53.2%, were neonates, 0–28 days old, and 74.4% were infants, under one year of age, giving a neonaticide rate of 19.6 per 100,000 live births and an infanticide rate of 28.4 per 100,000 live births, which are amongst the highest reported rates (Abrahams et al., 2016). Finally, the most extreme form of violence against women is also not a rare event in South Africa. IPV is the leading cause of death among female homicide victims, with 56% of female homicides being committed by an intimate male partner, translating into one woman being killed by a male partner every eight hours in 2009 (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012).

7.4. Theoretical Framework

Feminist theory, through its focus on gender and power, has been a valuable lens through which to understand the intersection of violence against women and children. A paucity of studies incorporates a feminist framework to understand why parents kill their children, making this study an important contribution (Dawson, 2018). Feminist theory emphasizes the notion of power and control and is an inclusive theory as it considers how systems of power and oppression interact, not only amongst men and women, but also amongst parents and children (Brown, 2004).

Although we use an umbrella term, that is feminist theory, we acknowledge that feminism is not a unitary theory. Instead, it encompasses a range of theories that incorporate those that espouse adaptation of a traditional positivistic scientific model to promote women's interests, to those that advocate for the radical separatist feminist position (Bunting & Campbell, 1990). The aim is not to homogenize different strands of thinking into one convenient label (Morrissey, 2003).

Additionally, although the term 'women' is used, it is recognized that there are differences amongst women; however, this is not to say that there are no commonalities amongst women as well as differences. Thus, 'women' may no longer be thought of as a unitary category but it can

still potentially be a unifying one (Jackson & Jones, 1998). Such terms stand for the social construction of a particular set of people facing – albeit with large differences – a common reality based on a common oppression (Letherby, 2003).

7.4.1. Men's use of violence

Dobash and Dobash (1981) emphasized that violence against women is an expression of male domination, a cultural phenomenon stemming from a history of sanctioned abuse and ownership of women. Although no longer legally sanctioned, feminist theory proposes that the underlying culture of inequality persists through the expression of gender roles and social norms (Ritter, Kivisto, Handsel, & Moore, 2014). Therefore, this theory is grounded in the principle that violence against women is the result of male oppression of women within a patriarchal system, and takes into account how traditional ideas about marriage, the family, and gender roles support male dominance. It is argued that patriarchal structures promote a hierarchy, with men in a superior position to women and children, and that it is within this that men's power is created, and continued, in the family, where men's dominance is demonstrated and reinforced, legitimizing violence as a form of control over 'subordinate' family members (Boonzaier & de la Rey, 2004). Indeed, patriarchal structures can create perceptions of ownership of the entire family, or of the children, leading to the dehumanized status of the subordinate family members.

In addition, it is purported that men, who hold these patriarchal stereotypes, tend to blame women and children for breaking expected dutiful, submissive behaviors, thereby validating violence as a legitimate form of social control (Namy et al., 2017). It is believed that abusive men may experience feelings of power and control in choosing to use violence to solve conflict in relationships. When a husband beats his wife or child, feminist researchers, such as Brown (2004), maintain that these forms of behavior are interpreted as strategies for upholding the oppressive cultural status quo.

Tied to this is that, in many societies, as in South Africa, men's use of violence is largely considered normal (Morrell, Jewkes, & Lindegger, 2012). There remains a tendency for men to be exonerated. Their violence is viewed as uncontrollable, a 'natural' response to the stress associated with masculinity. Consequently, there is a tolerance for men's violence as an expression of anger, associated with notions of hegemonic masculinity (Namy et al., 2017).

Researchers have also proposed that many South African men act violently to claim a dominant position over women and children. This may be due to their inability to control them through other means as they, for example, may experience social and economic marginalization, affecting their ability to live up to traditional standards. Simultaneously, these men are competitive about power, status, and honor. This combination of lacking the means to establish dominance and an unwillingness to accept a non-dominant position has been described as a root cause of violence against women and children (Lindegard, 2017).

Furthermore, Damant et al. (2008; 2009) remind us that women's mothering is also targeted in men's violence, highlighting the double level of intentionality whereby a violent act directed towards one individual, e.g. mother/child, is simultaneously intended to affect the other. Thus, maternal violence cannot be understood without situating it within the broader context of a patriarchal family structure, which disempowers women.

7.4.2. Women's use of Violence

Feminist theory maintains that women's violence stems from their victimization and oppressive experiences as women and mothers. It is within the home environment that mothers may endure trauma associated with witnessing a partner's use of violence against their children. Mothers are also often abused in front of their children. This may trigger shame/embarrassment, compromising their role as mothers, as men's violence affects all aspects of women's lives, including their

physical and mental health, which makes it difficult to perform the already strenuous work involved in mothering (Damant et al., 2009).

It is within this oppressed, abusive, male dominated home environment, that women may displace their anger onto children. Women may violently express their powerlessness - or attempt to consolidate their power - over children, the most subordinate within the hierarchy (Namy et al., 2017). As such, children represent a source of both power and oppression for mothers as many women hold minimal power both outside and inside the home, relative to men, yet simultaneously are in positions where they are responsible for childcare.

However, Fawcett and Featherstone (2000) maintain that women should not always be constructed as passive and powerless victims, suggesting that the power dynamics are far more complex and dynamic, playing out differently in various contexts. Consequently, we acknowledge that there is a tendency amongst feminist researchers to remain within a relatively 'safe' and familiar realm by explaining women and men's violence through emphasizing female victimhood/female passivity and male oppression/male power, instead of exploring the potential for agency (Morrissey, 2003). Thus, we acknowledge that participants' use of violence involved a degree of choice from within a range of possible choices. Therefore, one could ask whether murdering a child could be interpreted as a form of agency, whether consciously or unconsciously, in the circumstances of the lives of these participants. We agree with Allen (1987, p. 94) who warns that we should not follow their narratives "into suppressing the recognition that these men/women can also – even at the very moment of their victimization and coercion – be conscious, intentional, responsible, and potentially dangerous and culpable". Therefore, context enables and produces, but does not determine crime, and its consideration need not negate agency and responsibility (Morrissey, 2003).

7.5. Study Rationale

While the recent focus in the intersection between violence against women and children has generated meaningful contributions, research gaps remain. International literature suggests it is possible that maternal child homicide perpetrators have been victims of IPV (e.g. Friedman, Horwitz, & Resnick, 2005) and that paternal child homicide perpetrators have perpetrated abuse towards an intimate partner (e.g. Cavanagh, Dobash, & Dobash, 2007). Qualitative research provides the opportunity to explore how parents, defined herein as biological, step and de facto parents, convicted of child homicide, experience intersecting violence.

Existing research largely originates from high-income settings where social and gender norms and structural hardships differ from low-income contexts (Guedes et al., 2016). Although many violence against women studies are approached from a feminist perspective, few of these studies have focused on the connection between violence against women and children. This paper seeks to address these gaps as, to the best of our knowledge, there is no South African qualitative study exploring the overlap between violence against women and children from the perspective of parents convicted of child homicide.

Finally, a recent global systematic review aimed at describing child homicide perpetrators found that children face the highest risk of homicide by parents (Stöckl, Dekel, Morris-Gehring, Watts, & Abrahams, 2017). In addition, since the South African national child homicide study found a parent was the perpetrator in most cases (Abrahams et al., 2016); this study focuses on parents.

7.6. Methods

7.6.1. Sampling and Recruitment

Research ethics approval was obtained and interviews were conducted with 22 participants (refer to Table 1 for participant information) who were incarcerated for the death of a child. For convenience, interviews were conducted at five correctional centers in the Western Cape Province

of South Africa. These centers were classed as both Medium and Maximum centers and were located in both urban and rural areas and housed a diverse group of men and women. They house offenders convicted for crimes ranging from robbery to murder and with various lengths of sentencing.

The study's sample size could be viewed as a limitation as it may not appear representative of the population of parents convicted of killing their children in South Africa. In addition, these narratives stem only from those men and women who have been formally convicted. Thus, the study has the limitation of being an offender-based sample rather than a sample of all parents who have killed a child. However, Parker (2005) reminds us that qualitative research is not concerned with a large sample size or with the generalizability of findings, but rather with the richness of human narratives. Nevertheless, our sample encompasses men and women stemming from different racial categories, different ages, and educational levels. See Table 1.

Recruitment began using purposive sampling through utilizing each correctional center's psychology department. Correctional center psychologists identified men and women who were incarcerated for the death of a child in their care, and asked each person whether he/she would be willing to participate. If he/she agreed, a suitable date and time was arranged. Fourteen participants were identified using purposive sampling. Eight participants were identified using snowball sampling. Once interviews commenced, offenders voluntarily provided additional names of offenders known to them who met the study criteria and all participants agreed to participate.

7.6.2. Data Collection

During interviews, the first author was present, as well as the participant and the relevant translator. To ensure confidentiality, members (in other words wardens), did not sit inside the interview rooms. Participants had a choice as to their preferred language for the interviews. An Afrikaans

and an isiXhosa translator accompanied the first author when needed. Each interview was recorded, translated, and transcribed verbatim into English.

A detailed explanation about the aim of the study, research procedures, risks and benefits, and rights of the participants was provided before written informed consent was sought. To maintain anonymity, pseudonyms are used, for both participants and victims. Since this study was conducted in a correctional center, an incentive was not provided to those who agreed to participate. Psychological support for participants was an imperative part of the study. Therefore, prior to each interview we asked each correctional center psychologist whether they would be willing to meet with offenders after the completion of interviews, if the offender felt this was needed. All correctional center psychologists agreed and five participants were referred. Psychological support was also arranged through institutional counseling services for the researcher who conducted the interviews.

Individual, semi-structured interviews were conducted, which involved open-ended questions to allow participants to freely express their thoughts. Each interview ranged between one to two hours. A scope of enquiry was developed and used to guide the interviews. The first interview explored the participants' childhood and adolescent experiences, centering around their relationships with their parents. Examples of questions asked included "Tell me about your childhood life" and "Tell me about your mother/father". The first interview steered the second interview, which focused on their relationships with their spouses and children, their desire to be a parent, as well as the factors surrounding the actual death of the child. Examples of questions asked included "How did you meet your spouse?". The third interview entailed follow up questions and provided participants with an opportunity to elaborate or provide further detail.

7.6.3. Data Analysis

Atlas T.I version 8.0 was used to assist in data analysis, which was performed according to the grounded theory principles of open, axial, and selective coding (Corbin, Strauss, & Strauss, 2014). During open coding, the first author examined the texts for salient categories of information supported by the data. The aim was to have concepts emerge naturally without forcing them into predefined categories. This stage also encompassed comparing incidents with other events to search for similarity and differences, which were then, grouped together and assigned codes. Categories were divided into sub-categories, which was crucial as there were 108 codes created. As analysis progressed, these codes were refined with the assistance of the second author, concluding the initial coding stage with 54 codes.

Together, during axial coding, a single category was identified as the central phenomenon of interest, positioned as a main feature, and the data was returned to with the aim of finding additional information to understand the categories relating to this phenomenon. Further, in this phase of analysis, the relationships between the categories and sub-categories were highlighted.

The final coding stage integrated all work done in the first two phases: entailing the identification of a core category/central phenomenon, i.e. most extensively discussed by participants, around which, other categories were related and a storyline was constructed. To illustrate this storyline, discriminate sampling was used, which refers to selecting certain participant quotes, which were able to maximize opportunities for verifying the storyline. After conceptualizing the storyline, it needed to be validated, which was performed by searching for relevant literature pertaining to the categories to validate its meaning; member checking with participants was conducted to iron out ideas and reach consensus; and discussing the storyline with the co-authors. Finally, core categories were then organized into the research paper.

This study aimed to capture the individual's unique story/narrative. The intention was not to obtain the 'truth' but rather to capture the participants' subjective experiences. We acknowledge

that the issue of the ‘truth’ of offenders' stories is particularly thorny and that this may be complicated by an inclination to cast oneself in a positive light. Thus, the aim was to accept the offenders’ stories as their reality, as it is their subjective perspective of their reality (Sandberg, 2010). Having said that, one could argue that a potential limitation is the absence of differing perspectives of the crimes, e.g. partners, grandparents. However, this was beyond the scope of the study.

7.7. Findings

This paper is about the intimate relationships, between the participants and their romantic partners. Their relationships were marked by hardship and abuse and as a result, speaking about their relationships was emotionally difficult. Violence in their intimate relationships was often not their first violent encounter, with many speaking about physical and emotional abuse by both fathers and mothers during childhood and adolescence. Throughout the interviews, most participants reported failure by a parent to protect them from abuse perpetrated by the other parent/stepparent, abandonment, and rejection by either a mother or father or both parents. As a result, some participants were raised by grandparents, mainly grandmothers, and tended to move around a lot, resulting in unstable childhoods for many. They consequently struggled to form healthy bonds with their own children and many experienced difficulty transitioning into a parental role. For some, this was followed by wanting to be ‘different’ fathers and mothers as compared to their parents.

7.7.1. Intersecting Violence against Women and Children within South African Families

7.7.1.1. The men’s narratives of abuse.

The intimate relationships of the men and women incarcerated for killing a child were rife with abuse. Six of the eight men admitted to abusing female partners. It appeared as though these men responded to their partners and children in similar, abusive manners when they believed that their

partners and children acted in a way that served to question their authority. That is, when the women and/or children did not act in accordance with expected submissive behaviors. To these men, who were raised within patriarchal cultures, violence was seen as a legitimate form of control.

For example, Adam, aged 45 years old, and whose father was murdered when he was younger, was convicted of the murder of his 12-year-old daughter. Adam explained that when his wife and mother of his children upset him, he would resort to violence: “If I get cross with her, I smack her. If we quarrel, I smack her”. Likewise, if his daughter did not abide by his rules, he resorted to violence. Shortly before Adam murdered his daughter, he discovered that she had not abided by his rules and that she had gone to a party where alcohol was served and as a result “I smacked her and her head hit against the door and she was screaming”.

Similarly, James, aged 36 years old, who was also abused as a child by his alcoholic father, was convicted of the murder of his stepson, aged five years old, whom he physically beat to death. James’s mother passed away when he was four years old and he battled to cope with this loss, as he seemed to have attachment issues: fear of being abandoned by a partner, and difficulty with emotional intimacy in relationships. He reported turning to violence if any of the women he was having a sexual relationship with, went against his rules by informing outsiders that they were in a relationship “I will hurt them if they tell people we are like boyfriend and girlfriend”.

A dominant feature within the men’s narratives was that of control and punishment of their spouses’ perceived wrongdoings, which ultimately ended in the murder of a child to enact revenge. In other words, they punished their partners through killing a child in a deliberate attempt to make their female partners suffer, emotionally. These parents may be viewed as displaying excessive or disordered control, which was expressed through taking a child’s life (Sidebotham, 2013).

Michael, aged 53 years old, who killed his three children, explained his controlling behavior within his marriage “I started to write down and check the kilometers on our car every

day...If there was extra mileage then it means she is driving somewhere else, other than just to work and back...On the day of the murders, I checked the additional kilometers again...and then I killed my children”. His quote alludes to his wife’s perceived unfaithfulness and he proceeds to explain that upon learning that she was unfaithful “I felt disappointed. I felt disgusted...I kept the anger inside and that evening, I exploded”.

Similarly, in referring to his then wife and mother of the child he killed, Jamaal, who also experienced abandonment and rejection by both his parents, explained how he felt upon discovering that she had been unfaithful “It was almost like a volcano inside of me that wanted to erupt...After that my anger just grew more and more inside of me. I was angry you see, just to think about it...Never in the deepest chamber of my mind did I think this is gonna occur...Love betrayed me”. This incident occurred shortly before he killed their eight year old son.

Zolu, who has never met his father, also killed his son to enact revenge against his then girlfriend and mother of his child, Nicole, who he admitted to beating with “a belt”. He killed his two year old son shortly after she had laid a charge of rape against him. He disagreed with her and told us “there was no force” and that it was consensual. Whether his account is a true or misleading representation is unknown. However, the sadistic manner in which he dealt with it is revealing. In a fit of rage, Zolu buried his son alive “I was angry inside...My aim to do that, I wanted to make her heart sore...I wanted her to feel the pain...I didn’t want to kill her because then she won’t suffer and she must suffer...I thought when she die, she won’t feel any pain. I wanted Nicole to feel a pain, that’s why I did what I did. She love that child...You reap what you sow. You must reap, you don’t just do things without like a consequence for what you doing”.

Sipho, who was raised by his grandmother, was the only male participant who was also convicted of an attempted murder of a female partner. At the age of 24, Sipho tried to kill his then girlfriend, but accidentally killed his son instead. He physically beat his two year old son to death

and attempted to kill his girlfriend. In discussions around his childhood, Siphso reported that his mother was absent since birth. According to him, he had an emotional void, which he was unable to fill, until he met his girlfriend, who he felt was the only woman able to fill this emptiness, making her a prized possession. As with Michael and Jamaal, on the day that Siphso killed his son and attempted to kill his girlfriend, he had become suspicious of her faithfulness and consequently “I started hitting her. I didn’t realize she will cover her face or her chest with my son...She held his head in front of her face and her chest...I was angry”.

7.7.1.2. The women’s narratives of abuse.

Half of the female participants reported experiencing IPV. Many of these women explained that their male partners controlled and isolated them and that this isolation contributed towards the killing of their children as the burden of household and childcare, coupled with an absence of a support structure while enduring IPV, was too strenuous for them. For instance, Christelle, 36 years old and previously unemployed, explained that “I ended up with no friends when I was with him...he just cut me off everybody and I ended up having no support” and that “all of this became too much for me to handle”.

