domestic abuse commissioner

Manchester Metropolitan University

Summary Report

Domestic Homicide Oversight Mechanism for Children's Services

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Summary of Findings

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Introduction

In England and Wales domestic homicide reviews (DHRs) are conducted when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by an intimate partner, ex-partner, family member or member of the same household (DVCVA, 2004). However, despite the focus on victims aged 16 or over, children under 16 can also be impacted, not only as the surviving children of (most often) mothers killed by male partners or ex-partners, but as homicide victims themselves – killed alongside mothers by male partners, ex-partners or family members, or less commonly by their own intimate partners in adolescence. In rare cases children can also perpetrate domestic homicide, killing parents, siblings or intimate partners.

As survivors, children may have heard, seen or even intervened during episodes of violence or abuse prior to the homicide (Stanley et al., 2019), or in some cases, even been present at the homicide themselves (Stanley et al., 2019); experiences which are well documented in the literature to have wide-ranging and enduring deleterious physical and psychological effects (for reviews see Alisic et al., 2015; Wolfe et al., 2003). Indeed, given the high overlap between domestic abuse and child abuse (CAADA, 2014), many child survivors of domestic homicide may also have experienced direct abuse themselves, including physical, sexual, and emotional abuse, or even neglect (Stanley et al., 2019).

The purpose of this work is to better understand the types of recommendations made in Domestic Homicide Reviews (DHRs) and will help to inform the Domestic Abuse Commissioner's Domestic Homicide Oversight Mechanism for Children's Services.

Study methods

Thirty-three DHRs published between 2017-2019 were identified for analysis. Our mixed methods approach comprised a qualitative template to identify examples of good practice, areas for development and learning, and to analyse recommendations made in relation to Children's Services. After extraction, a thematic approach was used. A quantitative matrix was developed based on the qualitative

themes and subthemes, identifying the most prevalent recommendation types, any specific recommendations related to protected characteristics, and the targets of those recommendations within Children's Services. An additional descriptive analysis of quantitative data already collected on the DHRs within the HALT study provided an overview of characteristics.

Key findings

Victim and perpetrator demographics

Sex: Most victims were female (29/33, 88%), most perpetrators were male (30/33, 91%).

Ethnicity: Victims (22/33, 70%) and perpetrators (21/32*, 66%) were in the majority white British. The remainder came from Minority backgrounds, including white Europeans.

*One perpetrator had missing ethnicity data

Age: Victims ranged in age from 16 to over 65 years. Perpetrators ranged in age from 18 to 65 years. The spread of ages was skewed towards the younger age categories with the majority of victims and perpetrators within the range of 16 to 45 years.

Homicide types

- 29 of the 33 homicides (88%) were intimate partner homicides (IPH).
- Three of the 33 homicides (9%) were adult family homicides (AFH).
- One was an amicicide (killing of a friend). In this case a victim killed by the sons of a woman she cohabited with.

IPH relationship details

- IPH perpetrators were mostly male partners (17/29, 59%) or ex-partners (9/29, 31%).
- There were three female perpetrators as partners (2/29, 7%) or ex partners (1/29, 3%).
- 34% of the victim-perpetrator dyads (10/28) were separated at the time of the homicide.
- The majority of dyads (19/28, 68%) had been in their relationship for over three years.
- A quarter (7/28, 25%) had been together for over 10 years.

AFH relationships

- All AFH perpetrators were male (3/3, 100%)
  - Stepson of victim (1/3, 33%)
  - Brother of victim (1/3, 33%)
  - A nephew (1/3, 33%)

Living arrangements

- In under half of cases (15/33, 45%), victims and perpetrators were living together at the time of the homicide.
- In over half of cases (19/33, 58%) there were children under 18 living in the home.

Prior domestic abuse

- 88% of DHRs (29/33) reported prior domestic abuse within the victim-perpetrator relationship.
- In all 29 cases perpetrators had been abusive to the victim.
- In 5 of the 29 cases (17%) there had been abusive behaviour from the victim.

