*Environment and Social Psychology (2025) Volume 10 Issue 6* ISSN: 2424-8975 (O)
doi: 10.59429/esp.v10i6.3600 2424-7979 (P)

**RESEARCH ARTICLE**

# Childhood experiences as potential pathways to filicide offending

**Sifiso Shabangu*, Melanie Moen**

*Department of Educational Psychology, Stellenbosch University, 7600, South Africa*

*** Corresponding author:** Sifiso Shabangu, sifisos@sun.ac.za; sifisombhele1@gmail.com

**ABSTRACT**

Unfortunately, the act of killing one's child, known as filicide, is a historical part of the human experience. Although studies of first-hand accounts from filicide offenders have been conducted and provide invaluable information for understanding and mitigating filicide, researchers often focus on the adult life experiences of these filicidal parents. Information on the childhood experiences of filicide offenders is typically lacking, which hinders prevention efforts, particularly as such experiences are linked to adult health and behavioural outcomes, including physical abuse and filicide. To address this gap, semi-structured interviews were conducted with 15 parents incarcerated for filicide across five correctional centres in eSwatini. A thematic analysis of the data revealed that the childhoods of filicide offenders in eSwatini are characterized by several adverse childhood experiences. Six themes emerged: absent or unstable relationships with biological parents, exposure to abuse and violence, economic hardship and its consequences, alcohol abuse and exposure, socio-cultural influences during childhood, and supportive parental figures. There is a need to provide communities with resources such as mental health services, fatherhood support programs, and education on non-violent forms of discipline to break the cycles of violence and abuse. All ecologies should work together to establish community-based childcare spaces so that young mothers do not have to sacrifice their education. We, therefore, propose intervening in childhood to mitigate adversities, as they are likely to serve as pathways to filicide.

***Keywords:*** abuse; cycle of violence; children; ecology; resources; corrections

## 1. Introduction

Unfortunately, the act of killing one's child, known as filicide, is a historical part of the human experience. Although rare, filicide is a global problem, perpetrated almost equally by both males and females, although their victimology and motivation differ[1, 2]. For instance, female parents generally murder younger children than male parents[3] as they generally spend more time with the youngest child, especially newborns[4]. Filicide has been explored regarding victimology, offenders, motivations, and types of filicides across populations. Most of the filicide literature is from secondary sources, including news reports[5, 6], police data[7], court records, and coroner reports[8], national databases[9], psychiatric hospital records of filicidal patients[10] and systematic and descriptive reviews[11, 12]. Nonetheless, studies of first-hand accounts of filicide offenders have also been conducted. For example, the contexts of these interviews have varied from maternal filicide offenders in a psychiatric hospital[13,14], incarcerated mothers[15], children who survived filicide attempts[16], and perceptions of filicide-prevalent rural communities[17]. Although these data sources provide invaluable information for the

**ARTICLE INFO**
Received: 7 April 2025 | Accepted: 3 June 2025 | Available online: 23 June 2025

**CITATION**
Shabangu S, Moen M.Childhood experiences as potential pathways to filicide offending. *Environment and Social Psychology* 2025; 10(6): 3600. doi:10.59429/esp.v10i6.3600

comprehension and mitigation of filicide, researchers are often focused on the filicidal parent's adult life experiences. Childhood experiences of filicide offenders are usually lacking, and this is to the detriment of prevention efforts.

Thus far, very few researchers have explored the childhood experiences of filicide offenders. Dekel, Abrahams[18], following interviews of incarcerated filicide offenders in South Africa, reported that their childhoods were characterized by parental absence, neglect, and abuse. Other studies have reported on childhood experiences based on hospital records and register-based data. Trauma-infused childhood narratives of filicide offenders were reported by Kauppi, Kumpulainen[2] following a review of records of mental examinations of patients in Finland. Childhood traumas included domestic violence, physical and emotional violence, and a parent's abuse of alcohol and/or death. Retrospective register-based findings in Austria and Finland indicated that filicide offenders had mental illness and were raised in homes where at least one parent had mental health challenges, a history of criminality, and substance abuse or dependence [8]. These studies indicate that the childhoods of filicide offenders are generally filled with adverse experiences, including abuse and/or neglect. Abuse and/or neglect in childhood have adverse physical and mental health outcomes throughout the survivor's lifespan[19, 20]. In the research setting, children in eSwatini encounter multiple risk factors that compromise healthy adult outcomes. In this study, childhood challenges and adversities will be linked to the potential for violent and criminal behaviour in adulthood. These behaviours might include filicide or result in filicide, such as physical abuse of the child.

### 1.2. Childhood risks in eSwatini

eSwatini is extremely patriarchal[21] and has a very young population, with 45% of its 1.2 million citizens below 18 years[22]. Some of these children are exposed to child abuse and neglect. Child abuse and neglect increase the likelihood of criminal behavior and violence[23, 24]. Physical violence and abuse against children in eSwatini remain one of the most significant adversities[25-27]. The physical abuse of children, experienced by 1 in 4 girls, is experienced in homes and schools, often at the hands of parents, relatives, and educators[28,29]. Homes in eSwatini have been identified as epicenters of children's physical abuse[25]. The relationship between childhood maltreatment and later delinquency is well documented[30]. For instance, an estimated 30% of physically abused and/or neglected individuals abuse their children later[23]. In the short term, these children are less likely to finish school and more likely to impregnate or be pregnant in their teenage years[31]. The long-term outcomes for children exposed to physical abuse and/or neglect include an arrest for non/violent offenses[31] or conviction for a crime in the past year[32], and their risk of crime and offending violence is increased[33,34]. Similar reports of children with a history of abuse and neglect were made, stating that they are more likely to be poly-violence offenders in domains of criminal violence, child abuse, and intimate partner violence[35,36]. Additionally, violence toward their children in the intergenerational transmission of abuse or the victim-perpetrator cycle is not uncommon[23, 34], and these abuse survivors are more likely to experience worsening physical and mental health throughout their lifespan[37, 38]. The poor mental health outcomes can also be a consequence of emotional and/or sexual abuse.

The emotional and sexual abuse of children is also prevalent in the country but goes largely unreported[39,40], a practice locally referred to as *tibi tendlu* (family secrets)[41]. The dilemma of disclosure is a global problem. A study in eSwatini found that 33.2% of girls experienced sexual violence before 18 years [42] with males as common offenders. Child sexual abuse (CSA) increases the likelihood of mental health problems, alcohol and substance dependence, multiple sexual partners, early parenthood, disrupted intimate relationships, and welfare dependence in adulthood[43-45]. CSA survivors are at increased risk of involvement in multiple forms of criminal behavior spanning violent, sexual, and other offenses[46]. There is an overlap between forms

of abuse, such as CSA and emotional abuse[36]. In eSwatini, females were the primary perpetrators of emotional abuse of children, with 28.5% of girls experiencing it at some point in their lives [47].

