

ORIGINAL ARTICLE



Public health nurses' assessment of the background factors of familicide

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Abstract

The purpose of this study was to describe public health nurses' assessment of the background factors of familicide, factors that promote or prevent identification of these factors and familicide-related education. The researchers sought to provide information that would help public health nurses recognise and prevent family tragedies as well as the development of education. Public health nurses ($n = 85$) working at clinics in Finland were surveyed using an electronic questionnaire. The quantitative data was described through statistics and open questions were analysed using inductive content analysis. Approximately one-third (33 per cent) of the nurses considered their ability to identify the background factors of familicide as very poor or poor, and most (87 per cent) felt that they needed additional training. The identification of background factors is hindered by a lack of both resources and multiprofessionalism, fragmentation of care conditions, fear, cultural challenges, and education inadequacies.

KEYWORDS

familicide, familicide–suicide, family homicide, filicide

Key Practitioner Messages

- Identifying the background factors of familicides is important, as some familicides could be prevented by early intervention.
- According to previous research, certain background factors can be identified related to familicides, and paying attention to these factors is important in encounters between professionals and families.
- The nurses wished for more training on detecting the background factors of familicides, and also hoped that the training would provide them with tools for preventing familicides and processing possible tragedies.

INTRODUCTION

Between the years 2010 and 2019 in Finland, 44 deaths of children under 15 years old were caused by familicide. According to the statistics, 24 children were killed by their mother and 17 by their father, while three children had been killed by some other person related to the family. The darkest year was 2012 when 13 children lost their lives as a result of familicide. Finland's homicide rate is the sixth highest in the European Union and the eighth highest in the OECD countries. Making international comparisons between the homicide rates and the number of familicides is challenging, as there are considerable differences in the constituent elements of an offence between countries. In any case, homicide rates are high in Finland; in the previous five years, the average rate of homicide mortality among men was 2.05 out of

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100,000 men per year, while the corresponding rate was 0.60 in Norway and 1.52 in the United Kingdom. Among women, the average rate was 0.85 out of 100,000 women per year in Finland but 0.42 in Norway and 0.71 in the United Kingdom (Lehti, 2020).

Familicide deaths cause a lot of human suffering in society. The deaths also create indirect economic effects resulting from related health impacts. When a person encounters a sudden traumatic experience, the impact affects both the person experiencing the situation as well as the people close to them. These impacts can manifest as psychological problems such as an inability to work or increased use of social assistance. Traumatic experiences and their treatment also cause many direct economic impacts resulting from, for instance, increased use of support services (Ministry of Social Affairs and Health [MSH], 2019).

The concept of familicide has been defined in various ways in literature, depending on the age of the children involved, the number of victims, and the relationship between the victim and the perpetrator. The laws of Finland do not specifically recognise familicide, focusing only on murder and manslaughter. Under Finland's legislation, infanticide is a situation in which a mother kills her child because of fatigue or anxiety after childbirth (Finlex, 1995). The concept of familicide or family homicide may refer to a situation where children or a single child are victims. The concept also encompasses the perpetrator committing suicide and/or killing his or her spouse (Liem & Reichelmann, 2014). Filicide, the murder of a child by a parent is also considered as a form of familicide (Myers et al., 2021). In addition to the concept of familicide, the terms familicide–suicide, and filicide–suicide may be used in situations that also involve the perpetrator committing suicide (Sachmann & Harris Johnson, 2014). In this study, a familicide is considered as a situation in which a parent kills at least one family member who is a child and possibly also kills his or her spouse.

The underlying factors that lead to familicides include mental health problems, violence, child abuse, a criminal background, and parental and life management problems (Aho et al., 2017). Financial difficulties have also been a common underlying factor (Karlsson et al., 2021; Tosini, 2020). In previous studies, the factors behind filicide have included parental mental disorders, particularly personality disorders and intimate partner violence; some parents have committed filicide with the intention to cause emotional anguish to the other parent, for example during a difficult divorce, and a third of the perpetrators also committed suicide after killing their child (Myers et al., 2021). The father-perpetrators of filicide have also reported substance abuse issues and unemployment, while the mother-perpetrators reported mental health issues (Eriksson et al., 2016). Some also had altruistic motivations for committing filicide, which refer to a parent's delusional thoughts related to saving the child from a perceived evil (Declercq et al., 2017). The mother-perpetrators of filicide had felt disadvantaged, manifesting as lifelong marginalisation, gender-based discrimination and poverty (Razali et al., 2020).