Homicide context

- In 15% of DHRs (5/33) there were multiple victims of homicide – these were all children.
- In 9% of DHRs (3/33) the perpetrator took their own life shortly after killing the victim.
- The most common modus operandi was stabbing (15/33, 45%).
- The most common contextual or escalating factor appeared to be the victim's attempts to end the relationship with the perpetrator (7/33, 21%).
- In just under half of cases (16/33, 48%) no single escalating feature could be identified, although intersecting factors of entrenched and escalating domestic abuse, perpetrator criminality and serial IPVA perpetration, victim and perpetrator poverty, homelessness, mental ill health, substance use (particularly alcohol), and learning difficulties appeared to shape the homicide context.

Risk and vulnerability factors

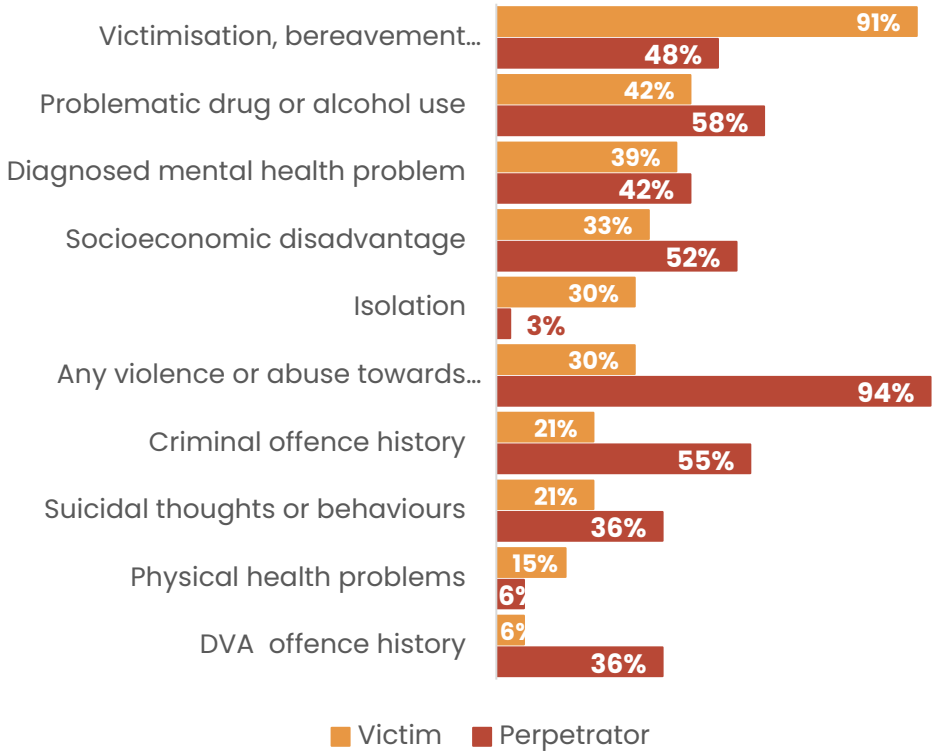
Victims

The most prevalent risk factor identified for victims was victimisation or trauma reported in 91% (30/33) of DHRs -due mostly to DVA from the perpetrator. Just under half (14/33, 42%) had substance use issues – most commonly alcohol (12/33, 36%) and drugs (9/33, 27%). Over a third of victims 13/33, 39% had been diagnosed with a mental health condition, with 21% (7/33) having had suicidal thoughts or behaviours, and 18% (6/33) having comorbid substance use and mental health problems. Socioeconomic disadvantage was also prevalent, reported in a third of the DHRs (11/33, 33%). Violence or abuse towards others was also common (10/33, 30%) and criminality featured for just over a fifth of victims (7/33, 21%). Isolation was a factor identified in just under a third of DHRs (10/33, 30%) and although 15% (5/33) of victims had physical health problems, none were reported as having a disability.