Fatherlessness, the absence of a father in childhood, is one of the correlates of criminality [48] and increases the likelihood of incarceration, early marriage, and poor education[49]. Children from fatherless homes tend to demonstrate more aggression and less self-regulation[50]. The HIV/AIDS pandemic in eSwatini has created enormous vulnerability for children, leaving an estimated 100,000 orphans[51] and forcing many into child-headed households [52]. Children raised by single parents in eSwatini were reported to experience feelings of rejection, abandonment, and generally being unloved[53]. Grandparents are often the primary caretakers of children, which presents several challenges. In eSwatini approximately 60% of the population lives in poverty, and unemployment is extremely high[22]. Poverty compromises healthy development by increasing vulnerability to abuse, school dropouts, and teenage pregnancy[54,55]. eSwatini's school dropout rates were compounded by the absence of free primary education (FPE), which persisted until 2010, whereafter primary school children could attend fee-free primary schools[56]. Additionally, childhood family and neighbourhood poverty are linked to an increased likelihood of involvement in delinquent behaviour[57,58], adult arrest, childbearing while unmarried, low academic achievement, and drug use or drug-related crime[24, 59, 60]. However, it is important to note that poverty does not solely lead to engagement in criminality[58].

Overall, survivors of child abuse, compared to non-abused children, demonstrate "higher levels of aggression, delinquency and criminal behaviour"[61]. The consequences of childhood abuse and/or neglect include fewer assets as adults, low education levels, and low-wage employment[62]. This suggests that low education and child abuse and/or neglect can entrap the survivor in a cycle of poverty[63]. A childhood filled with multiple forms of abuse amplifies the likelihood of adverse outcomes, such as violence and criminality[24].

### 1.3. Bronfenbrenner's bioecological systems theory

Bronfenbrenner explored the ecologies and the relationships between and within them, within which the child develops[64]. The theory states that changes in the child's environment, including their biology, family, community, and society's policies, will impact their development and outcomes. The child's interactive developmental environments are known as the microsystems (family, school, community), mesosystems (connections between family, school, community), exosystems (child not directly involved but impacted), and macrosystems (culture, customs, laws)[65]. All this is within a specific period, the chronosystem. These systems influence each other in the development of the child, and all development is viewed as connected to each system[66]. Bronfenbrenner's Bioecological systems theory was used as a guide to understand filicide in a context such as eSwatini.

## 2. Materials and methods

The research was conducted following ethical approval from Stellenbosch University in South Africa and permission from His Majesty's Correctional Services (HMCS) in eSwatini. The participants were purposively sampled[67]. Recruitment commenced with assistance from the Research Office within HMCS, which helped identify correctional centers that contained potential participants meeting the inclusion criteria. The criteria were: participants must be a parent (biological mother or father, stepmother/father, biological or step-grandparent) incarcerated for murdering or attempting to murder their child; the victims were below 18 years of age; could speak, read, and write in English or SiSwati; and the child (ren) was/were the only victim (s). Offenders fulfilling these criteria were identified in five correctional centers. An advertisement poster to recruit potential participants was provided to HMCS's Research Office and placed in accessible and visible areas (such as kitchens and dining halls) within the selected correctional centers. Interested potential participants informed

a correctional officer of their desire to participate in the study. A total of 15 participants were enlisted, comprising 10 females and 5 males. The 15 participants received an information sheet from the first author to review over the week to ensure they understood the intentions of the study and that there was no coercion. After this, informed consent forms were signed, and all ethical obligations were discussed. The semi-structured interviews were conducted in SiSwati and/or English, although most participants preferred to speak in SiSwati. Privacy was ensured as interviews were conducted in a private room provided by HMCS within each center. Interviews were audio recorded, and field notes were taken as part of the data analysis. HMCS provides a psychosocial support office in each correctional center, which includes psychologists, social workers, and pastors. The researchers ensured that officers from the psychosocial support unit were accessible during data collection, and participants were informed of their availability even after the data collection process.

Data analysis was conducted using thematic analysis (TA) by Braun and Clarke[68], which is flexible and organizes data into themes. "A theme captures something important about the data in relation to the research question"[68]. The analysis process followed the six steps of TA, namely: 1) Familiarization of data, 2) Generation of codes, 3) Combining codes into themes, 4) Reviewing themes, 5) Determining the significance of themes, and 6) Reporting of findings.

# 3. Results

**Table 1** below presents the data about the childhood experiences of filicide offenders. Characteristics and experiences such as gender and education level are explored. Parental figures, relations with their biological parents, and parents' marital and employment status are also examined. Additionally, participants' experienced or witnessed childhood abuse is discussed. Finally, the table provides data on alcohol abuse within childhood homes.

**Table 1.** Childhood characteristics and experiences of participants.

| **Childhood characteristics/experiences** | **N (%)** |
|---|---|
| Participants | 15 (100) |
| Gender | |
| **Male** | 5 (33) |
| **Female** | 10 (67) |
| **Total** | 15 (100) |
| Highest level of education | |
| **Primary school** | 5 (33) |
| **High school** | 8 (53) |
| **Finished high school** | 1 (7) |
| **Never attended school** | 1 (7) |
| Childhood parental figures | |
| **Maternal grandmother** | 6 (33.3) |
| **Paternal grandmother** | 2 (11) |
| **Paternal grandfather** | 1 (5.6) |
| **Biological father only** | 1 (5.6) |
| **Both parents** | 4 (22.2) |
| **Stepmother** | 1 (5.6) |
| **Other (aunt, uncle)** | 3 (16.7) |
| Relationship with biological parents | |
| **Never met father/mother** | 3 (10) |
| **Met father/mother later in life** | 6 (20) |
| **Father/mother seen twice or less a year** | 2 (6.7) |
| **Father/mother seen monthly** | 1 (3.3) |
| **Death of father/mother in childhood** | 11 (36.7) |
| **Mother/father supportive** | 5 (16.7) |
| **Father/mother known but unsupportive** | 2 (6.7) |
| Marital status of parents | |
| **Married** | 3 (20) |
| **Polygamous marriage** | 2 (13) |

| Childhood characteristics/experiences | N (%) |
|---|---|
| **Never married** | 10 (67) |
| Employment status of biological parents | |
| **Unemployed mother** | 7 (23) |
| **Unemployed father** | 5 (17) |
| **Employed mother** | 7 (23) |
| **Employed father** | 5 (17) |
| **Unknown father/mother** | 6 (20) |
| Abuse experienced in childhood | |
| **Physical** | 5 |
| **Emotional** | 9 |
| **Verbal** | 10 |
| **Sexual** | 1 |
| **Physical neglect** | 7 |
| **Emotional neglect** | 7 |
| Abuse witnessed in childhood | |
| **Verbal only** | 1 |
| **Physical and verbal** | 6 |
| Alcohol abusing figures | |
| **Biological father** | 2 |
| **Biological mother** | 1 |
| **Aunt** | 1 |
| **Boyfriend** | 1 |
| **Other (father's friend, community members)** | 2 |

**Table 1.** (*Continued*)

There were 15 participants, five (33%) males and 10 (67%) females. Nine (60%) participants had three to eight siblings, but most (five, 33.3%) participants had three to five siblings. One participant had nine siblings – the highest number of siblings. The number of siblings was unknown for one participant because the participant never met his/her parents. The number of children in a home can significantly strain the resources, especially economically. The economic strain was evident in the educational pursuits of participants being terminated due to finances. Academically, out of the 15 participants, only one finished high school, one never attended school, and 13 dropped out. Of the 13 school dropouts, eight (62%) dropped out in high school (seven in grade nine, one in grade 11), and five (38%) dropped out in primary school. 62% (n=8) dropped out due to financial constraints, while 31% (n=4) became pregnant, and one male dropped out to pursue an independent life to escape physical and emotional abuse by his stepmother.

