



After the Filicide: Post-Offense Reflections of Mothers Incarcerated for Filicide

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Abstract

This qualitative study examines the post-offense reflections and recommendations of maternal filicide offenders incarcerated in eSwatini, aiming to guide prevention and intervention measures against this lethal form of child violence. Prior research suggests incarceration can promote self-reflection, influencing agency and capacity for change. Participants (n=10) were recruited through posters in correctional centres. Data were collected from the purposive sample through semi-structured interviews, which were audio recorded, transcribed, and analyzed thematically. Results revealed six interconnected themes: 1) poor future orientation, 2) severed familial relations and social isolation, 3) processing guilt while incarcerated, 4) blaming the other, 5) a desire to be understood and forgiven, and 6) participant insights on preventing maternal filicide. These themes suggest participants probably lacked prosocial role models and experienced psychosocial challenges, shown by the interactions of low self-efficacy, family and community estrangement, and displacing guilt to avoid shame – while also seeking forgiveness and restoration. Multi-sectoral collaboration and improved correctional support systems are needed to combat social isolation, address maternal trauma, and encourage cognitive restructuring. The study underscores the need for maternal filicide-specific correctional rehabilitation focused on relational restoration. Participants also recommended establishing or promoting accessible psychosocial support services for mothers as a prevention measure.

Key words: Africa, maternal filicide, corrections, eSwatini, violence against children, incarceration

Introduction

Interest in filicide has increased among scholars. Filicide, the murder of a child by a parent (Frederique et al., 2023), is a complex phenomenon influenced by various factors such as socioeconomics (Liem, 2023), mental health challenges (Buiten, 2023; Moodley et al., 2019), and sociocultural practices (Davies, 2022; Shon & Shon, 2023). Studies on maternal filicide, where the mother is the perpetrator, have examined its causes (Frederique et al., 2023), attachment styles (Barone et al., 2014; Eriksson et al., 2021; Lattanzi et al., 2023), specific motivations (Nichols, 2023), emotion regulation (Siegel, 2007; Willemsen et al., 2007), media portrayal (Little et al., 2017), mental illness (Moodley et al., 2019), and factors affecting weapons use (Lewis et al., 1998) among other aspects. Mothers who commit filicide, excluding cases of filicide-suicide, are usually incarcerated (Amon et al., 2019). Research shows that incarceration can promote self-reflection among incarcerated persons, influencing their sense of agency and capacity for change (Khan, 2023; Maier & Ricciardelli, 2022). This, combined with the need and goal to end violence against children (Cerna-Turoff & Devries, 2025), suggests that these mothers can contribute to this effort. Despite growing interest in filicide research, little focus has been given to post-offense reflections of maternal filicide offenders during incarceration. Exploring their reflections and recommendations is important for improving filicide prevention strategies.

Over half of eSwatini's 1.2 million citizens live in poverty within the country's agriculture-based economy (Dlamini et al., 2010; S'lungile et al., 2021). The country's children (65%) live in poverty and lack access to resources (United Nations International Children's Emergency Fund, 2024), such as mental health service provision (Zwane et al., 2022). Unemployment is high, especially among

women and youth (United Nations International Children's Emergency Fund, 2023). These economic challenges increase women's vulnerability to and support of intimate partner and domestic violence (Chemhaka et al., 2023). The normalization and acceptance of violence reinforce a cycle of violence (Topitzes et al., 2012), often manifesting as physical discipline of children by parents (Breiding et al., 2013). This can lead to the death of a child and incarceration. Childhood homicide is a serious global issue, with over 205,000 children aged 0-14 years murdered worldwide between 2008 and 2017 (United Nations Office on Drugs and Crime, 2019). However, the true extent of this problem, especially in Africa, is likely underestimated. The World Health Organization (2025) reports that as many as 41,000 children under 15 are murdered annually in Africa, a figure that is limited by the ongoing difficulty of collecting reliable data across the continent. These estimates include maternal filicides.