Many of these women had been victims of abuse from young ages. For example, Zubeidah, who was convicted of the murder of her two year old son at the age of 30, mentioned that she experienced abuse herself as a child by her parents and that this abuse “stopped when I got married...cause I couldn't take it anymore. That was my scapegoat. To get pregnant, to get out of the house...But I was ever so sorry that I got married”. Once she met her husband, he also “abused me physically and emotionally”. She stated that because of this abuse “I couldn’t look after my son properly”. On the day, she killed her son “I was so angry and I had a flashback of everything that I went through with my husband; how he abused me, how he neglected Taahir” and because

of these factors believed that “he was much safer in Heaven...I killed him so that he can no longer suffer here on earth”.

Another participant was also abused as a child by her mother and as an adult, by her fiancé and father of her baby “he started to abuse me. There was days that went by that he hitted me from the morning until the next morning”. At the age of 21, Jennifer was found guilty of fatal child abuse of her six month old daughter, where again, the couple were intending to abuse each other and accidently killed their daughter “We started to fight over the child, with me forgetting that she’s on the bed. I started to hit without realizing I’m hitting her. So I hit and he started to hit and as he hit I lost control. I hit back without realizing it was her”.

Similar to the male participants’ narratives, one woman, who was the only participant to experience sexual abuse perpetrated by a parent, resorted to killing a child to enact revenge against her unfaithful and abusive male partner. At the age of 23, Cayleigh murdered her seven year old stepdaughter, her husband’s daughter “I was angry...I’m sitting in prison, not because I wanted to kill Bernadette, but because of hate. I just wanted to get back at him for hurting me. To make him feel pain, because he was making me feel pain inside”.

Christelle was the only woman who was convicted of the double murder of both her six month old son and of her abusive boyfriend. She also attempted suicide after committing the murders. She explained that this was not an attempt to enact revenge, but was rather a means to escape her abusive relationship “I was thinking everything was too much and that was the easiest way out”.

Many women experienced a lack of financial and physical support, which contributed to the homicide. Overall, except where addiction comes into play, the women presented themselves as hardworking and financially supporting their children to the best of their ability, given their limited education, which often locked them in poverty. However, some women were financially

dependent on their male partners, which meant they had fewer options for leaving. For example, Christelle stated that “I couldn’t leave him because I was like, so dependent on him because I needed money for the baby and for me”. In these situations, the men were able to use their position of economic power to exert control over their women and abused their power, perpetrating financial abuse, by purposely giving their partners a limited amount of money for household/child expenditures. She explained “He just like paid R100 when he feels like it and that money will help me out for two, three days. But then I was still stressed about where am I going to get again after that. He did that on purpose to make me stress, because he had enough money to give me, he had a good paying job”.

Many of the women’s narratives depicted misplaced anger. Some mothers directed their frustrations stemming from a lack of support from partners or feeling as though the abuse worsened after their children were born, onto their children. For example, some women maintained that their financial strain worsened with the birth of their children, as Christelle stated “I saw him (son) as, like, this problem in my life, because although there were already financial problems before him, when he arrived the problems just added up more, so at the back of my mind, I blamed him. Because if he wasn't there, I wouldn't have struggled going through all that”.

Likewise, Zubeidah mentioned that “After he was born, then the abuse got worse” and likewise, Christelle said “When he arrived...like the abuse got worse...and I blamed him for the added abuse”. Both women reiterated that these strains were too overwhelming, which may have largely contributed to the homicides.

7.8. Discussion

To the best of our knowledge, this is the first South African qualitative study exploring the intersection between violence against women and children from the perspective of parents convicted of child homicide.

7.8.1. Revenge Homicides

This study has shown that both parents killed children in attempts to enact revenge against a partner. Revenge child homicides are explained as anger directed at the, ex or current spouse, without the motive to kill the spouse. Instead, the motive to kill is directed towards the child, as the perpetrator knows this will cause long-term emotional harm to the spouse, which is the end goal (Resnick, 1969). In essence, these individuals desire to hurt their current/ex-partner, as they themselves are emotionally hurting and, thus, want their spouse, the person they believe inflicted this pain on them, to also feel emotional pain, and believe that killing the child will cause this harm and so they act in a way consistent with these mental states. The murder stems from anger towards a spouse, which is misdirected and aimed instead towards the child (Carruthers, 2016). It was evident in the participants' narratives that these murders were often motivated by anger. The anger towards the spouse serves as a trigger, igniting far greater and deeper anger, which often stems from their experiences of childhood abuse. However, we acknowledge that being angry with one's partner does not necessarily lead to child homicide.

Gollwitzer, Meder, and Schmitt (2011) view revenge as a form of communication between the perceived 'victim' (the perpetrator), and the 'offender' (their spouses). 'Victims' seek to deliver a message to their offenders: you will be punished for what you did for example, in this study, for either allegedly being unfaithful or for opening a rape case. The desire to retaliate is a universal phenomenon and is related to our moral intuitions and our notions of justice, such as "She has to suffer... You reap what you sow. You must reap, you don't just do things without like a consequence for what you doing". In South Africa, there is also the normalization of violence as a conflict resolution response (Nagy, 2004).

Michael, Jamaal, Sipho, and Zolu were all faced with the same situation: discovering, whether true or not, that their partners had in some way betrayed them. According to feminist

theory, for these men to regain a sense of manliness, the perceived betrayal had to be punished. Not only was the murder a deliberate and final act to regain control, but also a way in which to punish their spouse. These men externalized blame and attributed the breakdown of their relationships and the actual killing as being triggered by their partner's behavior. They idealized their once 'perfect' women who were now flawed due to their perceived behavior, which was not fitting. This type of behavior reflects an intense vulnerability and the mistrust often develops due to their own insecurities. Their fragile sense of self allowed these men to polarize their partners into all good or all bad (Mathews, Jewkes, & Abrahams, 2014).

7.8.2. Dehumanization of the Victim

Our findings revealed that there were variations in the manner in which these men reacted. Michael, Jamaal, and Zolu made no attempts to physically harm their female partners and in contrast, Sipho intended to physically injure his girlfriend and instead, accidentally killed his son.

However, all four of these men killed their own, biological children. In rational parenting, the desire to protect one's child surpasses everything else. Murdering one's child violates societal norms of morality and of the parenting role (Adinkrah, 2001). How were these men able to treat their own children, the paradigmatic in-group members, as outsiders, an inferior other, who is less than human and so killable? Why did these men, unlike Sipho, not treat the child's mother as killable? Carruthers (2016) proposes that these men do not view the child as a human being, worthy of protection and having a future. Instead, they view the child not as their child, but as a thing, a mere object, which erodes part of the problem of explaining this specific type of killing. If these parents view the child as a mere possession, they will not assign themselves the role of caregiver. Thus, the power of the caregiving norm does not need to be overcome in order to murder the child. It is more understandable how the aspects identified above could lead to homicide. Therefore, it

may be that in the murderer's mind, he/she is not killing a person at all, but is instead destroying something of monumental emotional significance to the target.

Revenge killers fail to represent the personhood of the murdered child and instead perceive the child as an extension of the ex-partner or as a thing. This failure also explains why the motivation to protect one's child is not prompted and does not prevent the motivation to kill. As the child is perceived as an object, it has no welfare for the murderer to protect. This also explains why the spouse themselves were not targeted and explains how these men and women were able to understand that murdering the child will emotionally hurt the other parent. Alternatively, these men could also have shifted their way of viewing the child, from an in-group member to an out-group member, as a result of the betrayal (Carruthers, 2016).

Only one woman, Cayleigh, committed revenge child homicide in response to her male partner's infidelity and abuse. A difference, however, between her and the men's narratives, is that these men killed a biological child, whereas she killed her stepchild. It is not as complex as to why her stepdaughter was killed; the child of an unfaithful husband would easily be treated as an out-group member. In addition, Cayleigh killed her stepdaughter to enact revenge for the prolonged abuse she had endured: again, a key difference between her narrative versus the men's.

Christelle was the only woman convicted of killing a male partner. She killed her boyfriend and son and attempted suicide thereafter, which was in response to prolonged abuse she had endured. Her case could rather be classified as familicide, as the goal was to annihilate the entire nuclear family (Liem & Reichelmann, 2013). The gendered difference here is that none of the men in this study killed in response to being victims of IPV. It has been demonstrated that some women may commit murder in response, or in self-defense, to enduring abuse (Atkins, Jurden, Miller, & Patten, 1999; Miller, 2005; Peterson, 1999; Smith, Moracco, & Butts, 1998). According to feminist theory, battered women who kill their abusers hold an anomalous position within Western

heteropatriachal cultures. Their murders erode dominant discourses of traditional femininity as they challenge motherhood as a site of violence rather than perpetuating the myth of nurture and care. In addition, these women are viewed as both victims and perpetrators, as culpable yet blameless, inhabiting a paradox, where extreme victimization ultimately leads to lethal retaliation (Morrissey, 2003).

Sipho was the only male participant who attempted to murder his female partner, which was an attempt at femicide, the most extreme form of violence against women. He displayed an exaggerated version of a dominant ideal of masculinity, by using violence. His behavior was a last attempt to take back control in a context where gendered relationships legitimize men's use of violence to assert power. Lau (2009) posited that abusive men tend to adopt rigid, stereotyped views on what is expected from a woman, for example, that she must be faithful and that she must obey her husband. Men often resort to violence when their partners are seen to violate these gender norms. Thus, the violence was an attempt to punish her for her perceived betrayal (Mathews et al., 2014).

7.8.3. Women's' use of Violence

Jennifer's narrative resembles that of Christelle and Sipho's: As with Sipho, Jennifer's daughter died as a result of being an innocent bystander (Guileyardo, Prahlow, & Barnard, 1999). However, as with Christelle, Jennifer's actions were in response to enduring prolonged abuse. According to feminist theory, women's choices and actions need to be understood within the context of oppression and in this case, within an extremely abusive context. Nevertheless, these women acted as active agents who made clear choices to perpetrate violence. Women may occupy a range of subject positions and may be victims in relation to their partners, while holding a position of power in relation to their children (Featherstone, 1996). Therefore, their accounts present a discourse of shifting positions between powerlessness and agency (Hydén, 2005).

Including women's use of violence against children provides a valuable opportunity to contextualize maternal violence within a feminist understanding of power and family hierarchies. This study showed that women often displaced their anger, thereby reacting violently towards their children after experiencing abuse from male partners and/or a lack of support from partners.

Noteworthy is that none of the men killed for these reasons. The women placed blame onto their children, instead of aiming the blame towards their partner, showing similar dehumanization of the child as in cases of revenge homicide. An understanding of this type of behavior cannot be separated from women's systemic oppression within the family. Within this constricted environment, women may violently express their powerlessness, or try to consolidate their own power, over children, who are viewed as subordinate within the hierarchy. They may incorrectly take their feelings of frustrations out on their children (Damant et al., 2008). Conversely, the mother's behavior may be interpreted as a distorted perception of protection from a harsh environment (Sidebotham, 2013). Regardless, maternal violence needs to be situated within the broader context of the patriarchal family, as opposed to being understood as a specific incident or individual pathology (Namy et al., 2017).

It is vital to bear in mind that both men/fathers and women/mothers can perform a range of constructed subjectivities, which are shifting and sometimes conflicting. As demonstrated in this study, mothers do not always perform the stereotyped, traditional gender role discourse, in other words, the role of carer and nurturer. Fathers do not always perform the role of protector. Thus, the interests of parents and children do not always coincide. This is not to say that women will not adopt the role of nurturer and that fathers will not protect their children, but there is a problem in assuming that they will always adopt these subject positions. It is crucial to recognize the complex power relations between women/mothers and children and between mothers and

fathers, and the ambivalence that parents may feel toward their children, and, therefore, the possibility that parents will be violent toward their children (Damant et al., 2008).

We cannot ignore the impact that the participants' childhood and adolescent experiences of parental abuse and neglect had on their perpetration of violence against their own children. It was illustrated in a previous paper (Dekel, Abrahams, & Andipatin, 2018), that the abuse and absence of their own parents were remarkable and that for many, the psychological impact of an absent or abusive parent was lasting, leaving them emotionally vulnerable. As a result, many participants were unable to form bonds with their own children and struggled to assume a paternal or maternal role. Traumatic childhood experiences have a profound impact on future parent-child relationships and play a huge role in later adult violent behavior. It is, therefore, imperative to reduce children's emotional vulnerabilities by engaging in strategies to strengthen current parenting practices to promote the development of less violent parent-child relationships.

7.9. Recommendations and Conclusion

Preventing violence against women and children requires a commitment to developing a holistic understanding of women's experiences of mothering in the context of IPV as well as understanding men's use of violence (Lapierre, 2008). A few international feminist scholars have considered these issues (Damant et al., 2009; Radford & Hester, 2006; Lapierre, 2008; 2010). However, research of this nature is needed in South Africa, specifically focusing on mother's fatal abuse of children. This issue needs to be addressed to ensure that the complex power and gender dynamics within families will not be evacuated from the discussion in this area, as there is a need to intervene on both problems. Such work calls for a multi-levelled and multi-dimensional conceptualization of power, which considers gender inequalities. Researchers and policy-makers need to pay more attention to this issue, particularly from women's own perspectives (Damant et al., 2009).

Furthermore, this study illustrated that women's abuse of their children can largely be seen as a consequence of their own adverse experiences within a romantic relationship. In this regard, policy-makers and practitioners working with abusive mothers should be attentive to the circumstances in which these women perform their mothering, given that they may also be victimized by their partners. Thus, parenting intervention strategies need to be cognizant of this to be effective.

Although women's behaviors cannot be removed from the context in which they occur, these women still have agency and their position as adults/mothers enables them to exercise power over their children and, thus, their violence can be seen as an extension, or abuse, of this power. Noteworthy is that being victimized does not remove all responsibility, but we cannot ignore that it places these actions in a particular context. Further qualitative research is needed to understand the differences between those abused mothers who do and do not kill their children.

It is also necessary to explore the positive strategies women adopt in these circumstances. Radford and Hester (2006, p. 145) suggested that "the efforts that women living with violent partners may make to resist the violence and continue parenting on a daily basis are not adequately considered in the research literature". Future research needs to adopt an analysis that centralizes issues of gender and power, and locates the problem clearly in men's violence against women. However, this should not result in a one-dimensional view of women as victims and should not remove focus away from the fact that they may hold multiple identities and live in different conditions, namely in relation to their mothering (Lapierre, 2008). Overall, this study highlights the importance of developing a deeper understanding of the difficulties abused women face in relation to their mothering, which are at odds with the high expectations placed on women as mothers. As seen in this study, childcare was predominantly the responsibility of women. Men are to be encouraged to support their partners and active fathers are to be acknowledged.

Revenge child homicides are typically difficult to prevent, as there is usually little warning (Friedman & Resnick, 2007). However, this study has shown that there is a tendency for IPV to precede revenge child homicides, committed by either a father or mother. We recommend that service providers such as South African Police Service members be educated around this intersection.

Tied to this, our findings highlight the need for service providers from all sectors to be prepared to recognize and respond to multiple forms of violence within families (Guedes et al., 2016). There are limited empirically validated violence against children screening tools that can be used within the South African context. A recent study confirmed that there is a need for safety and risk assessment tools pertaining to child protection in South Africa (Spies, Delpont, & Le Roux, 2017). There seems to be a consensus within South Africa, for a variety of reasons, that the child protection system is failing our children (Jamieson, Sambu, & Mathews, 2017). Jamieson, Sambu, and Mathews (2017) conducted research in an attempt to gauge an understanding of the functioning of the child protection system in South Africa. Some of their findings included that physical abuse is not taken seriously and rarely referred to the police by social services, allowing the abuse to continue and worsen, leading to a number of cases of fatal abuse. Further, the lack of therapeutic services risks increasing trauma, poor record keeping prohibits evidence-based planning, poor case management and inadequate supervision lead to child being lost in the system, and children suffer because professionals are not working together. South Africa has a long way to go in ensuring children are kept safe.

In line with this, we support home-and community-based parenting programs, which have shown promise within both low, middle, and high income countries, for reducing child abuse and which, may provide opportunities to address additional forms of family violence, such as violence against women (e.g. Bair-Merritt et al., 2010; Knerr, Gardner, & Cluver, 2011). Evidence is

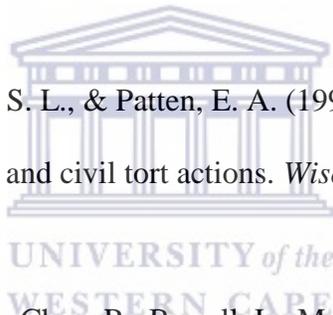
emerging across the globe and in settings such as South Africa, that parenting programs have many positive effects on various public health problems beyond mere child abuse prevention (Skeen & Tomlinson, 2013). Recently, a process evaluation of a parenting program to reduce the risk of child maltreatment amongst low-income families in South Africa was conducted. The findings indicated that parenting programs derived from evidence-based principles are feasible in South Africa when situated within a culturally relevant context (Lachman et al., 2018).

In conclusion, this study shows that violence against women and children intersect in a number of ways, and can no longer be understood as separate issues. The prevention of both forms of violence would benefit from a meaningful integrated approach. A comprehensive approach to working with families is needed to promote positive parenting practices. There is a need for interventions to focus on addressing gender inequality, the normalization of violence within the home, the patriarchal family structure, and transforming men's power over women and children, in addressing violence against women and children (Fulu et al., 2017). The normative acceptance of men's use of violence emphasizes that there is still much progress to be made. Finally, an exploration into the dynamics within non-violent families could complement the current analysis, revealing ways in which families defy existing norms and adopt more equitable relationships within the home (Namy et al., 2017).