The employment status of biological parents was similar because employment and unemployment were 40% (n=12) each, while the employment status of six (20%) was unknown. There were 6% more unemployed biological mothers than there were biological fathers. The same was true for employed biological fathers/mothers. If employed, most fathers or mothers worked in low-skilled jobs like domestic work, handicrafts, or worked in factories. These were low remunerated jobs, as evidenced by participants dropping out of school due to parents' failure to pay fees. This was often coupled with poverty in the home and the rural communities where most participants spent their childhoods. In childhood, the most common present parental figure was the maternal grandmother, with six (33.3%) participants. Only four participants were raised by both biological parents, and all those parents were married. Suggesting marriage as a contributing factor towards parental presence in childhood. Approximately 70% (n=10) of participants' parents were unmarried.

Participants' childhood relations with their biological parents varied. A majority (n=11, 36.7%) of participants' fathers and/or mothers were deceased in their childhoods. Other relations were non-existent because 20% (n=6) of fathers and/or mothers met participants later in life; the youngest was 11, and the eldest was 30 years old at the time of the first meeting. Five (16.7%) mothers and/or fathers were experienced as supportive. Some participants' fathers and/or mothers were known but remained unsupportive. A significant number of participants' childhoods were marked by experiences of physical, emotional, verbal, and/or sexual

abuse or witnessing abuse. The abuse was often experienced in combination with physical and emotional neglect. Verbal (experienced by 10 participants) and emotional (experienced by 9 participants) abuse were the most experienced across childhoods, followed by physical abuse involved in five cases.

## 3.1. Themes

The themes that resulted from the analysis are presented below. **Table 2** shows the generated themes.

**Table 2.** Themes and subthemes regarding childhood experiences.

| Theme | Subtheme |
|---|---|
| **1. Absent or unstable relationships with biological parents** | 1.1 Fatherlessness<br>1.2. Inconsistency of biological mothering |
| **2. Exposure to abuse and violence** | |
| **3. Economic hardship and its consequences** | 3.1 Disrupted education<br>3.2 Early responsibilities |
| **4. Alcohol Abuse and Exposure** | |
| **5. Socio-cultural Influences in Childhood** | |
| **6. Supportive parental figures** | |

Theme 1: Absent or unstable relationships with biological parents

Most of the participants had unstable relationships with their biological parents, but biological fathers were predominately absent more than mothers. Out of the 15 participants, 11 had absent or inconsistent biological fathers for varied reasons explored under Subtheme 1: Fatherlessness. Biological mothers were absent, too, but not as much as fathers. Biological mothers were inconsistent and/or absent in the lives of seven of the 15 participants – a better state compared to biological fathers. Reasons for the absence of biological mothers are explored under Subtheme 2: Inconsistency of biological mothering.

Subtheme 1.1: Fatherlessness.

Biological fatherlessness presented itself in various forms, such as participants who never met their fathers, those who met their fathers later in life, others who met fathers briefly and then fathers vanished, some deceased fathers, and those whose fathers were present but never participated in their lives. Some participants only met their fathers later in life, and even then, the fathers' availability was short-lived. For example, Participant 11's father was in his life for 4 years before disappearing and deciding that at 20 years old, he (the Participant) was now grown up and would not be supporting him: *'Growing up was very difficult, it was not pleasant at all. Because I only got to know my father in 1999 when I was about 17 years old'*. Participant 6 barely had a relationship with his father: *'He is not someone I was familiar with. Maybe, I would see him once a year. He stayed in South Africa, so I did not have a relationship with him'*. Some participants indicated that their biological fathers had physically and emotionally neglected them as children. Participant 3 was 30 years old when he met his father for the first time: *'I never knew my father. I only met him in 2010'*. Participant 14 met her father when she was 11 years old due to the efforts of her father's sister (Participant 14's aunt). Others had absent fathers due to loss, such as Participants 12 and 4, who lost their fathers at ages 16 and 11, respectively. Participant 7 lost her father at an even younger age: *'My father died, I think I was a year and some months old, in 1995'*. Participant 1 never met her father. Participant 8, like Participant 1, never met any paternal relative, having been raised by a maternal grandfather: *'I never met my parents…Never met anyone from my father's side and I don't know anyone on that side'*.

Subtheme 1.2: Inconsistency of biological mothering.

Seven out of 15 participants experienced inconsistency in the presence of their biological mothers. There was inconsistency in physical presence, resulting in physical and emotional neglect. For instance, Participant 14: *'I was raised by my mother up until the age of around three years old. But even then, I was told she would come and go, and did not live with us'*. Participant 2 was also physically and emotionally neglected by her mother: *'I don't know where my mother was…they told me that she left me when she was, when I was three months'*. The search for economic opportunities also introduced a vacuum between the biological mother and child. Participant 1's mother lived and worked in the city: *'So, we never saw a lot of her. She would send money sometimes and we would be told items or groceries bought were from her'*. Participant 3's mother was absent for similar reasons: *'She stayed in the city, lived in the city, worked in the city, and never came to see us'*. In these cases, the mothers were alive, financially providing in the form of clothing and food, but emotional and physical neglect were also present. The study context places the responsibility of a parent's physical presence in a child's life on the mother or woman. Other participants had this inconsistency in mothering due to the biological mother being deceased, such as Participant 6, who lost her mother at a young age: *'My mother died earlier. I was still very young…I was about four years old'*. Similarly, Participant 8 lost her mother during birth: *'I think my mother died after giving birth to me'*.

Theme 2: Exposure to abuse and violence

Most participants, 14 out of 15 (93.3%), were exposed to abusive home environments. Participants experienced and/or witnessed physical, verbal, and emotional abuse on multiple occasions as children. Biological fathers frequently emotionally and physically neglected participants in their childhood. This follows their absence and/or inconsistency in participants' childhoods. Most biological mothers and mother figures were reported to have been emotionally and verbally abusive in the participants' childhoods. Two biological fathers were reported as physically, emotionally, and verbally abusive towards participants and their mothers. For instance, Participant 13's father abused alcohol and was physically, emotionally, and verbally abusive: *'He was really someone very abusive. He would hit, he would insult, he would do all sorts of things…He would hit us, he would hit her, my mother. He would kick us out of the house, and we would sleep outside… That is just a life that we lived'*. Absent biological parents and/or parental figures appear to have contributed to vulnerability to abuse due to lack of sanctuary, which is generally provided by available attachment figures. This was evident with Participant 8, who at age 12, following the death of her maternal grandfather – her only caregiver – moved in with a 25-year-old boyfriend: *'There was no life in that thing. They introduced me to someone who, after drinking, he was just physically violent. He would beat me. I stayed with him and put up with all of it because I had no place to go'*. Participant 15 was exposed to violence and abuse at age 7 at the hands of a community member who was entrusted with her care. This followed a request and a promise to the parents to put the participant through school, which never happened. Participant 15 states: '*I was doing all the domestic chores… I think at that point I was around seven because it was 2003. But they were making me do everything. I would be beaten if I went to play with other kids. You know, just treating me in all sorts of ways. Sometimes I would get beaten because I didn't wash the child diapers. The school I was supposed to go to, as she had promised my parents, I did not go. In the morning, when they had to go to school, I would have to wake up first and prepare soft porridge for them and warm water'*. One biological mother and one stepmother were reported to have been physically abusive towards participants and their siblings during childhood. The mother to Participant 12 would frequently beat them: *'She just believed that if you made a mistake or did something wrong there was no talking about it. Anything you did wrong; she believed you needed to be beaten. If you dropped a plate, walked slow, woke up late, didn't respond to her calls quick enough, anything. We were beaten a lot'*. A similar experience was shared by Participant 9: *'The home was not good, the abuse was too much from the stepmother…it was the beating instead of the talking, you know, and correcting the thing. Most*

*of the time in your head you were confused and not feeling good about yourself'*. Participants 12 and 9 highlight the emotional difficulties, such as anxiety and fear that resulted from the physical abuse within the home, perpetrated by parents.

