Filicide (child homicide by parents) in Hong Kong

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ABSTRACT

Introduction: Filicide refers to an act in which a parent or stepparent kills a child. This retrospective study provides the first comprehensive analysis of filicides in Hong Kong over a 15-year period.

Methods: The study explored the local epidemiology, differences between maternal and paternal filicides, associated mental illnesses, and the criminal responsibility of the perpetrators.

Results: Among 81 filicide cases (43 female victims, 37 male victims, and 1 victim of unknown gender), the incidence rate was 0.7 per 100 000 population. Mothers were responsible for two-thirds (66.7%) of the cases, fathers for 19.8%, and the remainder involved both parents. Victims aged <1 year (n=44) were nearly equal in number to those aged between 1 and 17 years (n=41). Mental illness was diagnosed in 31.0% of the perpetrators, predominantly depression and psychotic disorders. Paternal perpetrators exhibited a higher prevalence of mental illness and were more frequently involved in filicide-suicides. One-third (33%) of perpetrators with mental illness invoked the psychiatric defence of diminished responsibility, resulting in Hospital Order sentencing. Reduced culpability due to mental illness and the application of infanticide provisions provided legal protections for mothers who killed their children aged <1 year.

Conclusion: Understanding the local epidemiology of filicide and the mental health conditions of perpetrators may help identify at-risk populations and develop effective intervention strategies.

Hong Kong Med J 2025;31:99–107
https://doi.org/10.12809/hkmj2310809

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This article was published on 1 Apr 2025 at www.hkmj.org.

New knowledge added by this study

- The epidemiology, differences between maternal and paternal filicides, associated mental illnesses, and the criminal responsibility of the perpetrators in Hong Kong from 2003 to 2017 were explored.
- Maternal perpetrators were disproportionately responsible for infanticides, highlighting the protective legal provisions applied to mothers who kill their children aged <1 year.

Implications for clinical practice or policy

- Understanding the local epidemiology of filicide and the mental health conditions of perpetrators may help identify at-risk populations and develop effective intervention strategies.
- Enhanced mental health screening and support for parents, particularly mothers of infants, could potentially prevent cases of filicide.

Introduction

Child homicide represents a rare but important global issue with devastating consequences for families and communities. The global homicide rate among children aged 0 to 17 years was 1.6 per 100 000 population in 2016,[1] and approximately 95 000 children are murdered annually.[2] A 2017 review by Stöckl et al[3] found that the majority of child homicides were committed by a family member; parents were responsible for over half of the cases involving child victims.[3]

Filicide

Filicide refers to the act of killing one's own child. Subcategories of filicide include neonaticide, a term introduced by Resnick[4] to describe the murder of a child within the first 24 hours after birth, and infanticide, which applies when the victim is aged <1 year. Resnick[4] identified various motives for filicide. In altruistic filicide, the parent believes that the act is in the child's best interests. An acutely psychotic parent may kill a child under the influence of severe mental illness. In unwanted child filicide, a parent kills a child who is perceived as a hindrance. Accidental/fatal maltreatment describes the unintentional death of a child due to parental abuse or neglect. Spouse revenge filicide occurs when a child is killed as a means of exacting revenge upon the spouse or the other parent. Bourget and Bradford[5] later emphasised the importance of the perpetrator's gender by introducing paternal filicide as a distinct category.