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Table 1

Sample Characteristics

Name	Age	Race	Victim age	Victim's manner of death	Relationship to victim	Highest educational level	Abused partner/was abused by partner	Number of interviews conducted
Michelle	23 yrs old	Colored (i.e. mixed ancestry)	2 yrs old	Fatal child abuse	Caregiver	Grade 6	Yes	2
Thandi	31 yrs old	Black (i.e. African ancestry)	3 yrs old	Fatal child abuse	Mother	Grade 10	No	1
Deidre	22 yrs old	Colored	1 yr and 2 mnths	Neglect	Mother	Grade 7	Yes	2
Latifa	36 yrs old	Colored	5 yrs old	Fatal child abuse	Stepmother	Grade 12/Matric	No	2
Winnie	20 yrs old	Black	1 wk old	Asphyxiation	Mother	Grade 4	No	1
Nicole	34 yrs old	Colored	2 yrs old	Fatal child abuse	Mother	Grade 9	No	2
Ryan	32 yrs old	White (i.e. European ancestry)	2 yrs old	Fatal child abuse	Caregiver	Grade 10	No	2
Adam	45 yrs old	Colored	12 yrs old	Strangulation	Father	Grade 10	Yes	3
Michael	53 yrs old	White	21 mnths old, 5 yrs old, 16 yrs old	Firearm	Father	Grade 12/Matric	Yes	3
Zolu	33 yrs old	Black	2 yrs old	Asphyxiation	Father	Grade 11	Yes	2
Abigail	34 yrs old	White	6 mnths old	Sharp injury	Stepmother	Grade 12/Matric	No	1
Lauren	28 yrs old	Black	Newborn	Sharp injury	Mother	Grade 11	No	2
Zubeidah	34 yrs old	Colored	2 yrs old	Smothering	Mother	Grade 10	Yes	3
Christelle	36 yrs old	Colored	6 mnths old	Smothering	Mother	Grade 12/Matric	Yes	3
Cayleigh	32 yrs old	Colored	7 yrs old	Smothering	Stepmother	Grade 10/Matric	Yes	3
Patricia	32 yrs old	Black	1 yrs old	Poisoning	Mother	Grade 11	No	2
Jennifer	29 yrs old	White	3 mnths old	Fatal child abuse	Mother	Grade 9	Yes	3
Nelly	41 yrs old	Black	9 yrs old	Fire injury	Mother	Grade 7	No	2
James	36 yrs old	Colored	5 yrs old	Fatal child abuse	Stepfather	Grade 3	Yes	2
Jamaal	38 yrs old	Colored	8 yrs old	Strangulation	Father	Grade 10	No	3
Sipho	30 yrs old	Black	2 yrs old	Fatal child abuse	Father	Grade 8	Yes	3
Howard	33 yrs old	Colored	2 yrs old (twins)	Sharp injury	Stepfather	Grade 9	Yes	2

Chapter Eight (Article Four): ‘Exploring the Traumatic Life Stories of Convicted Parental Child Murderers in South Africa’

8.1. Introduction

This chapter presents the fourth and final article of the dissertation. This article is currently under review at the South African Journal of Psychology.

Citation: Dekel, B., Abrahams, N., & Andipatin, M. (2018). Exploring the traumatic life stories of convicted parental child murderers in South Africa.

Authors: Bianca Dekel, Naemah Abrahams, and Michelle Andipatin

South African Journal of Psychology



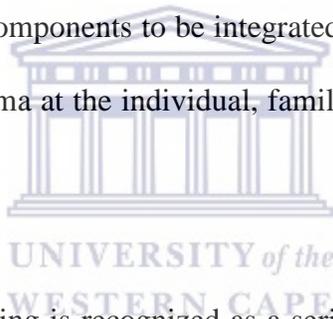
Exploring the traumatic life stories of convicted parental child murderers in South Africa

Journal:	<i>South African Journal of Psychology</i>
Manuscript ID	Draft
Manuscript Type:	Original Article
Keywords:	trauma, child homicide, violence, South Africa
Abstract:	This qualitative study explored the life stories of filicide offenders and found multiple experiences of adversities/trauma, which may have influenced their use of violence. Individual, semi structured interviews were conducted with 22 parents/stepparents/caregivers convicted of child homicide in South Africa, resulting in 49 in-depth interviews. Data was analyzed by means of grounded theory. Using an ecological framework, this study alludes to the widespread and cumulative nature of violence and trauma experiences within multiple domains of the participants' lives. The study highlighted the absence of support in the aftermath of experiencing trauma, possibly resulting in these parents lacking resources to mitigate the sequelae of adverse experiences. This study calls for trauma related, mental health components to be integrated into violence interventions and for these to address the impact of trauma at the individual, family, and societal levels to prevent the transition from victim to offender.

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8.2. Abstract

This qualitative study explored the life stories of filicide offenders and found multiple experiences of adversities/trauma, which may have influenced their use of violence. Individual, semi-structured interviews were conducted with 22 parents/stepparents/caregivers convicted of child homicide in South Africa, resulting in 49 in-depth interviews. Data were analyzed by means of grounded theory. Using an ecological framework, this study alludes to the widespread and cumulative nature of violence and trauma experiences within multiple domains of the participants' lives. The study highlighted the absence of support in the aftermath of experiencing trauma, possibly resulting in these parents lacking resources to mitigate the sequelae of adverse experiences. This study calls for trauma related, mental health components to be integrated into violence interventions and for these to address the impact of trauma at the individual, family, and societal levels to prevent the transition from victim to offender.



8.3. Introduction

In South Africa, parental child killing is recognized as a serious but poorly understood issue. A 2009 South African national child homicide study found a child homicide rate of 5.5 per 100,000 population (Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013), twice the global rate (2.4 per 100,000; UNODC, 2013). The under-five-years age-group had the second largest number of homicides, where more than half (53.2%) were neonates (0-28 days old) and infants represented 74.4% of this group. This study also found a parent was the perpetrator in most cases (Abrahams et al., 2016).

International research shows such parents tend to have trauma histories, which may influence their use of violence toward their children (e.g. Kauppi, Kumpulainen, Karkola, Vanamo, & Merikanto, 2010). Little is known about the life histories of these South African parents. However, studies with incarcerated, violent male offenders have found the occurrence of

trauma (e.g. Gould, 2015; Mathews, Jewkes, & Abrahams, 2014). Further evidence comes from the national mental health study reporting that trauma is widespread within South African society (Atwoli et al., 2013). This is not surprising, given South Africa is among the most violent countries (Norman, Matzopoulos, Groenewald, & Bradshaw, 2007).

Research shows experiencing multiple adversities/trauma may increase the possibility of developing mental/behavioral dysfunction (Felitti et al., 1998), which may influence violence perpetration (Carlson & Shafer, 2010). Biological explanations point to changes in neurobiology post-trauma, with survivors struggling to think logically, reactions reflecting poor impulse regulation, and inappropriate expression of anger. This may lead to engagement in violent behavior (Heide & Solomon, 2006). Repeated violence exposure may also lead to desensitization, often contributing to decreased empathy, which may inhibit aggression (Mrug, Madan, Cook, & Wright, 2015).

8.4. Theoretical Framework

The South African Stress and Health Study of 4,351 adults showed experiences of adversity/trauma tend to occur in multiple domains (Williams et al., 2007). Thus, this study utilized the ecological approach, as has prior trauma research (e.g. Harvey, 1996), which maintains that the possibility that a parent will become abusive is a function of individual, relationship, community, and societal factors, intersecting at multiple domains of the social ecology. This ecology includes the individual's life histories, including traumatic scars, which a father/mother possibly brings to their relationships with their children, as well as the context, and situational factors that influence their everyday lives. The ecology also includes social norms, which are reinforced as appropriate parental behavior, including the acceptability of violence to discipline children. These norms are shaped by structural factors and ideologies, including the notion that children are supposed to be in a subordinate position to parents (Heise, 2011).

8.5. Methods

8.5.1. Participants.

Interviews were conducted with 22 parents (Table 1) incarcerated for the murder of a child, recruited from five correctional centers in the Western Cape Province of South Africa.

8.5.2. Instruments.

The life story approach to data collection was adopted, previously used in qualitative studies (e.g. Arar & Shapira, 2016). Individual, semi-structured interviews were conducted where participants were asked to narrate their life stories. Repeat interviews were done for most participants to allow for building of rapport and opportunities to clarify. An example of a question asked during the first interview included, “Tell me about your childhood life” and second interview is, “Tell me about the events leading to your child’s death”. Interviews ranged between one to two hours and an interview schedule/scope of enquiry guided the interviews.

8.5.3. Procedure.

Access to correctional centers was granted by the Department of Correctional Services. Fourteen participants were recruited using purposive sampling. Correctional center psychologists identified incarcerated parents and asked each whether he/she would be willing to participate. Informed consent procedures were done before interviews with detailed explanations of the processes and risks involved. Those present during interviews included: the first author, the participant, and translator. An additional eight participants were identified through snowball sampling with the first set of recruited participants providing names of offenders they knew who met study inclusion criteria. Interviews were conducted in the preferred language of the participant and interviews were recorded, translated, and transcribed into English. Since the study was conducted in a correctional center setting, an incentive was not provided. We arranged for psychological support post-

interviews with correctional center psychologists, and five participants were referred for counseling. Counseling was also available for the first author and translators.

8.5.4. Ethical considerations.

Ethical approval was obtained from the University of the Western Cape and the South African Medical Research Council.

8.5.5. Data analysis.

Atlas.ti assisted in data analysis, performed according to the principles of grounded theory (Corbin, Strauss, & Strauss, 2014). During open coding, audio-recordings and transcripts were reviewed and assigned codes. Emphasis was placed on allowing concepts to emerge without forcing them into predefined categories. Categories were divided into sub-categories as 108 codes were created and trimmed down to 54 codes. The second stage involved identifying a single category as the central phenomenon, which was positioned as a central feature, and relationships between categories and sub-categories emphasized. In the last step, a storyline was constructed and discussed with co-authors, and member checking was performed with participants.

8.6. Results

The theory used, namely the social ecological theory, provided a psychological and social framework for understanding how the context of relationships, organized into tiers, formed the participants' environment. It also illustrated the embedded pathways of risk, showing that the possibility that a parent will become violent, is a result of many factors, which intersect at multiple domains of the social ecology.

8.6.1. Individual level.

8.6.1.1. Adverse parenting experiences.

Twenty participants experienced traumatic parenting practices of abuse, neglect, and abandonment. These narratives are explained in detail in a separate paper (blinded). Relationally

based, individual level factors are salient to elucidating pathways to crime. For example, parental abandonment and, thus, migration from one home to another was a frequent theme within 13 participants' narratives. Participants explained these moves were traumatic as it signified a loss experience as they were forced to leave behind caregivers who they had formed close bonds with. To illustrate: "I missed my mother so much when I moved to my grandmother" (Lauren). For many participants, these moves played a role in leading to deteriorated school performance, dropping out of school, and turning to peers for affirmation, and being encouraged to use drugs and alcohol.

8.6.1.2. Substance use.

Alcohol and drug use was common amongst 17 participants who linked their substance use with attempts to cope with trauma. For example, at nine years old, Michelle was raped and reported: "That's why I started to use drugs...I tried to cover it up...the drugs made me forget". Similarly, to deal with her mother abandoning her, Deidre said, "When I think about my mother, then I just go smoke. I was putting drugs on top of it".

Deidre has prior convictions, related to her avoidance strategy (drug addiction), which appear to have been influenced by her victimization experiences. For Deidre, the attraction to exercise power through committing a crime may have compensated for her powerless position within her family (abandoned by her mother and abused at home). After being offered sex by her uncle in exchange for drugs, she made a decision, illustrating agency: "I did not want to do that so he said he isn't gonna give me money. So I was like it's fine if you don't want to give me money...So we (a friend) robbed him and we bought drugs".

Nicole's narrative depicted possible psychopharmacological effects as she reported increased irritability as a result of withdrawal symptoms saying, she felt "grumpy", would tend to "swear at everyone", and also admitted if her son cried she would be "rough with him".

Fourteen participants reported being intoxicated at the time of their crimes. Jamaal said, “I was high” and Zubeidah said, “I was using drugs non-stop from the day before”. Most participants reiterated Zubeidah’s sentiments, that “if I was sober, my child would still be alive”, which may seem they blamed alcohol or drugs for their actions, thus, providing a means for them to negate responsibility.

8.6.2. Family/relationship level.

8.6.2.1. Intimate partner violence.

Abuse was endemic within their romantic relationships as well. Six men reported perpetrating Intimate Partner Violence (IPV) and 11 women were in abusive relationships. Narratives of perpetration of and victimization through IPV are detailed in a separate publication (blinded).

Their exposure to IPV started as children when they witnessed violence between their parents, which possibly influenced their own perpetration and victimization as adults. Adam, referring to his stepfather, said “he used to hit my mother in front of us” and as an adult, Adam explained he “smacked” his wife if she upset him. Similarly, many women witnessed their fathers abuse their mothers and as adults, were also in abusive relationships. One woman reflected on her cumulative exposure to abuse: “I saw my dad hit my mom. Then my mother left us and then when I was older, my stepmom did the same to me and then my boyfriend did do the same to me, they both beat me up” (Deidre).

8.6.2.2. Violence affecting loved ones and losing loved ones.

Most (17) participants were exposed to traumatic, violent experiences within their family from a young age. Adam reported his father “was murdered” and at the age of 10, Deidre witnessed a man “throw my father with a brick against his head and blood was rushing out”. Similarly, Ryan was exposed to his father and his friends who “were very violent and fought a lot...and I thought I wanna be like them”. A few years later, Ryan’s parents separated and his father lost contact with

him. Afterward, his maternal uncle played an influential role in his life but soon thereafter “went to prison”.

Participants experienced direct losses through imprisonment and death of people close to them (another traumatic experience) and were able to recognize how their losses caused pain, yet were seldom afforded opportunities to grieve. Participants recognized that after the loss of an important person, their behavior deteriorated. It appears no one in their environment noticed their degenerating behaviors and, thus, did not associate this behavior to their grief. For example, two men, Ryan and James, both lost their only siblings as young adults (19 years old), which had emotional consequences for them. Ryan described his reaction to his brother’s death “My world shattered...I didn’t care to live anymore...When he passed I started drinking and I got involved with a bad crowd”. The traumatic experience continued for Ryan when his parents separated afterwards and his father left him, resulting in him delving deeper into his addiction and delinquent behaviors.

Similarly, James also experienced a previous loss during childhood (aged four) when his mother passed away. It is, however, the death of his brother which affected him most. He explained: “My life changed like really going downhill when my brother passed. We were very close...After that, everything fell apart...My heart died but my brain was working...I started getting involved with the wrong crowd after that”. James’s father was unable to provide emotional support due to an alcohol addiction. In each of the narratives of loss, there is a description of deterioration in behavior. There is also an absence of any reference to interventions from caring adults to recognize this distress. Instead, it appeared parents were incapable of support, as James explained: “My father would run away when I tried to talk to him about how I felt”.

The losses they experienced and the cumulative adversities possibly resulted in both men displaying signs of mental instability. It is possible to develop appetitive aggression with

cumulative trauma experiences, whereby the victim learns that acting aggressively can entail the advantage of no longer being a victim (Sommer et al., 2017). Appetitive aggression may, thus, reduce chances of developing PTSD (Crombach & Elbert, 2014). James's exchange (in speaking about his five-year-old stepson whom he beat to death) reflected possible callous-unemotional traits, which may be connected with a lack of remorse and lower levels of PTSD post-perpetration. James explained "Nothing inside of me feels bad or regret for what I did to that kid...My heart is hard...I don't get nightmares...I don't care... You don't have to do me wrong. If I want to hurt you I do it with the aggression... Kill or be killed".

8.6.2.3. Sexual violence.

Traumatic experiences of sexual violence were not reported by male participants but were reported by nine women. Jennifer was raped at six years old and explained it led to her struggling to cope academically and as an adult she engaged in sex work and "was a drug and alcohol addict". Poverty compounded the women's traumas of sexual abuse. For example, at age 17, Winnie was raped by six men, which resulted in a pregnancy. She killed her one week old baby because "she did not have clothes...so I decided instead of her being needy, it is better that I kill her". It is more likely she could not bear to raise a child who was the product of rape. This sheds light on how traumatic events (e.g. rape) and economic marginalization may engender internal reactions (e.g. PTSD), which possibly culminates into externalizing behaviors (e.g. violence perpetration).

8.6.2.4. Traumatic work related violent events.

Traumatic work-related experiences of violence were not reported by female participants but were common within three of the men's narratives. These experiences were within the apartheid era, a traumatic time in South Africa, characterized by racial violence. Here we focus on Adam as an example. At age 20, he enlisted in the army and was exposed to atrocities, including witnessing mass killings, and his own experience of killing.

Adam's narrative is illustrative of a man who cannot rid himself of the ghosts that haunt him: "I kill a lot of people while in the army...The last one that I shoot was a lady...She was begging but I didn't have mercy. I kill her...But now, I still have nightmares. This is the price I pay, because she begged not to kill her. At night before I go to sleep, I picture her face and her begging for me not to shoot". Adam's narrative alludes to unresolved trauma, which may have contributed to his drinking and violent behavior. He was convicted of murdering his daughter. The manner in which he describes the killing, echoes army training: "She was sitting in front of me...I grabbed her...when I strangled her, I didn't think about stopping... I put more force in my arms". Likewise, within the army, Adam was taught to "fight and not stop, just continue, doesn't matter if it was a woman [he abused his wife] or a young person [he killed his daughter]. When I fight, I'm taught to see nothing in front of me but the person I'm fighting and to hurt you".

8.6.3. Community level.

8.6.3.1. Gang involvement.

Four male participants reported gang involvement from young ages (e.g. 15 years old). Linking up with gangs resulted in them dropping out of school and an involvement with drugs, the latter a possible route out of poverty. as employment was difficult. Peer group influence combined with family dysfunction resulted in Jamaal leaving home at the age of 13 "to live on the streets" after which he "started smoking glue and breaking into cars....and became a gangster...started robbing people". It is possible that these adversities, within their family of origin, possibly led these men to seek life elsewhere.

