



“Nobody came to help”: interviews with women convicted of filicide in Malaysia

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Abstract

Although filicide is of serious concern, it is poorly understood in Malaysia. Our interviews with health and policy professionals revealed that they attribute responsibility for filicide to women's failure to comply with social norms and religious teachings. This research sought to understand the meaning of and background to filicide from the perspectives of women who have been convicted of filicide in Malaysia. In-depth interviews were conducted in person with all eligible and consenting women convicted of filicide and incarcerated in prisons or forensic psychiatric institutions. Women's accounts were translated into English and analysed using interpretative phenomenological analysis and interpreted using narrative theory. Interviews with nine women convicted of filicide yielded evidence that others were implicated in the crime but punished less severely, if at all, and that the women had experienced lifelong gender-based violence and marginalisation with minimal access to health and social care. These findings illuminate an inadequately understood phenomenon in Malaysia and reveal why existing strategies to reduce filicide, which reflect key stakeholders' views, have had little impact. They reveal the pervasive harm of violence against women and children and its link to filicide.

Keywords Filicide · Gendered perspectives · Women in society · Malaysia · Violence against women

Introduction

Filicide is the killing of a child by a parent or parent-figure; neonaticide refers to the killing of a newborn and infanticide to an infant. In Malaysia, the focus of our research, maternal filicide is recognised as a serious but poorly understood problem. Local strategies implemented to reduce infant abandonment and infanticide include education to discourage pre-marital sexual relationships, the provision of shelters and a special school for pregnant adolescents, and the installation

of baby hatches. These are small cubicles, introduced in 2009 by non-government organisations, where a newborn can be placed anonymously for adoption; 22 babies were placed in the first 8 years of operation (Bernama 2016).

Some researchers have concluded that women are more likely than men to commit filicide (Baralic et al. 2010; Kauppi et al. 2010; Yasumi and Kageyama 2009). Neonaticide is found most often to have been committed by women (Friedman and Resnick 2009; Gheorghe et al. 2011; Herman-Giddens et al. 2003; Spinelli 2001; Tursz and Cook 2011), although this is sometimes taken for granted rather than established from data (Marcikić et al. 2006; Spinelli 2001; Tursz and Cook 2011). In some circumstances, men have been identified as equally or more likely to have committed filicide than women (Brookman and Nolan 2006; Flynn et al. 2007; Liem and Koenraadt 2008; Mariano et al. 2014), especially where older children are the victims (Putkonen et al. 2011). Female (in comparison with male) perpetrators are more likely to be younger, unemployed, use a less violent method, have killed fewer victims, have experienced violence themselves, and have a mental illness, but are less likely to have a personality disorder or to abuse alcohol or illicit substances (Eriksson et al. 2016; Kauppi et al. 2010; Liem and Koenraadt 2008;

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Putkonen et al. 2011). Most research has analysed data from secondary sources including judicial, police, psychiatric, and autopsy records and newspaper files (Beyer et al. 2008; Flynn et al. 2007; Gheorghe et al. 2011; Herman-Giddens et al. 2003; Kauppi et al. 2010; Liem and Koenraadt 2008; Marcikić et al. 2006; Porter and Gavin 2010; Yasumi and Kageyama 2009).

The tendency to demonise mothers (more than fathers) who kill their children has been identified in the media and popular culture in Australia (Little and Tyson 2017) and the UK (Niblock 2017), with women blamed for provoking fathers who kill their children (Niblock 2017; Niner et al. 2013). Analyses of media reports of child abuse in Malaysia revealed that coverage was highly gendered and judgemental (Niner et al. 2013). Malaysian legal scholars have called for heavier punishment of women who kill their children and limited sympathy for disturbed women charged with infanticide (Rahim et al. 2012). When we initiated this research in 2013, there was no peer-reviewed research data on maternal filicide in Malaysia or neighbouring countries. Nearly all relevant data came from English-speaking countries with different sociocultural backgrounds from Malaysia.

