

Chapter 11

Fatal assault

“... there is probably no other type of homicide that is as disturbing and produces the greatest loss in terms of productive years of life as the killing of children” (Mouzos, 2000:132)

Key issues

- Nine children died as a result of fatal assault in Queensland between July 2005 and June 2006.
- Child deaths from fatal assault in 2005–06 were a heterogeneous group: 3 deaths were the result of fatal child abuse, 2 were the result of domestic homicide, 2 resulted from domestic violence and 2 were classified as ‘other’.
- Six of the 9 children who died due to child fatal assault were known to the Department of Child Safety.

Between 1 July 2005 and 30 June 2006, 9 children and young people died from assault in Queensland, a rate of 0.9 deaths per 100,000 children aged birth to 17 years. Fatal assaults accounted for 9.7% of child deaths from external causes during the reporting period.

Defining fatal child assault

The Commission has adopted the following working definition of fatal child assault: the death of a child or young person under the age of 18 from “acts of violence perpetrated upon him or her by another person” (Lawrence 2004: 838). This definition is intended to be child focused insofar as the perpetrator’s intention is not relevant – the definition includes violence leading to the child’s death even though the perpetrator may not have intended the outcome, as well as cases in which the perpetrator intended to kill the child. Thus fatal child assault includes cases where a child’s death is the sequela of assault, even if the death occurred some time later.

As discussed below, the Commission is currently undertaking in-depth research into the fatal assault and neglect of Queensland children and young people. In the interim, it is intended that this definition is a minimum criterion for the inclusion of cases in the fatal assault research category.

Child death review teams in other Australian jurisdictions (most notably the New South Wales Child Death Review Team) have developed screening procedures to identify child deaths caused by assault, neglect or suspected assault and neglect. These screening processes have enabled such teams to report significantly greater numbers of child deaths from fatal assault and neglect than are reported in other official statistics, such as Australian Bureau of Statistics data.

It is intended that a more inclusive set of criteria will be developed as part of the Commission’s forthcoming research into fatal child assault and neglect. The development of screening procedures applicable to the Queensland context will enable greater numbers of fatal child assault and neglect deaths and deaths which occur in suspicious circumstances to be identified and analysed in future reports.

Fatal assault trends and patterns, 2005–06

Table 11.1 presents the gender and age of the children and young people who were fatally assaulted.

Table 11.1: Fatal assaults by gender and age

Age at death	Females <i>n</i>	Males <i>n</i>	Total <i>n</i>
Under 1 year	2	0	2
1–4 years	0	3	3
5–9 years	1	0	1
10–14 years	0	1	1
15–17 years	2	0	2
Total	5	4	9

Data source: Queensland Child Death Register (2005–06)

Gender

Of the 9 children killed, 4 were male (44.4%) and 5 were female (55.6%).

Age

The children who died from fatal assaults ranged in age from newborn to 17 years.²²⁵ The highest number of fatal assaults was in the 1–4 year age group (3 deaths).

From a developmental perspective, two patterns of fatal assault are evident: assaults of infants and very young children (birth to 4 years) and adolescent assaults (13–17 years). Five children aged from birth to 4 years (55.6%) were fatally assaulted, a rate of 2.0 deaths per 100,000 children aged birth to 4 years. Two children aged between 13 and 17 (22.2%) were also fatally assaulted and 2 victims were in middle childhood (5–12 years).

This is consistent with national and international literature on developmental theories of child fatal assault.

Infants and very young children (4 years and under) are at particular risk of lethal violence. Children of this age can be picked up and shaken or thrown, and just a small amount of force can cause serious injury (Finkelhor 1997:22). They are small, vulnerable and totally dependent on a caregiver for survival, and have no means of defending themselves. Violence perpetrated on children in this age group is therefore more likely to be fatal.

Between the ages of 5 and 12, the rates of fatal abuse decrease markedly, leading researchers to describe middle childhood as a period of transition (Finkelhor 1997:26). Although children may face considerable violence in the home or at school during these years, it is usually not lethal. Children in this age group have outgrown the vulnerability of the very young: they are less dependent and increasingly robust, making them better able to hide, avoid blunt force injuries and escape from aggressive parents. More force is also required for an injury to be lethal. Moreover, most children in middle childhood have not yet begun to engage in risk-taking activities, and are therefore protected from some of the dangers that contribute to the higher rates of homicide during the adolescent years.

When adolescents are the victims of lethal violence, the circumstances and cause of death have been found to resemble those of adult homicides. In these incidents, confrontational violence occurs in the context of relationships with friends, acquaintances, boyfriends and strangers (Lawrence 2004:845; Cohle & Byard 2004:77).