香港父母殺子研究

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引言：殺子是指父母或繼父母殺害子女的行為。本回顧性研究首次提供香港過去15年間殺子案件的全面分析。

方法：本研究探討本地的流行病學、母親與父親謀殺子女的差異、相關的精神疾病，以及犯罪者的刑事責任。

結果：在81宗殺子案件中（43名女性受害者、37名男性受害者和1名性別不明的受害者），發生率為每10萬人口中0.7人。三分之二（66.7%）的案件是母親所為，19.8%是父親所為，其餘則涉及雙親。1歲以下受害者（n=44）與1至17歲受害者（n=41）人數近乎相等。31.0%犯罪者被診斷出患有精神病，主要是抑鬱症和思覺失調。父親犯罪者的精神病患病率較高，也較常牽涉在殺子後自殺的行為。在患有精神疾病的犯罪者中，三分之一（33%）以精神科的減責神志失常作為辯護理由，最終被判處醫院令。由於精神病而減輕罪責以及殺嬰條款為殺害1歲以下子女的母親提供了法律保護。

結論：瞭解本地殺子案的流行病學及犯罪者的精神健康狀況，可能有助辨識高風險族群並制定有效的干預策略。

Victim and perpetrator characteristics vary in cases of filicide. The first year of life is a critical period, and the highest risk of filicide occurs within the first 24 hours. Neonaticides are predominantly committed by mothers,[6] and mothers are overrepresented across the entire spectrum of filicide.[4,5] However, contradictory results have been reported.[5,7,8] The gender distribution of victims also varies. Male children aged <1 year are at greater risk in high-income Western countries, such as the US[9] and the UK[10]; the opposite trend has been observed in India and China.[11] Some studies have shown that boys are overrepresented among victims,[7,12] whereas others have identified comparable numbers of male and female filicide victims.[13]

Maternal and paternal perpetrators of filicide exhibit distinct characteristics.[14,15] Maternal perpetrators tend to be younger and have younger victims compared with fathers.[15] Younger maternal perpetrators are often poor, experience psychosocial stress, and lack family and community support, whereas older maternal perpetrators frequently have mental illnesses and lack criminal histories.[13,14,16] In contrast, paternal perpetrators are more commonly driven by anger, jealousy, or marital and life discord.[15] Fatal abuse and acts of retaliation are more prevalent among paternal perpetrators than among maternal perpetrators.[17] Fathers are also more likely to attempt or die by suicide[12,17,18] when committing filicide.[14,18] Additionally, fathers typically use more violent methods to cause death.[19]

Filicide and mental illness

Pathological filicide, characterised by altruistic or actively psychotic motives, constitutes one of the most common categories of filicide.[17] Psychiatric factors are involved in 36% to 85% of all filicide cases.[5,16,20-22] Maternal perpetrators are more likely to have a history of mental illness and to exhibit symptoms at the time of the offence.[22] The most frequent diagnosis among maternal perpetrators is major depressive disorder, followed by schizophrenia.[5,16,20,23] Personality disorders and substance use are more often associated with paternal filicides.[8]

The criminal justice system and infanticide laws

Filicide presents unique challenges for the criminal justice system. Societal attitudes regarding parents who kill their children are often ambivalent, balancing the need for justice due to loss of innocent life against calls for mercy towards offenders who may require care rather than punishment.

Legal systems worldwide acknowledge that filicide should be treated differently from other forms of homicide. The UK enacted the Infanticide Act in 1922 (amended in 1938)[24] to recognise the biological vulnerability of women to psychiatric illnesses during the perinatal period. The Act mandated sentences of probation and psychiatric treatment for offenders.[24] By the late 20th century, 29 countries had revised penalties for infanticide to consider unique biological and psychological changes associated with childbirth.[25]

In Hong Kong, perpetrators with mental illnesses can invoke psychiatric defences, including insanity or diminished responsibility. The insanity defence is based on the M'Naghten principles, which hold that it is unjust to punish an individual for an action performed without the mental capacity to control it. The defence of diminished responsibility applies when the offender demonstrates abnormal mental function arising from a recognised medical condition, which has substantially impaired their ability to either understand the nature of their conduct, form a rational judgement, or exercise self-control (or any combination of these impairments). Perpetrators with mental illnesses who are found not guilty by reason of insanity, or who successfully raise the partial defence of diminished responsibility—thereby reducing the charge from murder to manslaughter—may be sentenced to a Hospital Order at the Correctional Services Department Psychiatric Centre (Siu Lam Psychiatric Centre [SLPC]), under Section 75 of the Criminal Procedure Ordinance[26] or Section 45 of the Mental Health Ordinance,[27] respectively, for psychiatric observation and management.