Our secondary analysis of Malaysian national data on filicide and abandonment found substantial missing data, with details undocumented for up to 87% of cases (Razali et al. 2014). Of the documented cases, more boys than girls were recorded as victims, and, when the sex of perpetrators was recorded, it was predominantly female, usually the mother of the victim. We concluded that more stringent national data collection was needed and that arrest practices might be influenced by assumptions that women are the usual perpetrators. The estimated inferred infanticide rate was found to fluctuate between 4.82 and 9.11 per 100,000 live births, a moderate rate relative to the infanticide rates of other countries (Razali et al. 2014). Our research with professionals who work with women at risk or who have been convicted of filicide revealed that they identify failure to comply with social norms and religious teachings as causal (Razali et al., submitted for publication).

The most notable gap in knowledge of filicide in Malaysia is the voice of the perpetrator. We were particularly interested to learn first-hand about the lives and perspectives of women convicted of filicide in Malaysia. Our aim, therefore, was to understand the meaning of filicide and its antecedents from the perspectives of women convicted of and serving sentences for filicide.

Materials and methods

We sought to interview all women convicted of filicide and incarcerated in one of the five prisons for women and two forensic psychiatric institutions in Malaysia during the period of data collection (February–June 2013). Because we sought

to understand the situation from each woman's perspective, in-depth interviews were the most appropriate.

Setting

Prisons and psychiatric institutions in Malaysia.

Eligibility and recruitment

Women who had been convicted of filicide and were incarcerated as a result were eligible to participate if they were aged at least 18 and could speak *Bahasa Malaysia* or English. Women were ineligible if unable to give informed consent because of psychosis, extreme emotional disturbance, or intellectual disability. We also excluded women whose legal process was incomplete to ensure that research data could not be sought as evidence and that women would not falsely believe that we could engage with legal matters on their behalf.

Once permission was secured from senior staff at Prison Headquarters and directors of the two psychiatric institutions, a recruitment process was initiated that was sensitive to the women's vulnerable position. A staff member in each institution was nominated to approach potential volunteers and given an hour of individual training by the first author, emphasising ethical research practices and the use of a recruitment script to avoid accidental coercion. Eligible women were invited to notify the assistant, within 2 days of receiving information about the research, of their willingness to participate. The first author then collected the consent forms and interviewed participants in person, making it clear that they could withdraw consent in the subsequent 2 weeks.

Interview guide and procedure

Following formalities and attempts to put women at ease, each woman was asked, "Please talk about whatever you would like to tell me about your life. You may begin wherever you choose". Gentle prompts encouraged them to describe early life, the events surrounding the infant or child death, and reflections on their circumstances. At the end of each interview, demographic data were documented: age at interview and when the filicide occurred, usual employment, household income, marital status, educational level, and previous living conditions.

Interviews were audio-recorded, with permission from the women and institutional authorities. In the absence of permission, detailed notes were taken and verified with each woman. Recordings were transcribed, and transcriptions and notes were translated from *Bahasa Malaysia* into English. All identifying details were disguised in or deleted from transcripts and pseudonyms were used. Further details of the procedure and the challenges of conducting this highly sensitive research can be found in Razali et al. (2017).

Analysis

In our endeavour to understand the ways in which women made sense of their experience, we applied interpretative phenomenological analysis (Smith et al. 2009) to the notes and transcripts; further interpretation was guided by narrative theory (Kirkman 2002). All authors discussed every aspect of the analysis and resolved any differences. Given the distressing nature of filicide and of the women's predicament and our own outsider status (a psychiatrist and two psychologists), we practised analytical reflexivity (Letherby 2002) to minimise the effects of unconscious bias and preconceptions.

Ethics

The research was approved by the Medical and Research Ethics Committee and Institute of Health and Behavioural Research, Ministry of Health, Malaysia (NMRR-11-1123-8432), the Medical and Research Ethics Committee of Univeristi Teknologi MARA, Malaysia (600-RMI-5-1-6), and the Monash University Human Research Ethics Committee, Melbourne, Australia (CF 12/3462-2012001681). All participants gave informed consent.

