

## Vulnerability Knowledge and Practice Programme (VKPP)

# Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic 2020-2021

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“You are the voice of the dead person and you have a huge responsibility to ensure their story is recorded correctly. How can we learn from the past if it is not represented accurately?” - Frank Mullane 2018

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## Foreword

The police service role in responding to domestic abuse is to protect victims, bring offenders to justice and prevent crime. Domestic abuse affects victims and families from all walks of life and is not confined to particular social groups or communities and its impact can be devastating. Policing alone will not effectively address or prevent the harm caused by domestic abuse, but we have a crucial and central role in identifying those cases where intervention by agencies could be effective in reducing or removing risk of harm. Policing, including the College of Police and specialist support teams, is constantly striving to improve the response so that victims and potential victims are made safer.

The COVID pandemic has brought unprecedented challenges for all agencies trying to protect vulnerable people. In March 2020 there was widespread concern about the safety of vulnerable people potentially isolating with abusers. Victims faced lockdown measures which restricted support from family, friends, employers, and agencies. Policing developed a wide range of innovations to reach victims and manage dangerous perpetrators, however, there was still the potential for increases in domestic abuse and domestic homicide.

The NPCC and College of Policing working with the national policing Vulnerability Knowledge and Practice Programme (VKPP), developed the concept of tracking all deaths within a domestic setting to learn any potential lessons rapidly as England and Wales moved through various stages of lockdown. This report contains the 12-month data, findings, and recommendations for policing in relation to domestic homicide and suicide following domestic abuse. This report does not replace the value of the domestic homicide review process or other reviews which consider all available information from all agencies. Findings provide opportunities for all statutory agencies to consider how they can contribute to the prevention of domestic abuse and its consequences.

Throughout this project we have been greatly supported by the domestic abuse and homicide stakeholders alongside a variety of academics who are experts in this field. We would also like to thank former/retired Chief Constable Simon Bailey and the police forces of England and Wales for their unwavering support and contribution to this project.

The report also provides the opportunity to remember the victims and their families who have lost their loved ones in horrific circumstances.



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## Victoria Atkins MP - Parliamentary Under-Secretary of State (Minister for Safeguarding)

Domestic abuse is a horrific crime that has no place in our society. As the Home Office Minister with responsibility for safeguarding, I have seen the lasting impact these crimes can have on victims, their families, and our communities.

Tackling domestic abuse is a key priority for the Government and I am committed to doing everything we can to tackle this abhorrent crime, to ensure victims have the protection they rightly need, and that perpetrators of these crimes are brought to justice. We have made huge progress in recent years and I am especially proud of our landmark Domestic Abuse Act which transforms our response to tackling domestic abuse by providing greater protection to victims and survivors from all forms of abuse. We will also be publishing two strategies: the strategy on Tackling Violence Against Women and Girls (VAWG), and the Domestic Abuse Strategy. The Domestic Abuse Strategy will go beyond implementation of the landmark Domestic Abuse Act – the strategy will help transform the whole of society's response to domestic abuse in order to prevent offending, support victims and pursue perpetrators.

I am grateful to the work of the NPCC, VKPP and the College of Policing on this project. It has offered a great deal of learning for the police and supported their response to domestic abuse during the pandemic. I would also like to take this opportunity to thank all the domestic abuse and homicide stakeholders, the academics, and police forces of England and Wales who have contributed to this project. I am pleased that the project will continue for another year so that we can continue to monitor domestic homicides and further develop our learning.

Finally, it is important that we learn lessons from these losses to drive change and prevent further domestic homicides.