A separate legal provision exists for mothers who kill their children aged <1 year. Hong Kong has adopted the UK concept of infanticide, in which

mothers experiencing vulnerability after childbirth are charged with infanticide rather than murder, under Section 47C of the Offences against the Person Ordinance.[28]

A study has shown that the local homicide rate in Hong Kong is lower than global averages (0.32 vs 6.1 victims per 100 000 population in 2017),[29] but no filicide-specific data are available. The underlying hypothesis in this study was that the incidence of filicide would be lower in Hong Kong than in Western countries, consistent with the lower local homicide rate and the protective effects of cultural factors. The objectives of this study were to describe the epidemiology of filicide in Hong Kong, examine the characteristics of victims and perpetrators (including associated mental illnesses), and evaluate the local criminal justice system's response to infanticide and other forms of filicide.

Methods

Data were obtained from the Hong Kong Police Force regarding child homicide cases that occurred from 2003 to 2017. These data included the age and gender of the victim, relationship of the perpetrator to the victim, mode of death, year of offence, and charges against the defendant along with corresponding outcomes and sentences. Medical records from the Hospital Authority and the SLPC of the Correctional Services Department were reviewed to determine any history of mental illness. Psychiatric diagnoses of the perpetrators, based on the International Classification of Diseases, Tenth Revision, were documented during forensic psychiatric assessments conducted by two psychiatrists, at least one of whom was a specialist. For the minority of defendants who were not sent to psychiatric hospitals or SLPC after the offences, the presence or absence of mental illness was cross-referenced using newspaper articles. Charges and sentences were verified through judgements available on the Judiciary's official website.

All statistical analyses were performed using SPSS software (Windows version 21.0; IBM Corp, Armonk [NY], US). Data were analysed with descriptive statistics, including the mean, median, standard deviation, 95% confidence interval, and percentages for categorical variables. Differences between groups in demographic characteristics were assessed using *t* tests and univariate analysis of variance for continuous data. For nominal data, the Kruskal–Wallis and Chi squared tests were utilised.

Results

Epidemiology of child homicide

From 2003 to 2017, 107 child homicide victims were recorded in Hong Kong, equating to approximately 0.70 death per 100 000 population, based on a population of 1 024 000 children aged <18 years in 2010.[30] Among these victims, 81 (75.7%) were killed by their parents (Fig).

Characteristics of victims and perpetrators

Among the filicide victims (n=81), 53.1% were female, 45.7% were male, and the gender of the remaining victim was unknown. There was no significant correlation between the gender of the victim and the gender of the perpetrator (χ^2=0.13; P=0.82). The median age of the victims was 6 years (interquartile range [IQR]=0-8) [Table 1].

Of the 81 filicide victims, 54 (66.7%) were killed by their mothers, 16 (19.8%) by their fathers, and 11 (13.6%) by both parents. The median age of victims varied across perpetrator groups; the paternal group victims had a median age of 7.5 years (IQR=5-10.25), compared with 0 year (IQR=0-3.5) for the maternal group and 2 years (IQR=0-5) for the parental couple group (H^2=14.31; P<0.001).