Results

Nine of the ten eligible women (from five prisons and one psychiatric institution) gave consent and were interviewed, each interview taking 3 to 4 h. One eligible woman refused consent because she denied having committed a crime despite having been convicted. The interview in the forensic hospital was audio-recorded; detailed handwritten notes were taken during interviews in prisons after authorities withdrew permission to record.

Four women had been convicted of neonaticide and five of involvement in the death of an infant or child. The women occupied low socioeconomic positions, with low educational attainment, and had worked in low-waged occupations. Seven women were Malay, one was Malaysian Indian, and one was an illegal immigrant from Indonesia. We have not presented further details to avoid potential identification.

Some women began their narratives with childhood and advanced chronologically, others emphasised significant events. Each explained or revealed how life experiences and social environment had contributed to their incarceration. Because each story is unique, we have tabulated (Table 1) brief summaries of women's accounts describing the common features identified in our analysis.

Common features of women's lives

Although each story was unique, the accounts of women's lives had much in common; each aspect could be seen as a precursor to the events that culminated in incarceration.

Living in a patriarchal society

The women gave insight into the serious adverse consequences of living in a society that places high value on traditional beliefs including strict gender roles, women's subjugation to men, and nuptial pregnancy. All participants described practices associated with patriarchal beliefs such as being required to conform to traditional gender roles in which men occupied a dominant social position. This meant not only that women were responsible for all domestic labour and childcare but included Ana being ordered by her father and husband to close her business and women being held solely accountable for unintended pregnancies.

Participants' accounts illustrate not only their subordination to men, but also their experiences of humiliation, exploitation, oppression, control, and violence. Women's oppression can be directly linked to filicide. Ana, Tira, and Ina were held captive in their intimate partner's house. According to Ina, "He locked me in my house. I was not allowed to go out. He took my mobile phone". Tira's husband borrowed money in her name from illegal creditors; as a result, she was threatened with being traded and killed.

For almost all Muslims, lineage, marital status, and child status are determined by Islamic regulations. Most Malaysian Muslims (traditionalists and moderates) believe that a child must be born within marriage. Ex-nuptial children are illegitimate and unmarried mothers are anathema. Participants were not in a position to control their fertility but were expected to be responsible for managing it.

Poverty and limited opportunities

All had been raised in poverty with limited access to education and employment. They had little, if any, support from their families or partners and poverty continued in adulthood. All reported numerous challenges as young adults. Some lived outside Malaysian social norms. For example, five (Ika, Iza, Neli, Ina, and Tira) reported activities considered to be rebellious, such as running away from home, drinking alcohol, having sexual relationships outside marriage, or taking unprescribed drugs. Their accounts revealed vulnerability to exploitation, including by an intimate partner. A marriage could be seen as escape from poverty or a source of security; some were forced into marriage after an ex-nuptial pregnancy.

