

Filicide-Extended Suicide in Bangladesh: A Socio-demographic Analysis from Media Reports

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Background: Filicide-extended suicide is a complex problem affecting the whole family. Despite its impact, no previous attempt has been identified to assess the sociodemographic variables of filicide-extended suicide in Bangladesh. This study aimed to examine the socio-demographic aspects of filicide-extended suicide in the country. **Methods:** Data were extracted from news reports of different media outlets in Bangladesh with specific search terms to identify filicide-extended suicide in the country. **Results:** We analyzed 26 events of filicide-extended suicide where 69 persons died, about 58% were mothers, about 73% of the perpetrators died by suicide, and 45 children were killed. Hanging (58.3%) was the commonest method of suicide attempt, followed by poisoning (29.2%), while strangulation (47.8%) was the commonest method of killing, followed by poisoning (34.8%). Among the instigating factors, marital discord due to poverty was the leading reason (61%), followed by financial hardship (22%). **Conclusion:** This report identified the socio-demography of filicide-extended suicide in Bangladesh, highlighting key sociological contributors to this phenomenon.

Keywords: Suicide in Bangladesh, Filicide, Extended suicide, Bangladesh, Poverty

Introduction

Filicide refers to the act of a biological, step, or adoptive parent killing their own child(ren), whether intentionally or unintentionally, resulting from abuse or neglect (Bhatt, 2023; Tosouni and Voice, 2023). It is an extremely complex psychiatric phenomenon documented across the world (Bramante and Di Florio, 2023; Ssekitto et al., 2024). Sometimes, it is accompanied by suicide. “Extended suicide” is the term that is used for suicides after a homicide(s), and filicide-extended suicide is used for the perpetrating parents who end their own life following filicide (Xu et al., 2024). Although it is very rare, it has significant importance in psychiatry, forensic medicine, sociology, and public health (Shoib et al., 2023). Many risk factors for filicide have been identified including altruistic intent (believing death is in the child's best interest), psychiatric disorder of parents, child abuse, unwanted child, financial crisis, spousal revenge, and extreme social stress like poverty (Ssekitto et al., 2024; Flynn et al., 2013; Moodley et al., 2019; Baek et al., 2019; Friedman et al., 2005; Murphy et al., 2021; Wei and Chen, 2014; Shoib and Arafat, 2021; Tiffon and Fernández, 2022; Yen and Chen, 2025). The risk-factors could be better attributed to the stresses originating within the socio-ecological perspectives (Merz et al., 2021; Aneshensel and Mitchell, 2014). Some studies were conducted in the USA, Taiwan, South Korea, Pakistan, and Africa that have shown that poverty creates a hostile environment and affects the mental health of the parents, which may increase cases like filicide and extended suicide (Ssekitto et al., 2024; Baek et al., 2019; Friedman et al., 2005; Wei and Chen, 2014; Murfree et al., 2022; Saeed, et al., 2024; Xu et al., 2024).

In Bangladesh, filicide-extended events have been noted in media reports. Case reports of filicide have been published in the country (Arafat et al., 2023). However, no previous attempt of scientific studies was identified to assess filicide-extended suicide in the country. Therefore, this study aims to investigate the socio-demographic profiles that are associated with filicide-extended suicide in Bangladesh. By analyzing available cases and identifying risk factors, this research will provide intervention strategies to prevent such incidents in the future.

Methods

We extracted news reports from different media outlets in Bangladesh with specific search terms to identify filicide-extended suicide in Bangladesh. The search was conducted on Google in mid-April 2025. “Filicide and suicide in Bangladesh” and “child killing and suicide in Bangladesh” were used in both Bangla and English to

find out reports. We aimed to include all the reports; therefore, we did not put any time limit during the search. We considered articles only on filicide-extended suicide and excluded reports mentioning filicides only. We identified the duplications by date of attempt, name of parents and child(ren), and age of the deceased and considered a single event excluding the multiple reports. We considered date of the event, month, year, district, parent, outcome of attempt, age of parent, number of children, number of deaths, sex of children, age of children, method of suicide attempt, method of killing, socio-economic status of the family, and associated factor. Data management and analysis was done in Microsoft Excel for Windows version 2010. Frequencies and percentages were used to summarize the categorical characteristics of the study sample, and continuous variables were presented as means and standard deviations. We collected data from the public domain and, therefore, we did not seek formal ethical approval for this study.

Results

We extracted 68 media reports that mentioned 26 events of filicide-extended suicides; among which 69 deaths were reported. The reports were published from 2014 to 2025 (search date). About 70% of the events happened in the first half of the year and about 31% of the events happened in winter. Among the 26 parents, about 58% (n=15) were mothers, about 73% of the perpetrators died by suicide, and 45 (son 22, daughter 23) children were killed. Among the 26 events, about 39% killed both son and daughter, 34% killed only daughters, and 27% killed only sons. The mean (\pm SD) of the parents was 30.3 (\pm 5.8) years, ranging from 20-42 years, and the age range of the killed children was 4 months to 16 years (Table 1). Hanging (58.3%) was the commonest method of suicide attempt, followed by poisoning (29.2%), while strangulation (47.8%) was the commonest method of killing, followed by poisoning (34.8%) (Table 1). Among the instigating factors, marital discord due to poverty was the leading cause (61%), followed by financial reasons (22%) (Table 1). All the events except one happened in the low socioeconomic class.