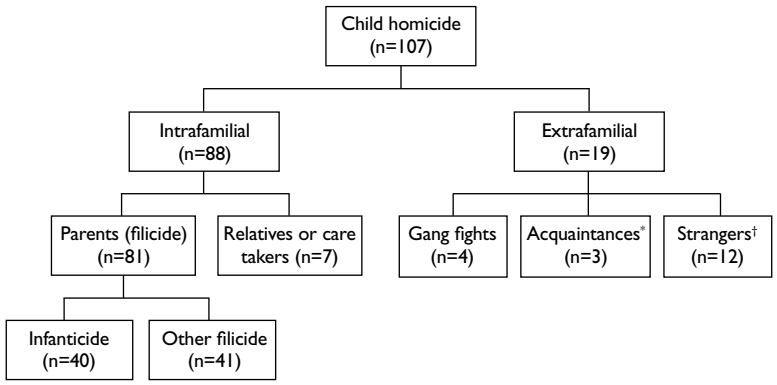

FIG. Child homicide cases in Hong Kong from 2003 to 2017
* Include friends and lovers
† Comprise individuals who had no prior contact with victim

TABLE 1. Demographics of victims in infanticide and other filicide cases*

	Total (n=81)	Infanticide (n=40)	Other filicide (n=41)	χ^2
Age, y	Median=6 (IQR=0-8)	<1	Median=8 (IQR=3-10)	
Gender				3.17 (P=0.12)
Female	43 (53.1%)	17 (42.5%)	26 (63.4%)	
Male	37 (45.7%)	22 (55.0%)	15 (36.6%)	
Unknown	1 (1.2%)	1 (2.5%)	0	

Abbreviation: IQR = interquartile range
* Data are shown as No. (%), unless otherwise specified

Characteristics of infanticide and other filicide cases

Forty victims aged <1 year were killed by 44 perpetrators, and 41 victims aged ≥1 year were killed by 40 perpetrators. No significant gender differences were observed among the victims (Table 1).

The median age of paternal perpetrators, 43.5 years, was significantly older than the median ages of maternal and parental couple perpetrators (H^2=16.50; P<0.001). The median age of offenders in the infanticide group was younger than that of offenders in the other filicide group. In the infanticide group, nine mothers (26.5%) were <20 years, and all pregnancies had been concealed. These infants were killed immediately after birth. Single offenders were more prevalent in the infanticide group, whereas married offenders were more common in the other filicide group. Biological mothers were the main perpetrators in both groups; similar to paternal and couple perpetrators, maternal perpetrators were younger in the infanticide group (Table 2). The maternal group was responsible for 40% of victims aged <4 years, compared with 7.1% in the paternal group. A higher prevalence of mental illness was identified among perpetrators, particularly mothers, in the other filicide group. Among perpetrators in the infanticide group, depression (40%) was the most common diagnosis, followed by a psychotic disorder (20%), mental and behavioural disorders due to psychoactive substance use (20%), and mental retardation (20%). The only biological father in the infanticide group was diagnosed with harmful use of alcohol. In the other filicide group, among maternal perpetrators, 25.0% had a psychotic disorder, 18.8% had depression, 6.4% had bipolar affective disorder, and the remainder had unknown diagnoses. Among paternal perpetrators, 18.0% had depression, 9.1% had a psychotic disorder, and the remainder had undocumented diagnoses.

Suffocation or strangulation was the most common mode of death in infanticides, occurring in 95.7% of cases with maternal perpetrators. In contrast, paternal perpetrators (100%) and couples (50%) caused death mainly by bashing, throwing, or shaking the infants. The two most common modes of death across all filicides were drug overdose or poisoning (including charcoal burning) and stabbing. Drug overdose or poisoning was most frequently performed by maternal perpetrators (36.8%) and couples (57.1%), whereas paternal perpetrators most often engaged in stabbing (57.1%).