Table 1 Brief summaries of women's accounts of their lives

Nora	As a teenager, Nora was working as a cleaner when she was drugged and raped by her supervisor. She told no-one, changed jobs, and moved away. Without realising her pregnancy, Nora continued working until, 1 day, she felt extreme pain. She returned to the workers' accommodation where, with no idea what was happening, she felt "something" came out of her "bottom". It made no sound. Confused and afraid, Nora threw "the thing" out of the window. She was arrested by police the next day. (Aged 20 at interview, 18 when her baby died.)
Ika	Ika's family was poor so she had to leave school to work as a health clinic cleaner. Ika's boyfriend abandoned her when told she was pregnant. Ika minimised social contact, wore loose clothing, and kept her pregnancy secret even from her sister, who is a nurse, her friends, also nurses, and the clinic doctors. Ika had no antenatal checks. She gave birth alone in her bedroom to a baby who soon died. Ika's mother noticed she was unwell and took her to a doctor, who discovered her secret. (Aged 23 at interview, 22 when her baby died.)
Iza	When Iza conceived, she married her boyfriend. He proved to be a drug addict who became increasingly abusive and was not interested in his son, soon taking a second wife. When Iza became upset and angry, he divorced her. Iza returned to live with her parents, but loneliness led her to see her ex-husband, with whom she conceived a legally illegitimate child. Iza concealed her pregnancy and gave birth in her bedroom. While trying to keep the baby's cries from reaching her mother in another room, the newborn was accidentally suffocated. She put the dead baby in her bag, went to work, and discarded the body behind a bush. (Aged 24 at interview, 23 when her baby died.)
Neli	Neli grew up in a poor family in rural Indonesia. Her indispensable farm work limited her education. When aged 16, a marriage was arranged to an alcoholic with a criminal record, who died 10 years later. Neli went to Malaysia for a better life and began a relationship with a man who left when she conceived. As visa and work permits had expired, Neli was afraid to seek antenatal care, despite three prior stillbirths. She gave birth alone, at home, to another stillborn baby and, in distress and confusion, disposed the body in the jungle nearby. (Aged 30 at interview, 27 at the birth.)
Tira	Tira fell in love with a man and moved to his village. He held her captive, forced her into a polygamous marriage as his second wife, and physically abused and terrorised her and his three children. Tira stayed to protect the children. Nevertheless, 2 years later, her husband murdered his 4-year-old daughter. Tira was found guilty of filicide because she was in the house when her step-daughter died and admitted sometimes pinching and smacking the children. Tira was interviewed on death row. The man was found not guilty. (Aged 29 at interview, 26 when her daughter died.)
Ina	Ina had a violent, drug-addicted partner who beat her and their children and imprisoned her at home. After killing their eldest daughter, aged 2 years, he buried her body. Ina told no-one until her sister persuaded her to report the death to the police. They arrested Ina for concealing a murder. The man was not arrested nor charged. (Aged 29 at interview, 27 when her daughter died.)
Ana	Ana was determined to overcome poverty and worked hard to achieve a qualification and develop a business. When she turned 30, her parents arranged a marriage to a man who confined her to his house and made her close her business. Ana's depression worsened after the birth of her daughter, Mia. When Mia was 8 months old, Ana became very disturbed and, although there was no-one else at home, heard her husband's voice threatening to take Mia away. In her panic she dropped Mia who died from her injuries. (Aged 34 at interview, 32 when her daughter died.)
Liya	After her parents' divorce Liya lived with her grandparents until they died when she was 15. She left school to work in a factory, where she met the man she later married. After a few months' happiness, Liya's husband was sacked from his job and she learnt he was an addict. She supported him and their five children on her inadequate factory salary. Liya described being depressed after each birth. When her youngest child was 10 months old, she suffocated him with a pillow and left his body on a river bank. She was arrested the next day. (Aged 39 at interview, 34 when her son died.)
Sal	Sal was a widow with three teenage children when she acceded to a man's request to foster his 13-year-old daughter, with whom he was having an incestuous relationship. Sal helped the girl secure an abortion. She and the girl had good rapport until the father sought sexual favours from Sal and deliberately fomented dispute between Sal and the girl. The volatile situation culminated in an attack on the girl by her father and Sal. She died a few days later. (The father was also charged but we have no further information about him.) (Aged 43 at interview, 40 when the child died.)

Summaries are presented in the order in which women were interviewed. These summaries omit many distressing details of difficult lives lived in challenging circumstances

Violence

Women had often discovered that their partners were alcoholics, drug addicts, or criminals. All had experienced partners who abrogated responsibility for parental, household, and financial management, leaving women to survive on extremely limited resources. All the women were victims of violence and some had, as a result, harmed themselves. Six had experienced intimate partner violence, one had been raped, and two abandoned by their partners and left destitute while pregnant. They reported being beaten, humiliated, and threatened with death. Their children were also victims of violence. These quotations are illustrative:

He dragged me onto the floor. He sat on me. He forcefully beat me. I tried to run away, but he kept pulling me. He dragged me until my clothes were torn off. I was naked in front of the children.