Aboriginal and Torres Strait Islander status

There were no Indigenous children fatally assaulted.

Despite the extremely high levels of violence in some Aboriginal communities, it appears that children are not usually the focus of it and may be able to avoid the violence between adult family members (Strang 1996:3).

Geographic distribution (ARIA+)

Three of the 9 children fatally assaulted were living in metropolitan areas (33.3%) and 5 were living in regional areas (55.6%). There was only 1 fatal assault of a child from remote Queensland (11.1%).

The rate of fatal assault in regional areas was 1.3 deaths per 100,000 children aged birth to 17 years living in regional areas. Rates of death from fatal assault in metropolitan and remote Queensland could not be calculated because of the small numbers.

225 The newborn was delivered at 21 weeks gestation as a result of injuries sustained by her mother in a domestic violence incident.

Socio-economic status (SEIFA)

Four of the 9 children and young people who died from fatal assault were living in the lowest socio-economic areas in Queensland (44.4%); 4 were living in high or very high areas (44.4%), while 1 child was living in a moderate area (11.1%).

The rate of death from fatal assault was 1.0 death per 100,000 children aged birth to 17 years living in low socio-economic areas and was 1.1 deaths per 100,000 children in high socio-economic areas. Rates of death from fatal assault in moderate socio-economic areas could not be calculated because of the small numbers.

Child protection population

Six of the 9 children were known to the Department of Child Safety (DChS). The Department's involvement with these children will be considered by the Child Death Case Review Committee (CDCRC).²²⁶

Fatal assaults of children known to the DChS accounted for 66.7% of all fatal assaults. This group were significantly over-represented in deaths from fatal assault, accounting for 9.9 deaths per 100,000 children and young people in the child protection population, compared with 0.9 deaths per 100,000 children aged from birth to 17 years in Queensland.

Studies have found that between 24% and 45% of child abuse fatalities occur in families known to child protective services and in as many as 1 in 8 the case was currently active (Finkelhor 1997:25).

Coronial findings

At the time of reporting, coronial findings were pending in 8 of the 9 cases of fatal assault (88.9%). Coronial findings had been finalised in 1 case. Autopsies had been conducted in 8 cases. Autopsy test results (cause of death) were also pending in 1 case.

Circumstances of fatal assaults

Multiple victims

The 9 children fatally assaulted died in 9 separate incidents. Two of these incidents involved the

death of more than 1 victim: a total of 13 people (9 children and 3 adults) died in the 9 incidents. In 2 incidents a further 2 people suffered injuries inflicted by the perpetrator of the assault. In 1 case the victim was an adult sibling of a child who died, while in the other incident the victim was the child's mother.

Strang (1996:2) reports that, between July 1989 and December 1996 in Australia, 20% of homicides involving children aged less than 15 years involved more than 1 victim (compared with 5% of all homicides which involved multiple victims). In almost all of these cases, the offender was the child's father.

In the reporting period, in one of the incidents involving multiple victims the perpetrator was the child's father; in the other incident, the perpetrator was the child's mother.

Category of assault

The following categories of fatal child assault are intended as a working system of classification only. It is envisaged that a more comprehensive classificatory system will be developed in light of the findings of the Commission's in-depth research into fatal child assault and neglect, and that previously categorised cases may change as further information becomes available to the Commission.

Fatal assault is a heterogenous class of acts (Mouzos 2000:4). Although the child dies from violence in each case, the social context surrounding these incidents differs substantially.

While there is no internationally or nationally accepted means of classifying the circumstances of child fatal assaults, all fatal assaults can be classified either as familial or non-familial. Other classifications are based on the scenario around the child's death.

Following a review of the existing literature, the New South Wales Child Death Review Team (2002; 2003) and Lawrence (2004:842–43) report six categories of fatal child assault based on the most common scenarios surrounding the death:

²²⁶ Since 1 August 2004, the DChS has been required to conduct a review of its involvement with a child if the child was known to the Department within the 3 years before their death. The CDCRC is an independent committee responsible for considering the Department's review. The committee is multi-disciplinary and is chaired by the Commissioner.

- infanticide
- fatal child abuse
- domestic homicide
- psychiatric illness (of the perpetrator)
- fatal sexual assault, and
- teen fatal assault.

Through its child death research activities, the Commission has also identified two further categories of fatal assault that warrant attention: fabricated or induced illness – formerly Munchausen

syndrome by proxy (a form of fatal child abuse) – and deaths that occur in the context of domestic and/or family violence.²²⁷

Seven of the 9 child deaths from fatal assault were able to be classified with the information available to the Commission at the time of reporting.