Living on the streets is one possible pathway to violence for men. The street code requires men to adopt presentations of self that demonstrate willingness to use violence. James explained, "I was abused at home so I run away to live on the streets...That is where I get involved in crime...The street life was better than being at home...I'm not evil...I develop this aggression on

the streets: for not caring for people, if I want to hurt them, I hurt them...I had to learn to protect myself because the streets is tough and nobody looks out for you besides you”.

Seven men also endured traumatic experiences of an absent male role model, which possibly led them to seek relationships outside of the home. For example, Jamaal explained “I don’t get the love I needed from my father, so I’m rather going to participate in gangsterism, where I get love and respect”. Being a gang member reduced their feelings of loneliness, but they had to prove their worthiness to be accepted and respected by using violence. As gang members they witnessed (e.g. “beat him to death”), perpetrated (e.g. “I took out my knife and I stabbed the one guy to death”); and experienced extreme violence (e.g. “I was shot”).

Some individuals may develop PTSD after committing violent acts. However, the notion of perpetrator PTSD (alluded to in Adam’s narrative outlined earlier) is not meant to exonerate perpetrators. The potential role of trauma in gang membership is demonstrated by Howard: “While I was a gangster I committed murder...I take it day by day but it's not easy because when I close my eyes it still replays in my head”. Some men displayed symptoms of emotional numbing, which may represent a maladaptive strategy for coping with trauma. James explained “I’m used to violence...it’s nothing for me to see someone die...because I have seen it every day. I’m a part of it now”.

Belonging to a gang requires members to adhere to standards of behavior. If a member “steps out of line” (James), he is punished, “beaten up or killed” (Jamaal). James may have viewed his stepson as stepping out of line and his violent response was possibly in keeping with the standards of his gang which he joined at the age of 16. James argued his stepson did not “listen” to him “if I ask him to do things for me” which was “embarrassing”; the latter may imply shame related to the inability to control a child, and possibly a sign of weakness, which required a display of aggression, in order to adhere to notions of hegemonic masculinity that he espoused.

Consequently, James does not view himself as “an evil person” for killing his stepson and fails to view his response as an act of violence but as a response to being provoked.

The reason why some men use violence as a means to secure control may lie in their structural positions, and their loss of status - (and power) in not being able to live up to the masculine ideal of being a provider. According to James, his stepson reminded him of his mother-in-law (stepson’s grandmother), explaining that, “I started to get angry, because if I see his face, I see his grandmother”. This possibly reminded him that he was unemployed; living with his mother-in-law, and relying on her for support. He reported she “rubbed it in my face that I don’t have money” and that this was “extremely frustrating”.

8.6.3.2. Violent neighborhoods.

Nineteen participants were raised in some of Cape Town’s most violent communities, where trauma exposure is a daily occurrence (Kaminer & Eagle, 2010). Community violence had a direct impact on one participant, Lauren, who was convicted of murdering her newborn by slitting his throat. She said, “I saw blood on the streets, because they used to fight with knives. It was there I learned the knife can be used as a weapon and not just for cooking”. Zolu’s childhood also included exposure to violence when he witnessed community members enforcing punishment: “They beat a guy and took a big stone and put it on top of his head and then he died. I watched them drop that big stone on his head”.

8.6.3.3. Health/social services.

Participants experienced a surplus of traumatic events prior to killing their children; yet, none received psycho-social support. Many reiterated James’s sentiments: “you are the first person I have spoken to about this” and were emotional when reflecting on trauma perpetrated by parents. Thus, participants’ narratives are possibly of unresolved trauma. A male participant reported, “I’m

still so hurt...my father hurt me the most emotionally” and likewise, Patricia said, “My heart was very sore, deep down I am emotionally wrecked by my mother”.

8.6.4. Societal level.

8.6.4.1. Ideologies of culture: preserving male honor and violent, constructions of masculinity.

Norms related to being a man and male honor were instilled in seven of the men from young ages, which shaped their violent behavior. Although James’s father was present and Zolu’s father was absent, both were taught to fight when encountering conflict. James explained “My father told me, when I come inside and the kids hurt me...he would say, “go out and fight them. Don’t come back here and cry and tell me about kids hurting you””. Zolu also elaborated “When you come home crying, the men in our family beat you up and they say, “go fight, why you come home crying?””. The impact of these harsh parenting practices was explained by Zolu when he described his desensitization to violence as an adolescent: “I saw a car hit someone dead...I just look and pass...I don’t have feeling. It’s the way I grow up...I was too young to see those things. So I grow up hard...If you see something you never saw, you will be scared but if you used to see it, you don’t worry about it”.

8.6.4.2. Political experiences of violence.

Most participants (21) grew up during a traumatic era in South Africa, the 1980’s, characterized by partly legalized, racial violence. None of the women reported traumatic apartheid experiences; however, for some men, apartheid-related violence, was the first type of violent trauma they were exposed to. For example, a seven-year-old Jamaal endured a traumatic, violent, apartheid experience. He explained “One of the police guys...assaulted my uncle. That is how I became introduced to violence...I saw blood running so he told me “run” and the cops shot me with a

rubber bullet”. He explained this traumatic memory “never left me” and it would often “jump into my mind”.

8.7. Discussion

This paper sheds light on how cumulative trauma experiences across the life span overlapped across multiple contexts, which may have influenced violent behavior. To the best of our knowledge, this is the first South African qualitative study exploring multiple adversities in the lives of parents convicted of child homicide.

Our findings overlap and confirm results from studies addressing adversities/trauma in the pathway to violence, which found the presence of, for example, unstable childhoods, childhood abuse or abandonment, and witnessing parental and community violence (Eriksson, Mazerolle, Wortley, & Johnson, 2016), PTSD (Machisa, Christofides, & Jewkes, 2016), and parental and participant drug use (Carlson & Shafer, 2010).

Through the life stories presented in this paper, it becomes evident how the participants’ experiences of childhood abuse and abandonment, combined with unstable childhoods and an absence of supportive adults, their relationships with parents and witnessing parental violence, their exposure to violence, and lack of reparative environments, possibly interacted to inform their use of violence.

Participants had also lost close family members, some to violence. They grew up in violent communities and to cope with problems (e.g. poverty), they turned to substances. Their addictions often meant dropping out of school, leading to unemployment, locking them in the same poverty they grew up in, and for some, their addictions led them to engage in criminal activities to obtain drugs. They searched for love and affirmation they were unable to receive at home, within gangs, and with those who used violence. Their participation in gangs, drug sales, and violence were ways of coping with familial, social, and economic exclusions. For the men, the male influences in their

lives encouraged their use of violence (leading some to want to emulate their role models) to resolve conflicts. Indeed, the then political violence did not teach them differently and a general social attitude viewing violence as an acceptable means to solve problems possibly compounded issues. In sum, the stories narrated here show these participants' experiences of adversities and violence were not restricted to discrete settings and each of these experiences possibly had a cumulative effect.

This study shows that the terms 'victim' or 'perpetrator' are not dichotomous. Our findings highlight that the children who become violent parents were mostly victims themselves, of violence, and multiple adversities/trauma. While this is not to suggest that these parents are blameless for their deadly actions, it does imply the need for a more compassionate response. For these parents, traumatic events occurred in close proximity and were preceded and followed by additional trauma. If we consider the devastation of a single traumatic event, it becomes unfathomable to picture how one recovers from a series of such events, which take place in rapid succession. For these men and women, returning to a path of non-violence (if they ever even had the opportunity to walk such a path) would be almost impossible as they lacked positive resources for mitigating sequelae.

8.8. Recommendations and Conclusion

Participants' narratives point toward the widespread nature of cumulative adversities/trauma across multiple domains and the possible resulting untreated PTSD symptomology, which falls within the mental health treatment gap in South Africa, as mental health response following trauma is a serious and under-recognized issue (Schneider et al., 2016).

At the societal level, existing mental health policy needs strengthening, as there is a low priority given to mental health and a scarcity of resources, which combine to give rise to the treatment gap. There is a need for increased budgets and leadership to rollout the work required

for improvements and more importance needs to be placed on implementing policy (Draper et al., 2009).

In South Africa, large areas (e.g. townships) often do not have access to or enough mental healthcare services for all. Thus, many cases of PTSD go unnoticed and untreated. Resource limited settings, such as South Africa, should focus on training community health workers to conduct evidence-based interventions, which have been tested in poor resource, conflict settings, which have shown to effectively manage trauma cases. For instance, an encouraging intervention includes psychological first aid (Callender & Dartnall, 2011). Such interventions need to be brief to fit into a burdened service system and to accommodate survivors' struggles to access transport and secure time off from work (Abrahams & Gevers, 2017).

There is a need to develop interventions appropriate to the South African context and, interventions which, can be sustained, because, in reality, many South Africans, as with our participants, are exposed to ongoing threats as they often reside within violent areas. Providing mental healthcare is imperative for recovery and for building coping and resilience, to reduce avoidance strategies, and to minimize the psychological impact of trauma, to prevent future violence perpetration. Such programs teaching coping, social, and emotional skills should be incorporated into existing school-based programs. Similar programs in developed settings have demonstrated a reduction in adolescents' aggression (e.g. McMahon, Washburn, Felix, Yakin, & Childrey, 2000). Thus, school-based linkages to care for youth presenting with trauma related symptoms should be strengthened (Machisa et al., 2017).

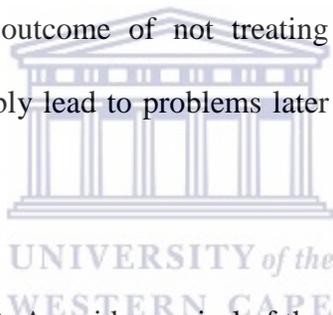
Finally, interventions aimed at improving parents' capacity to provide nurturing, should increase knowledge and the ability to respond to factors plaguing South Africa, such as violence and substance use. Parents need to be educated on non-violent parenting programs.

8.8.1. Limitations.

Perpetrator narratives suggest methodological concerns about the ‘truth’ of their testimonies. This study relied on participants’ accounts of their ‘truths’ about their lived experiences, differing perspectives of the crimes. Narrative accounts are not mirrored images of experience and the aim was not to produce accurate recalls but to provide an occasion for reflection on the meaning of these events (Polkinghorne, 2005). In this paper, emphasis is placed on attempting to accept and encourage awareness of contextual factors, as context enables and produces, although it may not determine crime, and its consideration need not negate agency (Morrissey, 2003).

8.9. Conclusion

This study attempts to shed light on the exposure to adversities/trauma amongst perpetrators of filicide/parents and the possible outcome of not treating mental health symptoms. It also illuminated how trauma can possibly lead to problems later on, especially within the parenting role.



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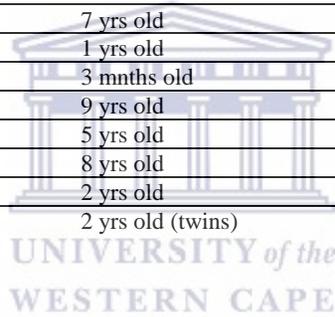
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Table 1**Sample Characteristics**

Name	Age	Race	Victim age	Relationship to victim
Michelle	23	Colored	2 yrs old	Caregiver
Thandi	31	Black	3 yrs old	Mother
Deidre	22	Colored	1 yr and 2 mnths	Mother
Latifa	36	Colored	5 yrs old	Stepmother
Winnie	20	Black	1 wk old	Mother
Nicole	34	Colored	2 yrs old	Mother
Ryan	32	White	2 yrs old	Caregiver
Adam	45	Colored	12 yrs old	Father
Michael	53	White	21 mnths old, 5 yrs old, 16 yrs old	Father
Zolu	33	Black	2 yrs old	Father
Abigail	34	White	6 mnths old	Stepmother
Lauren	28	Black	Newborn	Mother
Zubeidah	34	Colored	2 yrs old	Mother
Christelle	36	Colored	6 mnths old	Mother
Cayleigh	32	Colored	7 yrs old	Stepmother
Patricia	32	Black	1 yrs old	Mother
Jennifer	29	White	3 mnths old	Mother
Nelly	41	Black	9 yrs old	Mother
James	36	Colored	5 yrs old	Stepfather
Jamaal	38	Colored	8 yrs old	Father
Sipho	30	Black	2 yrs old	Father
Howard	33	Colored	2 yrs old (twins)	Stepfather



Chapter Nine: Discussion and Recommendations

9.1. Introduction

This final chapter begins by briefly showing how the biopsychosocial (BPS) epistemology assisted in engendering a synergy among the theoretical considerations presented in chapter three. Thereafter, the chapter synthesizes the key findings from the four articles and makes sense of them through drawing on these theories. This chapter also outlines how the study has contributed to the filicide literature and our understanding of parental child killing. The chapter also presents the study limitations and recommendations and ends with my reflections on the research process.

Before proceeding, it is vital to remind readers of the overall aim of the study, which was to explore the narrative accounts of the parent(s) convicted of the murder of their child(ren). This aim crystallized into the following objectives:

- To undertake a descriptive review to summarize the literature on the homicide of infants (*Chapter Five: Article One*)
- To explore the parent-child relationships between the parents convicted of child homicide and their own parents (*Chapter Six: Article Two*)
- To explore the intersection between violence against women and violence against children from the perspective of parents convicted of child homicide (*Chapter Seven: Article Three*)
- To explore the role of multiple trauma across multiple domains in convicted child murderers' pathways to violence (*Chapter Eight: Article Four*).

9.2. BPS Epistemology and the Theoretical Considerations

The BPS epistemology assisted in engendering a synergy among the theories used in this thesis, as they merge, collide, and intersect considerably. Incorporating a variety of theories enabled a more comprehensive understanding of the crime of parental child murder as it is difficult to understand child homicide from a singular perspective because of the complexities and multi-layered nature of the phenomenon.

Attachment theory provided a psychological framework for conceptualizing how postnatal threats to the integrity of the attachment system, such as abuse or abandonment (separation) threaten the security of the attachment bond, leading to the establishment of unhealthy attachment styles, which has implications for later adult relationships with partners and children.

Emerging biological research provided an epigenetic understanding of human attachment behavior. It was outlined that, currently, the attachment bond formation is seen to represent a prototypical gene by environment interaction during which the expression of individual genotypes is intrinsically connected to the relationship with the parent (Ein-Dor, Verbeke, Mokry & Vrtička, 2018) as already suggested by Bowlby's writings on the theory of attachment. Together, these frameworks emphasized that through the parents' interactions with the infant, the parent directly shapes the developing physiology and behavior of the offspring, which can have implications for future generations.

In contrast, feminist theory provided a psychological and social framework for understanding a parent's violent behavior towards his/her child by building on the belief that biologically, men and women are different (anatomically), but gender is a social construct, shaping the way in which men and women are psychologically socialized into different roles (protector versus nurturer), thus, providing the foundation that shapes men and women's lives.

Finally, social ecological theory also provided a psychological and social framework for understanding how the context of relationships, organized into tiers, formed the individual's environment. It also illustrated the embedded pathways of risk, showing that the possibility that a parent will become violent, is a result of many factors, which intersect at multiple domains of the social ecology.

I will now provide a synthesis of the key findings stemming from the four articles.

9.3. Discussion of Main Findings

9.3.1. Scoping review: Phase one.

The scoping review was an excellent way to familiarize myself with the relevant literature pertaining to the homicide of infants. This review found several key findings.

A somewhat expected finding was that most included studies stemmed from developed settings, with only six of the 53 included studies originating from developing settings, emphasizing the importance of the dissertation's second phase of the study. The possible lack of research from developing settings is somewhat a result of the shortage of resources and well-established homicide monitoring systems, common in low-and middle-income countries (LMIC). Thus, increased investment into administrative data systems is desperately needed.

A further indication that dedicated research attention has not been devoted to infant homicide, rests with the finding that most publications were case studies, written by psychologists. This highlighted that in many settings, infanticide may not have received the priority it deserves and may not have been profiled extensively. This may be because the number of parental child homicides may be relatively small in some countries compared to the number of child deaths due to medical reasons.

The included studies also found the first hours/days of life was the period of highest risk, that is, children were predominantly neonaticide victims. In the qualitative study of this

dissertation, I tried my best to include parents who killed neonates, but I could only include two such parents. I knew that neonatal homicides are notoriously difficult to investigate and prosecute, as neonaticide offenders typically comprise a hard to reach population, detailed further on.

The review also confirmed that parents committed the majority of infant homicides. Most studies, regardless of method, had a focus on mothers' as perpetrators, with fewer studies including fathers. My qualitative study included both fathers and mothers, and future research is also encouraged to include both parents.

Even though the review focused on infants aged 0-1 year (*Chapter Five: Article One*) and the qualitative study focused on all children under the age of 18 (*Chapter Six-Eight: Article Two-Four*), both found that the offenders' intimate relationships were rife with violence. For example, the children's' main manner of death was largely fatal abuse, the presence of Intimate Partner Violence (IPV) within offenders' relationships was noted, and most offenders reported childhood abuse. This will be explored in greater depth below.

9.3.2. Qualitative study: Phase two.

The qualitative study presented in this thesis is to the best of my knowledge, the first in-depth study with child homicide perpetrators in South Africa. It thus contributes to filling the knowledge gap on an important issue. The only other published South African study, known to me, is a single case study that interviewed a mother. As found in many of the studies included in the scoping review, the South African authors were psychologists. In their paper, they presented a neonaticide case focusing on representations of self and illustrated the link between depression and pathogenic maternal representations (Gous & Rous, 2005). Since this 2005 case study, the limited South African research on the topic has largely been quantitative (e.g. Abrahams et al., 2016). Therefore, until now we did not know much about the circumstances surrounding parental child killing in South Africa.