(Tira, 29)

He treated me badly. He said I was a whore. When I wanted to run away from him, he dragged me. Thank God, my neighbours came and helped me. He stepped on me and he said, "Here, this is my love to you!" He even beat me when I was pregnant.

(Iza, 24)

Isolation and lack of support

Social isolation and poor support were evident in the women's accounts, despite eight of the nine not living alone. The women and their children were not included in the lives of people close to them or in the community. They had been abandoned, with fleeting exceptions, by their partners, parents, family, community, colleagues, supervisors, employers, and neighbours. When the women requested help, neither friends nor neighbours came to assist. Ina, who was held captive by her partner, said, "I was alone at home. Nobody came to help me. I shouted, but nobody came". Nora telephoned her mother when she realised she was giving birth and her mother replied, "Do not call. Pray a lot". Social isolation and lack of support restricted women's capacity to leave difficult or violent circumstances. The experience of unremitting distress without comfort or assistance appeared to contribute to poor mental health and impaired caregiving capacity.

Participants seemed to know little about the available educational or welfare services. Those who had sought help experienced service providers treating them with disrespect, which deterred them from pursuing adequate support. The women perceived social distance as a barrier. Neli said, "I never thought of that [getting help from the authorities]. ... I was afraid. ... They are big people. We are just ordinary".

Women reported indifference and rudeness from doctors, the police, and government agencies.

Difficult motherhood

Accounts from women convicted of neonaticide (Nora, Ika, Iza, and Neli) emphasised the shock of an unintended ex-nuptial pregnancy with which they had to cope alone; birth, too, was solitary. The pregnancy was not recognised by three of these women until the birth. Women who had been convicted of the death of an older child described their difficulties in bringing up children without help or with active interference; they also described their close bond with each child and their grief at the child's death. In contrast, women convicted of neonaticide referred to the baby as "it" or "that thing", suggesting an absence of protective attachment.

Child death and punishment

Liya said that she suffocated her 10-month-old son after having relentless auditory hallucinations commanding her to kill him; this was the closest any of the women came to having an intent to kill. The remainder gave accounts of, or were charged with, abandoning or concealing a dead body (Nora, Ika, Iza, Neli), accidental death (Iza, Ana), abetting a murder (Tira), concealing a murder (Ina), or injury that resulted in death (Sal). More nuanced information about these deaths can be found in Razali (2015).

The women's accounts of how their children died were all legally perceived as filicide, for which they were convicted, incarcerated, and, in Tira's case, sentenced to death. It was not only the one woman who refused to participate in the research who felt that her conviction was both unjust and a denial of the facts. Tira, Ina, and Liya all said that they were victims of injustice, and their narratives were organised around this theme. In contrast, Nora, Ika, Iza, and Neli, each sentenced to 2 years of imprisonment, had constructed narratives in which prison was a transformative experience that would lead to forgiveness and acceptance from family and society and new lives free of oppression.

Discussion and conclusions

We interviewed all consenting women who had been convicted of filicide in Malaysia, were incarcerated, and had no further legal recourse. Interviews yielded evidence that others were implicated in the crime, that the women had experienced lifelong violence and marginalisation, and that they lacked access to health and social care. We found it difficult to avoid the conclusion that the burden of responsibility for filicide and its prevention was unjustly placed on these women (Razali et al., submitted for publication).

The poverty, early parental loss, inadequate education and employment, and poor access to health care revealed by these women led to a lack of agency that left them vulnerable to exploitation and violence (Jewkes 2002). Our participants were among the 25% of Malaysian women without an opportunity to complete secondary education (Malaysian Ministry of Education (Kementerian Pendidikan Malaysia) 2013). They occupied the lowest social position and, in common with many other women in Malaysia, had negligible access to legal and political influence (Azhari 2013). Social injustice (or structural violence) has been identified as an important influence on homicide (Dilts et al. 2012).