Victoria Atkins MP

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## Executive Summary

In 2020 the Domestic Homicides Project was established by police and government in England and Wales to collect, review, and share quick-time learning from all police-recorded domestic homicides and also from suspected suicides of individuals with a history of domestic abuse victimisation in the wake of the Covid-19 pandemic and restrictions. Responding to concerns about rising domestic homicide rates from the domestic abuse sector, the project aimed to establish the impact of the Covid-19 pandemic on domestic homicides and learn lessons from every tragic death to seek to prevent future deaths. For the purposes of data collection, the project adopted a wide definition of domestic abuse related deaths which, as well as domestic murder by a (current or ex) partner, family member or co-habitee, also counted child deaths in a domestic setting, unexplained or suspicious deaths, and suspected suicides of individuals with a known history of domestic abuse victimisation. These latter categories are not homicides but were included in the project definition to capture as wide a range of deaths following domestic abuse as possible. This expanded definition adopted for data collection has been crucial in identifying relevant deaths and for allowing the analysis of sub-groups of cases with different characteristics. This Domestic Homicides Project is separate to the existing statutory process for Domestic Homicide Reviews, which examine every domestic homicide in-depth to draw out learning from all agencies. This first report of the project examines each and every death identified by police as meeting our definition between 23<sup>rd</sup> March 2020 and 31 March 2021. **Chapter 1** sets out the background and methodology adopted by the project.

### The impact of Covid-19 on domestic homicide and suspected victim suicide

**Chapter 2** discusses the number of deaths since the Covid-19 pandemic and thematically analyses the impacts of lockdown restrictions. In total, between the start of the Covid-19 restrictions in England and Wales on 23<sup>rd</sup> March 2020 and 31<sup>st</sup> March 2021 there were 215 deaths in 208 incidents reported to this project. These included domestic homicides, child deaths, unexplained deaths, and suspected victim suicides with a known history of domestic abuse.

To contextualise these numbers against previous years, the project then looked at the deaths which occurred in the 12-month period to 31 March 2021, and separated cases into domestic homicides (murder by a current or ex-partner, family member or co-habitee), suspected victim suicides and child deaths. For domestic homicides, the overall number of deaths in the 12 months 1 April 2020 to 31 March 2021 was 163. This is slightly higher than the previous year (152) but in line with the 15-year average (Home Office police-recorded homicide data<sup>5</sup>). There were additionally 38 suspected suicides of victims of domestic abuse reported to the project in the 12 months 1 April 2020 to 31 March 2021. We cannot know how the number of suspected victim suicides compares with previous years as there is no comparable baseline data. A slightly higher proportion of all domestic homicides and suspected victim suicides happened within lockdown weeks than outside lockdown weeks, but this difference was not statistically significant. This difference between lockdown and non-lockdown weeks was mainly accounted for by adult family homicides.

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<sup>5</sup> The Homicide Index data was provided directly from the Home Office and has been re-coded in line with the project definition and therefore will not match the data published by the Office of National Statistics (ONS).

Whilst this report is only looking at 12 months' worth of data which is a short period from which to draw firm conclusions about trends, it can be seen that despite the unprecedented circumstances of the last year, domestic homicides do not appear to have increased substantially. Whilst this project has not found evidence of a substantial rise, these numbers do confirm that domestic homicides and suspected victim suicides in England and Wales are an entrenched and enduring problem. Each one of these deaths is a tragedy for family and friends, and each one is a death too many.

Looking at individual cases and thematic impacts, this project finds that Covid has acted as an escalator and intensifier of existing abuse in individual cases. Victims have been less able to seek help or advice. In some cases, victims' access to ongoing support or help with caring responsibilities or mental or physical health conditions have been reduced. Furthermore, vulnerable children and adults have in some cases been made more 'invisible' to services through home-schooling and homeworking. Both victims' and suspects' ability to manage mental ill-health and drug/alcohol dependencies have been reduced by the pandemic. Covid has not 'caused' domestic homicide, but it seems to have been weaponised by some abusers as both a new tool of control over victims and – in some cases – as an excuse for domestic abuse and even homicide.