Perpetrators

The most prevalent risk factor identified for perpetrators was violent/abusive behaviour (31/33, 94%). Perpetrators experiences of victimisation and trauma were lower than victims' experiences albeit still relatively high (16/33, 48%). More prevalent in perpetrators were difficulties with substance use (19/33, 58%), criminality (18/33, 55%), and socio-economic disadvantage (17/33, 52%). Just under a half of the perpetrators were diagnosed with a mental health issue (14/33, 42%), more than the victims in these cases. Just over a third of perpetrators had reported suicidal thoughts or behaviours (12/33, 36%). Unlike victims, over a third of perpetrators had criminal histories of DVA related offences (12/33, 36%). Only two perpetrators (6%) were identified by DHR authors as having a disability.

Figure 1 Victim and perpetrator risks and vulnerabilities

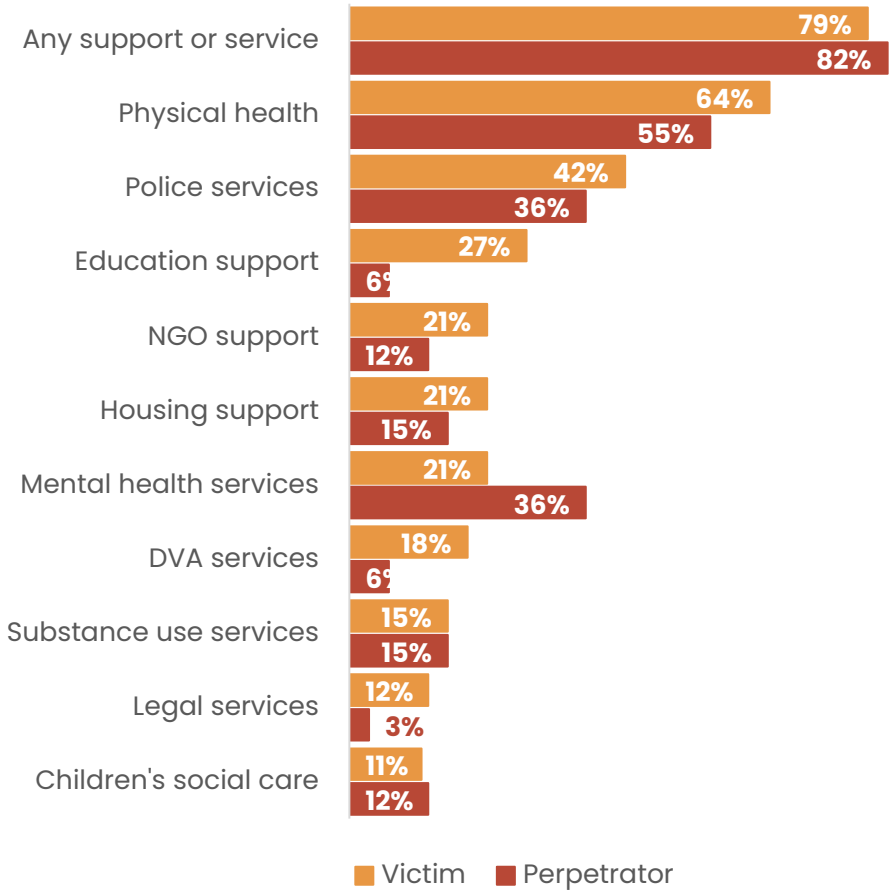


Service involvement

Over three quarters of victims (26/33, 79%) had received the support or service of some kind over the time period covered by the DHR. Most commonly this included provision by physical health services (21/33, 64%), but also police (14/33, 42%), children's social care (9/33, 27%), maternity services (8/33, 24%), mental health services (7/33, 21%), housing support (7/33, 21%), NGO support (7/33, 21%), substance use services (5/33, 15%). Only a small number of victims (6/33, 18%) had received specialist DVA support.