All participants demonstrated the detrimental effects of living in a patriarchal society where women are subservient to men and held responsible for public and private morality. Despite attempts to modernise its economy and society (Sani et al. 2009), Malaysia's dominant traditionalists do not compromise their moral values. A woman must be chaste and her virginity preserved until marriage. Sexual 'deviance,' 'transgression,' and 'diversity' are forbidden and attract 'correction' and punishment (Hashim 2006). Participants gave evidence of the adverse ramifications of being judged as moral transgressors.

An unwanted pregnancy, especially in a setting where an unmarried pregnant woman is constructed as immoral, is one precursor of neonaticide (Friedman and Resnick 2009). Single motherhood is evidence of misconduct and not an option. However, calling for women to be educated in sexual abstinence and contraception (Razali et al., submitted for publication) is unlikely to be sufficient to help women like our participants to avoid unwanted pregnancies and (potentially) neonaticide. They need structural support, integration in the social life of communities, active health care including for sexual and reproductive health, and a respectful sexual partner willing to share responsibility for contraception. Reducing intimate partner violence is likely to have the most profound effect (Pallitto et al. 2013).

Only a small proportion of women who are victims of domestic violence in Malaysia report it to police. Identified reasons include perceiving intimate partner violence as private, accepting it as part of traditional gender roles, fear of breaking up the family unit, embarrassment, and self-blame (Othman et al. 2013). All participants described are experiencing humiliation, exploitation, oppression, subjugation, and violence. They were maltreated by partners, family members, and others. The women could all be identified as victims, yet they were punished instead of protected and blamed for their victimhood, as has been found elsewhere (Gracia and Tomás 2014).

Accounts of the women in this study are consistent with the literature that has found links among violence against women, social isolation, child maltreatment (Gracia and Musitu 2003; Lanier and Maume 2009), and filicide (Korbin 1989). A

component of women's isolation was lack of service provision. There has been only limited evaluation of services provided in Malaysia including sex and reproductive health education, shelters, and baby hatches (Federation of Reproductive Health Associations Malaysia 2014), and our participants had not experienced them as helpful. Given the views of professionals who work in this field (Razali et al., submitted for publication), it may be because these services are directed at changing girls and women and not their social context.

Antenatal attachments appeared to be unformed in participants convicted of neonaticide; the link between failure of attachment and filicide is well established (Klier and Muzik 2004). Social condemnation of ex-nuptial pregnancy creates a discouraging milieu for the formation of such bonds.

Because our interviews were directed at learning about the women's perspectives, we did not set out to elicit signs of nor diagnose psychopathology. However, women volunteered evidence of psychological disturbances either before or after the death of the child. Although it is common for mental illness to be expected or identified in women who commit filicide (Flynn et al. 2013; Friedman et al. 2005), not all of our participants could be described as either sad (depressed) or mad (psychotic); all but one had been punished as bad. Any of these labels imply that responsibility rests solely with the woman, when our evidence reveals both systemic and social causes and even minimal involvement in killing.

Our research illuminates an inadequately understood phenomenon in Malaysia. Accounts from women convicted of filicide suggested a complex, multilevel explanation for filicide. At the broad level, women described social injustice and inflexible gender roles; at the individual level, the women described violence against themselves and their children preceding filicide. Women had received neither physical nor emotional support from authorities or their communities. Although some women expressed hope that their circumstances would be improved after their release, we are concerned that, until there is dramatic social change, they might be disappointed. We do not make light of the terrible crime of child-killing, but we do argue that it would be appropriate to take account of all circumstances before judging and sentencing women accused of filicide. A recommendation might follow that Malaysian authorities should reconsider the actions and conditions necessary to lead to a charge of and conviction for filicide.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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