The qualitative study had three main interrelated threads. Firstly, the ubiquitous presence of child abuse as part of the participants' upbringings and in their own parenting (*Chapter Six-Eight: Article Two-Four*). This has also been a finding within international research conducted with parental child homicide perpetrators (e.g. Eriksson, Mazerolle, Wortley, & Johnson, 2016; Mugavin, 2008). Secondly, in line with emerging research, this thesis also found an overlap between IPV and child abuse (e.g. Appel & Holden, 1998; Chan, 2011; Rada, 2014) and tried to make sense of this intersection (*Chapter Seven: Article Three*). Given the former and latter key threads, it was no surprise that the final major finding was the discovery of the pervasive nature of traumatic experiences (*Chapter Eight: Article Four*). This is an original finding, as there is an absence of South African studies focused on understanding trauma experiences amongst parents convicted of killing their children. These three focus areas will now be discussed.

9.3.2.2. Violence within child and adult relationships.

This thesis revealed that the participants' adult behavior and emotional displays may largely have been indicative of childhood trauma perpetrated by caregivers. This finding was in keeping with a recent longitudinal study, which followed children with documented cases of abuse and neglect, into adulthood (Widom, Czaja, Kozakowski, & Chauhan, 2018). The researchers found that these adults had high levels of adverse attachment styles and mental health. Thus, this thesis as well as prior research has shown that childhood trauma tends to have lasting effects on adult attachment styles and may contribute to understanding the adverse mental health consequences of childhood trauma many years later (Widom et al., 2018).

Nonetheless, according to attachment theory and epigenetics, if trauma remains unresolved, it may remain psychologically 'alive' in one's mind and, thus, have the potential to influence behavior (Adshead, 2002; Dueger, 2016; van IJzendoorn, Bakermans-Kranenburg, & Ebstein, 2011) (*Chapter Six-Eight: Article Two-Four*). Before proceeding, it is imperative to note

that my use of the word ‘unresolved’ in this thesis is not referring to the unresolved attachment classification. Instead, I am using the term ‘unresolved’ to refer to instances in which participants were not exposed to a reparative environment, which may have enabled/equipped them to come to terms with trauma, so that these experiences no longer impacted on their current behavior.

Furthermore, the finding of trauma remaining unresolved has been noted in studies with parents who are trauma victims (e.g. Bailey, Moran, & Pederson, 2007; Madigan, Benoit, & Boucher, 2011). However, to the best of my knowledge, this is the first time this has been observed amongst parents incarcerated for killing their children.

The lack of a reparative environment is a key reason for these issues remaining unresolved. The absence of such environments was a major finding within this thesis. One form of reparative environment is the presence of nurturing and supportive adult relationships with partners (Caliso & Milner, 1992), which this thesis noted was largely absent. For example, chapter six and seven (*Article Two and Three*), showed that women reported IPV victimization and some fathers reported IPV perpetration, in keeping with international filicide research (e.g. Sidebotham & Retzer, 2018).

A nurturing partner’s good qualities may exert an ameliorating effect on the parental functioning of parents who have histories of abuse/trauma, and so enable them to care for their own children in a manner different from how they themselves were cared (Geiger et al., 2015). However, in this study, it is possible that, as in Craissati, McClurg, and Browne’s (2002) research with men convicted of child sexual offenses, that the adversely attached participants, entered into relationships with equally adversely attached men/women, where they possibly reenacted recurrent cycles of unhealthy behavior. My study did not interview participants’ partners and this may be a limitation as such information may have provided further information on these parents. However, many partners were absent from their lives and, thus, for many, interviewing partners was not possible. I believe interviewing any other additional, key, family member such as the participants’

parents would have been beneficial, and would have provided further information, as this is a very complex phenomenon.

Nevertheless, considering the absence of reparative environments, this thesis also found firstly, that the participants tended to parent in a manner in line with the context of their own prior experiences and relationships (*Chapter Six: Article Two*). For example, a common belief in the legitimacy of harsh discipline was mediated (in part) by the connection between the experience of punitive discipline in childhood and the perpetration of it as an adult. Secondly, most participants experienced rejection and abandonment from parents, which possibly increased their anxiety in adulthood when they felt threatened (real or imagined) with losing a partner. Indeed, adults with adverse attachment styles may become hypervigilant to potential loss (Widom et al., 2018). Insults to an already impoverished self-esteem may have added to the stress (Craissati et al., 2002).

Children often respond (albeit mostly unconsciously) with angry/violent behavior as a form of protest strategy aimed at preventing future separations. It is suggested that the perpetration of IPV can also be a form of protest expressed toward a partner in the context of perceived impending rejection/separation/abandonment (Bowlby, 1969; 1973; Godbout et al., 2009). The abuse of a partner may stem from attachment issues. It is postulated that the abuser yearns for closeness, but fears rejection and, thus, copes with adverse feelings by attempting to increase the predictability of their environment with aggression (Dutton, 1998). Therefore, learned functional anger turns into violence as a dysfunctional coping mechanism for dealing with perceived rejection by a partner, as evidenced in Kesner, Julian, and McKenry's (1997) study with 91 men who were violent toward female partners. It is important to reiterate that the dissertation's qualitative study was not focused specifically on IPV. However, since there was the finding of an overlap between violence against women and children, an attempt has been made to discuss both findings.

In studying attachment styles amongst violent offenders, Adshead (2002, p. 35) commented that adverse attachment styles are “likely...linked with a developmental failure of empathy, which implies some degree of self-reflective function: it is hard to imagine the feelings of others if there is a diminished capacity to think about one’s own feelings”. This thesis showed that most participants were somewhat unable to understand their own as well as another’s state of emotion. For example, they essentially lacked the psychological capacity required to appropriately deal with emotions, such as anger, and to regulate affective impulses, which possibly contributed to their perpetration of violence (Heide & Solomon, 2006). Their narratives point towards their own parents being unwilling/unable to understand their state of mind, which possibly meant they grew into adults who were also unable to do this (*Chapter Six: Article Two*). Having a parent who does not want to, or who cannot, take in a child’s state of mind, forces the adoption of another strategy; one that will not include accessing one’s own state of emotion/mind or that of others (Ansbro, 2008).

Thus, it should be no surprise that this thesis found most participants tended to have difficulty adjusting to parenthood (*Chapter Six and Seven: Article Two and Three*). A high level of trauma during one’s upbringing, such as child abuse, may have detrimental effects on the developing brain, often reflected in one’s social and behavioral responses as an adult (Mugavin, 2008; Yang et al., 2013). For example, this thesis found many participants’ felt overwhelmed in attempting to fulfill the parenting task. It is not uncommon for such parents to feel so overwhelmed that they abandon their children, as in Oberman and Meyer’s (2008) research with filicidal mothers. This is what many of the participants’ own parents did, and one could argue the participants’ did the same, except through a more extreme form (homicide). For many participants’ the homicide may have been linked to their crises in their own unresolved attachment.

This study also revealed that most participants possibly had triggers (defined as stimuli that activate an action, process, or series of events (Mugavin, 2008)) from past traumatic experiences in the form of child abuse, for example, which were activated in their (prior) present situations (*Chapter Seven and Eight: Article Three and Four*). Once triggered, rage ignited. Similar findings were reported in a study with violent, incarcerated women in the United States of America. Almost 90% of the sample described at least one memory, mostly pertaining to child abuse/abandonment by parents that triggered them to feel rage as adults, which precipitated their violent acts (Flemke, 2009).

Another possible suggestion as to why adversities during childhood, such as child abuse, may lead to the perpetration of violent behavior in the adulthood (*Chapter Six-Eight: Article Two-Four*), is the notion of the oppressed becoming the oppressor, another key finding within this thesis. Feminist theory purports that the victimized individual (who perceives themselves, (unconsciously or consciously, as lacking power) may learn/realize that acting aggressively (taking back power) can entail the advantage of no longer being a victim (Sommer et al., 2017)).

Although this thesis found participants shifted from the oppressed (e.g. abused as children) to become the oppressor (e.g. abusing partners, the killing of children), a novel finding was that this shift occurred for differing reasons for the male and female participants. Firstly, revenge homicides (as outlined in chapter two) were dominant amongst the men (*Chapter Seven: Article Three*), in line with some international filicide research (e.g. Eriksson et al., 2016). It is possible that the ‘betrayal’ by a female partner in adulthood, reminded them of betrayals during their childhoods, where their mothers abandoned them. The event in adulthood (e.g. perceived infidelity) may also have reminded them of the time where they held no power, in a sense where they could not ‘make’ their parent return, despite them wanting this, thereby, possibly influencing

their violent reaction as adults. This also provides support for the unresolved issues argument (Adshead, 2002).

This study is unique as, to the best of my knowledge, it is the first of its kind, stemming from a developing setting, to document revenge homicides amongst women. The women often displaced their anger and acted violently toward their children because of occupying an oppressed, subordinate position. This thesis showed these women suffered an abundance of traumatic, victimization experiences (stemming from childhood) and arguably decided (possibly unconsciously) to finally adopt a dominant position (similar to the men), that is, to regain power. However, in contrast to the men, the women's only option for claiming a dominant position was through exerting dominance over children, thus, confirming Namy et al.'s (2017) recent Ugandan finding of mothers' displaced aggression.

Finally, this dissertation showed that some parents may have killed children in an attempt to cause long-term emotional harm to their current or ex-spouse. Revenge child homicides are largely explained as anger directed at the spouse, without the motive to kill the spouse. Instead, the motive to kill is directed towards the child, as the perpetrator desires to emotionally hurt their current/ex-partner, as they themselves are emotionally hurting. They want their spouse, the person they believe inflicted this pain on them, to also feel emotional pain, and believe that murdering the child will ensure this and, thus, act in a way consistent with such a mental state (Carruthers, 2016).

Having demonstrated that participants' behavior and emotional experiences were largely indicative of childhood trauma, it is now crucial that I illustrate the widespread nature of this trauma.

9.3.2.3. Cascading effect of trauma.

This dissertation, as well as prior research (e.g. Levenson & Grady, 2016) has shown that to understand the influence of trauma on later violent behavior, it is crucial that we seek to understand

the complexities of an individual's social ecology, or BPS. This will now be explored in more depth using the dissertation's theories.

This thesis showed that for most participants, the foundation, or rather, the 'seeds', may have been set or planted early in life, and flourished into adulthood. Most participants experienced trauma early in childhood, often continuing into adulthood (continuous trauma). Prof. McEwen, a renowned neuroendocrinologist, has argued that this can alter an individual's neural architecture and thus, also behavior, which feeds back on the brain epigenetically. Therefore, "one cannot 'roll back the clock' after a stressful experience is over, and we must speak of 'resilience' and 'recovery' rather than 'reversal'" (McEwen, 2017, p. 551). This is especially true when reparative environments are absent. Widespread trauma exposure can cause an imbalance of neural circuitry subserving cognition, decision making, anxiety, and mood, ultimately having an impact on the parenting role. Adverse life experiences "produce lasting effects on the brain and body via epigenetic mechanisms, leading to the multimorbidity of mental and physical health disorders" (McEwen, 2017, p. 552).

For example, within their family of origin, participants were exposed to trauma. Some experienced traumatic attachments, as attachments were forcibly broken, through abandonment, and/or experiencing a sequence of caregivers, which occurred for a variety of reasons. Further, some witnessed their mothers being beaten by male partners, which possibly taught these young participants that abuse was normal/acceptable within relationships. As adults, many female participants found themselves in abusive relationships and many of the men replicated this behavior as they perpetrated IPV. Similar findings have been reported in studies conducted with filicidal fathers and mothers in the United Kingdom and the United States of America (Cavanagh, Dobash, & Dobash, 2005; Oberman & Meyer, 2008; Sidebotham & Retzer, 2018). Feminist theory has suggested that young girls are socialized to accept a subordinate position within the family,

and that boys are socialized to be dominant. This is then normalized, reinforced, and continued, within their nuclear family in adulthood (Boonzaier & de la Rey, 2004; Morrell, 1998).

Therefore, most participants possibly entered the microsystem of the family with developmental histories/scars (e.g. entered with adverse attachment styles already in place) that may have predisposed them to treat their children in an abusive/neglectful manner. Their narratives shed light on the notion of learning, within their family of origin, to behave in an abusive manner as a violent home (within which most participants were raised) possibly taught these participants, as children, that violence was an effective means to an end (Heise, 2011).

Thus, when as adults they encountered stress-promoting situations, both within their own nuclear family/microsystem (e.g. suspecting real or imagined that a partner was unfaithful), and beyond it (exosystem, e.g. job loss), it possibly increased the chances of parent-child conflict occurring. This is largely because child homicide is seen to be a consequence of both their own experiences on an individual level and of the values (e.g. abuse-promoting cultural values) that characterize South African society in which the individual, family, and community are embedded. We are reminded that in cases of child abuse and/or homicide, features of broader contributing factors are frequently implicated, including the impact of poverty, enduring effects of apartheid, existing social and cultural norms and practices, the role of social institutions, and legal/policy frameworks (Edberg, Shaikh, Rimal, Rassool, & Mthembu, 2017).

Therefore, social ecological theory (*Chapter Eight: Article Four*) helped to show how trauma in one domain affected other domains, highlighting the interconnections. To illustrate, many participants experienced abuse, which, coupled with a lack of adequate parental supervision/family dysfunction, likely influenced poor performance at school/dropping out of school. This may have led many to befriending delinquent peers, and engaging in substance use, which continued into adulthood. This locked them in poverty/unemployment, limiting their ability

to access resources and support services. This has also been shown in international research (e.g. Alder & Baker, 1997; Cavanagh et al., 2005; Haapasalo & Petäjä, 1999; Jaffe, Campbell, Olszowy, & Hamilton, 2014; Oberman & Meyer, 2008).

This is the first South African study to show these complex interconnections (*Chapter Eight: Article Four*) in the lives of parents who have killed their children. This dissertation showed that participants' violent behavior was multiply determined "grounded in an interplay among personal, situational, and sociocultural factors" (Heise, 2011, p. 6). Thus, this dissertation makes a valuable contribution to the literature as it draws attention to the nested relationships that exist between contributing factors as this has only previously been shown in developed settings.

This thesis also showed for the first time in South Africa, the pervasive exposure to trauma amongst murderous parents and the possible outcome of not treating adverse mental health symptoms. For instance, the likelihood of Post Traumatic Stress Disorder (PTSD), and how it can possibly lead to serious problems later, especially within the parenting role. This is important because currently, trauma is not well understood within South Africa (Williams et al., 2007; 2008). An interesting finding worth noting is that the role of trauma was not a focal point within the studies included in the scoping review. The limitations of this scoping review will now be discussed.

9.4. Study Limitations

9.4.1. Methodological limitations.

9.4.1.1. Scoping review: Phase one.

It is important to consider the generalizability of the evidence reviewed as most studies stemmed from developed countries (e.g. Western societies). Thus, little is known about infanticide in the rest of the world.

Another limitation is that the review only included homicide research of children aged 0-1 year. Since we decided to include both qualitative and quantitative studies, the inclusion of all ages of children would have been a massive undertaking. It would also have comprised too big a task for this dissertation. Therefore, the choice was to focus on children aged 0-1 year as this is considered a high-risk group in many settings (Abrahams et al., 2016).

The inclusion of a wide variety of study designs enabled a vast contribution of data to be included, but this also meant statistical pooling of the results by meta-analysis was not possible because of the heterogeneity of study design and methods. The wide variety of included study designs made comparison between studies difficult and we were only able to do a descriptive study.

Phase two of the dissertation is also not without limitations, which will now be explored.

9.4.1.2. Qualitative study: Phase two.

The qualitative study utilized a narrative methodology that meant relying on self-reports, which have been suggested to be problematic. There is the issue of questioning the accuracy of self-reports concerning one's own upbringing.

Also, memory can be unreliable as it consists of fragments, which we hold onto, construct, and repeat to create narratives of our lives. At different times we may reflect different narratives of our lived experiences. The stories told by participants, which have been disclosed in this dissertation, are also constructed. However, this is not to say they are inaccurate reflections of events. Instead, they are merely narratives that have been mediated through a multiplicity of factors, such as who was listening, what questions were asked, where the telling took place, and at what time in the narrator's life the story was told. The questions researchers ask are also informed not only by their line of inquiry (e.g. what they want to know) but what the researcher deems as relevant or important (Gould, 2015).

Another limitation is the absence of differing perspectives of the crimes (e.g. partners, grandparents). However, the objective was to attain insight into the convicted parents' perspective, which I believe, was obtained. Nevertheless, similar future research should also aim to include additional family members.

The study also does not have extensive data on neonatal homicides (neonaticides). This is despite the South African quantitative study's finding that this age group is at a higher risk compared to older children (Abrahams et al., 2016), coupled with the notion that the circumstances surrounding neonaticides are different to the killing of older children (Hunnicuttt & LaFree, 2008). A possible reason for not finding many neonaticide perpetrators in correctional centers is because few such cases are solved and perpetrators are rarely convicted. These parents generally constitute a hard-to-reach group. Thus, it is difficult for a study on convicted parents to include neonaticide offenders. Better routine identification, reporting, and recording of these deaths may assist in convicting perpetrators, which then will give researchers an opportunity to include such offenders in research (Abrahams et al., 2016).

Indeed, a pilot child death review project was initiated to close this gap (Mathews et al., 2016). The project is being led by the University of Cape Town's Children's Institute. Using a multidisciplinary approach, the project has been effective in bringing different service providers together to share case-specific information and to review the circumstances of the deaths. With regards to neonates, the investigators noticed there is an increased risk of death during the post-neonatal period once discharged home, but these deaths tend to be invisible in routine cause-of-death data. Fortunately, the project has been effective in improving identification of the causes of out-of-hospital deaths, with the hopes of reducing neonatal deaths (Mathews et al., 2016).