Excluding the four perpetrators who died by suicide, 80.0% of perpetrators in the infanticide group faced criminal charges and were convicted. The most common convictions were concealing the birth of a child, manslaughter, and infanticide (Table 2). In the other filicide group, excluding the 18 perpetrators who died by suicide, 95.5% of perpetrators were charged and convicted; manslaughter was the most common conviction, followed by murder. Sentences significantly differed between the infanticide and other filicide groups. Noncustodial sentences were more frequent in the infanticide group than in the other filicide group. Given the higher prevalence of mental illness in the other filicide group, 33.3% (5/15) of the perpetrators were convicted of manslaughter under diminished responsibility and sentenced to a Hospital Order, compared with 6.3% in the infanticide group (Table 2). Among paternal and couple perpetrators, 80% in the infanticide group and 92.3% in the other filicide group received prison sentences, ranging from 3 to 10 years and 18 months to life imprisonment, respectively. Similar proportions of maternal perpetrators in both groups—41.0% in the infanticide group and 42.9% in the other filicide group—were imprisoned. Among maternal perpetrators in the infanticide group, all but one received prison sentences of <1 year; the exception received an 8-year sentence. In the other filicide group, maternal perpetrators received sentences of 4 to 7 years.

Filicide-suicide is defined as the perpetrator dying by suicide within 24 hours of committing filicide. A significantly greater proportion of filicide-suicides occurred in the other filicide group. In the infanticide group, all perpetrators were biological mothers. In contrast, within the other filicide group, half of maternal perpetrators and 66.7% of paternal perpetrators had a diagnosed mental illness. The difference in mental illness prevalence between the two groups was not statistically significant (Table 3).

Mental illness of filicide offenders

Of the 84 filicide perpetrators, 26 (31.0%) were diagnosed with mental illness. No mental illness was reported in the parental couple group. A higher prevalence of mental illness was observed among paternal perpetrators (58.3%) than among maternal perpetrators (38.0%), although the difference was not statistically significant. Depression was the most common diagnosis, followed by psychotic disorder. In cases of filicide-suicide, mental illness prevalence was higher among paternal perpetrators; this difference was not statistically significant (Table 4).

Excluding perpetrators who died by suicide, 41.7% of maternal perpetrators with mental illness received a Hospital Order for an unspecified period. Among the three paternal perpetrators with mental illness who did not die by suicide, only one (33.3%) was sentenced to a Hospital Order for an unspecified period.

Discussion

The incidence of child homicide in Hong Kong, at 0.7 per 100 000 population, is lower than the global