Most perpetrators (27/33, 82%) had received support or service of some kind over the time period covered by the DHR. Most commonly this included provision by physical health services (18/33, 55%), but also mental health services (12/33, 36%), police (12/33, 36%), probation (6/33, 18%), substance use services (5/33, 15%), housing support (5/33, 15%), and children's social care (4/33, 12%).

Figure 2 Victim and perpetrator service involvement



Risk assessment and service awareness

In nearly two-thirds of cases (21/33, 64%) services were aware of domestic abuse in the relationship between the victim and perpetrator, and this represents 72% of those victim-perpetrator relationships where prior DVA was reported in the DHR.

A 'high' rating was given in just over a third of DVA risk assessed cases (7/18, 39%). Seven cases (21%) were reported as having been referred to a Multi-Agency Risk Assessment Conference (MARAC) prior to the homicide and all seven were cases of intimate partner homicide.

Children and Childhood in DHRs

Twenty-three DHRs reported children under 18 either living in or visiting the home of the victim in the period leading up to the homicide. Twenty-two of these DHRs recorded the number of children living in the home and this ranged between 1 and 5, with an average of 2 (mean and median). DHRs reporting two children were the most common (13/22, 59%), followed by those reporting one child (6/22, 27%).

Forty-three children in total were reported across the 22 DHRs, 30 of whom had their ages reported. These children ranged in age from unborn to 17 years old, with the average age being seven years old (mean and median). The most common age category was the 4- to 8-year-old category, with 37% (11/30) of children falling into this age range.

The sex of children was often not reported, although where it was (n=19), 58% (11/19) were female, and 42% (8/19) male. With respects to ethnicity, 48% (19/40) were identified as being from Minoritised backgrounds. Three cases had missing ethnicity information.

Twenty-three DHRs reported children under 18 living in the home of the victim when the homicide took place.

DHRs illustrate the intersection between domestic abuse and child abuse, perpetrators' manipulation of children as a method of control of both their mother and of the children and perpetrators' attempts to 'groom' and socialise children to becoming future perpetrators. DHRs also illustrate the agency of children, their disclosures of violence to professionals and calling for help.

Thematic Analysis of Recommendations

It should be noted that many of the themes overlap, for example training regarding domestic abuse will hopefully enhance professional curiosity, risk assessment, improve record keeping and generate a multi-agency response. The following topics have also been considered: Equality and Diversity, Female Perpetrators, and Adult Family Homicide. Each theme will be discussed in turn. In addition to the thematic analysis of recommendations we have also included an in-depth analysis of how children feature in the DHRs and in the DVA leading up to the homicide. This offers a rich insight into children's experiences of DVA, perpetrator manipulation of children, childhood abuse and being in care. This necessarily means that there is some duplication of cases, but this is justified to capture the contextual features of the cases.

Lack of multi-agency working and information management

A lack of multi-agency working and poor information management was identified in 73% (24/33) of the DHRs. The most common recommendations were targeted towards education (11 DHRs) and Children's Social Care (10 DHRs). The recommendations highlighted the need for: improved gathering, reporting, and sharing of information to and from partner agencies, as well as better intra-agency communication and co-ordination (10 DHRs), improved recording, maintenance and reviewing of information (10 DHRs), improved dissemination of information to the public regarding DVA (10 DHRs), better referral processes (5 DHRs), increasing professional knowledge around roles and responsibilities (2 DHRs), providing families with information relating to their case (1 DHR), and establishing more effective processes for case allocation (1 DHR).

Improving Assessments

Improvements to assessment processes were present in 36% of the DHRs (12/33). Children's Social Care had the most targeted recommendations within this section (8 DHRs). Recommendations included: the importance of carrying out (and embedding) domestic abuse assessments, or other assessments of relational risk (9 DHRs), improvements in child safeguarding assessments (5 DHRs), and

improvements in child in need/protection/care plans (2 DHRs). The gendered framing of 'failure to protect' needs to be challenged.