## Typologies and characteristics of victims and suspects

**Chapter 3** presents key characteristics of victims and suspects in this dataset. This project has used case typologies primarily based on victim-suspect relationships, which allowed us to focus on the different contexts and dynamics associated with these cases. In cases of unexplained death and suspected victim suicide the term 'suspect' refers to the suspect of the preceding domestic abuse. Using these typologies, the largest proportion of deaths were intimate partner homicide (49%), then adult family homicide (18%) and suspected victim suicide (18%), followed by child death (12%) and other (3%). Context matters – most homicides take place in a particular dynamic which differs depending on the victim-suspect relationship. For instance, the majority of domestic abuse is between (current or ex) intimate partners and most commonly domestic homicide is gendered (male perpetrators and/or female victims).

### Victim characteristics

Victims were mostly female (73%). However, this varied by case type. Whilst intimate partner homicide victims and suspected suicide victims were overwhelmingly female (85% and 90% respectively), half the victims of adult family homicide (50%) and nearly half of child death victims (48%) were male.

Overall, 54% of victims were aged between 25 and 54 years old, with a further peak aged 65 and over (18%). When compared to previous years, data from this project suggests there has been a small but sizeable increase in older victims of intimate partner homicide (especially aged 65 years and over) and a decrease in younger intimate partner homicide victims (aged 16 to 24 years) in 2020/21. The number of adult family homicide victims increased steadily with age, with 43% aged 65 and over. Just under half of the child victims were aged between 1 and 5 years old and a third were babies under 1; the rest were 6 years and older, including four between age 16 and 18. Nearly three quarters (72%) of suspected victim suicides were aged under 45 years old.

Ethnic group was recorded for almost all victims (98%). Over three-quarters of victims with a known ethnicity were White (76%). The next largest ethnic groups were Asian/Asian British (10%) and Black/African/Caribbean/Black British (10%). In total, 24% of victims where ethnicity was known were from Black, Asian and Minority Ethnic (BAME) groups.<sup>6</sup> Whilst the majority of victims were White, the proportion of BAME victims since Covid appears to be higher than the previous 15-year domestic homicides average, the 2019/20 domestic homicides data, and the general population. Child deaths and adult family homicides had the highest proportion of BAME victims (44% and 30% respectively). Conversely, suspected victim suicides involved the smallest proportion (11%).

Nationality was not known in 35% of cases. Where it was, most cases (86%) were British. There was no clear pattern to the type or characteristics of these cases, which prevents clear lessons from being drawn about domestic homicides by nationality. The project did not ask about immigration status, which is often not known to police.

Data completion rates were fairly low for other protected characteristics, indicating that police may not have known this information. No victims were recorded as having undergone gender reassignment, 3% were recorded as being LGBTQ+ and 1% were recorded as either pregnant or having given birth within the previous six months. Overall, 17% of victims were recorded as having a special need, either physical (6%), mental (8%), or both (3%).

### **Suspect characteristics**

In contrast to victims, most of the suspects were male (80%). This applied across all homicide types except child deaths, where 59% of suspects were female.

Overall, 62% of suspects were aged between 16 and 44 years old, with none under the age of 16. Over half of suspects (52%) were aged between 25 and 44 years old, a pattern reflected in intimate partner homicides (44%) and suspected victim suicides (51%). Suspects in adult family homicide cases tended to be younger, with 60% aged between 16 and 34 years old.

This age profile fits with these cases involving adult males killing parents, grandparents, or siblings. As with victims, intimate partner homicide suspects were less likely to be young (aged 16-24 years) compared with previous years. This suggests the possibility that younger partners may have been separated, or unable to form new relationships, due to Covid restrictions. Therefore, homicides amongst this younger group were potentially suppressed. Suspects in intimate partner homicides were also slightly more likely to be older, particularly aged 65 and over, than previous years.

Ethnic group was recorded for 93% of suspects. As with victims, just over three quarters of suspects were recorded as White. The next largest ethnic group was Black/African/Caribbean/Black British (10%) followed by Asian/Asian British (8%). In total, 25% of suspects were from BAME groups, and 75% White. As with victims, whilst the majority of suspects were White, the proportion of BAME suspects in this project appears to be higher than in the general population, and higher than the 10-year average, although in line with 2019/20 data on suspect ethnicity in domestic homicides. As with victims, adult family homicide and child deaths contained the largest proportion of BAME suspects with

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<sup>6</sup> See footnote 9 for terminology on ethnicity.