Paavilainen and Flinck (2015) have described various risk factors that may lead to violence against a child, including both child- and parent-related factors. In their study, the child-related risk factors included disability, excessive crying, and considering the child's behaviour as irritating. The parent-related risk factors included the use of intoxicants, emotional coldness, and abuse experienced as a child. Parents' low education level, unemployment, and having multiple children in the family increased the risk of child abuse. While risk factors related to the child and the parent may not predict the risk of familicide, violence against a child may lead to the death of the child in the worst-case scenario. Various types of maltreatment often occur simultaneously and are harmful, even fatal. Domestic violence connected to familicide has many preceding factors, as does violence against children (Eriksson et al., 2016; Makhlof & Rambaud, 2014; Olszowy et al., 2021; Paavilainen & Flinck, 2015; Razali et al., 2019; Reif & Jaffe, 2021; Sidebotham & Retzer, 2019). According to previous research, healthcare staff must pay particular attention to children treated for injuries, as they may be at great risk of filicide; however, professionals should exercise case-by-case discretion (Bäckström et al., 2019).

The background factors of familicide described above have been collected from various research studies as well as from police documents and legal protocols. Maternity and child health clinics play a key role in the identification of domestic violence between partners from the perspective of child welfare and preventing child abuse (Paavilainen & Flinck, 2015) and potential familicide. Therefore, it is important to assess the ability of nurses to identify the background factors of familicide and to provide training in assessing relevant family history.

This study aimed to describe the public health nurses' assessments of the background factors of familicide, to determine the circumstances that promote and prevent their identification, and to identify necessary training related to family tragedies. This study sought to produce information that could be used to train nurses to identify potential perpetrators and to prevent family tragedies.

AIM

The purpose of this study was to describe public health nurses' assessment of the background factors of familicide, factors that promote or prevent identification of these factors, and familicide-related education. The researchers sought to provide information that would help public health nurses recognise and prevent family tragedies as well as the development of education.

METHODS

Study design

This was a mixed methods study. Public health nurses ($n = 85$) working at clinics in Eastern and Southern Finland were surveyed using an electronic questionnaire. The quantitative data were described through statistics and open questions were analysed using inductive content analysis.

Recruitment

In total, 280 public health nurses work in the region. Information about the study and a link to the electronic survey was sent to all of the nurses' work email address. The public health nurses were recruited from maternity clinics that are used in Finland for following the wellbeing of families by public health nurses. The clients of maternity clinics are pregnant women and women who have given birth, their spouses, and their children up to the age of 7. Public health nurses play an important role in recognising families at risk of familicide, as they meet with families regularly in Finland. Public health nurses are in charge of monitoring pregnancies and following the development of a newborn child, first on a weekly and later on a monthly basis. Public health nurses also carry out home visits. While public health nurses ask their clients about the risk of violence, the assessment of the background factors of familicide is not systematic. Familicide rates have been higher in Eastern and Southern Finland than in other parts of the country.

Participants

The majority (72 per cent) of the public health nurses worked in municipalities where familicide cases had occurred. Some of the public health nurses (13 per cent) knew people who had encountered familicide cases and a quarter of the public health nurses (25 per cent) had encountered people at risk of familicide. An electronic questionnaire was submitted to public health nurses who worked at maternity and child health clinics.

In total, 85 responses to the questionnaire were obtained. Of the nurses participating in the study, 98 per cent were women, and the respondents' average age was 41 years. More than half of the nurses were married (53 per cent) and one in four (26 per cent) were cohabiting. More than half (52 per cent) had a nuclear family. Some of the responding nurses had children of their own, with the number of children ranging from zero to five. The respondents had graduated from their nursing training between 1981 and 2016, and more than one-third (31 per cent) of the nurses had worked at a maternity clinic between one and five years.

Data collection

The electronic questionnaire asked the nurses to provide their background information and included questions about the nurses' ability to identify the background factors of familicide (Table 1). In addition, the questionnaire contained open questions related to the nurses' assessments of family history and the background factors of familicide, the circumstances that either promoted or prevented factor identification, and the education and training required to identify the background factors of familicide. Through the open questions, the public health nurses were asked about issues such as whether they had met people affected by familicide (victims, relatives or perpetrators) in their work, what kinds of background or risk factors they consider to underlie familicide and to provide a description of what kinds of factors they feel would promote their ability to recognise familicide-related background or risk factors. The answers were based on the public health nurses' personal experiences gathered at their job as well as the knowledge they had about the subject.