Table 11.2 classifies the deaths according to the major categories of fatal assault found in the research literature. The perpetrator, the child’s age category and the cause of death are also included.

Table 11.2: Category of assaults by perpetrator, age category and cause of death

Category	Perpetrator	Age category	Cause of death
Fatal child abuse	Parent/step-parent*	Under 1 year	Pending test results (police report death resulted from head trauma)
Fatal child abuse	Parent/step-parent	1–4 years	Contact with hot tap-water
Fatal child abuse	Mother	5–9 years	Assault by hanging, strangulation and suffocation
Domestic homicide	Father	1–4 years	Assault by smoke, fire and flames
Domestic homicide	Mother	15–17 years	Assault by sharp object
Domestic violence	Father	Under 1 year	Foetus and newborn affected by maternal injury
Domestic violence	Boyfriend	15–17 years	Assault by blunt object
Other**	Family member	1–4 years	Assault by sharp object
Other	Unknown	10–14 years	Other ill-defined and unspecified causes of mortality

Data source: Queensland Child Death Register (2005–06)

* ‘Parent or step-parent’ has been used when the available evidence indicates that a parent (including a step-parent) was responsible for the child’s death but it cannot be determined whether the death was caused by the child’s mother, father or both parents.

** Deaths have been categorised as ‘other’ when details of circumstances were insufficient to otherwise classify the death.

Fatal child abuse

In the reporting period, fatal child abuse was the most common category of assault, accounting for 33.3% of all fatal child assaults (3 deaths).

In 2 of the 3 cases of fatal child abuse the child was under 4 years of age. One 5 year old child was also killed. One infant died as a result of head trauma, including a fractured skull and retinal haemorrhaging, a child aged between 1 and 4 died from severe hot-water burns, and a child aged between 5 and 9 died from suffocation.

A parent or parents were the perpetrators in all 3 cases.

All 3 children were also reported to have suffered previous abuse and/or neglect and all were known to the DChS.

Fatal child abuse occurs predominantly in infants and very young children (birth to 4 years), who lack the power or resources to defend themselves. The perpetrator is usually a parent or caregiver and the death is most commonly the result of blunt force injury; children are punched, hit, kicked, shaken or thrown. Such deaths are also caused by suffocation, strangulation, or intentional burns or scalds. Cohle and Byard (2004:77) report that the precipitating event often involves disciplinary action. Studies

227 It should be noted that, while the classification into types of assault is based on the scenario surrounding the death, these categories are not static and social problems frequently overlap (Lawrence 2004:843). For example, deaths are classified as domestic homicide if family breakdown and/or conflict is the precipitating factor in the fatal incident. Although mental health problems or child abuse may co-exist in the family, the child’s death is seen to be triggered by the family breakdown (Lawrence 2004:843; NSW Child Death Review Team 2002:6).

have found that in over 50% of cases of fatal child abuse the child had experienced prior abuse by the perpetrator (Lawrence 2004:844; Wilczynski in Mouzos 2000:138–39).

Domestic homicide

Domestic homicide and domestic violence were the second most common categories of assault, each accounting for 22.2% of fatal child assaults (2 deaths).

Of the 2 deaths categorised as domestic homicides, in 1 case the assault appeared to have been associated with a breakdown in the parent's relationship. In the other case, while no precipitating factors have been identified, the child's parents were known to be separated and the child's mother is reported to have made previous threats to harm her children. Although in 1 case the child sustained head injuries causing death, both domestic homicides involved intentionally lit house fires.²²⁸ In 1 case the perpetrator suicided after the assault.

Domestic homicides are usually precipitated by a breakdown in or termination of the parents' relationship. These incidents are frequently associated with the wife leaving the relationship (and taking or leaving behind the children) or with legal proceedings over residence or contact (Johnson 2002; Mouzos 2000:143).

Johnson (2002) reports that domestic homicides are always premeditated and usually follow months or years of dysfunctional behaviour by the perpetrator, including threats to harm themselves or other family members.

Domestic homicides are characterised by very high rates of suicide among offenders; an offender who kills their children is nearly 10 times more likely to suicide than an offender who kills someone other than their own child (Carach & Grabosky in Mouzos 2000:143; Strang 1996:4).