33% and 31% respectively. Nationality was recorded in 65% of cases. In these cases, 87% of suspects were recorded as British.

As with victim characteristics, data completion rates were fairly low for other protected characteristics. No suspects were recorded as having undergone gender reassignment, 2% were recorded as being LGBTQ+ and 3% as being pregnant or having given birth within the previous six months. Overall, 15% of suspects were recorded as having a special need, either physical (1.3%), mental (12.3%) or both (1.3%).

### Other case characteristics

**Location of death:** Most incidents were recorded as taking place in urban areas (90%) rather than rural areas (10%). In 64% of cases the death occurred at the victim's home. The next largest categories were outside, i.e. in the street or another public place (10%) and died in hospital (8%).

**Method of death:** In over a quarter of cases (29%) the method of death was by a sharp instrument. This was the most common cause of death for both adult family homicide (45%) and intimate partner homicide (35%). The most common cause of death in suspected victim suicides was hanging with 46% of victims dying this way, followed by 28% dying from poison or drugs. This appears consistent with wider data relating to suicide, hanging, strangulation, and suffocation is the most common method of suicide in England and Wales, for both men and women.

**Case progression:** At the time of case submission, 43% of suspects had been charged. In most other cases the investigation was still ongoing. At the point of submission to this project the proportion charged was highest for adult family homicide (63%) and intimate partner homicide (54%).

**Suspect suicide:** Overall, 9% of suspects also went on to kill themselves, mainly following an intimate partner homicide, but also in some cases of child death (mainly mothers) and adult family homicide.

## Risk factors in domestic homicides and suspected victim suicides

**Chapter 4** describes key risk factors found to be present in the deaths submitted to the project. The project reviewed the existing evidence base on domestic homicide to identify possible risk factors related to suspects. A total of 23 factors which were most likely to be known to police were selected for inclusion in the project's case submission form. This report describes those factors that were found to be most prevalent in the cases submitted to this project and/ or were identified as most significant from previous research. As positive identification of these risk factors relies on the police officers/staff who complete the submission form knowing the relevant information, the presence of these risk factors across the dataset is likely to be under-estimated. Moreover, both the relatively small sample size and lack of a comparative dataset of non-homicide domestic abuse cases prevent conclusions being drawn about whether these variables predict, or have a causal impact on, victimisation or perpetration domestic homicide (or suspected victim suicide).

In data from this project, the five most frequent risk factors relating to the suspect were found to be: the suspect was a previous domestic abuse perpetrator (44% of cases), the suspect had a mental health condition (30%), the suspect had previously displayed

controlling and coercive behaviour to the victim (28%), and the suspect (mis)used alcohol (23%) or drugs (20%). As well as these top five risk factors, existing literature highlighted the importance of further three factors as indicating high risk for domestic homicide – separation/attempts to separate (present in 15% of cases in this dataset), previous threats or attempts of suicide by the perpetrator (present in 14% of these cases), and previous non-fatal strangulation (present in 9% of these cases).

There is a complex interrelationship between domestic abuse, mental health, and drug or alcohol (mis)use. The consideration of these characteristics in this analysis does **not** imply that mental illness or drug/alcohol (mis)use in themselves cause, or in any way excuse, domestic abuse or domestic homicide. However, the high rate of police identification of these factors as relating to suspects in these cases does suggest that these situational factors can exacerbate and escalate domestic abuse.