This study poses the following research questions:

- How do public health nurses assess their ability to recognise the factors related to familicide?
- What are the public health nurses' assessments of the perpetrator's and victim's background factors?
- Which factors, according to nurses, promote and prevent the identification of the background factors of familicide?
- What kind of training have nurses received to identify the background factors of familicide? What type of training do they need?

TABLE 1 The ability of public health nurses to identify the background factors of familicide.

	Very poor-poor	Moderate	Good-very good
The ability of nurses to identify background factors as a whole	25% (<i>n</i> = 21)	49% (<i>n</i> = 42)	26% (<i>n</i> = 22)
The nurses' own ability to identify background factors	33% (<i>n</i> = 28)	51% (<i>n</i> = 43)	16% (<i>n</i> = 14)
	Very little-little	Moderately	A lot-very much
Monitoring familicide-related media coverage	19% (<i>n</i> = 16)	49% (<i>n</i> = 42)	32% (<i>n</i> = 27)
How much does media increase the nurses' own knowledge of familicide	49% (<i>n</i> = 41)	41% (<i>n</i> = 35)	11% (<i>n</i> = 9)
	Yes	No	Do not know
Have come into contact with clients with the background factors of familicide	49% (<i>n</i> = 42)	51% (<i>n</i> = 43)	0%
Have come into contact with victims or perpetrators of domestic violence	84% (<i>n</i> = 71)	5% (<i>n</i> = 4)	12% (<i>n</i> = 10)
Familicide has happened in the municipality of workplace	72% (<i>n</i> = 61)	20% (<i>n</i> = 17)	8% (<i>n</i> = 7)
Have come into contact with perpetrators or people related to familicide at work	13% (<i>n</i> = 11)	47% (<i>n</i> = 40)	40% (<i>n</i> = 34)
Have come into contact with someone at risk of familicide at work	25% (<i>n</i> = 21)	22% (<i>n</i> = 19)	53% (<i>n</i> = 45)
Have received further training after graduation on familicide background	12% (<i>n</i> = 10)	88% (<i>n</i> = 75)	0%
Need for further education	87% (<i>n</i> = 74)	13% (<i>n</i> = 11)	0%

Ethical approval

Research permits and an ethical statement were sought from and granted by a research unit in basic security and health care in Eastern Finland and the social services and health care division in Southern Finland. Participation in the study was voluntary. Responding to the questionnaire was considered as giving informed consent to participate in this study. The responses were processed confidentially, and no individual respondents can be identified from the report. The organisation that provided the respondents with a link to the survey did not receive information about which public health nurses filled out the survey. The electronic format may have encouraged the respondents to address the subject more honestly; this format also isolated the researchers from the respondents, ensuring that interactions with the researchers had no effect on the results. The reliability of this study is increased by the fact that enough time was spent on the analysis process and by returning to the answers given by the public health nurses. The original expressions by the public health nurses have been presented in the results in a way that makes it impossible to identify individual families. Compliance with research ethics is important in all research stages and gains particular emphasis when dealing with a sensitive research topic. As healthcare professionals may be unaware of the crucial role that they play in violence prevention when encountering families, it is important that we explore the perspective of professionals related to the background factors and prevention of familicides. Obtaining various perspectives on the research topic enables us to form a more comprehensive view of the issue. It is important that research causes no harm to the research subjects, and discussing sensitive topics may be therapeutic to participants in some cases (Paavilainen et al., 2014). Some of the public health nurses that participated in our study had encountered individuals related to a familicide, and while they may have found it stressful to participate in the survey, it may also have been therapeutic for them to share their experiences. Nevertheless, participating in the study was voluntary for the public health nurses and the participants were given the researcher's contact information so that they could contact the researcher if necessary.

Data analysis

The background information of the responding public health nurses and the nurses' ability to identify the background factors of familicide were described statistically using figures and percentages. The open questions in the research material were analysed using inductive content analysis guided by the purpose of the research and the research questions. The analysis was partly conducted simultaneously with the collection of the research material (Pope et al., 2000). In the qualitative content analysis, the researchers discussed the material in detail, searching for similarities and differences in the nurses' responses, and summarising the results. The research data were reduced by summarising, grouping, and producing theoretical generalisations. The analysis proceeded in accordance with the research process. The responses were collated according to the related research questions and then grouped into subcategories (46) and, eventually, into top-level categories (6). In accordance with the analytic strategy, the researcher encoded words and sentences with the same theme (Hsieh & Shannon, 2005).