Further, this dissertation refers to possible, adverse mental health amongst participants. A limitation is the absence of a medical practitioner or psychiatrist to formally diagnose the presence

of mental illness. Determining whether participants were indeed suffering from a mental illness is difficult.

One could also argue that a possible study limitation is the sample size of 22 participants, which could be considered small. To account for this, repeat interviews were conducted with 19 of the participants, which resulted in more interviews. Parker (2005) also reminds us that qualitative research is not concerned with a large sample size, but rather with the richness of human narratives. Future research, could, however, attempt to generate a larger sample size.

Furthermore, the narratives included in the dissertation, stem only from those men and women who had been formally convicted. Thus, this study constitutes an offender based (incarcerated) sample rather than a sample of all parents who have killed a child. Once again, access to non-convicted perpetrators is very difficult.

These cases are the most extreme form of child abuse. Many men and women share similar experiences and do not commit child homicide. There is no way of knowing how many other parents endure the same sort of circumstances described in these participants' stories and do not murder their children (Oberman & Meyer, 2008). Future resilience research with parents experiencing some or all factors, who do not kill their children, is needed within South Africa.

9.4.2. Epistemological limitations.

The limitations of phase two's theoretical frameworks were outlined in chapter three. Below follows a description of some of the limitations of the BPS epistemology within which this study is framed.

Debate has been generated as to the extent to which the three sub-systems of the epistemology are explored in an integrative fashion (Suls & Rothman, 2004). It has been suggested more could be done to pursue the interconnections among domains. The argument has been that the epistemology is "engendering an undisciplined eclecticism that provides no safeguards against

either the dominance or the under-representation of any one of the three domains of bio, psycho, or social” (Benning, 2015, p. 347). Within this thesis, one could argue a limitation is that equal weight was not assigned to all domains. However, I agree with Epstein and Borrell-Carrio (2005) who argued that not all aspects are weighted equally in all situations.

According to Borrell-Carrio, Suchman, and Epstein (2004), Engel’s writings do not include enough guidance on how researchers are meant to be reflective, trustworthy, genuine, and empathic during the research process. They have also argued that it confers no guarantee the researcher will bring these qualities to the research process. However, no framework will ever automatically produce these qualities into the research, as the onus lies on each individual researcher (Benning, 2015).

A final criticism is that this epistemology requires greater acknowledgment that it may never be possible to know all the factors that contribute to a social ill (Borrell-Carrió, Suchman, & Epstein, 2004). It has been criticized for downplaying the notion that human beings are complex and that phenomena (e.g. child homicide) may arise because of unidentified factors. We should be cautioned in thinking that we can deliver final and complete conclusions, for to do so is to overlook the fluid and complex characteristic of humans (Benning, 2015). In chapter one, it was stated that central to the BPS epistemology is the belief that interviews can make the participant transparent, that we are able to get to know our participants (Engel, 1997). I leave this journey with the belief that I probably do not fully know my participants. This study is by no means attempting to deliver final or complete conclusions regarding parents who kill their children. Rather, it is hoped that this study has made strides in unearthing some of that which was previously unknown.

I will now proceed to provide some recommendations, based on the study’s main findings.

9.5. Recommendations

This dissertation has shown that parental child killing is a complex phenomenon with many interconnected factors, which all contribute to the high level of child homicide prevailing in South Africa. Although preventing such murders from occurring requires a multi-dimensional response that considers this complexity, the prevention of child abuse, the protection of children, and the managing of the impact of trauma is fundamental. This will now be outlined.

9.5.1. Enhancing parenting practices.

This study found child abuse was common in the scoping review as well as within the participants' narratives. Changing parenting practices and strengthening families is, therefore, encouraged to be at the frontline of prevention. This is important so that caregivers have the skills and resources to manage stress and aggression and to nurture children with empathy and care (Know Violence in Childhood, 2017).

In addition, emerging evidence highlights the importance of early childhood interventions as few novel findings show that some adversity may involve biological embedding/scaring, which may not be redeemable by more advantaged adult context and social experience. It would follow from this that interventions during childhood may be indispensable for the prevention of some problematic adult health outcomes (Turner, Thomas, & Brown, 2016).

Thus, helping caregivers understand the importance of non-violent discipline and of effective parent-child communication may reduce adverse parenting practices and may increase bonding – factors that may help to prevent violence against children (Olds et al., 1997; 2010). Evaluations of such programs highlight that this type of prevention is less costly than paying the price for the consequences of violence against children (World Health Organization, 2006).

Parenting interventions are the most common form of primary interventions for changing parenting practices and strengthening families. For instance, Home Visitation Programs (HVP's) tend to be effective for reaching marginalized populations and ensuring equitable access to services

(Tomlinson, Rahman, Sanders, Maselko, & Rotheram-Borus, 2014). A few encouraging South African HVP's have been evaluated through randomized control trials and have shown positive outcomes. A parenting intervention of note includes Thula Sana which aims to improve the mother-infant relationship, security of infant attachment, and the mothers' engagement in sensitive, responsive interactions with their infants. It was found to have a positive impact on the quality of the mother-infant relationship (Cooper et al., 2009).

On the other hand, facility-based programs exist, such as the Parenting for Lifelong Health programs for use within LMIC, which provide education on abuse and parenting practices. One example is the adolescent Parenting for Lifelong Health program called Sinovuyo Teen, where weekly sessions were conducted in community halls and churches. The program was found to be effective as it was associated with less abuse, corporal punishment, improved positive parenting, and more involved parenting and less poor supervision (Cluver et al., 2018). However, an important consideration regarding facility-based programs is that they rely on parents traveling to the venues to access services and support and many caregivers in South Africa lack the money needed for traveling the distance to facilities (Cluver et al., 2018).

Furthermore, an example of a noteworthy program that focused on fathers is the REAL Fathers, a father-centred mentoring program in Uganda, designed to address IPV and child abuse (Bacchus et al., 2017). The program provided education on positive parenting, communication, and conflict resolution. It also encouraged reflection on the gender roles of parents in childcare, and aimed to improve acceptance of non-traditional gender roles. The REAL Fathers post-assessment trial revealed a significant reduction in the men's use of physical punishment to discipline children and a reduction in IPV. Men also reported significantly higher levels of confidence in dealing with their children's behavior without resorting to violence or verbal threats (Bacchus et al., 2017).

In addition, there remains a need to identify family strengthening and parenting interventions that are suited to the complex and fluid care arrangements in South Africa, as outlined in chapter two. It is important that interventions ensure the skills gained through parenting programs are transferred to other adults within the family (Tomlinson et al., 2014).

Moreover, this study also showed that some parents killed children to enact revenge against a partner (*Chapter Seven: Article Three*). Therefore, although revenge homicides are difficult to prevent and are often extremely complex, it is recommended that interventions tailored for parents should begin by teaching basic skills such as communication skills and how to properly handle strong, adverse emotions. The latter is especially important as this study showed that most participants were likely unable to deal with strong, undesirable emotions. This may be because, they possibly lacked the psychological capacity required to appropriately deal with such emotions, which may have contributed to their perpetration of violence.

Lastly, we cannot ignore the pervasive nature of unresolved trauma within the participants' narratives. Programs and interventions in South Africa tend to focus on, for instance, teaching caregiver skills or attempting to treat maternal depression. There appears to be a lack of focus on addressing the "ghosts in the nursery" (Fraiberg, Adelson, & Shapiro, 1975, p. 387). In Canada, for example, the Intergenerational Trauma Treatment Model is used, which is a 21-session, manualized intervention, designed to ameliorate parents' unresolved trauma (Scott & Copping, 2008). An intervention of this sort may be beneficial within the South African setting. However, parenting interventions on their own cannot solve the problem, and indeed, policy response should also be improved.

9.5.2. Strengthening policy response.

Some of the objectives of South Africa's child protection system are to prevent violence against children and to provide treatment to children who have experienced violence. South Africa's legal

and policy frameworks are comprehensive. However, implementation is poor (Jamieson, Sambu, & Mathews, 2017). Many children remain at-risk of continued abuse, few families receive prevention and intervention programs, and the bulk of children do not receive counseling. Legislatures have a duty to ensure children's constitutional rights are respected and the Children's Act No. 38 of 2005 is appropriately implemented. Thus, a recent call has been made to policymakers to prioritize violence against children (Jamieson et al., 2017).

Another potential policy contribution would be to identify at-risk parents through using the South African government's child support grants, to ensure entry into treatment and support services. Some parents in this study were receiving the child support grant for their children. Therefore, it is recommended to explore the extension of this grant as an opportunity to provide cash payments with additional conditions (a conditional grant system). For example, in Paris, such government cash support programs require caregivers to attend substance use treatment or job training, to be able to receive the grant (Know Violence in Childhood, 2017). I believe this is important as this thesis as well as prior research has found that substance use (Brown, Tyson, & Arias, 2014) and unemployment (e.g. Kauppi, Kumpulainen, Karkola, Vanamo, & Merikanto, 2010; Oberman & Meyer, 2008), amongst other factors, contribute to the killings.

Child protection services also need to act speedily in the investigation of reported cases to protect children from continued abuse and to prevent fatalities. Professionals need training to be able to identify which children in the home are at-risk and to be able to assess the capacities of parents to create a safe environment for children. Professionals should be trained in the use of standardized assessment tools to measure factors such as PTSD, depression, and parenting capacity to enable targeted interventions. Based on these assessments, professionals are encouraged to develop concrete protection plans to ensure children's safety and access to counseling to prevent long-term harm.

South African Police Service (SAPS) members should be encouraged to use their powers under the Children's Act No. 38 of 2005 to remove perpetrators when there are risks to children's safety as assessed by social workers (Jamieson et al., 2017). Additionally, this study has shown there is a tendency for IPV to precede revenge child homicides. Thus, service providers (e.g. SAPS members) should be educated around this intersection and should be able to recognize and respond to multiple forms of violence within families (Guedes, Bott, Garcia-Moreno, & Colombini, 2016).

9.5.3. Interventions responding to multiple forms of violence within families.

This study found that there tends to be an overlap between IPV and child abuse. Thus, there remains a dire need for interventions to address the overlapping abuse of both women and children. Bacchus et al. (2017) proposed that the South African Sinovuyo Caring Families for Teens program (designed for both parents) is distinct from other parenting programs described, as it addresses child abuse, yet also has reported outcomes for IPV. Session content includes trust building, speaking about emotions, dealing with stress and anger, joint problem solving, non-violent discipline techniques, responding to a crisis, and keeping teenagers safe in the community. The pre-post pilot study found significant reductions in physical and emotional abuse, neglect, the use of violent discipline, and the acceptance of gender-based violence. The latter finding was partly based on a quantitative measure of caregiver and adolescent attitudes towards sexual and gender-based violence and traditional gender roles (Cluver et al., 2016; 2017). However, these findings are to be interpreted considering the notion that the use of scales that measure attitudes and knowledge are not always reliable indicators of behavior change (Bacchus et al., 2017).

The One Man Can Fatherhood Program designed by Sonke Gender Justice in South Africa addresses both IPV and child abuse (Bacchus et al., 2017). This program is a gender-transformative, masculinities, and rights-based program, which aims to reduce IPV, decrease levels of unsafe sex, and promote more gender equitable relations. It is underpinned by the notion

that fatherhood is an opportune time for challenging harmful masculine norms. The curriculum addresses gender violence, developing healthy relationships, and content on fatherhood that explores non-traditional gender roles in caregiving, and the needs and rights of children. Van den Berg et al. (2013) conducted interviews with 90 men within six months of completing the program. The authors found a shift in parenting style from disciplinary and authoritarian, to a more caring and nurturing role, with men reporting less use of violence and corporal punishment, and improved communication with their children.

Hatcher, Colvin, Ndlovu, and Dworkin (2014) also conducted interviews with 53 men within six months of completing the program. They found reduced alcohol consumption, improved communication, more equal and shared decision-making between men and their partners, shifting views around sexual entitlement, and more shared sexual decision-making. The program seemed to assist some men in learning new ways of communicating respectfully with their partners and children to avoid escalation of emotions and the use of violence (Bacchus et al., 2017). Going forth, this promising program should now be tested more robustly to determine effectiveness.

Besides the interventions mentioned, there are few overlapping child abuse and IPV interventions. This stems from the child maltreatment field historically ignoring IPV as a risk factor, while the violence against women field has focused on the impact of violence on adult victims and the potential risk of femicide. Only recently, has there been a shift towards a focus on this intersection. However, the shortage of such overlapping interventions is concerning, considering South Africa has a high rate of both IPV (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012) and child abuse (Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013). Thus, greater investment into appropriate interventions is needed.

Finally, there is a need within South Africa to develop a holistic understanding of women's experiences of mothering and of perpetrating abuse, in the context of IPV. This issue should be

addressed to ensure the complex power and gender dynamics within families will not be evacuated from the discussion in this area. Policy-makers and practitioners working with abusive mothers should be attentive to the circumstances in which these women perform their mothering, given that they may also be victimized by their partners. Thus, parenting intervention strategies are encouraged to be cognizant of this to be effective.

9.5.4. Improving social norms and attitudes.

This study confirms that there tends to be the notion that some forms of violence, such as IPV and/or harsh physical discipline, are not only normal but also sometimes justifiable. Thus, this study adds to the call to modify ingrained norms and attitudes. Interventions to reduce physical punishment should, therefore, ideally be multi-pronged. One such example is the Skhokho Supporting Success school-based intervention that aims to prevent IPV among Grade 8 learners in South Africa. The intervention acknowledges that both homes and schools are sites for producing norms and, thus, targets parents, children, and the school environment (Röhrs, Mathews, & Mahlangu, 2018). Final post-intervention results are not yet published, yet future interventions should consider targeting multiple sites.

Another school-based intervention is the Ugandan Good School Toolkit, which supports school staff through a series of six steps designed to improve respect, facilitate student participation, minimize violence, and provide staff with alternatives to physical punishment (Devries et al., 2015). The intervention also includes activities with parents and community members to gather support for the changes within the school and to initiate a shift in attitudes underpinning physical punishment (Amisi, 2017). The Good School Toolkit was implemented in 21 primary schools over 18 months, and reduced physical punishment by school staff by 42% (Devries et al., 2015). Thus, evidence from the Skhokho Supporting Success and the Good School Toolkit indicates that schools can be successfully used as points of intervention to reduce physical

punishment. School-based interventions should, therefore, be considered in addition to other interventions, particularly given their potential to be scaled up. The impact of school interventions on changing attitudes and social norms, which is essential for achieving sustained impact, should be further explored (Röhrs et al., 2018).

Interventions to change social norms take various forms. Community mobilization interventions aim to empower women, engage men, and change gender norms at a community level. They can include community workshops and peer training aimed at changing attitudes and behaviors by reflecting on prevalent social norms. Currently, Sonke Gender Justice is working to alter social norms on gender and violence in an informal settlement in South Africa. They are running an intervention that includes gender transformative workshops focused on men called the Change Curriculum. They also have community action teams and activists undertaking a range of street and neighborhood activities, murals, and community radio (Jewkes, 2017). However, this should still be evaluated in a randomized control trial to determine its effectiveness.

Many social norm change interventions include an element of work with individuals, couples, or families in workshops. The South Africa adaptation of Stepping Stones is such an intervention, which has been thoroughly evaluated and found to be effective in shifting notions of masculinity and femininity among participants. It achieved a 38% reduction in the perpetration of IPV sustained to two years' post-intervention (Jewkes et al., 2008). However, it is difficult to ensure the changing of norms and attitudes, if individuals are suffering from mental distress (Know Violence in Childhood, 2017).

9.5.5. Improving mental health response in South Africa.

The qualitative study found pervasive exposure to violence, trauma, and a lack of reparative environments. Currently, few attitudinal and structural barriers exist, partly explaining why so many South Africans lack access to basic mental health care. An example of an attitudinal barrier

includes the lack of perceived need for treatment (Bruwer et al., 2011; Jacob & Coetzee, 2018). This thesis supports the South African Mental Health Policy Framework and Strategic Plan, which aims to increase public awareness regarding mental health and reduce stigma and discrimination associated with mental disorder (Schneider et al., 2016).

Regarding structural barriers, it is recommended that the many factors affecting the implementation of the existing mental health policy and the provision of mental health services be targeted. For instance, the low priority given to mental health and the lack of human and financial resources contribute to the treatment gap (Bateman, 2015; Petersen et al., 2011). There is a dire need for increased budgets and leadership to roll out the work required (Wyatt et al., 2017) and for more importance to be placed on implementing policy (Draper et al., 2009).

Further, despite the formulation of policy and provision of guidelines, the scarce resources that exist remain concentrated in psychiatric hospitals with a predominantly vertical model of care. Although the South African Mental Health Care Act 17 of 2002 mandates the integration of mental health services into primary health care (Jacob & Coetzee, 2018), there is a need for an integrated primary mental health care package and the strengthening of community-based services. Horizontal integration is well-suited to the South African setting, based on the increasing number of comorbidities (Petersen & Lund, 2011). Given this focus, task shifting has been suggested as it uses existing personnel and, thus, may be the least costly option (Kakuma et al., 2011).

One promising project where mental health care is integrated into the health system is the Perinatal Mental Health Project (Schneider et al., 2016). This project showed that community health workers may be trained to screen for and refer those with mental distress in low-resource primary care settings (Rahman, Surkan, Cayetano, Rwagatare, & Dickson, 2013). Such workers play a vital role in the prevention of mental illness through health promotion, screening, and adherence support (Jacob & Coetzee, 2018).

It is recommended that South Africa considers training community health workers to conduct evidence-based interventions, which have been tested in poor resource, conflict settings and which, have been shown to effectively manage trauma and to improve mental health services. One such example is the intervention called Psychological First Aid (Callender & Dartnall, 2011; Tol et al., 2013). However, such interventions would need to be brief to fit into a highly burdened service system and to accommodate survivors' struggles to access transport and secure time off from work (Abrahams & Gevers, 2017).