Theme 3: Economic hardship and its consequences

eSwatini is considered a low-to-middle-income country, with almost 60 percent of the population living in poverty. As indicated earlier, many of the employed parents had low-skilled jobs with low remuneration. There was a significant number of children in the homes, which strained the family economics. This strain was reflected in disrupted education when most participants had to drop out of school due to failure to pay fees. Other participants were forced to take on adult responsibilities early, such as finding work to care for themselves, siblings, and/or their child. Subtheme 3 and Subtheme 4 explore these economic hardships.

Subtheme 3.1: Disrupted education.

Of the 15 participants, only one finished high school, and some never went to school. Participants dropped out of school at different grades for varied reasons, but generally due to lack of finances. For instance, Participant 6, raised by a step-maternal grandmother, never went to school, while Participant 2, who went up to Grade 6, stated that it was because *'there was no money to continue'*. Participant 11 began Grade 1 at age 17 after meeting the father for the first time and went up to Grade 5 because: *'There were no funds to pay for school. ...My father could no longer continue paying…'* Further, Participant 12 indicated that: *'I then had to drop out because I was in form 2 (grade 9) at the time. There was no money to pay for my exams'*. Participant 4, who was 10 years old when he started Grade 1, also lost the parent who paid for his school: *'I did Grade 1 and Grade 2. 1990 I was in grade 1, 91, Grade 2. I stopped there. When I was supposed to continue my father then passed away'*. Participant 15 added: *'I started 2006, I was 11 years old in grade one'*. Participants 15, 11, and 4 highlight that starting school at a late age was not uncommon due to financial challenges. This was before eSwatini introduced free primary education.

Female participants, in addition to finances, often cited pregnancy (four of 10 females) as the reason for dropping out of school, which was sometimes accompanied by a negative self-perception. For example, Participant 1 stated: *'I then got pregnant in form 4 (grade 11). ...I delivered in December. And then I went back to school but then I left the school during the second term. I just felt embarrassed, like the other students and teachers were looking at me and saying things. So, I just left'*. Similar sentiments were shared by Participant 7: *'I dropped out myself. I did not want to be in class anymore. ...I was just scared of the people, I was scared of what they would say now that I'm pregnant'*. This suggests societal discrimination and disapproval of a learner who gets pregnant. It appears that participants may have internalized these discriminatory attitudes and were self-stigmatizing. For Participant 14, who fell pregnant a year after dropping out of school in grade 9 due to owed fees, idleness appears to have resulted in the pregnancy: *'I was just sitting there and doing nothing. No school. I had been sitting for a long time'*. Disruption of participants' education may have limited the extent of their employability and their ability to participate in the country's economy. This most likely translated to being locked in the cycle of poverty in the future.

Subtheme 3.2: Early responsibilities.

Linked to economic challenges, participants had adult responsibilities in their childhood, such as supporting themselves and their families. This often manifested in participants having to drop out of school. According to Participant 2, who dropped out in Grade 6 due to lack of finances, she then: *'I started working, taking care of the home, domestic help'*. Participant 3, who dropped out in Grade 6 after his grandmother left for South Africa, was left to fend for himself: *'I just took whatever came. I took care of cattle and then whoever's cattle were taken care of would give me money for food or just give me food. If it was working in*

*the fields, I would go to the fields to weed and then I would get some money. If it was washing someone's car, somewhere, I would do that so you would just do whatever was available for survival'*. Participant 6, who has never been to school due to finances, watched other children go to school: *'I was always home, working the garden with gogo (grandmother), sometimes laundry, and housework'.* Further, Participant 8, who was pregnant at age 13 and the father to the child was unsupportive, survived on*: 'I would wake up and go look for piece jobs, doing laundry for people…I was cleaning peoples' houses and babysitting their children'.* Participant 12, who dropped out in Grade 9 due to her mother dying, which meant there was no one to pay school fees and provide for the younger siblings, stated: '*I started looking for work… I found work the following year as a housekeeper. But my big brother was working and so he was the one who was supporting all of us in the family. Things were better because I could also support my younger siblings'.* The youngest who was tasked with early responsibilities due to economic hardships was Participant 7 who started working at age 9: *'[My grandmother] asked me and my sisters what we are choosing between eating and going to school; obviously we chose food. I was nine years old at the time and she said I need to start working. And so, I started working doing housekeeping and looking after two children…'*.

Theme 4: Alcohol Abuse and Exposure

Alcohol abuse by parents and/or exposure to intoxicated adults, including parents and community members, were common childhood experiences among seven of the 15 participants. For example, Participant 13 described her father, stating: *'Whenever he was drunk, we just knew that trouble… Whenever he was drunk, we just knew that trouble was coming, it was just that type of chaos in the home. That is just a life that we lived, and we were raised around'*. Adding that the problem was fuelled by the ease of availability of alcohol in the community: *'…traditional brew in the rural areas doesn't need money. So, when you go to the drinking spots, someone will share their alcohol with you, so he always had alcohol available to him'*. This abuse of alcohol created a home environment marked by fear, violence, and instability. Participant 3 indicated that his mother was often intoxicated and that he struggles to remember a sober image of his mother: *'…loved her alcohol more than us…She drank lots of alcohol, but she was not mentally ill. ...But she was someone, my images of her, it's just someone drunk'*. Participant 8, who never met her paternal family but was raised by a sickly maternal grandfather, dropped out of school and dated an alcohol-abusing man, 17 years her senior, stated: *'He would just spend it all on alcohol. …Once intoxicated, you are guaranteed a beating'*. This indicated the vulnerability to abusive relationships as she remained in the relationship, seeking sanctuary. Exposure to intoxicated adults in the home and community was reported by Participant 12: *'My mother used to sell beer in the home. Community people would come and buy'*. It appears that early alcohol exposure was also influenced by unemployment and related economic challenges. In the context of eSwatini, this is often an informal and unlicensed establishment – as indicated by it being in someone's home. These environments are often filled with verbal insults and occasional physical fights by imbibers who buy and sit in the family yard.

Theme 5: Socio-cultural Influences in Childhood

The influence of sociocultural beliefs regarding girls and schooling was evident in one case. Participant 15's father, a polygamist, and aunt did not believe a girl should get an education, to the point of perpetrating physical violence and abandoning his job. This is well captured in the participant's words:

> So, whenever my mother would bring up the need for him to pay school fees, he would physically beat my mother in front of us (sobs)…just because she asked for school fees. Because one day he badly beat my mother, her whole face was swollen. I remember that that day. She was in so much pain. And now as we've gotten older, it's only now that we're learning why he resigned. My sister, the first born, had

> finished grade 7 and needed to go to form one (grade 8). My mother asked my father to pay for my sister and he refused. Then he punched her and so my mother went to social welfare to report my father, to say he didn't want to pay school fees. And then my aunt, my father's sister, they are very close, told my father to resign from work to spite my mother who keeps asking him for school fees money. Girls should not have an education, girls will marry and become the husband's duty, and things like that. And my aunt told my father that if he resigned, then social welfare won't bother him because you won't be employed anymore. He resigned.