Domestic violence

One infant and 1 teen aged between 15 and 17 years died as a result of domestic violence.²²⁹

The infant killed was born at approximately 21 weeks gestation and as such was not viable. The infant was born as a result of injuries sustained by the mother during a domestic violence incident perpetrated by the father. The infant's parents were known to have a significant history of alcohol abuse and severe domestic violence. It is reported that the mother had been hospitalised previously and was considered at high risk of domestic homicide because of both the severity of the injuries inflicted by the father and her unwillingness to make complaints against the father.²³⁰

The teenager killed in a domestic violence incident died from severe blunt force head injuries after being physically assaulted by a boyfriend 11 years her senior. The young person was reported to have engaged in a range of promiscuous behaviour, including truancy, under-age drinking and sexual activity. The young person was also known to the DChS.

Teen dating violence is emerging as a concern in the research literature. While dating violence (and other intimate partner violence) affects women irrespective of age, teens are particularly vulnerable, with studies in the United States finding that women aged 16–24 experience the highest per capita rate of intimate partner violence (Silverman et al. 2001:572; Rennison & Welchans 2003). Australian research has found that over a third of young people (aged between 12 and 20 years) who have been in a dating relationship had experienced physical violence (Indermaur 2001:4). Teens and young adults who are socially and economically disadvantaged and/or disconnected from social supports such as school, family and work are at particular risk of domestic violence. The Centers for

228 In the reporting period a third house fire occurred in circumstances which suggest that it could have been the result of domestic homicide. At the time of reporting, a coronial inquest into this case was in progress and therefore this death has been reported in Chapter 8, 'Fire'.

229 The teen death from domestic violence can also be classified as falling within the broader category of 'teen homicide', but as the incident was the result of intimate partner violence it has been categorised more specifically as due to domestic violence.

230 Under section 294 of the *Criminal Code Act 1899*, when a child dies in consequence of an act done or omitted to be done by any person before or during its birth, the person who did or omitted to do such act is deemed to have killed the child. Section 313 provides that any person who unlawfully assaults a female pregnant with a child and destroys the life of the child is guilty of a crime and is liable to imprisonment for life.

Disease Control’s 2003 Youth Risk Behavior Survey (United States) also found teen dating violence to be associated with a wide range of serious risk-taking behaviour and problems: adolescents who are physically hurt by a boyfriend or girlfriend are more likely to report binge drinking, sexual activity, physical fights and suicide attempts.

Other

In 2 of the cases of fatal child assault, the information available was insufficient to categorise the assault.

Method of assault

Table 11.3 shows the method of assault by age of the children and young people who died in the reporting period.

Table 11.3: Method of assault by age at death

Method of assault	Age category					Total
	< 1	1–4	5–9	10–14	15–17	
Physical assault	2	0	0	0	0	2
Blunt object	0	0	0	0	1	1
Sharp object	0	1	0	0	1*	2
Suffocation	0	0	1	0	0	1
Fire	0	1	0	0	0	1
Hot water	0	1	0	0	0	1
Other/unknown	0	0	0	1	0	1
Total	2	3	1	1	2	9

Data source: Queensland Child Death Register (2005–06)

* Death also involved a house fire

In the reporting period, 2 of the 5 children under the age of 5 years were killed as a result of physical assaults not involving weapons, with 1 infant presenting injuries consistent with being shaken. One child died from smoke inhalation in an intentionally lit house fire, and 1 as a result of burns sustained by contact with hot tap-water. Only 1 child

under the age of 5 was killed with a weapon – this death involved a bladed instrument.

Studies have found that the fatal assault of infants and young children is infrequently accomplished with the use of weapons commonly classified as dangerous (Finkelhor 1997:22; Mouzos 2000:135). Rather, children under the age of 5 years are most likely to be beaten to death, and the youngest victims are more likely to be suffocated, violently shaken or thrown (Mouzos 2000:136).

Two children in middle childhood (5–12 years) were fatally assaulted: 1 was suffocated and in the other case the precise mechanism of death is unknown.

The 2 adolescents who died were killed with weapons – 1 by blows with a blunt object and 1 by blows with a sharp object. One of the adolescent fatal assaults also involved a house fire; however, this did not kill the child.

Australian research has found that older children and teenagers (like adult men and women) are most likely to be killed with a weapon, most frequently a knife or other sharp instrument (Mouzos 2000:136).

Victim–offender relationship

In the reporting period, 5 of the 7 children under the age of 15 were killed by a parent (or step-parent) (71.4%). An additional child was killed by another family member. In 1 case the perpetrator is unknown.

Most research indicates that the greatest risk of fatal assault to young children is from family members, usually a parent, and that killings by people unknown to the child are relatively rare. In Australia between 1989 and 1993, only 4% of fatal assaults of children aged 14 and under were committed by strangers (Strang 1996:3). Child deaths resulting from parental abuse are reported to be unique among homicides in terms of the high proportion of women offenders, usually biological mothers (National Child Protection Clearinghouse 2005).