There is also a need to integrate trauma-related services into health care as a response to all forms of violence, and amongst those who engage in unhealthy behaviors, such as substance use. Currently, these are missed opportunities as there are poor linkages to mental health care (Abrahams & Gevers, 2017). Health care providers should be trained to identify trauma symptoms and should be educated on referral systems so that symptoms, such as PTSD symptoms, do not remain undetected and untreated. Providing mental health care is vital to begin the process of recovery and building adaptive coping and resilience methods among survivors. This is important to reduce avoidance strategies (e.g. substance use) and to work towards minimizing the psychological impact of trauma to prevent future violence perpetration (Machisa, Christofides, & Jewkes, 2017).

As we reach the end of this PhD, it is time to reflect on my experience of my travels into the emotionally charged area of child homicide.

9.6. Reflexivity

Engaging in reflexivity is crucial when conducting research within a BPS epistemology. A tenet of the epistemology is that the researcher should not only focus on the participant, but also on him/herself, as it maintains that one cannot assume a standpoint of pure objectivity (Engel, 1980; Saraga, Fuks, & Boudreau, 2014).

9.6.1. Collecting the narratives of offenders, and the problem of authenticity.

Research based on the narratives of perpetrators raises concerns regarding the ‘truth’ of their stories. As the BPS epistemology purports, human beings are storytelling creatures (Engel, 1980). Yet, humans are also inclined to cast themselves in a positive light. It is acknowledged that offenders may not freely share all aspects of their story with an eye toward fidelity to facts.

Within a BPS epistemology, truth is considered elusive; emphasis is placed on subjective experience, as the researcher is encouraged to understand the world through the participant’s eyes. Thus, researchers should not be concerned with determining whether participants are lying. This was something I needed constantly to remind myself. Rather, researchers should search for meaning and should accept the offenders’ stories as their perspective on their reality (Engel, 1997) and an equally valid BPS reality of each participant is produced during each interview (Smith, 2002).

9.6.2. Do offenders have a right to be heard?

The BPS epistemology does not distinguish between who is and who is not allowed to tell their story. However, there is still somewhat the notion that some deserve to remain in the shadows, such as parents who kill their children. For example, Scheper-Hughes (2002) excused the actions of the common thief as a justified reaction to oppressed circumstances, a victim of everyday violence (sidestepping the thorny issue that even a thief creates victims by his/her actions). She does not extend her compassion to those who commit harsher crimes, such as murder. However, they, too, have most possibly been victims at some point. Remembering that a single individual can be currently cast as a perpetrator (of child homicide) but if we are to delve deep into his/her narrative, we will learn this ‘perpetrator’ was also once a victim (albeit in a different manner).

In struggling to understand the lives of perpetrators, of those society renders as ‘evil’, we, as researchers, become privy to details that many do not want to hear. There is comfort in silencing

those whose very existence challenges our sense of humanity. We do not want to know, nor do we care, that a child murderer was subjected to child sexual abuse, that she was ‘created’, not born as a potentially dangerous criminal (Athens, 1992). We ceased to care about her difficult past the minute the victim became the victimizer, the minute she turned her pain, against a child.

Coleman (2001, p. 2) warns us that a “feeling of repulsion, if unacknowledged, may creep into our findings”. Leyton (2001, p. 3) has also undertaken research on murderers and has no trouble condemning participants, stating that “we remind ourselves that the eradication of a disease requires the intensive study of all the pus and blood and deformed tissue”. These are strong metaphors, serving to dehumanize as he seeks to understand. In contrast, I agree with Skrapec (2001, p. 51) who said that “understanding a murderer can be achieved only to the extent that we know his/her subjective experience of the world”.

In trying to understand our participants, we are often drawn into an emotional bond with them and the BPS epistemology encourages “intimacy” in research (Engel, 1997, p. 526). Is it possible to abhor the act, and sympathize with the victim, while simultaneously having sympathy and empathy for the destructive lives lived by the actors? Skrapec (2001) and I argue the answer to this question is yes. Once I began hearing participants’ stories, I simultaneously despised and condemned their crimes, while I understood the pain they endured during their lives.

Their stories also reminded me of the distance that exists between the storyteller and the listener. There were many differences between the participants and myself, making it easy for me to attempt to distance myself from them. Indeed, my initial impulse was to deny the possibility that I might be capable of such a monstrous act. I could never imagine killing my own (future) child, and the fact that my participants did that, pulled them far away, from what I define as normal. Their narratives articulated the power of killing and I knew that I would not be able to identify with them if I did not see the power of innocence in them as well.

Most participants simultaneously displayed both the power of innocence and killing, confronting my distinction between good and bad, and my perception of normality, as they were able to be both good and bad. Some participants argued that, despite their actions, they were not 'evil' people, indicating a need to distance themselves from the violent acts in which they were involved, and preserve a sense of self-separate from the brutality of their behavior. As Lindegaard (2007, p. 72) said in reference to her male participants incarcerated for murder, "I want him to focus on the dark sides; he wants to focus on his light sides". Some participants had trouble viewing themselves as embodying the power of killing, refusing to see themselves as capable of killing; insisting on their innocence and conveying their children died 'by accident'. By insisting on this separateness (innocent versus capable of killing), they did what I initially did; trying to distance myself from the 'evil'.

By insisting on an innocent position, they were indirectly insisting on being like me. If they could convince me (embodying the ability to judge their innocence, which is something, they were searching for in themselves), then they would have succeeded in convincing someone else and by so doing, would be able to believe their innocence themselves. These participants feared opening and exposing their dark side and, thus, potentially being rejected as abnormal. Therefore, two different techniques were employed for being recognized as human beings: Either denying that one was capable of killing or contextualizing their crimes.

During the interviews, there were moments that we reached a shared reality; in other moments, this was lost. My relationship with the participants was a process of losing and regaining this. Often the distinction between them and I became blurry. Differences between me and them, good and bad, and innocent and evil, started to merge, as their stories forced me to let go of pre-defined perceptions of good and bad. Finding a shared reality was often uncomfortable as my research ventured into the dark side of human behavior as it uncovered what happened in the

moment they killed their children. Lindegaard (2007) proposed that to understand their ‘dark side’, we should acknowledge that any uneasiness felt may be a reflection of our own internal struggle with acknowledging the human capacity to do evil and, thus, acknowledging potential evil as a part of us. Indeed, there were times where I could relate to them and to their stories, which made me question: if someone like him/her, whom I feel connected with, can perpetrate such monstrous acts, then why not me? In the end, I found it impossible to listen to their stories and maintain my conviction that they were, in some fundamental way, different from me. This is not to say that, as I came to see the impulses underlying their actions as familiar, I necessarily excused them. Nor did I come to feel that, because their acts might be seen as a product of their life experiences, they should be excused. Nevertheless, sometimes it is in our best interests to listen, however, difficult that may be.

9.6.3. Reflections on the workings of “power”.

A BPS epistemology emphasizes the sharing of power between researcher and researched (Goyal et al., 2008), which I believe was partly oscillated between in this study. For example, I always knew that I held a much higher position of power compared to my participants by virtue of them being incarcerated and me being free. However, I felt the participants held the ‘power’ in the beginning.

Before and during data collection, I relied on their consent, participation, and willingness to be forthcoming during interviews, yet I knew that as the researcher, I was in control of the research situation. I was the one who controlled the order of the questions, the tape recorder, and the note-taking process. I was also the one who had the time, resources, and skills to conduct the research, to set the agenda, to make sense of their stories, and to conduct the analysis and presentation of the data. Therefore, despite the measures taken as a researcher to level the playing field, in reality it is much more complicated as the playing field remains largely unequal.

9.6.4. Reflections on myself as the researcher/interviewer.

Part of engaging in reflexivity entailed reflecting on who I am, as researcher, and how this possibly influenced the research process (Willig, 2013). To begin, I was challenged by Palmary's (2006) argument to reflect on how our identities play a role during the research process.

I am a 'White' woman and most participants were 'Colored' and 'Black'. This racial difference may have created distance between me, as the researcher, and the participants. I could tell there were times that some participants did not entirely feel comfortable verbalizing their thoughts to me. They occasionally conveyed these thoughts to my translators (who were more than just translators, as both were skilled in conducting interviews), presumably because they shared a racial identity (and the embodiment of this). Therefore, assuming the translator would understand them better. In these instances, it required me to sit and listen, adding the occasional question, and allowing my translator to take the lead. I am grateful these translators accompanied me as I appreciate that I was still able to hear these thoughts, which I may otherwise not have heard if I was interviewing them alone. Other times it appeared that it was easier for the participants to tell me (an outsider) about their lives because they did not expect the same judgement from me as they might from someone who shared a similar background.

Further, a question that may be asked is whether a 'White' woman has the legitimacy or even the 'right' to write about the lives of 'Black' and 'Colored' men and women. Race matters, and it has shaped not only my own experience, but also that of my participants, where racial prejudice and structural violence impacted on their lives. However, as trust and understanding were established between me, the translator, and the participant, the chance to tell their story to someone who was genuinely interested appeared to overcome any barriers between us.

I am also thankful that a translator accompanied me as this assisted with debriefing. Listening to my participants' recount how they killed their children was an important aspect of the

research process. I had to think about how this impacted on me, as I had to be aware of vicarious trauma. I found that debriefing after each interview during the long drive home, with the translators, was a useful tool in dealing with some of the emotional challenges.

Another aspect of my positionality that needs reflecting on is my position as a woman. While I did not find the correctional center setting to be intimidating, and nor was I apprehensive at the prospect of interviewing violent women, I was nervous to be alone in a room with a violent man. My translators (both female) and I, sat alone in a room with each male participant, and if they wanted to harm us, they could, which highlighted anxieties I already had about interviewing violent men.

It would be naïve to think that our gendered differences did not create distance between us. A large part of the interviews focused on conversations about the participants and their intimate partners. It is possible that some of the men held back when reflecting on this by virtue of me being a woman. Some of the men were aware of this distance. For example, one of the men informed me that he had previously been arrested for rape. However, before telling me about the rape, he said “I want you to listen carefully, but I don't want you to judge me” and then proceeded to tell me about the rape. It is possible that he assumed I would judge him for his capacity to rape a woman (and his capacity to enact evil) because I am a woman.

In contrast, when interviewing the women, it is possible that our shared gendered identity assisted me, as it may be that these women felt comfortable speaking to me about personal experiences because of this. They often referred to our shared gendered identity, assuming I naturally understood them, as pronouns such as ‘we’ and ‘us’ were frequently used.

9.6.5. Reflections on the peer review process.

The review process for all the articles (Chapter Five-Eight) was both challenging and rewarding. An example of a challenge included addressing the discrepancies between reviewers. Ultimately,

all comments and suggestions, such as requesting for the limitations to be included, helped to strengthen the articles. All reviewers made a valuable contribution towards the way in which the articles (and dissertation) are presented, as well as my own growth as a researcher. It was also really satisfying to receive positive comments, especially the re-occurring comment about the importance of the work.

9.7. Conclusion

This concluding chapter began by explaining how the BPS epistemology assisted in engendering a synergy among the theoretical considerations used in the dissertation. The key findings from the four articles were also synthesized and made sense of through drawing on these theories. Detailed recommendations were also provided, based on these key findings. The chapter also presented the methodological and epistemological limitations. The chapter further highlighted that parental child homicide is a tragic and complex phenomenon with a web of associated and mediating factors that are only partly understood. Preventing such murders from occurring, therefore, requires a multi-dimensional response that considers this complexity. Lastly, this chapter showed that although we need to include the perspective of the people perpetrating this violence, we also need to start with ourselves. What is it about violence that makes it so intriguing?

To end, this study makes a vital contribution to research in the area of parental child homicide as it provided us with a valuable opportunity to gain the parents' perspective of their lived experiences and of the crime. It is my hope that this study will contribute to a larger scholarship, which strives for the eradication of violence against children. This is important so that all children can live in a country, where they can enjoy the security, freedom, and protection, enshrined in our constitution.

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Appendix A: List of Searched Databases

Medline, Global Health, Embase, PsycINFO, Social Policy, Popline, Web of Science, LILACS, Medcarib, ADOLEC, Cumulative Index to Nursing and Allied Health Literature [CINAHL], Biosis Citation index, KCI-Korean Journal Database, SciELO citation Index, Western Pacific Region Index Medicus (WPRIM), Index Medicus for the WHO Eastern Mediterranean Region (IMEMR), International Bibliography of Social Sciences IBSS.



Appendix B: Search Terms Used

("perpetrators" or "perpetrator" or "offender" or "offenders" or "aggressor" or "aggressors" or "father" or "fathers" or "mother" or "mothers" or "parent" or "parents" or "brother" or "brothers" or "sister" or "sisters" or "aunt" or "aunts" or "uncle" or "uncles" or "grandmother" or "grandmothers" or "grandfather" or "grandfathers" or "grandparent" or "grandparents" or "stranger" or "strangers" or "acquaintance" or "acquaintances" or "friends" or "friend" or "partner" or "partners" or "victim-offender relationship" or "victim offender relationship" or "victim-offender relationships" or "victim offender relationships" or "ex-partners" or "ex-partner" or "husband" or "husbands" or "wife" or "wives" or "couple" or "couples" or "boyfriend" or "girlfriend" or "spouse" or "spouses" or "lover" or "spousal" or "boyfriends" or "girlfriends" or "relative" or "relatives" or "family member" or "family members" or "maternal" or "parental")

AND ("siblicide" or "neonaticide" or "Infanticide" or "fratricide" or "victim-perpetrator relationship" or "victim perpetrator relationship" or "sororicide" or "family homicide" or "familicide" or "filicide" or "fratricides" or "family murder" or "family homicide suicide" or "familicy" or "family suicide" or "fatal child abuse" or "infant baby dumping" or "child abuse murders" or "child abuse fatalities" or "child abuse fatality" or "parental homicide" or "parental homicides" or "parents who kill" or "mothers who kill" or "fathers who kill" or "grandparents who kill" or "uncles who kill" or "siblings who kill" or "aunts who kill" or "brothers who kill" or "sisters who kill" or "family murder" or "family killing" or "adolescent homicide" or "adolescence homicide" or "adolescent murder" or "adolescence murder" or "adolescent killing" or "adolescence killing" or "child murder" or "child homicide" or "child killing" or "children murder" or "children killing" or "children homicide" or "sibling murder" or "sibling killing" or "sibling homicide" or "infant murder" or "infant killing" or "infant homicide" or "toddler killing" or "toddler murder" or "toddler homicide" or "young adult murder" or "young adult killing" or "young adult homicide" or "sister murder" or "sister killing" or "sister homicide" or "brother murder" or "brother homicide" or "brother killing" or "boy murder" or "boy killing" or "boy homicide" or "girl murder" or "girl killing" or "girl homicide" or "child abandonment" or "infant abandonment" or "toddler abandonment" or "girl abandonment" or "baby abandonment" or "homicide death rates in childhood" or "unnatural sudden infant death" or "unnatural sudden infant deaths" or "childhood homicide" or "childhood homicides" or "child killers" or "fatal maltreatment")

Appendix C: Adapted Appraisal Tool for Qualitative and Quantitative Studies

Review Area	Key Question	Yes/ No
1. STUDY OVERVIEW		
Details	Author, title, source, year	
Purpose	Aim/s of study mentioned?	
Key findings	Are key findings mentioned?	
Evaluative summary	Are strengths and weaknesses of study mentioned?	
2. STUDY, SETTING, SAMPLE AND ETHICS		
Type of Study	Type of study mentioned?	
Study Setting	Setting mentioned?	
Sample	Sample and population specified? Is the sample appropriate for the study aim/s?	
3. ETHICS		
	Was ethics committee approval obtained?	
	Was informed consent obtained?	
	Have ethics issues been appropriately addressed?	
4. DATA COLLECTION		
Appropriateness of data collection method	Was data collection method appropriate for study aim/s?	
Data collection process	Is data collection process adequately described (range of questions, length of interview or administration of questionnaire)?	
Reflexivity/ validity	Is reflexivity/ validity discussed/ addressed?	
5. DATA ANALYSIS		
	Data analysis mentioned and adequately described?	
	Data analysis technique is appropriate for study aim/s?	
	Is adequate evidence provided to support results/findings? (raw data, iterative analysis)	
6. POLICY AND PRACTICE IMPLICATIONS		
	Findings interpreted within context of other studies and theory?	
	Are conclusions justified given context of study?	
	Are implications for policy and practice discussed?	
	Are recommendations given for future research/ intervention?	
DECISION (INCLUDE/EXCLUDE)		

Source: Long et al. (2002; 2004).

Appendix D: Women's Information Sheet



Project Title: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

Introduction

Hello. My name is Bianca and I am a researcher from the University of the Western Cape in Cape Town. I want to invite you to talk to me about your life, your relationships, and experiences of being a mother/stepmother or caregiver and a woman. I'd like you to share your views, your beliefs, and your thoughts.

You should not agree to participate in this study unless you fully understand what is required of you and you are happy about all the things that are involved in the study. This information leaflet is to help you decide if you want to participate. If you do not understand the information or have any other questions, do not hesitate to ask me.

What is this study about?

This research study is an attempt to understand the circumstances surrounding the death of the/your child from your perspective, as his or her mother, stepmother, or caregiver.

What will I be asked to do if I agree to participate?

You will be asked to participate in a maximum of three one-on-one interviews which will last approximately one hour each. The interview will be more of a discussion or a conversation between you and the researcher, than an interview. The researcher will ask questions about your life story as well as aspects surrounding the death of the/your child and you can decide what you feel comfortable answering. With your permission, the interview will be audio-recorded.

Would my participation in this study be kept confidential?