In the context of eSwatini, a long-held patriarchal belief concerns women not needing to be educated and generally the treatment of women as children or second-class citizens[21]. One of the underlying suppositions for this belief is that girls should stay at home and husbands should provide, hence the nullification of education. It appears the father to Participant 15 was a staunch traditionalist who held on to these beliefs. Further, the participant's aunt, a woman, appears to have internalized this belief and has become its defender. This theme is significant as it highlights the relationship between sociocultural beliefs, gender-based violence, and, specifically, the educational opportunities afforded to women and girls. It highlights that sometimes the compromised educational opportunities are not always due to economics but to the power of socio-cultural beliefs.

Theme 6: Supportive parental figures

The participants had parental figures, not necessarily biological parents, who consistently provided care. Most of the parental figures were grandparents (n=9, 60%), followed by both biological parents among four participants (27%), and then uncles (n=2). Among the grandparents, maternal grandparents (n=6, 40%) dominate as consistently present parents. However, the ability to be present and supportive of participants' childhoods in a healthy manner was hindered by a lack of resources and often not being accepted by others living in the home. For instance, Participant 6, who never met her father and was raised by a maternal grandmother, stated: *'[My aunts and uncles] would say our grandmother should take us back to our homes. That this was their home'*. In eSwatini culture, a child's home is her paternal family. Male parental figures like uncles and grandfathers often provided support materially such as paying academic fees and providing food. Physical and emotional availability was uncommon because they worked in the cities. Material provisions might be associated with the cultural expectations for males to be providers and females as nurturers.

# 4. Discussion

We explored the childhood experiences of offenders who are currently incarcerated for filicide or attempted filicide in correctional centres in eSwatini. This is significant because it might highlight potential pathways to filicide offending in adulthood because early life stress has consequences for later behaviour. Their childhoods reveal an intersection of various hardships that informed their development, including family structure, economic hardship, exposure to different forms of abuse and/or neglect, and sociocultural influences. These identified intersectional childhood experiences carry the potential for violence and engagement in criminality later in life[24]. Fatherlessness was prevalent across childhoods for different reasons (never met, met later in life, deceased, brief interactions, alive but unsupportive in any way). The absence of a father in the family, microsystem, is a correlate, not a cause, of criminality, incarceration, early marriage, and poor education[48,49]. Emotional and psychological consequences include more aggression and less self-regulation (compared to children from fathered households)[50]. Aggression and poor self-regulation may result in aggressive behaviour that aims to hurt others[69] – including, potentially, one's children. Maternal inconsistency/deprivation negatively affects the brain's emotional, behavioural, and stress responses and

impairs stress resilience later in life[70]. This suggests that participants' adult stress handling might be impaired, resulting in difficulties handling stress and manifesting as negative emotions and behaviours. The dominant parental deprivation also contributed to exposure and vulnerability to abuse.

Similar to findings by Dekel, Abrahams[18], abuse, neglect, and substance abuse also featured in participants' childhoods. Experiencing and/or witnessing abuse increases the likelihood of normalizing and replicating aggression as an acceptable form of expression and problem-solving[61]. Similar to children raised in a fatherless household who demonstrate more aggression and less self-regulation[50], survivors of abuse and/or neglect often exhibit emotional dysregulation, impairing the ability to cope with stress, which in turn increases the potential of impulsive and aggressive reactions in stressful situations. This outcome could be inferred from participants who murdered or attempted to murder their child/ren without premeditation, especially during a time of partner-relational strain or economic distress. As survivors of microsystems characterized by physical violence, participants were more likely to perpetrate violence against their children or intimate partners – the cycle of violence[23, 34, 36]. The cycle of violence heightens the potential for filicidal outcomes. Physical abuse by a parent can result in the death of the child[71]. The country's practice of *tibi tendlu* (family secrets) sustains childhood abuse, and this potentially contributes to an increased likelihood of death by physical abuse from a parent, as this was often demonstrated to them when they grew up. Generally, participants' physically abusive parents also abused alcohol. Exposure to alcohol abuse by parents and community members is associated with an increased likelihood of adult alcohol abuse, aggression, resorting to physical violence in disciplinary measures, and neglectful behaviour[72-74].

Exposure to economic hardships and poverty (exosystem), when coupled with the failure of the macrosystem to intervene through child protection and job creation policies[65], increases the likelihood of survival-based crime[57, 58]. For instance, the murder of one's child due to the inability to provide for them. Lack of finances resulted in participants being early parents while unmarried and having low academic achievement[24, 59, 60]. Gendered parental expectations contributed to the school dropout patterns: girls were pressured to work to support themselves *and* their child/ren, while boys dropped out due to financial hardship and the expectation of earning and independence. It is important to remember that some participants began grade one when they were older, for instance, aged 17 or 11. Due to dropping out of school, 13 of the 15 participants face limited employability in the future, which maintains a cycle of poverty and vulnerability to abuse and exploitation[63]. Though by no means concrete or universal, there is an association between poverty and violent or criminal behavior[58,75]. Dropping out of school heightens the likelihood of adult mental health problems, including suicidality and criminality, such as assault and drug sales[76]. The widespread school dropouts were exacerbated by the lack of free primary education during participants' childhoods [56]. This indicates a macrosystemic failure pre-free primary education.

Childhood development was also shaped by patriarchal beliefs, systemic discouragement of girls' education, and gender-based violence. The country's patriarchal heritage persists and views the education of girls as unnecessary because heterosexual marriage will provide economic security[21,77]. A childhood characterized by these beliefs and sociocultural hindrances to girls' education sustains the economic future dependence on males and vulnerability to their dominance. The absence of male support, particularly in monetary terms, is likely to foster feelings of desperation and helplessness. The gender-based violence endured by the mother serves to remind the mother and girls about male dominance[78] and functions as a stern warning for questioning sociocultural practices. Punishment for challenging patriarchal structures is not uncommon[79] in micro- and macrosystems where physical violence is used to establish control. This further encourages the cycle of violence.

It is important to note that since the participants' childhood, eSwatini has made significant strides by introducing legislation and policies to counter some of these adverse childhood experiences. In 2010, the country introduced Free Primary Education, the Children's Protection and Welfare Act in 2012, and the Sexual Offences and Domestic Violence Act in 2018.

## 5. Conclusion

This study is limited in its generalizability due to the sample size. Additionally, self-selection bias may have been introduced by the voluntary recruitment process. There is a need to provide resources such as mental health services in communities so that children experiencing paternal/maternal neglect and abuse can be attended. Develop fatherhood support programmes to educate fathers on the significance of their parenting role. Include traditionalists in these programmes to confront the patriarchal assigning of childcare to mothers or females. Parents and community members should also be taught non-violent forms of discipline to curb the cycles of violence and abuse. All ecologies should work together to establish community-based childcare spaces so that young mothers do not have to sacrifice their education. Additionally, communities must be educated on child protection policies and regulations. The childhoods of filicide offenders in eSwatini are marked by several adverse childhood experiences. Although this study cannot draw a causal link, it appears that childhood exposure to multiple forms of abuse amplifies the likelihood of negative outcomes such as poly-violence and criminality in adulthood. We, therefore, propose intervening in childhood to curtail the adversities as they likely function as pathways to filicide. Future studies should include a comparison group of parents incarcerated for non-filicide murder to contribute to the analysis.

