

Summary Domestic Homicide Oversight Mechanism for Children's Services

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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).¹ However, despite the focus on victims aged 16 or over, children under 16 can also be impacted. This can be as victims of homicide as part of their parents' abusive relationship, or as victims from their own intimate partner relationship. In rare cases children may also be the perpetrator. Survivors may have witnessed homicides, ongoing abuse, or have been abused directly (Stanley et al., 2019).²

Aims



The study focused on understanding the types of recommendations made in Domestic Homicide Reviews (DHRs) for Children's Services relating to intimate partner homicide (IPH) and adult family homicide (AFH). The study findings will help inform the Domestic Homicide Oversight Mechanism for Children's Services.

Methods



The sample comprised of 33 DHRs published between 2017 and 2019. A mixed methods approach was used, with the qualitative analysis informing the structure of the quantitative framework. The qualitative methods comprised the creation of a template to extract information systematically, identifying examples of good practice, areas for development and learning, and an analysis of the recommendations made in relation to children's services. After extraction, a thematic approach was utilised (Braun & Clarke, 2022).³

Findings



Twenty nine of the 33 homicides (88%) were intimate partner homicides (IPH), and 3 (9%) were adult family homicides (AFH). One was an amicide (killing of a friend) – in this case a victim killed by the sons of a woman she cohabited with.

¹ Domestic Violence, Crime and Victims Act (DVCVA) 2004. (c.28) London: HMSO <https://www.legislation.gov.uk/ukpga/2004/28/contents>.

² Stanley, N., Chantler, K., Robbins, R. (2019). Children and Domestic Homicide. *The British Journal of Social Work*, 49(1), 59–76.

³ Braun, V. and Clarke, V. (2022) Thematic analysis: a practical guide. London: SAGE.

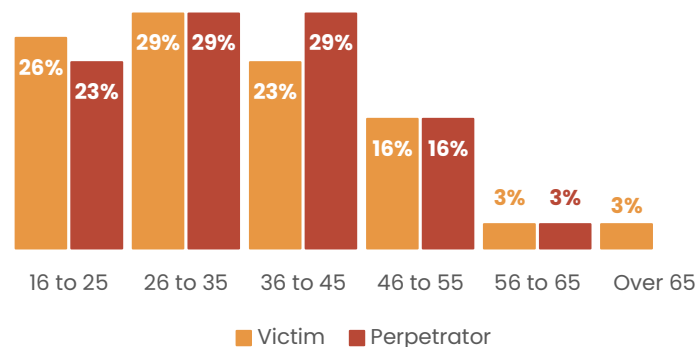
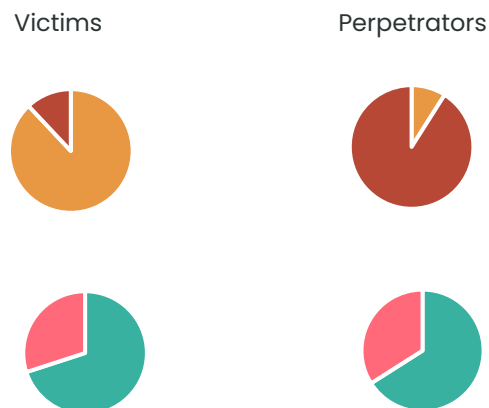
Victim and perpetrator demographics

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

Ethnicity: Victims (22/33, 70%) and perpetrators (21/32⁴, 66%) were in the majority White British.

The remainder came from Minority backgrounds, including White Europeans.

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.



The victim–perpetrator relationship and context

- The most common contextual or escalating factor leading up to the homicides appeared to be victims' attempts to end the relationship with the perpetrator (7/33, 21%).
- IPH perpetrators were mostly male partners (17/29, 59%) or ex-partners (9/29, 31%).
- All AFH perpetrators were male (3/3, 100%).
- In over half of cases (19/33, 58%) there were children under 18 living in the home.
- In 15% of DHRs there were multiple victims of homicide – these were all children.
- There were 10 DHRs within this report's sample involving victims and/or perpetrators who were 25 years and under.
- In 48% of cases (16/33) no single escalating feature could be identified, although intersecting factors of entrenched and escalating domestic abuse (particularly physical and coercive/controlling behaviour), perpetrator criminality and serial Intimate Partner Violence and Abuse (IPVA) perpetration, victim and perpetrator poverty, mental ill health, and substance use (both alcohol and drugs) appeared to shape the homicide context.



⁴ One perpetrator had missing data.

Children and Childhood in DHRs

Twenty-two DHRs provided details of children. 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. Where the sex of children was reported (n=19), 58% (11/19) were female, and 42% (8/19) male. Regarding ethnicity, 48% (19/40) were identified as being from Minoritised backgrounds. Three cases had missing ethnicity information.

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

Theme 1: 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 most often 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 domestic violence and abuse (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),
- establishing more effective processes for case allocation (1 DHR).



Theme 2: 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).



Theme 3: 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),
- 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.

Theme 4: Training and development for staff

Recommendations relating to training and development for staff appeared in 58% of the DHRs (19/33). Most commonly, recommendations were targeted towards Children's Social Care (9 DHRs) and education (8 DHRs), but also LSCBs (5 DHRs) and CSPs (5 DHRs). Recommendations focused on:

- increasing or developing domestic abuse training (15 DHRs),
- improvements in supervision and team management arrangements (4 DHRs),
- training in child safeguarding (5 DHRs),
- monitoring the effectiveness of training and supervision (3 DHRs).



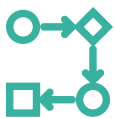
Such training should also consider protected characteristics using an intersectional approach and illuminate the specific dynamics of DVA related to particular social groups.

Theme 5: 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),
- evaluating and monitoring services and practice models (2 DHRs).





Theme 6: 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,
- Developing good relationships with service users through positive work and practice.



Theme 7: 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,
- DVA education promotion should include other forms of domestic abuse than just intimate partner abuse, such as abuse by family members.

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

- 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.
- 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.