

Briefing Paper 2:

Understanding Adult Family Domestic Homicide

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Introduction

Adult Family Homicide (AFH) is defined as the killing of one or more family members by another family member where both victim and perpetrator are aged 16 or over. For example, where an adult kills their parent or grandparent. Intimate partner homicides where a person is killed by their current or former partner are not included in our dataset of AFHs. Researchers (Bows, 2019; Sharp-Jeffs & Kelly, 2016) have noted that current UK risk assessments focus on factors associated with intimate partner violence (e.g. pregnancy, young children) and fail to capture the different dynamics of Adult Family Violence.

Aims

This study aimed to focus on the characteristics of victims and perpetrators of AFH; to explore their prior contact with services and to identify key messages for responding to Adult Family Violence.

Methods

(n=317)



- Publicly available Domestic Homicide Reviews (DHRs, n=317) published between 2016 and 2019 were collected from local Community Safety Partnership websites in England and Wales as part of a larger study.

66 (size of sub sample)

- All DHRs where the victim and perpetrator were family members aged over 16 were analysed (n=66).

Key Data



- Qualitative and quantitative templates were developed to extract key data and undertake a thematic document analysis.

Findings

- Sex:** More than half of victims were women (n=37; 56.1%).



Nearly all perpetrators were men (n=60; 90.9%).



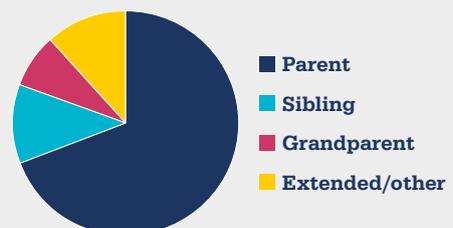
- Age:** Perpetrators tended to be younger than victims



- There was substantial missing data for ethnicity.

- Relationship:** The most common type of victim-perpetrator relationship was parental (n=48; 72.7%) followed by sibling and extended family.

- 29 mothers killed by their son (n=26) or daughter (n=3).
- 17 fathers killed by their son (n=15) or daughter (n=2).



29 perpetrators had previously attacked the homicide victim; in 10 of these cases the victim had also attacked the perpetrator.

ANALYSIS

Analysis revealed five interlinked precursors to AFH: mental health and substance/alcohol misuse, criminal history, childhood trauma, financial factors, and care dynamics.



1. Mental Health and Substance/Alcohol Misuse

- **39.4%** of perpetrators (n=26) reported mental health together with substance/alcohol misuse problems. Agencies working with either mental health or substance misuse problems often failed to identify domestic violence and abuse (DVA).
- **78.8%** of perpetrators (n=52) had a history of mental health difficulties and 53.0% (n=35) were reported to have been diagnosed with mental health problems, most frequently psychotic disorders and mood disorders such as depression.
- **88.5%** of perpetrators with mental health difficulties had received support for mental health (n=46). The DHRs described difficulties in engaging them with services.



2. Criminal Behaviour

- **71.2%** of perpetrators (n=47) and some victims (n=17) had a history of criminal behaviour.
- **48.5%** of perpetrators had a history of criminal offences related to DVA, frequently perpetrated towards an intimate partner (n=32).
- Domestic violence and abuse was not always recognised outside of intimate partner relationships.
- Perpetrators' involvement with the criminal justice system, particularly with the police and probation service, was prominent in their histories.



3. Childhood Trauma

- **57.6%** of perpetrators (n=38) had experienced childhood trauma: i) Childhood abuse or harm (including DVA, sexual abuse or neglect, n=30; 45.5%) and ii) death of a parent (n=8; 12.1%).
- DHRs included little information about the victims' childhood.
- Out of 52 perpetrators with a history of mental health difficulties, 28 experienced abuse or trauma as a child compared to five out of 19 victims with a history of mental health difficulties.
- Whilst many DHRs discussed historic risk factors such as childhood trauma, DHRs do not tend to make recommendations prospectively.



4. Financial Issues

- **72.2%** of perpetrators (n=26 out of the 36 where employment status was recorded) were identified as unemployed.
- **69.7%** Perpetrators (n=46) had housing needs.
- Financial issues were a potential source of stress especially when the perpetrator was reliant on the family for financial assistance.
- Perpetrators were described as stealing or continuously requesting money from their victim or accessing their bank account.
- Economic abuse as defined by the Domestic Abuse Act 2021, is useful in understanding adult family abuse and homicide.



5. Dynamics of Care

- **45.5%** of relationships (n=30) were relationships where either the perpetrator or victim was caring for the other.
- Victims (59.1%, n=39) were more likely than perpetrators (31.8%, n=21) to have physical health problems. As noted above, perpetrators were more likely to have mental health needs.
- Co-dependency was evident and raises key lessons about the nature of care, carers suitability and adult and mental health safeguarding in AFH domestic homicide reviews.
- AFH DHRs confirm the need for professional support for, and collaboration with those caring for people with mental health problems.

Recommendations and learning from AFH DHRs

- Over 600 recommendations were made across the 66 AFH DHRs. Most centred around increasing training and improving multiagency working, information sharing and risk assessment.
- DHRs reinforced the need for greater co-ordination between those supporting the perpetrator and those responsible for assessing support for the victim e.g. the need for carers' assessments to be completed.
- DHRs reported a need for enhanced professional curiosity including exploration of the victim-perpetrator relationship.



Key Messages

- 1 Understanding of domestic violence and abuse needs to be expanded to include adult family violence and reflected in service responses and risk assessment.**
- 2 Risk and dynamics relating to adult family homicide are complex and must consider both social-structural and relational-contextual factors influencing violence.**
- 3 Nurturing and developing professional curiosity to identify and respond to adult family violence appropriately is key to achieving better outcomes.**
- 4 Mental health, substance misuse, previous domestic violence and abuse, childhood trauma, financial issues and caring relationships characterise cases of adult family homicide.**
- 5 Creative strategies for engaging people with these complex needs should be developed.**
- 6 Common recommendations and learning from across the DHRs should be shared beyond the level of the immediate local authority to ensure maximum impact.**

The full article 'Beyond intimate partner relationships: utilising domestic homicide reviews to prevent adult family domestic homicide' is available Open Access here:
<https://doi.org/10.1332/239868021X16316184865237>

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