## Conflict of interest

The authors declare no conflict of interest.

## References

1. Debowska A, Boduszek D, Dhingra K. Victim, perpetrator, and offense characteristics in filicide and filicide–suicide. Aggression and Violent Behavior. 2015;21:113-24.
2. Kauppi A, Kumpulainen K, Karkola K, Vanamo T, Merikanto J. Maternal and paternal filicides: a retrospective review of filicides in Finland. Journal of the American Academy of Psychiatry and the Law Online. 2010;38(2):229-38.
3. Liem M, Koenraadt F. Filicide: A comparative study of maternal versus paternal child homicide. Criminal behaviour and mental health. 2008;18(3):166-76.
4. Shabangu S, Moen M. The offense characteristics of maternal filicides in eSwatini: adding to Resnick's classification model. Frontiers in Psychology. 2024;15:1456514.
5. Yoon M-S, Yu HK, Lee S-B. Filicide-Suicide in South Korea: Content Analysis of Newspaper Articles (2010–2020). Journal of family violence. 2024;39(2):315-24.
6. Campus U. Newspaper analysis on filicide and infant abandonment in Malaysia. J Media Inform Warfare. 2016;8:39-70.
7. Mariano TY, Chan HCO, Myers WC. Toward a more holistic understanding of filicide: A multidisciplinary analysis of 32 years of US arrest data. Forensic science international. 2014;236:46-53.
8. Putkonen H, Amon S, Eronen M, Klier CM, Almiron MP, Cederwall JY, et al. Gender differences in filicide offense characteristics—A comprehensive register-based study of child murder in two European countries. Child Abuse & Neglect. 2011;35(5):319-28.
9. Murfree L, DeMaria AL, Schwab-Reese LM. Factors contributing to filicide-suicide: differences between male and female perpetrators. Child Abuse & Neglect. 2022;129:105637.
10. Krischer MK, Stone MH, Sevecke K, Steinmeyer EM. Motives for maternal filicide: Results from a study with female forensic patients. International Journal of Law and Psychiatry. 2007;30(3):191-200.
11. Stanton J, Simpson A. Filicide:: A review. International Journal of Law and Psychiatry. 2002;25(1):1-14.
12. Ssekitto JM, Abaatyo J, Namatovu A, Akatusasira R, Kibet E, Kamau SG, et al. Filicide in Africa: a systematic review. BMC public health. 2024;24(1):2125.

13. Stanton J, Simpson A, Wouldes T. A qualitative study of filicide by mentally ill mothers. Child Abuse & Neglect. 2000;24(11):1451-60.
14. Moodley S, Subramaney U, Hoffman D. A qualitative study of mentally ill women who commit filicide in Gauteng, South Africa. Frontiers in psychiatry. 2019;10:757.
15. Razali S, Fisher J, Kirkman M. "Nobody came to help": interviews with women convicted of filicide in Malaysia. Archives of women's mental health. 2019;22(1):151-8.
16. Katz C. The narratives of abused children who have survived attempted filicide. Child Abuse & Neglect. 2013;37(10):762-70.
17. Abdullah A, Frederico M, Mensah F, Bentum H, Wang Y, Asare JL. Addressing filicide in Ghana: linking cultural understanding with the law against filicide. does the law work? Frontiers in psychology. 2022;13:928963.
18. Dekel B, Abrahams N, Andipatin M. Exploring adverse parent-child relationships from the perspective of convicted child murderers: A South African qualitative study. PLoS One. 2018;13(5):e0196772.
19. Leeb RT, Lewis T, Zolotor AJ. A review of physical and mental health consequences of child abuse and neglect and implications for practice. American Journal of Lifestyle Medicine. 2011;5(5):454-68.
20. Al Odhayani A, Watson WJ, Watson L. Behavioural consequences of child abuse. Canadian Family Physician. 2013;59(8):831-6.
21. Motsa N. Vulnerable femininities: Implications for rural girls' schooling experiences in Swaziland. Educational Research for Social Change. 2018;7(2):102-16.
22. United Nations International Children's Emergency Fund. UNICEF Eswatini Country Office Annual Report 2023 Mbabane: UNICEF; 2023 [Available from: https://www.unicef.org/reports/country-regional-divisional-annual-reports-2023/Eswatini.
23. Malinosky-Rummell R, Hansen DJ. Long-term consequences of childhood physical abuse. Psychological Bulletin. 1993;114(1):68-79.
24. Manhica H, Straatmann VS, Lundin A, Agardh E, Danielsson AK. Association between poverty exposure during childhood and adolescence, and drug use disorders and drug-related crimes later in life. Addiction. 2021;116(7):1747-56.
25. Deputy Prime Minister's Office. Violence Against Children and Youth, Kingdom of Eswatini: Findings from the Violence Against Children and Youth Survey, 2022 (Final Report). 2023.
26. Breiding MJ, Mercy JA, Gulaid J, Reza A, Hleta-Nkambule N. A national survey of childhood physical abuse among females in Swaziland. Journal of Epidemiology and Global Health. 2013;3(2):73-81.
27. Nyawo S. Disability, gender-based violence and development in Africa: The case of Eswatini 1. Religion, Disability, and Sustainable Development in Africa: Routledge; 2025. p. 217-31.
28. Reza A, Breiding M, Blanton C, Mercy JA, Dahlberg LL, Anderson M, et al. Violence against children in Swaziland. Findings from the national survey on Violence against children in Swaziland. 2007.
29. Anderson M, Bamrah S, Blanton C, Breiding M, Dahlberg LL, Mercy JA, et al. Violence against children in Swaziland: findings from a national survey on violence against children in Swaziland, May 15-June 16, 2007. 2007.
30. Widom CS. Long-term impact of childhood abuse and neglect on crime and violence. Clinical psychology: science and practice. 2017;24(2):186.
31. Lansford JE, Miller-Johnson S, Berlin LJ, Dodge KA, Bates JE, Pettit GS. Early Physical Abuse and Later Violent Delinquency: A Prospective Longitudinal Study. Child Maltreatment. 2007;12(3):233-45.
32. Lansford JE, Godwin J, McMahon RJ, Crowley M, Pettit GS, Bates JE, et al. Early physical abuse and adult outcomes. Pediatrics. 2021;147(1).
33. Fitton L, Yu R, Fazel S. Childhood Maltreatment and Violent Outcomes: A Systematic Review and Meta-Analysis of Prospective Studies. Trauma, Violence, & Abuse. 2020;21(4):754-68.
34. Topitzes J, Mersky JP, Reynolds AJ. From Child Maltreatment to Violent Offending:An Examination of Mixed-Gender and Gender-Specific Models. Journal of Interpersonal Violence. 2012;27(12):2322-47.
35. Milaniak I, Widom CS. Does child abuse and neglect increase risk for perpetration of violence inside and outside the home? Psychology of Violence. 2015;5(3):246-55.
36. Chiu GR, Lutfey KE, Litman HJ, Link CL, Hall SA, McKinlay JB. Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: A descriptive analysis of results from the Boston Area Community Health (BACH) survey. Violence and victims. 2013;28(3):381-402.
37. Springer KW, Sheridan J, Kuo D, Carnes M. Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. Child Abuse & Neglect. 2007;31(5):517-30.
38. Sugaya L, Hasin DS, Olfson M, Lin KH, Grant BF, Blanco C. Child physical abuse and adult mental health: a national study. Journal of traumatic stress. 2012;25(4):384-92.