Your participation in this interview will be kept confidential at all times. To help protect your confidentiality, the information will be totally private. However, with your permission the audio recording will be heard by a transcriber, if I choose to have one. Extracts from the interview will be read by my supervisors and examiners. No names will be used so there is no way you can be identified for participating in this study. The information will be anonymous and treated confidentially. Furthermore, when I write a report or article about this research project, your identity will also be protected to the maximum extent. Lastly, no information will be shared with prison authorities.

What are the risks of this research?

The known risks associated with participating in this research project may include painful feelings associated with speaking about the death of the/your child.

What are the benefits of this research?

The benefit of this research is that your participation will help the researcher to learn more about your thoughts and perspectives regarding the death of your child. It is important to highlight that this research is independent from prison services and does not form part of any rehabilitation and will not affect or influence chances of prior release or parole in any way.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised/punished.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from feeling distressed or uncomfortable during this study. If, however, you feel affected in any way (e.g. very sad) by the questions asked during the interview, you will be referred for counseling through the Psychological and Social Services Divisions of the Prison.

What if I have questions?

This research is being conducted by Miss Bianca Dekel, Psychology Department, at the University of the Western Cape. If you have any questions about the research study itself, please contact Miss Bianca Dekel at: 021 938 0838; Email: Bianca.dekel@mrc.ac.za

Should you have any questions regarding your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Primary Supervisor:

Prof. Michelle Andipatin
Psychology Department
University of the Western Cape

021 959 2454

mandipatin@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Prof José Frantz:

University of the Western Cape

Private Bag X17, Bellville 7535, Email: chs-deansoffice@uwc.ac.za

Alternatively, participants can contact the Chairman of the SAMRC ethics committee if they have queries or problems related to their rights as a participant: Prof K. Moodley: 021 938 0687; email: adri.labuschagne@mrc.ac.za.

Secondary Supervisor:

Prof. Naeemah Abrahams
Gender & Health Unit
South African Medical Research
Council

021 938 0445

naeema.abrahams@mrc.ac.za



Appendix E: Men's Information Sheet



Project Title: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

Introduction

Hello. My name is Bianca and I am a researcher from the University of the Western Cape in Cape Town. I want to invite you to talk to me about your life, your relationships, and experiences of being a father/stepfather or caregiver and a man. I'd like you to share your views, your beliefs, and your thoughts. You should not agree to participate in this study unless you fully understand what is required of you and you are happy about all the things that are involved in the study. This information leaflet is to help you decide if you want to participate. If you do not understand the information or have any other questions, do not hesitate to ask me.

What is this study about?

This research study is an attempt to understand the circumstances surrounding the death of the/your child from your perspective, as his or her father, stepfather, or caregiver.

What will I be asked to do if I agree to participate?

You will be asked to participate in a maximum of three one-on-one interviews which will last approximately one hour each. The interview will be more of a discussion or a conversation between you and the researcher, than an interview. The researcher will ask questions about your life story as well as aspects surrounding the death of the/your child and you can decide what you feel comfortable answering. With your permission, the interview will be audio-recorded.

Would my participation in this study be kept confidential?

Your participation in this interview will be kept confidential at all times. To help protect your confidentiality, the information will be totally private. However, with your permission the audio recording will be heard by a transcriber, if I choose to have one. Extracts from the interview will be read by my supervisors and examiners. No names will be used so there is no way you can be identified for participating in this study. The information will be anonymous and treated confidentially. Furthermore, when I write a report or article about this research project, your identity will also be protected to the maximum extent. Lastly, no information will be shared with prison authorities.

What are the risks of this research?

The known risks associated with participating in this research project may include painful feelings associated with speaking about the death of the/your child.

What are the benefits of this research?

The benefit of this research is that your participation will help the researcher to learn more about your thoughts and perspectives regarding the death of your child. It is important to highlight that this research is independent from prison services and does not form part of any rehabilitation and will not affect or influence chances of prior release or parole in any way.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised/punished.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from feeling distressed or uncomfortable during this study. If, however, you feel affected in any way (e.g. very sad) by the questions asked during the interview, you will be referred for counseling through the Psychological and Social Services Divisions of the Prison.

What if I have questions?

This research is being conducted by Miss Bianca Dekel, Psychology Department, at the University of the Western Cape. If you have any questions about the research study itself, please contact Miss Bianca Dekel at: 021 938 0838; Email: Bianca.dekel@mrc.ac.za

Should you have any questions regarding your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Primary Supervisor:

Prof. Michelle Andipatin
Psychology Department
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021 959 2454

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Dean of the Faculty of Community and Health Sciences: Prof José Frantz:

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Secondary Supervisor:

Prof Naeemah Abrahams
Gender & Health Unit
South African Medical Research Council
021 938 0445

naeema.abrahams@mrc.ac.za



Alternatively, participants can contact the Chairman of the SAMRC ethics committee if they have queries or problems related to their rights as a participant: Prof K. Moodley: 021 938 0687; email: adri.labuschagne@mrc.ac.za.

Appendix F: Consent Form



Project Title: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I hereby agree that the interviews may be audio recorded, so that the researchers have an accurate account of what I said. I understand that the audio-recordings from the interviews will be stored under lock and key at the South Africa Medical Research Council for a maximum of 15 years under the supervision of Prof Abrahams. Thereafter the audio recordings and their transcriptions will be destroyed. I understand that the participating researchers will only have access to the transcripts and nobody else. I acknowledge that the results of this research project may be published in medical and scientific journals; however, my name will not be mentioned.

I hereby agree to the interview:

Participant's name..... Participant's signature.....

Date.....

I hereby agree to the audio-taping of the interview:

Participant's name..... Participant's signature.....

Date.....

Witness's name..... Witness's signature.....

Date.....

What if I have questions?

This research is being conducted by Miss Bianca Dekel, Psychology Department, at the University of the Western Cape. If you have any questions about the research study itself, please contact Miss Bianca Dekel at: 021 938 0838; Email: Bianca.dekel@mrc.ac.za

Should you have any questions regarding your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Primary Supervisor:

Prof. Michelle Andipatin
Psychology Department
University of the Western Cape
021 959 2454
mandipatin@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:

Prof José Frantz
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

Secondary Supervisor:

Prof Naeemah Abrahams
Gender & Health Unit
South African Medical Research Council
021 938 0445
naeema.abrahams@mrc.ac.za



Alternatively, participants can contact the Chairman of the SAMRC ethics committee if they have queries or problems related to their rights as a participant: Prof K. Moodley: 021 938 0687; email: adri.labuschagne@mrc.ac.za.

Appendix G: Women's Interview Schedule

Title of Research Project: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

Interview 1: Question 1:

A few biographical questions to begin the interview:

- *Name*
- *Age*
- *Race*
- *Area resided in prior to incarceration*
- *Educational level*
- *Employment prior to conviction*
- *Religion*
- *Relationship status*
- *How many siblings do you have*
- *Are your parents still alive*



Question 2: Tell me about your childhood life:

Probe: Where did you grow up?

Probe: Tell me about your family / relationships with family members. What was your relationship like growing up with your: family/brothers/sisters? Were you close to them?

Probe: Tell me about your mother/father

Probe: Which adults played an important role in your life?

Probe: Tell me about school/ Tell me about friendships

Probe: Who were you close to growing up?

Probe: Do you have any personal experiences of violence? Probe when / by whom/ nature of the violence/ told others about it? Anyone shout at you? Do anything to make you feel sad?

Probe: Tell me about being a teenager – was this easy or difficult?

Probe: Tell me about boyfriends and dating.

Probe: Any stress in your life? How did you handle it?

End of interview 1. Thank participant for sharing all of the information. Tell participant that in the next interview we will discuss being an adult.

Interview 2:

Question 1: Tell me about your adult years:

Probe: Substance or alcohol abuse prior to conviction?

Probe: Did you ever move out of your parent(s) home? When/what age? With whom did you move in?

Probe: At what age did you meet your child(rens) father?

Probe: How did you meet him?

Probe: What is the age of the father(s) of your children(s)?

Probe: What was your relationship like with your child(rens) father?

Probe: How was your pregnancy?

Probe: Were your pregnancies planned?

Question 2: Tell me about the events leading to your/the child's death:

Probe: What was going on in your life at that time?

Probe: Was the father present during that time, nearing the child's death?

Probe: What do you think contributed to the/your child's death?

Probe: Did anyone know you were going through a difficult time? Who were the people you confided in and what help did they offer?

Probe: How many children do you currently have?

Probe: What are your children's ages?

Probe: How old were you at the time of each child(s) birth?

Probe: What was your child's age when he/she died?

Probe: Who cares for your remaining children?

Probe: How long have you been in prison for?

Probe: How much time do you have left in prison?

Probe: Have you been in prison prior to this conviction? If so, for what crime?

Question 3: Growing up, did you want to be a mother?

Probe: What did you envision motherhood to be like?

Probe: What was your relationship like with your own mother?

Probe: What is your understanding of what it means to be a parent in a child's life?

Question 4: Has there been a shift in the way that you think about the/your child's death from the time that you initially got incarcerated until now?

Probe: Has your thoughts about circumstances surrounding your/the child's death changed from the time you were found guilty until now?

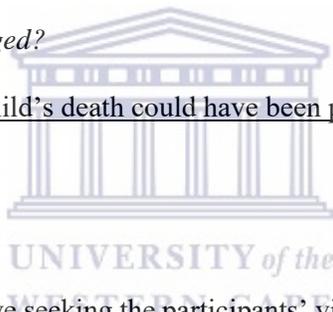
Probe: How have your thoughts changed?

Question 5: Do you think that your child's death could have been prevented?

Probe: If so, how?

Interview 3 (Member Checking)

- The third interview will involve seeking the participants' views of the credibility of the findings. It will involve taking the interpretations and conclusions back to participants so that they can judge the accuracy of it. The third interview will also involve finishing off any questions that were not answered in interview 2 (if need be).



Appendix H: Men's Interview Schedule

Title of Research Project: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

Interview 1: Question 1:

A few biographical questions to begin the interview:

- *Name*
- *Age*
- *Race*
- *Area resided in prior to incarceration*
- *Educational level*
- *Employment prior to conviction*
- *Religion*
- *Relationship status*
- *How many siblings do you have*
- *Are your parents still alive*



Interview 1:

Question 2: Tell me about your childhood life:

Probe: Where did you grow up?

Probe: Tell me about your family / relationships with family members What was your relationship like growing up with your: family/brothers/sisters? Were you close to them?

Probe: Tell me about your father – focus on relationship with father

Probe: Which adults played an important role in your life?

Probe: Tell me about school/ Tell me about friendships

Probe: Who were you close to growing up?

Probe: Do you have any personal experiences of violence? Probe when / by whom/ nature of the violence/ told others about it?

Probe: Tell me about being a teenager – was this easy or difficult

Probe: Tell me about girlfriends and dating

Probe: Any stress in your life? How did you handle it?

End of interview 1. Thank participant for sharing all of the information. Tell participant that in the next interview we will discuss being an adult.

Interview 2:

Question 1: Tell me about your adult years:

Probe: Substance or alcohol abuse prior to conviction?

Probe: Did you ever move out of your parent(s) home? When/what age? With whom did you move in?

Probe: At what age did you meet your child(rens) mother?

Probe: How did you meet her?

Probe: What is the mother(s) of your children(s) age?

Probe: What was your relationship like with your child(rens) mother?

Probe: How was her pregnancy?

Probe: Were her pregnancies planned?



Question 2: Tell me about the events leading to your/the child's death:

Probe: What was going on in your life at that time?

Probe: Was the mother present during that time, nearing the child's death?

Probe: What do you think contributed to the/your child's death?

Probe: Did anyone know you were going through a difficult time? Who were the people you confided in and what help did they offer?

Probe: How many children do you currently have?

Probe: What are your children's ages?

Probe: How old were you at the time of each child(s) birth?

Probe: What was your child's age when he/she died?

Probe: Who cares for your remaining children?

Probe: How long have you been in prison for?

Probe: How much time do you have left in prison?

Probe: Have you been in prison prior to this conviction? If so, for what crime?

Question 3: Growing up, did you want to be a father?

Probe: What did you envision fatherhood to be like?

Probe: What was your relationship like with your own father?

Probe: What is your understanding of what it means to be a parent in a child's life?

Question 4: Has there been a shift in the way that you think about the/your child's death from the time that you initially got incarcerated until now?

Probe: Has your thoughts about circumstances surrounding your/the child's death changed from the time you were found guilty until now?

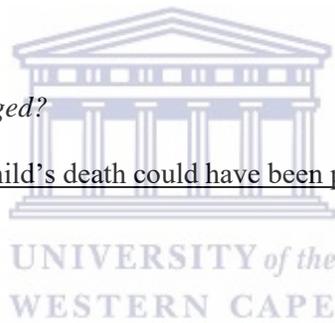
Probe: How have your thoughts changed?

Question 5: Do you think that your child's death could have been prevented?

Probe: If so, how?

Interview 3 (Member Checking)

- The third interview will involve seeking the participants' views of the credibility of the findings. It will involve taking the interpretations and conclusions back to participants so that they can judge the accuracy of it. The third interview will also involve finishing off any questions that were not answered in interview 2 (if need be).



Appendix I: Confidentiality Agreement Form for the Transcriber



Project Title: A narrative approach to understanding child homicide from the perspective of incarcerated South African parents convicted of killing their children.

I understand that the audio recordings of the interviews applicable to this study are confidential information. I will not disclose any information that I learn while transcribing these audio-recordings. I hereby agree that the audio recorded interviews as well as the transcriptions will be deleted by me after I have sent them to Ms Bianca Dekel.

I hereby agree to keep the information in the interviews confidential:

Transcriber's name.....

Transcriber's signature..... Date.....

I hereby agree to destroy the audio-taping of the interview and the transcription after giving it to Ms Bianca Dekel:

Transcriber's name.....

Transcriber's signature..... Date.....

Witness's name.....

Witness's signature..... Date.....

Should you have any questions regarding your rights as a transcriber or if you wish to report any problems you have experienced related to the study, please contact:

Primary Supervisor:

Prof. Michelle Andipatin

Psychology Department

Secondary Supervisor:

Prof. Naeemah Abrahams

Gender & Health Unit

University of the Western Cape

021 959 2454

mandipatin@uwc.ac.za

South African Medical Research Council

021 938 0445

naeema.abrahams@mrc.ac.za

Alternatively, contact the Chairman of the SAMRC ethics committee: Prof K. Moodley: 021 938 0687;
email: adri.labuschagne@mrc.ac.za.

This research has been approved by the South African Medical Research Council Ethics Committee as well as by the University of the Western Cape's Ethics Committee.



Appendix J: University of the Western Cape Research Ethics Clearance



OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

06 May 2016

Ms B Dekel
Psychology
CHS Faculty

Rectangular Snip

Ethics Reference Number: HS/16/2/9

Project Title: A narrative approach to understanding filicide from the perspective of convicted parent(s) of children aged 0-5 in South Africa

Approval Period: 08 April 2016 – 08 April 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink that reads 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Appendix K: South African Medical Research Council Research Ethics Clearance: Initial Application



ETHICS COMMITTEE

PO Box 19070, 7505 Tygerberg, South Africa
Francie van Zijl Drive, Parowvallei, 7500
Tel: +27 (0)21 938-0687; Fax: +27 (0) 866-854023
E-mail: adri.labuschagne@mrc.ac.za
<http://www.mrc.ac.za/ethics/ethics.htm>

21 September 2015

Rectangular Snip

Ms Bianca Dekel
Gender & Health Research Unit
MRC Cape Town

Dear Ms Dekel

Protocol ID: EC026-8/2015
Protocol title: Understanding infanticide in South Africa: from a mother's perspective
Meeting date: 31 August 2015

Thank you for your application to the Ethics Committee, and your responses dated 14, 16 (two responses), and 21 September. The responses were acceptable. I am pleased to inform you that ethics approval is now granted for the study.

Please note that the approval is valid for 1 year, i.e. from 31 August 2015 to 30 August 2016. Any changes to the research protocol must be submitted as an amendment. Any adverse events must be reported within 48 hours. Any protocol deviations have to be reported.

Wishing you well with your research.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. du Toit'.

PROF. D DU TOIT
CHAIRPERSON: MRC ETHICS COMMITTEE

MRC Ethics Committee: Prof D du Toit (chairperson), Prof D Kayongo, Dr NE Khomo, Ms N Morar, Prof N Morojele, Prof H Oosthuizen, Mr D Rebombo, Dr Y Sikweyiya, Prof A van Niekerk, Ms A Labuschagne

Appendix L: South African Medical Research Council Research Ethics Clearance: Amendment



ETHICS COMMITTEE

18 November 2015

● Rectangular Snip

Ms Bianca Dekel
Gender & Health Research Unit
MRC Cape Town

Dear Ms Dekel

Protocol ID: EC026-8/2015
Protocol title: Understanding filicide in South Africa
Meeting date: 27 October 2015

Thank you for your application to the Ethics Committee for an amendment, dated 29 September 2015, and your responses dated 9, 16 and 18 November 2015. The responses were satisfactory. I am pleased to inform you that ethics approval is now granted for the amendment.



Wishing you well with your research.

Yours sincerely



PROF. D DU TOIT
CHAIRPERSON: MRC ETHICS COMMITTEE

Appendix M: Department of Correctional Services Research Ethics Clearance



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O WF Nkomo and Sophie De Bruyn Street, PRETORIA
Tel (012) 307 2770, Fax 086 539 2693

Ms B Dekel
21 Green Way
Summer Greens
Cape Town
7441

Dear Ms B Dekel

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "UNDERSTANDING FILICIDE IN SOUTH AFRICA"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Manager Psychologist, Ms H Endrody**.
- You are requested to contact her at telephone number (021) 700 7817 before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document and this approval letter should be in your possession when visiting.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) e.g. "Offenders" not "Prisoners" and "Correctional Centres" not "Prisons".
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully

ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH

DATE: 18/01/2016

Figure 1