In the reporting period, 2 of the 6 children killed by a parent were killed by their mother. Both mother and father were responsible for the death of 1 child and in another case, while it is clear that the child's death was caused by a parent or step-parent, the information held by the Commission is insufficient to determine the perpetrator.

In contrast to fatal assaults of young children and children in the middle years, most adolescent assaults are non-familial and, like adult homicide, the perpetrators of teen homicides are predominantly male (Finkelhor 1997:19; Lawrence 2004:843; Cohle & Byard 2004:77).

One of the teenagers fatally assaulted was killed by her mother; in the other case the perpetrator was the young person's boyfriend.

Location

In the reporting period, 7 of the 9 fatal assaults (77.8%) were committed on residential premises. Six of the assaults that occurred on residential premises occurred in the victim's home (85.7%),²³¹ and 1 occurred at the home of a relative. One assault took place on a street/road/highway. The location of 1 death is unknown.

Australian research has found that homicide most commonly occurs in residential premises (60.2%) (Mouzos 2000:19, 135). Similarly, when children are killed they are most likely to be killed in a residential location.

Forthcoming research on fatal assault and neglect

The conduct of in-depth child death research was identified by the Crime and Misconduct Commission as an important means of understanding the reasons why children in Queensland die, and thereby ensuring that government action directed towards the prevention of child deaths is better informed and more effective.

Child deaths from assault and neglect are sentinel events which should trigger serious social reflection regarding social policy for children. In recognition

of this, the Commission is undertaking an in-depth study examining the fatal assault and neglect of children and young people in Queensland.

The purpose of this project is to produce an in-depth research report analysing all child deaths from fatal assault and neglect, or which occurred in suspicious circumstances, registered in the period 1 January 2004 to 31 December 2006, and to make recommendations for reducing the likelihood of these child deaths. By studying the population of deaths over this length of time, trends are more apparent in the larger group of cases than in year-to-year analysis (as in the Commission for Children and Young People and Child Guardian's annual reports of child deaths).

It is envisaged that the study will provide a state-wide profile of fatal assault and neglect. The profile will include the characteristics of the victim children, families and living situations; socio-economic status; the victim-offender relationship; and precipitating factors contributing to the fatal event. The aim of the project will be to identify the circumstances that place children at increased risk of assault or neglect, to support the development of targeted interventions.

The project scope will include:

- a detailed literature review of theories of fatal child assault and neglect, including analysis of the undercounting of fatal child assault and neglect in many official data sources
- the development of a screening procedure to identify cases of fatal child assault and neglect and suspected fatal child assault and neglect in Queensland
- analysis of all cases of fatal child assault and neglect or suspected fatal child assault and neglect in Queensland, including identification of risk factors, and
- formulation of strategies/recommendations to reduce or remove risk factors associated with fatal child assault and neglect.

231 Cases where the parents are separated and the death occurred in the home of one or other of the parents have been classified as occurring at home.

In undertaking this study, the Commission's data sources will consist of documents and files from key state government agencies.

Section 48A of the *Births, Deaths and Marriages Registration Act 2003* and sections 10A, 45 and 46 of the *Coroners Act 2003* impose an obligation on these agencies to provide the Commission with:

- death registration data
- Police Reports of Death to a Coroner (Form 1s), and
- coroners' findings and comments.

The Commission has also entered into administrative arrangements with these agencies (under s. 54A of the *Coroners Act* and under s. 48B of the *Births, Deaths and Marriages Registration Act*) to gain access to additional information and documents concerning the deaths of children and young people in Queensland.²³²

Section 89ZG of the *Commission for Children and Young People and Child Guardian Act* also enables a government entity to enter into an arrangement with the Commission to provide information or documents reasonably needed to perform the Commission's child death functions. It is intended that this legislation will facilitate access to the full range of information needed to undertake seminal child death research.

The Commission is in the process of finalising administrative arrangements with the Queensland Police Service and Queensland Health to access information that will assist with the identification of all child deaths caused by assault, neglect or suspected assault and neglect. Administrative arrangements with other key government agencies such as the Department of Housing, Department of Education and the Arts, Department of Child Safety and Department of Communities will also be developed as required.

232 See Hansard, 16 June 2004, p. 1457; Crime and Misconduct Commission, *Protecting Children: An inquiry into the abuse of children in foster care* (Brisbane: Crime and Misconduct Commission, 2004), p. 163.