FINDINGS

Public health nurses' assessment of their ability to recognise the background factors of familicide

Nearly half (49 per cent) of the examined public health nurses thought that nurses have a moderate understanding of the background factors of familicide, while one-quarter of them (25 per cent) believed that the nurses' understanding is very poor or poor. Slightly more than half (51 per cent) of the examined nurses considered their own ability to identify the underlying causes of familicide as moderate, while a third (33 per cent) considered their ability as very poor or poor. Nearly half (49 per cent) of the public health nurses had encountered clients at work with risk factors related to the possibility of familicide, and the majority (84 per cent) of the nurses had encountered victims or perpetrators of domestic violence. Familicides had occurred in a significant percentage (72 per cent) of the municipalities in which the respondents worked and some of the nurses (13 per cent) had encountered people somehow related to a familicide. One out of four of the surveyed public health nurses (25 per cent) had encountered people with familicide risk factors. Approximately one-third (32 per cent) of the surveyed nurses had frequently followed reported familicide cases in the media. Almost half of the nurses (49 per cent) estimated that exposure to the news coverage had only slightly increased their knowledge of familicide risk factors, while 41 per cent estimated that the exposure had moderately increased knowledge of the factors. Most of the nurses (88 per cent) had not received any further training after graduation in identifying familicide risk factors, and the majority also (87 per cent) felt that they needed additional training (Table 1).

The public health nurses' assessments of the background factors of familicide

The responding public health nurses' assessments of the background factors of familicide were broken down into two categories: perpetrator-related factors and victim-related factors (Figure 1). According to the public health nurses, the perpetrators' background factors included mental disorders, personality factors, emotional problems and traumatic childhood experiences. The background factors also included a lack of family support networks, intoxicant abuse, an experience of exclusion from working life and an experience of being left alone in a relationship. Significant family history factors included living in a downward spiral of violence, an accumulation of socio-economic problems and a burdensome family situation.

The perpetrator's mental disorders were considered to include mental illnesses, narcissistic tendencies, self-destructiveness, personality disorders and depression.

The main underlying causes of familicide in our city have been mental health issues ...

The personality factors of the perpetrators included attention deficit/hyperactivity disorder or some other behavioural disorders, physical illnesses and borderline intellectual functioning.

ADHD or some other behavioural problem. Borderline intellectual functioning ...

The emotional problems of the perpetrators were characterised as poor self-esteem, lack of prospects, difficulty handling emotions, impulsiveness, aggression, jealousy, emotional affliction, distorted self-image, hopelessness and shame.

Hopelessness, lack of prospects and clinging on to current relationship ...

Traumatic childhood experiences of the perpetrators were characterised as general abuse, traumas originating from the person's childhood and youth, abuse at school, intergenerational social exclusion and a violent and bad childhood.

Experienced domestic violence in their childhood or became a victim of violence themselves ...

The lack of family support networks was described to consist of exclusion, loneliness, a poor social status, and an inability to seek and receive help.

Lack of social networks ...

The perpetrators' intoxicant abuse was described to include substance abuse problems, including alcohol and drug abuse.