The population of incarcerated women is estimated at over 700,000 and is rising (Fair & Walmsley, 2022). Of this, Africa accounts for 37,314 incarcerated women, the lowest correctional population globally at 3 per 100,000 (Beichner & Hagemann, 2022; Fair & Walmsley, 2022). In eSwatini, this study's setting, murder is estimated at 18.5 per 100,000 (World Health Organization, 2022). Data on the percentage of females, particularly mothers, responsible for the country's overall murder rate is not available. The country's correctional services, His Majesty's Correctional Services (HMCS), reported an overcrowded correctional population of 4,315 across its 12 centres (Ministry of Justice and Constitutional Affairs, 2025). Women constitute 2.9% of eSwatini's correctional population (Institute for Crime & Justice Policy Research, 2025). The number of women incarcerated for murder at HMCS has varied, with five in 2023, 16 in 2024, and six as of May 2025 (T, Dlodlu, personal communication, June 6, 2025). Since eSwatini lacks a specific law for filicide, murder charges are applied regardless of the circumstances ("Rex v Simelane," 2014). This legal gap likely complicates efforts for tailored sentencing and rehabilitation within the correctional system.

Generally, incarcerated offenders face stigmatization, isolation from family and communities, and deterioration in physical and mental health (Berk et al., 2021; Massoglia & Remster, 2019). Incarcerated persons who have committed murder often experience depression, anxiety, and stress (Sharma et al., 2015). Specifically, women incarcerated for murder have more than twice the prevalence of mental disorders compared to women incarcerated for drug-related crimes (Zareipour et al., 2017). This was supported by Rimaz et al. (2016), who indicated that incarcerated females exhibited poor mental health, ranging from depressive to anxiety disorders. Family murder, the act of a family member killing another family member, creates familial strain (Constantin, 2021; Moen, 2020). This can lead to increased feelings of vulnerability, post-traumatic stress disorder, guilt, and financial difficulties (World Health Organization, 2022). However, as indicated earlier, studies on the filicide offender's psychological state have primarily focused on pre-crime motivation (d'Orban, 1990; Putkonen et al., 2016; Resnick, 2007), rather than their experiences during incarceration.

Filicides often attract extensive media coverage, with mothers who commit filicide typically facing stigmatization for not conforming to societal gender roles that define them as nurturers and homemakers (Cooper-Sadlo et al., 2019; Little et al., 2017; Simington & Farmer, 2024). This stigmatization and underlying societal expectations can negatively impact maternal mental health both as contributing factors to filicide and during subsequent incarceration. Research demonstrated these factors across different contexts: Rwandan mothers incarcerated for filicide showed high rates of depression and anxiety (Muziki et al., 2022), while in eSwatini, societal norms placing immense pressure on mothers to serve as primary caregivers often result in exhaustion and helplessness that can contribute to maternal filicides (Shabangu & Moen, 2024).

Theoretical Framework: Social Cognitive Theory

Social Cognitive Theory (SCT) argues that "the human mind is generative, creative, proactive, and reflective, not just reactive" (Bandura, 2001, p. 4). This is demonstrated in SCT's agentic and interactionist approach, where the individual is the agent who acts intentionally within an environment (Bandura, 2002; Woodcock & Tournaki, 2023). Bandura (2001) emphasized that cognitive processes (thoughts and beliefs) can influence and shape outcomes like learning. One example of a cognitive process is observational learning, which occurs through observing models (such as parents, community members, or media personalities), retaining that information, and imitating the behaviour (Connolly, 2017). According to SCT, self-efficacy – the belief in one's ability to achieve desired outcomes based on thoughts, beliefs, and behaviors, along with a sense of control over life events – is central to

exercising agency (Bandura, 2001). Low self-efficacy leads to an individual having “little incentive to act or to persevere in the face of difficulties” (Benight & Bandura, 2004, p. 1131). Conversely, high self-efficacy is known to support recovery after traumatic experiences (Benight & Bandura, 2004; Schiavo et al., 2019). SCT is based on the reciprocal influence of behavior, individual factors (such as thoughts, beliefs, and self-perception), and the environment, a concept known as reciprocal determinism (Guoli, 2024; Woodcock & Tournaki, 2023). Additionally, SCT emphasizes the importance of morality. Moral functioning, which is guided by self-reflection within a context rather than intellectual debate, can be hindered by moral disengagement. Moral disengagement occurs when individuals justify harmful actions by restructuring the situation or displacing responsibility or blame (Bandura, 2002, 2017).