39. Phakathi M. Prevention is better than cure: as in many parts of the world, child sexual abuse in Swaziland is widespread and goes largely unreported. Swaziland is one of the few low-and middle-income countries to have acknowledged the problem. Bulletin of the World Health Organization. 2009;87(5):328-30.
40. Breiding MJ, Reza A, Gulaid J, Blanton C, Mercy JA, Dahlberg LL, et al. Risk factors associated with sexual violence towards girls in Swaziland. Bulletin of the World Health Organization. 2011;89:203-10.
41. Shabangu SB, Koen V. Correctional officers' perceptions of resilience of at-risk youth in a correctional centre in Eswatini. Journal of Psychology in Africa. 2021;31(3):310-8.
42. Reza A, Breiding MJ, Gulaid J, Mercy JA, Blanton C, Mthethwa Z, et al. Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. The Lancet. 2009;373(9679):1966-72.
43. Fergusson DM, McLeod GFH, Horwood LJ. Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. Child Abuse & Neglect. 2013;37(9):664-74.
44. Bhandari S, Winter D, Messer D, Metcalfe C. Family characteristics and long-term effects of childhood sexual abuse. British Journal of Clinical Psychology. 2011;50(4):435-51.
45. Ali S, Pasha SA, Cox A, Youssef E. Examining the short and long-term impacts of child sexual abuse: a review study. SN Social Sciences. 2024;4(2):56.
46. Papalia N, Ogloff JRP, Cutajar M, Mullen PE. Child Sexual Abuse and Criminal Offending: Gender-Specific Effects and the Role of Abuse Characteristics and Other Adverse Outcomes. Child Maltreatment. 2018;23(4):399-416.
47. Meinck F, Fry D, Ginindza C, Wazny K, Elizalde A, Spreckelsen TF, et al. Emotional abuse of girls in Swaziland: Prevalence, perpetrators, risk and protective factors and health outcomes. Journal of global health. 2017;7(1).
48. Harris JR. The outcome of parenting: what do we really know? Journal of Personality. 2000;68(3):625-37.
49. Marco-Gracia FJ. "Like Father, Like Son": The Importance of Fathers in Nineteenth- and Twentieth-century Rural Spain. Journal of Family History. 2021;46(4):483-501.
50. Honig AS. Supporting men as fathers, caregivers, and educators. Men in the Lives of Young Children: Routledge; 2013. p. 7-29.
51. Vigliani G, Nderi I. Children of Swaziland 2021 [updated 21 March; cited 2021 21 March]. Available from: https://www.humanium.org/en/swaziland/.
52. S'lungile KT, Ugwuanyi CS, Okeke C, Ncamsile N. Socio-economic supports available for the education of adolescent girls in child-headed families in the Kingdom of Eswatini: Policy Implication for Educational Evaluators. International Journal of Psychosocial Rehabilitation. 2021;25(02).
53. Mpofu P, Tfwala SH. Dilemmas of children raised by single parents in the Kingdom of Eswatini. Interdisciplinary Journal of Sociality Studies. 2022;2:37-49.
54. Roos LL, Wall-Wieler E, Lee JB. Poverty and early childhood outcomes. Pediatrics. 2019;143(6).
55. Moore KA, Redd Z, Burkhauser M, Mbwana K, Collins A. Children in poverty: Trends, consequences and policy options: Child Trends Washington; 2002.
56. Motsamai M, Alers C. Teachers' perspectives on the effects of free primary education policy of the Kingdom of Eswatini on education quality in public schools. African Journal of Public Affairs. 2022;13(1):79-96.
57. Jarjoura GR, Triplett RA, Brinker GP. Growing Up Poor: Examining the Link Between Persistent Childhood Poverty and Delinquency. Journal of Quantitative Criminology. 2002;18(2):159-87.
58. Webster C, Kingston S. Poverty and crime. Reducing poverty in the UK: A collection of evidence reviews. 2014:148-52.
59. Nikulina V, Widom CS, Czaja S. The role of childhood neglect and childhood poverty in predicting mental health, academic achievement and crime in adulthood. American journal of community psychology. 2011;48:309-21.
60. Duncan GJ, Magnuson K, Kalil A, Ziol-Guest K. The Importance of Early Childhood Poverty. Social Indicators Research. 2012;108(1):87-98.
61. Tuscic SJ, Flander GB, Mateskovic D. The consequences of childhood abuse. Paediatrics Today. 2012;9(1):12.
62. Currie J, Spatz Widom C. Long-term consequences of child abuse and neglect on adult economic well-being. Child maltreatment. 2010;15(2):111-20.
63. Leseman PPM, Slot PL. Breaking the cycle of poverty: challenges for European early childhood education and care. European Early Childhood Education Research Journal. 2014;22(3):314-26.
64. Ryan DPJ. Bronfenbrenner's ecological systems theory. Retrieved January. 2001;9:2012.
65. Darling N. Ecological systems theory: The person in the center of the circles. Research in human development. 2007;4(3-4):203-17.
66. Crawford M. Ecological Systems theory: Exploring the development of the theoretical framework as con-ceived by Bronfenbrenner. J Pub Health Issue Pract. 2020;4(2):170.
67. Rai N, Thapa B. A study on purposive sampling method in research. Kathmandu: Kathmandu School of Law. 2015;5(1):8-15.
68. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3(2):77-101.

69. Röll J, Koglin U, Petermann F. Emotion Regulation and Childhood Aggression: Longitudinal Associations. Child Psychiatry & Human Development. 2012;43(6):909-23.
70. Čater M, Majdič G. How early maternal deprivation changes the brain and behavior? European journal of neuroscience. 2022;55(9-10):2058-75.
71. Resnick PJ. Filicide in the United States. Indian J Psychiatry. 2016;58(Suppl 2):S203-s9.
72. Christoffersen MN, Soothill K. The long-term consequences of parental alcohol abuse: a cohort study of children in Denmark. Journal of Substance Abuse Treatment. 2003;25(2):107-16.
73. Haugland SH, Carvalho B, Stea TH, Strandheim A, Vederhus J-K. Associations between parental alcohol problems in childhood and adversities during childhood and later adulthood: a cross-sectional study of 28047 adults from the general population. Substance Abuse Treatment, Prevention, and Policy. 2021;16(1):47.
74. Mangiavacchi L, Piccoli L. Parental alcohol consumption and adult children's educational attainment. Economics & Human Biology. 2018;28:132-45.
75. Vieraitis LM. Income inequality, poverty, and violent crime: A review of the empirical evidence. Social Pathology. 2000;6(1):24.
76. Maynard BR, Salas-Wright CP, Vaughn MG. High School Dropouts in Emerging Adulthood: Substance Use, Mental Health Problems, and Crime. Community Mental Health Journal. 2015;51(3):289-99.
77. Fielding-Miller R, Dunkle KL, Hadley C, Cooper HL, Windle M. Agency as a mediator in the pathway from transactional sex to HIV among pregnant women in Swaziland: a multigroup path analysis. Journal of the International AIDS Society. 2017;20(1):21554.
78. Darj E, Wijewardena K, Lindmark G, Axemo P. 'Even though a man takes the major role, he has no right to abuse': future male leaders' views on gender-based violence in Sri Lanka. Global health action. 2017;10(1):1348692.
79. Jewkes R, Morrell R, Hearn J, Lundqvist E, Blackbeard D, Lindegger G, et al. Hegemonic masculinity: combining theory and practice in gender interventions. Culture, Health & Sexuality. 2015;17(sup2):112-27.