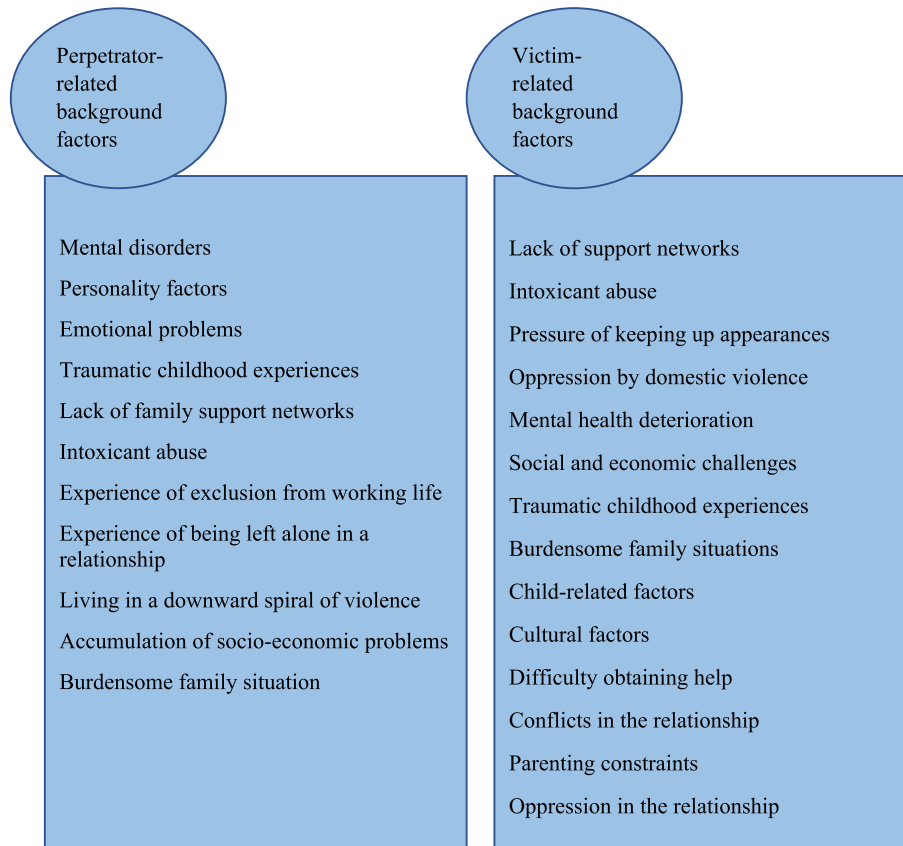


FIGURE 1 The public health nurses' assessments of the background factors of familicide.

Abuse of alcohol, drugs ...

The experience of exclusion from working life was characterised by unemployment, poor work situations, and changes in working life.

A lot of stress, working life, e.g., loss of face, bankruptcy, end of employment ...

The perpetrators' experience of being left alone in their relationship was described as problems in the relationship, divorce or breaking up, an impending divorce or break up and being abandoned.

Relationship issues, divorce, adultery ...

Living in a downward spiral of violence was described to involve domestic violence, perceived violence, actual violence, and cultural violence.

Abuse, domestic violence ...

An accumulation of socio-economic problems was characterised by poor financial situations, criminal backgrounds, a poor social status and financial debts.

Crime, bad social status ...

A burdensome family situation was described to involve a lack of parenting, stressful life situations, problems with coping, crises in the family, avoiding discussing problems and challenging life situations.

A challenging family situation and overall life situation.

According to the public health nurses, the victim-related background factors included the lack of support networks, intoxicant abuse, a pressure to keep up appearances and oppression caused by domestic violence. The background factors also included mental health deterioration, social and economic challenges, traumatic childhood experiences and burdensome family situations. The responding nurses also described child-related factors, cultural factors, and difficulty obtaining help. Conflicts in a relationship, parenting constraints and oppression in the relationship were also associated with family-related background factors (Figure 1).

The lack of support networks was described to include loneliness, isolation, a lack of important relationships, unbalanced relationships and poor support networks outside the family.

Sparse support networks ...

The background factor of intoxicant abuse was described to involve alcohol, drug and substance abuse.

Use of alcohol/intoxicants ...

A pressure to keep up appearances was described as maintaining an image of a successful and highly educated family and experiencing shame.

A desire to maintain an image of a successful family ...

Oppression caused by domestic violence was described as signs of domestic violence and being constantly controlled by the spouse.

Signs of intimate partner violence, physical injuries, inhibition in interactions, the constant presence of the spouse, an atmosphere of threat ...

Mental health deterioration was described as including mental health problems, depression, mental illness and fatigue.

Mental health problems, fatigue ...

Social and economic challenges were described as financial problems, an experience of social exclusion, social problems in the family and experiencing unemployment and poor socio-economic situations.

Dependency on spouse's income, poor financial situation ...

Traumatic childhood experiences were described as including experiences of physical and mental violence, abuse, exploitation and insecurity. An additional background factor was dysfunctional dynamics in the family of origin.

Bad childhood experiences, abuse, domestic violence ...

Factors related to the victim's burdensome family situation were described as challenging family situations, family crises and unstable family conditions.

A stressful financial situation in the family or e.g. a sick child in the family.

Child-related factors were described as having excessively crying, sick and demanding children and inadequate childcare.

A challenging child, for example, needing special support.

The cultural factors concerning the victim were described as a lack of language skills and cultural oppression in the relationship related to cultural factors.

Victim is oppressed in the relationship, has a foreign background ...

Difficulty obtaining help included the inability to seek health care assistance as well as a failure to identify the person's need for help at health care clinics, feelings of resentment against law enforcement and a lack of knowledge concerning organisations providing help.

Help is not accepted or there is no confidential relationship with the health care staff who to talk about things ...

Relationship conflicts were considered to include difficulties related to divorce, quarrelling and relationship problems.