Methodology

Stellenbosch University provided ethical permission for this qualitative study. Recruitment was via a poster advertisement placed across the 12 correctional centres, with the following inclusion criteria: above 18 years old, male or female (this study focuses on findings from the female participants), murdered or attempted to murder your child or stepchild, you can read, write, and speak English or SiSwati, you are volunteering to participate without coercion, the victims were below 18 years and the only victims. The 10 participants were in four correctional centres within HMCS in eSwatini. Data were collected from the purposively sampled participants using semi-structured interviews and field notes. Interviews were audio recorded, translated, and transcribed into English. Braun and Clarke (2006) thematic analysis was used for data analysis.

Results

Table 1 below provides a synopsis of each participant, including age, duration of sentence, and duration of participants awaiting trial (remanded).

Table 1

Synopsis of Participants

Participant	Synopsis
1	23 years old, poisoned her 7-day-old daughter. She reported paternity denial and lack of support as her motivation for the filicide. Remanded for 18 months at the time of this study.
2	26 years old, poisoned her three children. She reported paternity denial and her partner's infidelity as her motivation for the filicide. Remanded for two years at the time of this study.
3	32 years old, poisoned her two children and attempted suicide by ingesting the poison. She reported her husband's infidelity, ongoing abuse, and the act of evicting her and their children from their marital home as motivation behind the filicide. Sentenced to 20 years. Incarcerated for 5 years at the time of this study.
4	30 years old, neglected her 6-year-old stepson, who died as a result. Denied intentional neglect, instead reports child was unwell. Sentenced to 22 years. Incarcerated for 11 years at the time of this study.
5	28 years old, 9-month-old son was malnourished and neglected and consequently died. The participant reported that extreme economic distress and lack of support made it difficult for her to provide for her son's basic needs. Sentenced to 11 years. Incarcerated for almost 6 months at the time of this study.
6	26-year-old physically assaulted her 2-year-old son, who died from injuries. The child died because of ongoing maltreatment. Remanded for 17 months at the time of this study.
7	26-year-old strangled her 11-day-old son. The partner did not want the pregnancy and rejected her. She also did not want the pregnancy and attempted termination of the pregnancy multiple times without success. She reports a lack of support and helplessness as motivation for the filicide. Remanded for 11 months at the time of this study.

8	41-year-old poisoned 5-year-old stepson. She reported feeling angry at the partner, the father of her stepson, following a conflict as motivation for the filicide. Remanded for 20 months at the time of this study.
9	29-year-old strangled her 4-day-old daughter. She reported paternity denial and economic struggles as the motivation for her filicide. She had two older children who stayed with their grandparents. Incarcerated for 3 years at the time of this study.
10	29-year-old committed arson, killing her 4-month-old stepson. She reported that the presence of her stepson, conceived through infidelity, at the paternal grandmother's home was the source of her anger and motivation for the filicide. Sentenced to 15 years. Incarcerated for three years at the time of the study.

Themes

Below are the six themes from the data, namely, 1) poor future orientation, 2) severed familial relations and social isolation, 3) processing guilt while incarcerated, 4) blaming the other, 5) a desire to be understood and forgiven, and 6) participant insights on preventing maternal filicide.

Theme 1. Poor Future Orientation

Participants held varied perspectives on their future, characterized by a lack of concrete plans, uncertainty, despair, and mild episodes of hope. The absence of clear plans often seemed linked to the uncertainty stemming from awaiting trial and/or sentencing. For instance, Participant 10 expressed his uncertainty, stating, *"I am really not sure because I haven't had my trial. I don't know how many years I will get. Once I know, then I can make plans for outside."* Likewise, Participant 12 also felt unsure about her future because she anticipated being incarcerated for some time. Participant 13 shared her uncertainty, saying, *"My future? I don't know. I'm not sure."* Additionally, Participant 14 stated she did not think much about her future, remarking, *"I don't think about it much. You can build double-story buildings in your head only to find you are not going anywhere. There is nothing you can plan or do because you are locked up."* This indicates a feeling of constraint not only physically due to incarceration but also mentally, inhibiting her ability to make any meaningful changes in her life and reflecting a sense of despair.