| Participants | Childhood synopsis |
|---|---|
| Participant 1 | She never met her father but saw her mother twice a year. She and her three siblings were raised by their maternal grandmother. She dropped out of school in Grade 11 due to pregnancy.<br>**Filicide at age 21:** Crushed ratex pellets and poisoned her biological daughter who was 7 days old. |
| Participant 2 | Her paternal grandmother raised her after her mother abandoned her at 3 months. Her father, who sporadically visited, died when she was 11 years old. Verbal and emotional abuse by her grandmother was prevalent. After dropping out of school in Grade 6 due to failure to pay fees, she began domestic work. Her mother came back into her life when she was 22 years old. She had four half-siblings.<br>**Filicide at age 23:** She poisoned her three daughters, 8 years, 5 years, and 18 months, with a pesticide. |
| Participant 3 | Met his father at age 30. His mother, whom he met once a year, abused alcohol. She was always intoxicated and verbally and emotionally abusive at each meeting. He has eight half-siblings, five maternal and three paternal. His unemployed maternal grandmother raised him and his five maternal half-siblings. He dropped out in Grade 5 (aged 10) due to a lack of fees and began informal jobs such as herding cattle, washing cars, and working in the cannabis fields.<br>**Filicide at age 38:** He left his 10-year-old daughter, who was disabled and could not use her limbs, alone for two days. A passive filicide. |
| Participant 4 | He was raised by his step-grandmother, his polygamous grandfather's second wife. His biological grandmother was deceased. He would see his mother, a domestic worker, once a month. Sometimes, a year would pass without seeing his father, who died when he was 11. His mother died when he was 17. Siblings are unknown. He dropped out in Grade 2 (aged 11) due to lack of fees and began work herding cattle.<br>**Filicide-suicide at age 42:** He strangled his 7-year-old daughter in a forest. |
| Participant 5 | His parents were present, but his home life was inconsistent due to his Father being in the armed forces and having multiple job postings. He would witness alcohol abuse and verbal and physical abuse perpetrated by his father's work colleagues against his multiple partners brought to the shared work accommodation. He was the fourth born after his mother lost three children before him within the first month of birth. He went to three primary schools and is the only one who finished school in the study.<br>**Filicide at age 49:** He drowned his 2-year-old stepson in a river near the family home. |
| Participant 6 | She lost her mother at age 4 and did not have a relationship with her father, who lived in South Africa. Her unemployed maternal grandmother raised her, but she was unwelcome by her aunt. She reported emotional and verbal abuse from them, along with emotional and physical neglect. She never attended school and was made to choose between attending school and having food. Her mother's friend raised her sister.<br>**Filicide-suicide at age 24:** She poisoned her two children, a son (3 yrs) and daughter (6yrs), with a pesticide. Attempted suicide by drinking the poison. |
| Participant 7 | Her maternal aunt and grandmother raised her. She was the third born of seven siblings. Her father died when she was almost two years old, and she saw her mother monthly. She experienced and witnessed the physical and verbal abuse of her siblings by her aunt and grandmother. She dropped out in Grade 5 (aged 10) due to failure to pay fees, after which she engaged in domestic work for two years. Subsequently, her paternal uncle enabled her to return to school. However, she dropped out in Grade 9 due to pregnancy.<br>**Filicide at age 22:** She reports her 6-year-old stepson mysteriously died during the night in her care. |
| Participant 8 | Her parents neglected her, and she never met them. She was raised by her paternal grandfather, who died when she was 12. She dropped out in Grade 6 due to failure to pay fees as she was without a caregiver. From age 12, she stayed with a 25-year-old, alcohol-abusing boyfriend, who was sexually, verbally, emotionally, and physically abusive. Additional abuse came at the hands of the boyfriend's older sisters. Abuse was never reported due to fear of losing accommodation.<br>**Filicide at age 13:** Her 9-month-old son died from malnutrition and neglect due to a lack of support, especially economically. |
| Participant 9 | He was raised by a physically, emotionally, and verbally abusive stepmother. His father was not always at home due to work. He dropped out in Grade 9 (aged 15), citing abuse at home, and ran away. He began odd jobs, including being a barber and washing cars.<br>**Filicide at age 32:** Stabbed his 2-and-a-half-year-old stepdaughter. |
| Participant 10 | She was raised in a polygamous family. Her employed mother was the third wife. She dropped out of school in Grade 9 due to pregnancy.<br>**Filicide at age 23:** Her two-year-old son died from physical abuse injuries. |
| Participant 11 | His maternal uncle and grandmother raised him but could not afford his schooling. He stayed home, tended livestock, and did odd jobs around the community to survive. He only met his father at age 17, and his mother died when he was young. He began Grade 1 at age 17 and dropped out in Grade 4 when his father refused to continue payment because he was considered an adult.<br>**Filicide at age 41:** Hacked his four-year-old stepdaughter with bushknife. |
| Participant 12 | She and three siblings were raised by their unemployed parents. Her mother sold beer from home. Community members would drink in the home, and she witnessed verbal and physical violence. Her mother was physically and verbally abusive towards her and her siblings. Her father and mother died when she was |

| Participants | Childhood synopsis |
|---|---|
| | 16 and 17, respectively. In Grade 9, she dropped out due to failure to pay fees. She began work as a domestic helper to help support her siblings.<br>**Filicide at age 25:** She strangled her 11-day-old son. |
| Participant 13 | Her unemployed parents raised her and her eight siblings. Her mother sold handicrafts to support them. Her father abused alcohol and was physically, emotionally, and verbally abusive towards their mother and them. They would often sleep outside on nights when he was drunk and physically abusive. She dropped out in Grade 9 due to failure to pay fees and began looking for work.<br>**Filicide at age 39:** She poisoned her 5-year-old stepson with pesticide. |
| Participant 14 | She never met her father. She was raised by her mother until age 3, then by her paternal grandmother without contact from her parents until age 11. At age 11, she met her father, but he was unsupportive. She and her four half-siblings were emotionally and verbally abused by their mother when she returned to her life at age 11. She dropped out in Grade 9 due to failure to pay fees and got pregnant the year after. She began domestic work and working in the cannabis fields. Months after the birth of the child, the father of the child died by suicide after ingesting the pesticide Master 900.<br>**Filicide at age 26:** She strangled her daughter, who was less than a week old. |
| Participant 15 | Her mother was the first wife in a polygamous marriage. Her father was more supportive of the second wife and her children. On several occasions, she witnessed the physical and verbal abuse of her mother by her father. At age 7, she was a domestic helper for a church member who promised to take her to school, which never happened. She was physically and verbally abused instead. At age 11, she began Grade 1 at a no-fee boarding mission school. She was in boarding school from Grade 1 to 6 and never saw her parents until age 17. She dropped out of school in Grade 9 (aged 21) due to pregnancy and began domestic work.<br>**Filicide at age 26:** She committed arson, killing her 4-month-old stepson |