Overall, whilst there were differences in risk factors between case types, it is important to understand that many of the key characteristics and risk factors were found to be the same across deaths submitted to this project, as follows:

- Domestic homicide was gendered – women (and some men) were at risk from (mainly) men
- Almost half of all suspects were previously known to police for perpetrating domestic abuse
- Suspects (especially male suspects) frequently had previously perpetrated domestic abuse
- Some suspects were serial and/or repeat abusers against the same victim and/or other victims – and potentially had previously domestically abused family members as well
- Victims from Black, Asian, and Minority Ethnic (BAME) groups were less likely to be previously known to police and other agencies than those from White ethnicities
- The majority of victims and suspects were in mid-adulthood (25 to 54 years), but there was a substantial group of older victims and suspects (aged 65 and over)
- Coercive and controlling behaviour (especially from male suspects) was common
- Existing mental health conditions, alcohol, and drug (mis)use were exacerbating factors

Underneath these headlines, there were some differences between the different case types in terms of which characteristics and risk factors were most commonly identified, as follows:

### **Adult family homicides**

- Victims were older - reflecting a case pattern of younger adults (mainly men) killing parents and grandparents (often mothers or grandmothers)
- Suspects' mental health issues were more prevalent in adult family homicides than in other case types, especially severe mental health conditions which required institutional care, sometimes under legal section. Many of these suspects were already known to mental health services
- Many suspects were known to police previously as a domestic abuse perpetrator, both for abuse against family members but often also against an intimate partner
- Drug (mis)use was more commonly identified by police in this type than in other types

### **Child deaths**

- These deaths were more likely than other types to involve male victims

- These were more likely than other types to involve female suspects, especially mothers
- Female suspects (usually mothers) were likely to have been a previous victim of domestic abuse

### **Intimate partner homicides**

- Suspects were likely to have a previous police record as a suspect for domestic abuse (or to be a perpetrator of undisclosed domestic abuse)
- Coercive controlling behaviour from suspect to victim was strongly present
- Abuse was highly gendered, with nearly all suspects being male and victims being female
- Victims and suspects were mostly in mid-adulthood (30s or 40s) but there was a sizeable group aged 65 and over
- Heavy alcohol use characterised some cases, sometimes by both victim and suspect
- Previous threats or attempts of suicide by the suspect was a risk factor, especially in cases involving coercive control, and in 'familicide' cases
- Separation (or attempts at separation) and previous non-fatal strangulation by suspect of the victim were present in a sizeable number of cases

### **Suspected suicides with a known history of domestic abuse victimisation**

- In cases where a victim of domestic abuse was suspected of taking their own life, the victim and suspect characteristics were similar to those in intimate partner homicide cases. However (female) suspected suicide victims were even more likely than female IPH victims to be previously known as victims of high-risk domestic abuse involving coercive control
- The previous domestic abuse in these suspected suicide cases was highly gendered. Nearly all suspects were male (91%, where known) and victims female (90%).
- Suspected suicide victims were slightly younger than victims in other types, mostly under 45 years old
- There were fewer BAME victims – possibly indicating under-identification of suspected victim suicides amongst minoritised ethnic groups
- Previous non-fatal strangulation by the suspect of this or a previous victim was more present amongst this type of case
- As with intimate partner homicide, (attempted or actual) separation was also present in a sizeable number of cases

### **Prior suspect and victim contact with police and other agencies**

**Chapter 5** describes the extent to which suspects and victims in these cases were previously known to police and other agencies. To be able to learn from domestic homicide cases, it is important to know whether suspects and/or victims came to the attention of agencies (including but not limited to the police) prior to the death. Over half of all suspects (58%) in this analysis were previously known to police as a suspect for any prior offending; a quarter (27%) of suspects were not previously known to police at all; and 10% were previously known to police only as a victim or vulnerable person; 5% were not known.