Participant 10's outlook was also marked by despair, stating, *"I don't see myself getting out of here anytime soon. It looks like I will be here for a while."* Participant 8 viewed her future as *"very tough. That looks dark, that looks confusing. It's really difficult because even if you had a husband, he would also give up and just forget about you"*. She expressed concern about her external relationships and described them as *"not strong,"* which made it difficult for her to imagine her future after release. Participant 6 had a very bleak outlook, stating, *"My life is finished"*. Given her projected release date of 2040 and the lack of contact from family, she felt she had no one waiting for her and didn't know what she would do upon release, highlighting that *"I don't think I have someone waiting for me outside. So, when I get out of here, I don't know, it's like life is over."* Participant 15, who committed arson killing her 4-month-old stepson, also highlighted her despair, stating, *"I have lost my future; I don't know where I will start in life if I ever leave this place."*

Participant 1, who poisoned her 7-day-old, expressed some hope for the future, stating, *"Yes, I am still hopeful"*. She planned to ask her uncle, who never visited but received her phone calls from corrections, for capital to start small businesses. Participant 2 saw her future as *"basically just finding a job, even if I build one room and then staying with [my children]"*. Her focus was on reuniting with her children and establishing a simple life for them.

In summary, there was general uncertainty stemming from their legal status (whether they were awaiting trial or the length of their sentence). Some held onto hopes for simple lives with their surviving children or the opportunity to be entrepreneurs. At the same time, most adopted a more pessimistic outlook, feeling as though their lives were effectively over.

Theme 2. Severed Familial Relations and Social Isolation

Most participants were often isolated, receiving neither family visits nor other forms of support. This situation raised anxieties about future social reintegration into communities, families, and livelihoods. Furthermore, as indicated in the above theme, a sense of despair and a foreshortened future was also felt. For instance, Participant 10 had been incarcerated for a year and four months without any visitors.

At the beginning of her incarceration, they promised to visit, but *“now, when I call, they hang up.”* Some, like Participant 13, who had been incarcerated for 20 months, *“last had a visitor four months ago”* and expressed concern about future social reintegration, stating, *“if I get out of here, where will I go? It will be difficult for me to go back and stay in that community. Will the community even want me back? Because for sure they think I’m a danger to children now”*. Participant 6, who had been incarcerated for almost five years without receiving any visitors, noted, *“My aunts and uncles are there, my father’s older brother is there, and his children...but they have not come to see me...no one is bothered.”* Participant 8, who had been incarcerated for five months of an 11-year sentence, did not receive any visitors but highlighted the importance of visitors, stating, *“If no one visits you, then you don’t have anything. No toothpaste, no sanitary pads, nothing. You don’t have someone telling you what’s going on outside; you don’t know if your children are fine, you don’t know anything...so visitors are very important; you feel like a person, like there is life outside.”*

Strained familial relations and poor support from families were a result of multiple reasons. Reasons were often economic, where participants understood that families had to juggle other needs, such as food for a child the participant left behind versus transport for visitation. For instance, Participant 2, who indicated that she *“had visitors, but they stopped coming because they are busy taking care of my children”*. A similar experience was shared by Participant 8, who stated, *“I don’t even go to the phones now since I have no one to call. The people taking care of my children, I cannot ask them for anything anymore...and they don’t owe me anything”*. Other reasons were emotional, where family members were angry at the participant for the filicide. Participant 1, who had been incarcerated for 1 year and 6 months, was visited by her sister and aunt, who informed her that *“[her] uncle was very unhappy, we need to wait a bit for him to visit or to think about visiting”*. This indicated a deeply strained relationship because of the filicide act. Other sources of support had a negative perception of corrections, such as the father to Participant 6’s lastborn: *“He believes prison is full of bad luck, it’s not a place he wants to visit so he just doesn’t come.”*

In summary, participants received an extremely low number of visitors due to economic factors, perceptions of corrections, and emotions, such as anger directed at the participants. This contributes to anxieties about social reintegration post-release.

Theme 3. Processing Guilt While Incarcerated

Participants highlighted that the correctional space has allowed them to reflect on the reasons for their incarceration through conversations with others. Often, these insights were accompanied by regret. For instance, Participant 15 indicated that acting in moments of anger has negative outcomes and that if a relationship consistently makes you angry, *“you must leave because if you continue staying, you then do things that are not good.”* The same sentiments were echoed by Participant 13, who stated, *“when you’re angry, don’t allow your heart to lead you towards a dark place because nothing good will come from that place.”* Participant 13 expressed her regret, saying, *“I was taking my anger out on the child. And the child had no sin.”* Participant 15 also conveyed regret, sharing, *“For a while, I was feeling really, really bad. I was mad at myself every day. I would try to read the Bible, but it also felt like every verse was judging me.”* This was further reflected by Participant 2, who said, *“I was very angry, very angry. I was so angry I thought of just taking my children ... and all of us dying.”* She expressed regret over using poison, saying, *“even today in my regrets I still say if only I had not used it.”* In another reflection, Participant 10 noted that she had since learned that *“When the other person is shouting, the other one must calm down.”*