TABLE 2. Demographics of offenders in infanticide and other filicide cases*

	Total (n=84)	Infanticide (n=44)	Other filicide (n=40)†	t/χ^2
Age, y	Not applicable	26 (20.75-31)	38 (33-44.25)	t=-6.56 (P<0.001)
Marital status				χ^2=20.3 (P<0.001)
Single	39 (46.4%)	31 (70.5%)	8 (20.0%)	
Married	35 (41.7%)	11 (25.0%)	24 (60.0%)	
Divorced	8 (9.5%)	1 (2.3%)	7 (17.5%)	
Unknown	2 (2.4%)	1 (2.3%)	1 (2.5%)	
Relationship with victim				χ^2=15.5 (P=0.001)
Mother (n=50)		34 (77.3%)	16 (40.0%)	
Age, y	31 (26-37.75)	26 (19.75-31)	36 (31-38)	t=-4.15 (P<0.001)
With mental illness	19 (38.0%)	9 (26.5%)	10 (62.5%)	χ^2=5.99 (P=0.014)
Father (n=12)		1 (2.3%)	11 (27.5%)	
Age, y	43.5 (36.35-51.25)	28 (N/A)	44 (37.5-51.5)	
With mental illness	7 (58.3%)	1 (100%)	6 (54.5%)	χ^2=0.78 (P=0.38)
Both parents (n=20)		8 [4 couples] (18.2%)	12 [6 couples] (30.0%)	
Age, y				
Father	34.5 (24.25-41.25)	22.5 (20-75)	40.5 (36.75-47.25)	t=-2.56 (P=0.01)
Mother	30.5 (27.75-37)	27 (22.25-30.25)	36 (31-39.5)	t=-1.81 (P=0.07)
With mental illness	0	0	0	
Stepparent/adopted (n=2)		1 (2.3%)	1 (2.5%)	
Age, y		34	50	
With mental illness	1 (50.0%)	0	1	
Total No. of perpetrators with mental illness	26 (31.0%)	10 (22.7%)	16 (40.0%)	
Mode of death				
Suffocation/strangulation	27 (33.3%)	23 (57.5%)	4 (9.8%)	
Bashing/throwing/shaking	8 (9.9%)	6 (15.0%)	2 (4.9%)	
Throwing from height	16 (19.8%)	9 (22.5%)	7 (17.1%)	
Stabbing	10 (12.3%)	0	10 (24.4%)	
Drug overdose/poisoning (including charcoal burning)	16 (19.8%)	1 (2.5%)	15 (36.6%)	
Others	4 (4.9%)	1 (2.5%)	3 (7.3%)	
Charge		32/40 (80.0%) [4 died, 7 mothers released, 1 wanted]	21/22 (95.5%) [18 died, 1 mother released]	
Infanticide		8/32 (25.0%)	0	
Manslaughter		10/32 (31.3%) [2 mothers, 1 biological father and 1 stepfather, 3 parental couples]	15/21 (71.4%) [6 mothers, 1 adopted mother, 2 fathers, 3 parental couples]	
Under diminished responsibility		1/10 (10.0%)	5/15 (33.3%)	
Murder		0	3/21 (14.3%) [all fathers]	
Concealing birth of child		12/32 (37.5%)	0	
Ill-treatment or neglect of child		0	3/21 (14.3%) [1 mother, 1 parental couple]	
Preventing lawful burial of body		2/32 (6.3%)	0	
Sentence				χ^2=13.5 (P=0.001)
Prison		17/32 (53.1%)	15/21 (71.4%)	
Hospital Order		2/32 (6.3%)	5/21 (23.8%)	
Noncustodial		13/32 (40.6%)	1/21 (4.8%)	

Abbreviation: N/A = not available

* Data are shown as No. (%) or median (interquartile range), unless otherwise specified

† Three mothers, three fathers, and one couple each killed two children; the remaining offenders each killed one child

TABLE 3. Characteristics of perpetrators in filicide-suicide cases (n=22)*†

	Infanticide		Other filicide		χ^2
Total	4 (9.1%)		18 (45.0%)		14.0 (P<0.001)
	Mother	Mother	Father	Parent couple	
Total	4	8	6	4 (2 couples)	
Mental illness	3 (75.0%)	4 (50.0%)	4 (66.7%)	0	1.2 (P=0.27)
Depression	2	1	1		
Psychotic disorder	1	1	0		
Unknown	0	2	3		
	Infanticide		**Other filicide**		
Mode of death					
Jumping from height	3		5		
Charcoal burning	1		8		
Drug poisoning	0		2		
Jumping into the sea	0		1		
Stabbing	0		2		

* Data are shown as No. or No. (%), unless otherwise specified

† 23 victims in total

average (1.6 per 100 000 population)[1] and lower than that of Asian countries with similar socio-economic status, such as South Korea (1.03 per 100 000 population).[31] The protective influence of traditional Confucian cultural values may play a prominent role in Hong Kong.[32] An idiom from the Sung dynasty, 'even a vicious tiger would not eat its cubs', continues to be taught in modern primary schools. This cultural ethos could explain why the incidence of child maltreatment in Hong Kong, at <0.14%,[30] remains lower than the global rate of 0.3% to 0.4%.[33] Consistent with studies worldwide,[3] most child homicides in Hong Kong were perpetrated by parents. Mothers were the predominant perpetrators in filicides. The typical profile of an infanticidal perpetrator was a young, single mother who suffocated or strangled the infant. Some cases may represent neonaticides, as suggested by charges of concealing the birth of a child. Among cases involving the filicide of older children, perpetrator characteristics were more heterogeneous. Perpetrators tended to be older and married; they used methods such as overdosing, poisoning, or stabbing. The profiles of perpetrators and victims in this group also differed. The median age of maternal perpetrators was younger and their victims tended to be younger. Mothers most often caused death through overdosing or poisoning, whereas fathers were more likely to kill by stabbing.