Combative relationship, divorce or break up ...

Parenting constraints were described as including physical illnesses, difficulties in interactions, the parent's young age and a lack of parenthood.

Some disability, abnormality ...

Oppression in the relationship was described as including the oppressed state of the victim, poor self-esteem, an overtly nice personality, fearful nature, co-dependency, gullibility, exposure to blackmail and hopelessness.

Overtly nice persons who feel inadequate and are too afraid of leaving their relationship, even if it is bad.

Circumstances that promote or prevent the identification of the background factors of familicide

The examined public health nurses evaluated the circumstances that promoted the identification of the background factors of familicide to include the availability of resources, a good relationship with the client and the use of preventive methods. Good knowledge and interaction skills, professional support, family cooperation and access to training were also identified as factors promoting identification (Figure 2).

The identification of familicide was facilitated by the availability of resources, implementing a single information system that allowed relevant information to be shared, improved workload balance and increased working hours.

A more integrated information system between different actors.

The identification of familicide was aided by the creation of a good relationship with the client, which included the ability to meet with a family individually, creating trust with the family and ensuring the continuity of care.

Continuity of care! It enables you to get to know the family and have enough time for building trust.

The use of preventive methods included access to family assistance programmes, screenings of clinics, treatment paths and screening for violence.

Good, considered treatment paths agreed in advance.

Good knowledge and interaction skills promoted the identification of the background factors of familicide, which include professional and cultural knowledge skills.

Good professional knowledge and skills ...

The factors promoting the identification of the background factors of familicide included getting professional support, including consultation opportunities, support of colleagues, network meetings and multiprofessional interactions.

Collegial support and network meetings.

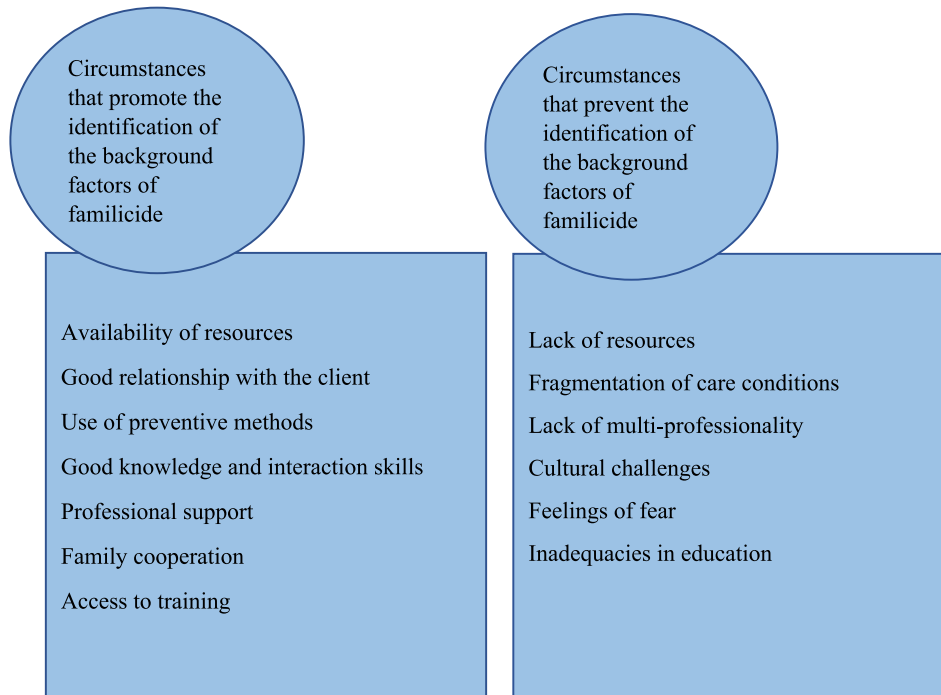


FIGURE 2 Circumstances that promote or prevent the identification of the background factors of familicide.

Family cooperation was promoted by interaction, interpersonal skills, and the ability to speak up and listen.

The ability to encourage speaking up as well as to ask the right questions ...

The identification of factors related to familicide was facilitated by access to training that included having an opportunity to present the case and receive counselling.

Usually continuing to discuss the topic in situations such as team meetings ...

The examined public health nurses highlighted the lack of resources, the fragmentation of care conditions and the lack of multiprofessionalism as factors preventing the identification of the background factors of familicide. Cultural challenges, feelings of fear and inadequacies in education were also described as preventive factors.