Participant 14, who murdered her third-born child, just a few days old, expressed her regret: *“If I struggled with him like the other one, maybe I would not be here.”* She also grappled with guilt while reexperiencing her crime: *“Yes, there is guilt; sometimes you can’t sleep, and you just stay awake in your bunk and think.”* Participant 13 similarly highlighted her reexperiencing and guilt, saying, *“I know that I will never have peace again because this thing sometimes comes back, and I ask myself, ‘Did I really do it? I really did that?’...I did do it. I hurt the person beyond any level of pain in life.”* Additionally, during incarceration, participants have learned about resources they could have accessed that might have prevented the filicide. For instance, Participant 8 indicated that she learned that individuals struggling with their children *“can go to the police for help or social welfare, or the deputy prime minister’s office where they take children.”* Similarly, Participant 1 stated that she was unaware of available resources, such as the police, vulnerable children’s spaces, and hospital counseling before

her actions but discovered them through other offenders. She expressed regret, stating, *"If only I had taken the child to the police station, I wouldn't be here."*

In summary, prior to the filicide, most participants were uninformed about the places or resources for potential support, such as the police, social welfare, orphaned and vulnerable children's spaces, and counseling services within hospitals. While some participants knew about options like the police, they regretted not utilizing these resources for potential support or as alternatives that might have led to different outcomes.

Theme 4. Blaming the Other

Participant blamed their partners and family members for most of the filicides they committed, or as significant contributors. This is despite the expressions of regret for their actions. Participant 15, who blamed the father of her children for the filicide, stated that she felt *"like he was the cause of all of this. Like he was to blame"*. Participant 13, who forced her stepson to ingest poison, blamed her partner, stating, *"He should've taken the poison away from me. Why did he just say I should go and drink it somewhere else?"*. Participant 6 held similar blame for her partner, citing his treatment of her *"towards the end of everything"* and stating that *"he's the one who got me to the point of making the decision"*. Participant 7 suggested that her mother-in-law's actions instigated the events and that her ex-husband might have sought to harm her and maintained her innocence regarding the filicide of her stepchild.

Theme 5. A Desire to be Understood and Forgiven

Participants expressed a desire to be forgiven by their former partners, family members, and immediate community. Others wanted community members and the general population to know that they had changed while serving their sentence. Participant 1 expressed that maybe she could *"speak first to my family, especially my grandmother... the community and people in general, ...my uncle and his whole family, and the embarrassment that I have brought to the family, I hope for their forgiveness"*. She also wanted people to understand that the filicide was not committed because she *"desired it or because I wanted it"*, but instead felt helpless. Similarly, Participant 13 indicated her *"wish for the chance to ask for forgiveness"* from the community, family, and *"just from people in general for what I did"*. Like Participant 1, she wanted them to understand that *"It was not my intention, I was angry"*.

Participant 2, who had been incarcerated for almost two years, did not want her surviving children brought for a visit because, *"I think it's that I have not forgiven myself yet. I am not able to"*. She struggled to forgive herself for the filicide, and she was on depressive disorder medication. However, she mentioned that she wished people *"would stop looking at me from the person I was yesterday. The person I am today is different. This thing has really changed me"*. Participant 10 felt that her family pretended to forgive her because after the filicide, they had a family meeting *"where I apologised, and they said that they forgive me. But no one is visiting"*. Some participants initially struggled to forgive those they blamed for the filicide. For instance, Participant 15, who had not forgiven the father of her during the initial period of incarceration, wanted revenge so he could *"feel the pain that he made me go through"*. She planned to *"pretend I forgave him then sleep with him and then go say he had raped me and open the case"*.

In summary, participants expressed a desire for forgiveness from their families, communities, and the victims' families. While some struggled with forgiving themselves, others initially could not forgive those they blamed, such as partners. Generally, though, Participants such as 1, 2, 13, and 8 highlighted the understanding that being forgiven would take some time.