Discussion

A socio-demographic analysis of filicide-extended suicide in Bangladesh has been shown in this study. Our findings show that the mean age of parents involved in these events was around 30 years, which is close to studies from Bolivia (Tiffon and Fernández, 2022), where the average age of perpetrators was found to be 35. This suggests that younger parents, particularly those in their 20s and 30s, are more likely to commit filicide-extended suicide, a pattern also observed in other countries (Flynn et al., 2013).

Regarding the methods of suicide, we found that 58.3% of suicide attempts were made by hanging, followed by poisoning (29.2%), which is similar to findings from Murphy et al. (2021), who also noted hanging as the most common method of suicide after homicide. According to our study, strangulation (47.8%) was the most common method of filicide, which is like the study of Shabangu and Moen (2024), but in Africa, blunt force trauma and drowning were the most common methods of filicide, which was different from our study (Ssekitto et al., 2024).

The socio-economic factors, particularly poverty and marital discord, accounted for 61% and 22% of the cases, respectively. These findings are very similar to some other studies where poverty and marital discord were considered as causative factors (Baek et al., 2019; Ssekitto et al., 2024). The higher prevalence of poverty among Bangladeshi filicide-extended suicide cases (as noted in our sample of low socio-economic backgrounds) shows the crucial role of economic crisis. On the other hand, studies from developed countries show mental health disorders as a causative factor (Flynn et al., 2013). Previous studies noted in Bangladesh where relationship factors and life-events were noted as a prominent risk factor for suicide (Arafat et al., 2021a). The prevalence of mental disorders was 61% among suicide deaths, which is lower than the findings of Western countries (Arafat et al., 2021b). Importantly, factors like low mental health literacy, high stigma towards mental disorders, and suicide could be attributed to the under-recognition and under-reporting of psychiatric disorders. Additionally, mental health aspects may not be explored and/or in the news, which could be an important reason for under-identification (Arafat et al., 2021b).

In Bangladesh, poverty increases parental stress, weakens familial bonds, and reduces access to essential mental health services. Due to the chronic financial crisis, many parents perceive parental inadequacy and hopelessness, especially parents having young children. A study analyzing cases of filicide in Bangladesh found that factors such as poverty, family disputes, and mental health issues were prevalent among perpetrators (Arafat et al., 2023). In rural areas, where socio-economic conditions are poor and less access to mental health services, parents may consider suicide after killing of child(ren) as an escape from unbearable hardship (Shabangu and Moen., 2024). At the same time, it is important to consider that suicide is extremely multifactorial and the association of suicide with socio-ecological and stress-reactive factors is multi-layered and multi-dimensional.

Table 1. Characteristics of Filicide-Extended Suicide in Bangladesh

Variable	n	%
Type of behavior of parents		
Suicide (fatal attempt)	19	73.1
Thought and attempt (after killing child(ren))	7	26.9
Sex of parent		
Father	11	42.3
Mother	15	57.7
Total	26	100
Age of parents (in years)		
Mean (SD)	30.3 (5.8)	
Range	20-42	
Killed child(ren)	45	
Son	22	48.9
Daughter	23	51.1
Total	45	100
Age (range)	4 months to 16 years	
Method of suicide attempt		
Cutthroat	2	8.3
Hanging	14	58.3
Poisoning	7	29.2
Strangulation	1	4.2
Total	24	100
Method of killing		
Cutthroat	2	8.7
Poisoning	8	34.8
Strangulation	11	47.8
Suffocation	2	8.7
Associated factors		
Financial loss, unemployment, poverty, loan payment	5	21.7
Marital discord	14	60.1
Psychological disturbance	1	4.3
Sexual abuse of child	1	4.3
Substance abuse	2	8.7
Total	23	100

Implications of Study Results

The findings of this study highlight the urgent need for comprehensive preventive strategies to address filicide-extended suicide in Bangladesh. Since poverty and marital discord are considered as one of the main causative factors, if we can improve economic status and social support mechanisms, we could reduce these phenomena. Family-focused interventions such as marital counseling, conflict resolution services, and parenting support can play a vital role in reducing family stressors before they escalate (Arafat et al., 2021a; Arafat et al., 2023). Since filicide-extended suicide has multiple causative factors, a coordinated approach involving healthcare providers, social welfare institutions, legal systems, community organizations, and family support is essential for effective prevention (Arafat et al., 2022).

Strengths and limitations

To the best of the authors' understanding, this is the first analysis of filicide-extended suicide in Bangladesh. However, this study has important limitations. Firstly, we collected the data from reports of news outlets, which may challenge scientific credibility, as not all suicides are being published in the media. Secondly, the sample size is relatively small, which may challenge the generalization of the study findings.

Conclusion

This report identified the socio-demography of filicide-extended suicide in Bangladesh revealed the role of wide sociological aspects of suicide. However, due to the quality of data, a prudential interpretation is warranted while generalizing the study results. Future research should focus on larger-scale, longitudinal studies to better understand the psychological profiles of perpetrators and to develop effective preventive measures.

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Conflicts of Interest

The authors have no conflict of interest.

Ethics Statement

We collected data from databases, and so there was no need for institutional ethical approval.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author, S.M. Yasir Arafat.

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Authors' Contribution

Conception and Design: SMY Arafat.

Acquisition of data: SMY Arafat, B Mali

Data analysis: SMY Arafat

Supervision and implementation of the project: SMY Arafat

Drafting of the manuscript: All authors.

Critical revision of the manuscript: All authors.

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