The identification of the background factors of familicide was prevented by a lack of resources, which included long waiting times, various information systems, time limitations and minimal patient visits. Additional factors preventing identification included heavy workloads, poor support from superiors, a lack of information and lies told by the client.

Little time for discussion during an appointment ...

Different patient record systems by care providers for the same client hamper the flow of information ...

Detecting the background factors was also prevented by the fragmentation of care conditions, which was related to the changing of clients and staff turnover.

Changes in public health nurses, the family keeps moving to different municipalities ...

The identification of the background factors of familicide was hampered by a lack of multiprofessionalism, which included a lack of information flow, a lack of trust between the authorities and the unavailability of cooperation partners.

The partners are difficult to reach at times.

The identification of familicide was prevented by cultural challenges, which encompassed cultural differences and language problems.

Language problems and cultural differences.

Fear-related issues prevented the identification of familicide factors, including a fear of being threatened and a fear of getting involved as well as personal prejudices.

If you are afraid that you will get threatened yourself.

The identification of the background factors of familicide was hindered by inadequacies in education, which included a lack of training and job management.

A lack of work supervision related to difficult client cases ...

Education provided to public health nurses and their education needs for identifying the background factors of familicides

The examined public health nurses reported that they had obtained training on domestic violence and related early intervention either through independent reading or by attending an expert lecture provided by their employer. This training included education on violence against women and children, intimate partner violence and identification of domestic violence.

The training has been related to intimate partner violence, not just familicide.

The examined public health nurses indicated that they needed training tools for preventing and treating family trauma, mapping risk factors, using practical experience and scientific knowledge, and developing of professionalism. Risk factor mapping was highlighted as useful for identifying familicide risk factors, mental disorders and domestic violence. The respondents wished to obtain experience-based information from the police, social workers and other experts. In addition, the nurses suggested that a lecture on relevant research data would be helpful. Vocational development was considered desirable in the form of improving job control, providing information on multiprofessional cooperation and implementing interaction training. The nurses also wished to be provided with tools for prevention purposes in the form of training on early intervention skills, ways to encourage patients to talk about their everyday lives and information about how to help potential victims. The nurses also asked for training on how to respond to risk factors as well as how to support victims and their relatives.

Not a big info type of lecture but discussion, interaction training ... dialogue, and job management.

A case-like [approach] of social workers and the police ... also research evidence.

How to encounter clients faced with a possibly sudden familicide ... how to support the loved ones.

DISCUSSION

The purpose of this study was to get assessments of the background factors of familicide from public health nurses as well as their assessments on their own and other public health nurses' ability to recognise the background factors of familicide. This study confirmed the view that nurses can recognise the background factors of familicide, as the public health nurses described partly the same background factors of familicide that are found in previous studies (Aho et al., 2017; Razali et al., 2019; Sidebotham & Retzer, 2019).

However, one third of the examined public health nurses felt that their ability to identify background factors was very poor or poor, and a quarter had encountered clients whose family's safety was at risk. These results are useful for public health nurses and health care professionals worldwide as they demonstrate the universal challenges in identifying problems in families and related risk factors. It is important to provide public health nurses with training and tools to

help them identify these risk factors, and these resources were requested by the nurses participating in the present study. For example, public health nurses need more time with their clients so that they can get to know the family better and offer help if the family needs it. Working methods should be improved as a lack of an interprofessional approach and the fragmentation of care services have prevented the identification of clients' background factors. Healthcare professionals should develop and harmonise care practices and information systems. A tool for identifying the background factors of familicide should be developed to recognise families in need of help. For example, a survey could be developed for professionals to recognise the background factors of familicide that would help recognise families in need of help.

Most of the nurses who responded to the questionnaire had been working in municipalities where familicides had occurred and recognised the need for finding solutions to prevent family tragedies from occurring in the future. Approximately one-third of the responding nurses had followed a lot of news coverage of familicides and nearly half of the nurses estimated that the news coverage had only slightly increased their knowledge of the risk factors related to family threats. As the information obtained through the media is not always reliable, public health nurses need more training and official research on this subject. This need for training emerged, for instance, as public health nurses mentioned certain issues related to the perpetrators, such as attention deficit hyperactivity disorder (ADHD) as background factors for familicide, even though no such association has been found in previous research. There is also a need for further research on whether such views of a link between disorders such as ADHD in perpetrators and familicide may stem from knowing that an untreated disorder may involve impulsive behaviour and substance abuse, which, in turn, may be individual background factors for familicides.