Theme 6. Participant Insights on Preventing Maternal Filicide

Participants recommended prevention and intervention mechanisms to educate other mothers who face situations similar to those that led to their filicide perpetration. One preventative suggestion was to acknowledge one's economic situation rather than resort to filicide out of financial despair. Participant 8 simply stated, *"If you are drinking water, give your child water. Don't murder your child"*. Participant 1 emphasized the need to educate mothers about available resources through media platforms, specifically suggesting that to *"avoid that one mistake, maybe we can teach people via the radio...maybe also in the [news]paper"*. Other participants highlighted the importance of having supportive and meaningful relationships where individuals feel safe to share their challenges and stresses to prevent feelings of being overwhelmed. Participant 15 mentioned that her issue was the lack

of a relationship with a family member or friend, “*someone with whom I could share all my struggles. Because even when I wanted to share and talk to someone, there was no one.*” This sentiment was echoed by Participant 13, who pointed out that it is important to “*share [problems] with someone. Just one person, so that you don’t find yourself making a bad decision on your own.*” Participants 10 and 12 added that if support is absent from family and friends, “*rather look for it from government offices*” or “*you must report to the police.*” To discourage filicide, Participant 2 remarked that people should understand that incarceration is a terrible experience and “*so they must not make the mistake I made and end up here.*”

Discussion

The findings provide insight into the post-offense reflections of mothers incarcerated for filicide. The findings align with studies that identify filicide as a multilayered social ill, often perpetrated under personal, relational, and systemic failures (Frederique et al., 2023). Prior to the filicide, most mothers were uninformed about the resources of potential support. This suggests a lack of observational learning regarding prosocial coping mechanisms or available support systems (Connolly, 2017). They likely did not observe others effectively utilizing these resources or discussing alternative solutions to overwhelming situations or conflict. The absence of prosocial models of learning potentially led to deficits in their ability to manage their distress, be it financial or psychosocial. Many mothers only learned of potential resources and support systems after their crimes, suggesting opportunities for preventive education. Their incarceration has provided space for reflection (Maier & Ricciardelli, 2022), but often with painful consequences such as guilt and helplessness.

Following incarceration, many women experienced psychological shifts, beginning to process guilt, ranging from initial denial to reflection and remorse (Khan, 2023). This change was often encouraged by informal conversations with fellow offenders, personal reflections, and religious teachings by chaplains. Consistent with the experiences of Rwandan mothers incarcerated for filicide (Muziki et al., 2022) and broader research indicating mental health struggles among incarcerated populations (Berk et al., 2021; Massoglia & Remster, 2019), the mothers reported symptoms commonly associated with depression and/or post-traumatic stress, including hopelessness, flashbacks, and insomnia. This highlights the need for trauma-informed rehabilitation within correctional settings. However, HMCS is under-resourced regarding mental health personnel, which compromises the delivery of much-needed rehabilitation (Shabangu & Koen, 2022).

Although some mothers expressed remorse, others continued to externalize blame, indicating different stages of psychological processing or reflection. The length of their incarceration may also influence this at the time of the study. This also highlights moral disengagement by mothers, often following episodes of self-reflection and interaction with others, where they blamed partners and their contexts to rationalise their conduct and reduce guilt and shame (Bandura, 2017). This supports previous findings that incarceration can catalyse reflection and rehabilitation (Khan, 2023; Maier & Ricciardelli, 2022), but also underscores the necessity for formal psychological support, which many participants lacked – even before incarceration in their communities (Shabangu & Moen, 2024). The ongoing absence of psychological support is likely to hinder rehabilitation and perpetuate mental health issues.

Social isolation emerged as a dominant theme. Once again, it highlights the lack of another critical support – social. Severed familial ties and community rejection foster an environment of profound loneliness and despair for the incarcerated mothers. This isolation not only hinders rehabilitation but also raises concerns about reintegration after release, especially given the extensive media coverage often given to filicide events (Simington & Farmer, 2024). Family estrangement and community stigma recur as challenges, which can perpetuate cycles of marginalization and a poor future orientation. While a few mothers imagined modest futures, such as entrepreneurship or reunification with their children, most described a shortened outlook, reflecting a psychological state of despair and hopelessness commonly linked to depression (Zareipour et al., 2017). The incarcerated mothers exhibited diminished self-efficacy and negative expectations about outcomes (Benight & Bandura, 2004; Woodcock & Tournaki, 2023). The mothers perceived a lack of control and low self-efficacy in shaping their future due to factors like incarceration, legal uncertainties, past actions, and disconnection from family and community. Their concerns about their children's well-being and the lack of visitation highlight how incarceration extends trauma beyond the individual, affecting children, families, and broader social networks (Cooper-Sadlo et al., 2019). These findings emphasize the need for future-

oriented rehabilitation programs that build agency and self-efficacy. This also influences their motivation to plan and reinforces feelings of detachment and powerlessness to alter external circumstances. Reintegration, therefore, should go beyond logistical issues to include emotional and relational restoration, as well as practical challenges in re-entering communities where individuals often face stigma and rejection. Emotional and relational reintegration should be undertaken during incarceration, not merely near release.