Mental illness in filicides

In the present study, 31.0% of filicidal perpetrators had a diagnosed mental illness, a lower rate compared with other population studies.[8,20,22,23] This discrepancy could be attributed to the lower prevalence of mental illness in Hong Kong. The Hong Kong Mental Morbidity Survey (2010-2013) revealed a 13.3% prevalence of mental disorders among Chinese adults,[34] compared with 18.5% among adults in the US in 2013.[35] It is also plausible that some perpetrators, especially those involved in filicide-suicide cases, had no prior contact with mental health services and may have had undiagnosed psychiatric illnesses. Mental illness prevalence was higher among paternal perpetrators than among maternal perpetrators in our filicide sample. This finding may be related to the small sample size or could reflect societal changes, such as fathers assuming greater childcare responsibilities.[17] Consistent with some studies,[20,22] depression was the most common diagnosis, followed by psychotic disorder.

Filicide-suicides

Substantial proportions of filicide perpetrators (23.0% of maternal and 34.8% of paternal) died by suicide during or after committing the act. Charcoal burning was the most common method, comparable to the frequency of jumping from height. Charcoal burning is a relatively recent suicidal method,[36] which has spread as a contagious phenomenon in other Asian countries; it is often portrayed as a 'peaceful way of dying' and has been used during >10% of suicides in the region.[37] The proportion of filicide-suicides observed in this study was lower than that reported in other studies.[17,23] This difference may be related to the lower prevalence of mental illness in

TABLE 4. Mental illness in filicide perpetrators (n=26)*

	Maternal	Paternal	
Total	19/50 (38.0%)	7/12 (58.3%)	χ^2=1.64 (P=0.20)
Diagnosis			
Depression	7 (36.8%) [3 involved in filicide-suicide]	2 (28.6%) [1 involved in filicide-suicide]	
Psychotic disorders	6 (31.6%) [2 involved in filicide-suicide]	1 (14.3%)	
Bipolar affective disorder	1 (5.3%)	0	
Substance or alcohol harmful use	1 (5.3%)	1 (14.3%)	
Mental retardation	2 (10.5%)	0	
Unknown	2 (10.5%) [2 involved in filicide-suicide]	3 (42.9%) [3 involved in filicide-suicide]	
Filicide-suicide	7/12 (58.3%)	4/6 (66.7%)	χ^2=0.12 (P=0.73)
Offenders			
Released	1 (5.3%)	0	
Conviction	11 (57.9%)	3 (42.9%)	
Infanticide	3 (27.3%)	0	
Manslaughter	7 (63.6%)	3 (100%)	
Under diminished responsibility	4 (36.4%)	1 (33.3%)	
Murder	0	0	
Ill-treatment or neglect of child	1 (9.1%)	0	
Sentences			
Noncustodial	3	0	
Custodial	3 (4-8 years)	2 (4-10 years)	
Hospital Order	5 (4 manslaughter under diminished responsibility, 1 infanticide)	1 (manslaughter under diminished responsibility)	

* Data are shown as No. or No. (%), unless otherwise specified

our sample, the relatively lower lethality of charcoal burning in Hong Kong compared with firearm use in Western countries, or the possibility that attempted suicides not resulting in death were not captured in our data. Filicide-suicide events were more frequent in cases involving older children than in infanticides, potentially due to differences in underlying motives. Half of the filicide-suicide perpetrators in the present study had a history of mental illness, suggesting that altruistic motives were involved. Depression was the most frequently diagnosed condition in these cases.[18,20]

The local law and filicides

The majority of perpetrators with mental illness were convicted of manslaughter under diminished responsibility and sentenced to a Hospital Order at SLPC for an unspecified period under Section 45 of the Mental Health Ordinance.[27] No insanity pleas were recorded in our sample. Consistent with international studies,[38] maternal perpetrators in Hong Kong received more lenient outcomes relative to paternal perpetrators. Some young mothers who killed their children aged <1 year were released without charge; among those convicted, a few received noncustodial sentences. In contrast, all fathers who killed their children were imprisoned, with the exception of one who was sentenced to a Hospital Order at SLPC.