In our study, we also gathered assessments from the public health nurses concerning the factors that promote the recognition of the background factors of familicide. Public health nurses asked for assistance and training to help them with tragedy prevention, including skills for early intervention and responding to risk factors. The nurses also sought guidance on how to help people during family crises, how to encourage patients to talk about their lives and how to support relatives and victims. The need to routinely ask clients directly about violence has also been shown in research (Walls & Drape, 2021) and asking about violence is part of proficiency.

Background factors related to victims reported by the public health nurses included cultural factors concerning the victim, including a lack of language skills and oppression in the relationship related to the victim's culture of origin. While there is a need for further research on this topic, this view expressed by the public health nurses may refer to honour-based abuse and the difficulty of violence victims obtaining help in their mother tongue in a foreign country. Professionals need to be provided with evidence-based training to also equip them to help families from different cultures.

According to the systematic literature review, it is also important that, when meeting families, professionals also address the relationship between the parents, child-rearing and family life in general (Paavilainen & Flinck, 2013). According to the valid nursing guidelines, the aim is to promote effective interventions, to increase training and to develop a multiprofessional model. Our study increases understanding of the diversity of the background factors of familicides, which indicates a need for cooperation and transfer of information between various authorities. Previous research has also indicated that there is need for cooperation between the police, social welfare and healthcare systems to ensure that families receive the help they need (Walls & Drape, 2021). This study is in line with the Finnish nursing guidelines, which aim to promote the development of interventions, the development of a multiprofessional approach and to increase education (Paavilainen & Flinck, 2015). As little previous research had concerned familicide in Finland, this study was not guided by previous research results. Lastly, acquiring research data from limited resources may have somewhat reduced the credibility of this study.

It is important to have information about nurses' ability to identify background factors because they regularly meet families in their job. Training public health nurses to identify the background factors of familicide through good knowledge and interaction skills would facilitate availability of resources and professional support and potentially prevent family tragedies. Currently, the identification of background factors is hindered by a lack of both resources and multiprofessionalism, fragmentation of care conditions, fear, cultural challenges and education inadequacies. Previous research on professionals has shown that midwives and social workers have had inadequate knowledge of mental health disorders among pregnant women. As a result, they should be provided with training and resources that help them identify and treat mental health disorders in pregnant women and new mothers (Mc Elhinney et al., 2021). Research has also revealed the significance of investing in intimate partner violence prevention strategies and supporting the victims of violence to prevent familicides. Screening tools, protocols and providing training to professionals play a key role in identifying and preventing the risks of familicide (Kim & Merlo, 2021). Based on research conducted in Finland, healthcare professionals and social workers felt that their skills in identifying and intervening with family violence and child maltreatment were inadequate and that they needed further training on the topic (Leppäkoski et al., 2014). Our study shows that, in addition to training, public health nurses need multiprofessional cooperation, and there is also a need for a good flow of information between various professionals to ensure the prevention of familicides in the future.

CONCLUSION

This study confirmed the view that nurses can recognise the background factors of familicide, as the public health nurses described the background factors of familicide that are in line with previous studies. However, one-third of the public health nurses described their ability to identify background factors as poor or very poor. According to the public health nurses, identifying the factors was prevented by a lack of resources, the fragmentation of care conditions, a lack of multiprofessionality, cultural challenges, feelings of fear and inadequacies in education. Based on the public health nurses' views, the identification of background factors would be promoted by the availability of resources, good relationship with the client, use of preventive methods, good knowledge and interaction skills, professional support, family cooperation and access to training.

AUTHOR CONTRIBUTIONS

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Marianne Ellilä, Eija Paavilainen and Anna Liisa Aho. The first draft of the manuscript was written by Marianne Ellilä and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

ACKNOWLEDGEMENTS

The authors wish to express their deepest appreciation to the public health nurses who participated in this study.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

ETHICAL STATEMENT

Research permits, and an ethical statement were sought from and accepted by the Eastern Finland's basic health care and health care research unit and from the Southern Finland Social and Health Bureau.

Participation in the study was voluntary. The act of responding acted as deliberate consent of the nurses to participate. The responses were processed confidentially, and the individual respondents cannot be identified from the report. The electronic format may have encouraged the respondents to address the subject more honestly; this format also isolated the researchers from the respondents, ensuring that interactions with the researchers had no effect on the results.

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How to cite this article: Ellilä, M., Paavilainen, E. & Aho, A.L. (2023) Public health nurses’ assessment of the background factors of familicide. *Child Abuse Review*, 1–13. Available from: <https://doi.org/10.1002/car.2838>