SCT emphasizes reciprocal determinism, the interactional relationship of person, behaviour, and environment (Guoli, 2024). The desire for forgiveness and understanding—by family, community, or self—reflects a cognitive factor influenced by mothers' current environment (incarceration and reflection) and their past behavior. Their hope for forgiveness serves as motivation to change and engage in prosocial thinking and behaviour, expecting a positive environmental response, such as acceptance, forgiveness, and reintegration. This yearning indicates an effort to reclaim a sense of moral agency (Bandura, 2002). This demonstrates an awareness of the social consequences of their actions and a desire to alter how others perceive them, which is a cognitive driver for behavioral adjustment and seeking positive social reinforcement (Bandura, 2001). It also suggests opportunities for restorative justice models, which could allow for acknowledgment of harm, accountability, and potential reconciliation. Therefore, there is a need for the development of tailored rehabilitation programs in correctional facilities that promote accountability and prosocial behaviours.

Finally, participants' recommendations come from lived experience rather than theoretical frameworks. The participants are essentially saying 'here is what might have helped me' - making their insights especially valuable for designing prevention programs that address real rather than assumed needs. Mothers emphasized the importance of social connection, with several specifically mentioning the need for just "one person" to share their struggles with. This points to social isolation as a significant risk factor that could be addressed through targeted interventions focused on building or maintaining social connections for vulnerable mothers. The continued social isolation during incarceration perpetuates despair and helplessness. There is a need for better support systems within correctional settings to counter isolation and focus on mothers' traumas and cognitive restructuring.

Mothers also recommended the need to educate the public about available resources that they can access using media platforms, such as newspapers, radio, and social media, and seeking help from government institutions such as the police and social welfare. This suggests prevention efforts should focus not just on creating services, but on making sure mothers know these services exist and how to reach them. The mention of incarceration as a deterrent suggests that some mothers may not fully grasp the long-term consequences of their actions when in crisis. This could inform prevention messaging that helps mothers understand the full impact of their choices.

Conclusion

These findings provide evidence-based self-reflections of maternal filicide offenders during incarceration, and recommendations for maternal filicide prevention programs specifically informed by perpetrator insights in a developing country. The findings underscore that filicide is rarely a product of cold calculation but often the tragic culmination of cumulative emotional, relational, and systemic breakdowns. Addressing such a complex issue requires multi-sectoral collaboration, trauma-informed care, and preventative interventions that reach vulnerable women *before* they reach a crisis point. Within the correctional centre, there is a need for better support systems to counter social isolation and develop maternal-filicide specific rehabilitation to enable mothers to deal with their traumas, encourage accountability, and adopt prosocial conduct upon release. This would aid rehabilitation, reintegration, and protect children against violence.

Recommendations

In correctional centres, there is a need to strengthen psychosocial service providers for maternal filicide-specific correctional rehabilitation. This would allow focus on mothers' traumatic experiences and cognitive restructuring for healing and accountability. Additionally, reintegration should include emotional and relational restoration during incarceration to reduce social isolation and improve family and community support. Engaging in reintegration practices, often when the offender is near release, delays the potential role of restorative justice, which might facilitate forgiveness and understanding. Regarding prevention in the general population, there should be a focus on creating services, such as

psychosocial support, and ensuring mothers are educated about their availability and accessibility. When providing these services, mental health screening should be mandatory. While offering education on resources, the prevention messaging should help mothers understand the full impact of their choices – not just incarceration, but also the risk of family isolation and loss of community support. To counter social isolation, communities, social welfare, and health sectors should collaborate to introduce mother-to-mother support groups, parent-child community play groups, professional home visits by social workers, and mental health service providers. These programs would deliver peer support for mothers and new mothers, including coping skills.

Limitations

This study is based on a small, incarcerated sample of mothers only. Social desirability bias may also have influenced participants' accounts, particularly in how they framed their remorse or motivations.

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