Developing Practice

Just under half of the DHRs (14/33, 42%) provided recommendations for developing practice. These were mainly recommended for Children's Social Care (8 DHRs) and education (5 DHRs). These highlighted the importance of: thinking systemically and holistically, and taking family needs into account (8 DHRs), increasing professional curiosity and assertiveness (6 DHRs), and improving the support given to young people, including support to care leavers (3 DHRs).

Good practice also involves serious consideration of protected characteristics and how these may influence practitioners' assumptions about DVA and their responses to victims and perpetrators based on their social identities. For young people and adolescents in intimate relationships, pregnancy and early parenthood were also particular sites of vulnerability together with housing, unemployment, and financial pressures.

Training and development for staff

Over half of the DHRs (19/33, 58%) made recommendations relating to training and development for staff. Most commonly, these were targeted towards Children's Social Care (9 DHRs), education (8 DHRs), LSCBs (5 DHRs) and CSPs (5 DHRs). Recommendations included: increasing or developing domestic abuse training (15 DHRs), improvements in supervision and team management arrangements (4 DHRs), training in child safeguarding (5 DHRs), and monitoring the effectiveness of training and supervision (3 DHRs).

Such training should also consider protected characteristics using an intersectional approach and illuminate the specific dynamics of DVA related to particular social groups.

Policy and Process: develop, amend or follow

Recommendations related to updating or changing organisational policy, practice, and process, featured in 79% (26/33) of the DHRs. Most commonly, recommendations were targeted towards LSCBs (10 DHRs) and CSPs (9 DHRs),

but also Children's Social Care (6 DHRs) and education (6 DHRs). National recommendations were made in six DHRs, targeted towards the Home Office, Wales Council for Voluntary Action (WCVA) and National Council for Voluntary Organisations (NCVO), with the remaining three naming no specific national agency or body. Developing or reviewing domestic abuse policies formed the majority of the recommendations (10 DHRs). Other recommendations related to: developing or reviewing safeguarding policy (8 DHRs), developing or reviewing services (5 DHRs), developing, reviewing and complying with information management protocols (5 DHRs), revising policies and processes around risk assessment and escalation (3 DHRs), reviewing commissioning arrangements (2 DHRs), reviewing procedures around non-engagement or disguised compliance (2 DHRs), and evaluating and monitoring services and practice models (2 DHRs).

Good Practices

Twelve examples of good practice were flagged across 5 of the 33 DHRs (15%) relating to practice by children's social workers, education professionals, and in one case, a third sector organisation. These were around: effective communication, victim centred practice and good multi-agency collaboration, being proactive in their safeguarding practice, and developing good relationships with service users through positive work and practice.

National Recommendations

Six of the DHRs (6/33, 18%) had recommendations for National bodies. These related to: supplying more guidance on the management of risk to those under 16, supplying guidance on the risk of violent offenders to children, providing schools not under local authority jurisdiction with guidance about the DHR process, voluntary organisations should have more rigorous child protection processes and guidance, personal, social, health and economic (PHSE) education should be mandatory in schools, and DVA education promotion should include other forms of domestic abuse than just intimate partner abuse, such as abuse by family members.

Table 1 Theme frequency by agency

Theme	Target Agency (= DHR)								
	Children's Social Care	CAMHS	YOS	MASH	LCSBs	CSPs	Education	NGOs	County Councils / Local Authorities
	10		1	1	6	4	11	1	1
	8	1		1	4	1	1		
	8	1				2	6		1
	9	1			7	9	6	1	1
	6	1			7	9	6	1	1

Key Messages

- Safeguarding children in the context of DVA is complex as a simultaneous focus is required on both child and parents/caregivers (either abusive or non-abusive)

- Improving record-keeping, sharing information with partner agencies and contributing to a multi-agency safeguarding plan is central to safeguarding children.