Hong Kong developed its legislation based on the UK law, including the British Infanticide Act of 1922.[21,24] Section 47C of the Offences against the Person Ordinance[28] defines the offence of infanticide as follows: "Where a woman by any wilful act or omission causes the death of her child being a child under the age of 12 months but at the time of the act or omission the balance of her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to the child or by reason of the

effect of lactation consequent upon the birth of the child, then, notwithstanding that the circumstances were such that but for the provisions of this section the offence would have amounted to murder, she shall be guilty of infanticide, and shall be liable to be punished as if she were guilty of manslaughter." In the present study, eight mothers who killed their children aged <1 year were convicted under the infanticide provision. There appears to be considerable application of this provision in Hong Kong; lenient noncustodial sentences are issued to mothers in such cases.

Limitations

First, information provided by the Police was restricted to arrest cases; thus, the study may underreport the true incidence of filicides in Hong Kong. Second, although multiple sources of information were utilised, details regarding the perpetrators' and victims' abuse or victimisation histories, involvement with social services, or autopsy reports were unavailable. Third, the classification of neonaticides was challenging, although charges of concealing the birth of a child may indicate the death of a victim within 24 hours of birth. Fourth, although most diagnoses of offenders with mental illnesses were accessible, the availability of psychiatric records was limited. Information for a small number of cases (<5) was obtained from newspaper reports. Sixth, the absence of critical details, such as the onset of mental illness, symptomatology, and medication adherence, impeded a thorough exploration of the relationship between mental illness and filicides. A more comprehensive approach, such as conducting psychological autopsies—particularly in filicide-suicide cases—would provide deeper insights. Finally, the sample size was insufficient to allow for robust comparisons among perpetrators in maternal, paternal, parental couple, and stepparent filicide groups.

Conclusion

In this study, most child homicides were perpetrated by parents; mothers committed filicide more frequently than fathers. Maternal perpetrators and their victims were younger than their counterparts in the paternal perpetrator group. Mental illness was prevalent among filicidal perpetrators of both genders, with a higher prevalence in paternal perpetrators. Filicide-suicide is a substantial problem. Psychiatrists should remain vigilant in identifying depressed or psychotic parents and in eliciting self-harm or filicidal ideations among both mothers and fathers. Social support and child protection services should be actively offered to young single mothers. In Hong Kong, a comprehensive child development service has been established since 2005,[39] with the aim of identifying and intervening early in cases that involve children and mothers in need; this service seeks to improve health outcomes for children and families. However, no local policies specifically address the needs of fathers. A multidisciplinary approach involving mental health professionals and social workers is recommended to screen fathers experiencing mental illness or distress and to identify early warning signs of risk. Finally, given the high prevalence of mental illness among filicidal perpetrators, forensic psychiatrists and related professionals should maintain a high index of suspicion for the presence of mental illness when evaluating filicidal offenders.

Author contributions

Concept or design: All authors.
Acquisition of data: YDY Tang.
Analysis or interpretation of data: YDY Tang, JPY Lam.
Drafting of the manuscript: YDY Tang.
Critical revision of the manuscript for important intellectual content: YDY Tang.

All authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

Conflicts of interest

All authors have disclosed no conflicts of interest.

Funding/support

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethics approval

This research was approved by the New Territories West Cluster Research Ethics Committee of the Hospital Authority, Hong Kong (Ref No.: NTWC/REC/19021). A waiver for informed patient consent was granted by the Committee due to the retrospective nature of the research.

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