- Introduce healthy relationships education in schools and colleges as it helps to break the silence surrounding DVA, informs children and young people of their rights and where to access support.

- Central to many critiques of assessment was the failure to seriously consider the voice and experiences of the child – this needs to be rectified.

- Children and family social workers require a better understanding of DVA including coercive control and how it may impact their assessments.

- In just over half of cases (17/33, 52%) children's social care and education were aware of domestic abuse in the relationship between the victim and perpetrator.

- A 'high' risk rating was given in just over a third of DVA risk assessed cases (7/18, 39%) indicating that risk assessment processes and professional curiosity need to be strengthened.

- In several DHRs, social work practitioners assumed that mothers could and should keep their children safe by managing the perpetrator's behaviour and DHRs rightly picked up on this, challenging service narratives. The responsibility for DVA rests with the perpetrator, not the victim, and children's social care should ensure their 'whole family' framework holds perpetrators accountable for their role as parents.

- In a DVA context, 'failure to protect' is a frequent social work response, but the gendered nature of this needs to be challenged. Demonstrating responsibility for children's protection is frequently conflated with leaving an abusive relationship despite strong

evidence showing separation as a high-risk factor for continued and escalating DVA. Practice needs to be cognisant of the gendered nature of 'failure to protect' and post-separation abuse.

- It is crucial to intervene after trauma (such as domestic abuse) to support children and young people to reduce the chance of unresolved trauma impacting future outcomes. Evidence from these DHRs shows little evidence of this type of support.

- Supporting care leavers so that their care experiences mitigate adverse childhood experiences is central to them developing a positive sense of self and understanding what a healthy relationship looks like. These aspects of professional practice need to be strengthened.

- Specific interventions for adolescent boys at risk of perpetrating DVA were also recommended in some DHRs.

- Development of practice models to engage with adolescents need to be developed which are cognisant of them as both vulnerable and as potential aggressors.

- DVA specialist agencies need to have publicity, campaign materials and resources which are easily accessible and age appropriate to younger victims and children experiencing DVA.

- The premise that the child is a victim of domestic abuse should take precedence over the assumption that the abusing parent is entitled to contact. Contact provides further opportunities for perpetrators to manipulate the child and to further abuse the victim.

- Post-homicide support to children bereaved by domestic homicide is key as well as ensuring safe and secure future placements. Similarly, where children are placed with family members, emotional and practical concerns require support for both children and carers.

- Local safeguarding boards should ensure that multi-agency training on domestic abuse, the impact on children, and how to respond, is provided on an ongoing basis and each organisation needs to adopt a systems approach (STADA, 2020) to addressing DVA in their context.

- DVA training for professionals such as teachers and social workers should go beyond statutory responsibilities.

- Improved social worker supervision was recommended in DHRs, with the need to focus on the dynamics of DVA as well as scrutiny of case recording.

- Recommendations to implement, revise, update or expand organisational policies, practice and process appeared in 26 of the 33 DHRs (79%), largely related to DVA.

- A specific recommendation was made for Child Protection conferences to have a 'split' format where child victims and perpetrators might be in the same conference to enable the child to speak more freely.

- Recording of protected characteristics is an essential first step to recognising how services respond to them and what adaptations are needed to 'standard' practice.

- The specific intersection of DVA and Minoritisation needs to be better understood by professionals - specifically issues where threats are made by the perpetrator to remove children to their home country or to use the victim's and children's immigration status to keep the victim in the abusive relationship.

- DHRs recommended clearer guidance to be issued from the Home Office on the management of risk for victims of domestic abuse who are under 16 years of age.

- DHRs also recommended clearer guidance to be issued from the Home Office on the management of risk for child victims of domestic abuse concerning violent offenders who may be living with children.

- The voluntary sector should have rigorous processes around child protection.

- Schools not under local authority jurisdiction should be given guidance on contributing to DHRs and ensure compliance with safeguarding.

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