Where suspects were previously known to police for offending, this was most commonly for domestic abuse offending. A smaller proportion had a police record relating only to non-domestic abuse offending, which generally involved non-domestic assaults, drugs offences,

theft, and drink-driving. Of those suspects previously known to police for domestic abuse offending (48% of all suspects), some had a record of only domestic abuse offending ('DA specialists') and these were often high-risk, repeat and serial perpetrators previously known to multi-agency risk assessment conferences (MARAC). Others had a record of both domestic abuse and non-domestic abuse offending ('all round violent'). In total, a third (30%) of suspects who were previously known to police as domestic abuse suspects were known for being high-risk or serial domestic abuse perpetrators, and a third (33%) had also previously been referred to MARAC. The proportions of high-risk or serial domestic abuse perpetrators were highest in the intimate partner homicide cases. The proportion previously referred to MARAC was similarly high in both intimate partner and suspected victim suicide cases. This suggests that intimate partner and (to a lesser extent) suspected victim suicide cases are most likely to involve prior high risk (and known) domestic abuse. A small number of suspects (10%) in this dataset were previously known to police only as a victim of domestic abuse or as a vulnerable adult, and not previously as a suspect. These suspects included those with severe mental health conditions, mothers who killed their children, and victims suspected of killing partners who had been abusive to them. Suspects in 27% of all cases in this analysis were not previously known to police before the incident as a suspect for any reason.

Multi-agency partnership working remains crucial to identifying and safeguarding high risk domestic abuse victims. In 57% of the cases submitted to this project the victim or suspect, or both, were previously known to another agency other than police, most commonly children's social services, adult social services, or mental health services. This figure was 44% for those cases where the suspect was not previously known to police at all.

Drawing together learning from across the report, **Chapter 6** draws out key conclusions and recommendations for police, for the College of Policing and for this project to investigate further in its second year. A list of conclusions and recommendations is replicated below.

## List of Conclusions and Recommendations

This section summarises the conclusions and recommendations laid out in Chapter 6, which draw out learning from the analysis presented throughout this report.

### Conclusions

- Despite the unprecedented circumstances of the last year, domestic homicides do not appear to have increased substantially in the twelve months since the start of the Covid-19 pandemic and related restrictions in the UK. However, these numbers do confirm that domestic homicides in England and Wales are an entrenched and enduring problem.
- This report presents new evidence of a sizeable number of suspected victim suicides with a known history of domestic abuse. This is still likely to be an under-estimate of all victim suicides with a history of domestic abuse, as it will inherently exclude those suicides where a prior history of domestic abuse was not known to police. The persistent, high-risk, high-harm nature of the abuse which preceded many of these suspected suicides shows that domestic abuse can have an extremely significant impact on victims' mental health.

- Separately, further research could usefully examine whether criminal law, especially coercive control legislation, could be used more frequently to hold perpetrators to account for domestic abuse in cases where victims subsequently take their own lives.
- Suspected victim suicides with a history of domestic abuse are eligible for DHRs under statutory guidance. Whilst this report finds that many forces are referring such cases for DHRs, this is not uniformly the case.
- This project should not (and does not) duplicate the valuable level of examination offered by in-depth case reviews such as Domestic Homicide Reviews (DHRs). Instead, this project provides a complementary and quick-time process for case learning from and for police on identifying and preventing domestic homicides and suspected victim suicides.
- Some domestic abusers seem to have sought to use the Covid-19 pandemic as a cover-up or excuse for domestic abuse and even homicide. This shows how important it is for police, other agencies, the courts, and the public to understand that Covid might be used by perpetrators variously as a weapon of control and as an excuse for abuse or even murder.
- Suspected victim suicide and intimate partner homicide in many ways have very similar risk profiles. A history of domestic abuse, non-fatal strangulation and attempts to separate are all indicators of coercive and controlling behaviour and they are risk factors for both intimate partner homicide and suspected victim suicide. This suggests that cases of high-risk domestic abuse, often characterised by coercive control, might equally well end in either a homicide or suspected victim suicide.
- This project has found that coercive and controlling behaviour is a substantial risk factor in both intimate partner homicide and suspected victim suicides where there is a history of domestic abuse. The new DARA risk assessment tool has been shown to better identify coercive and controlling behaviour.
- The evidence base presented in this report shows that adult family homicide and intimate partner homicide are characterised by different risk factors, but also share common risk factors. Given this, we do not consider that there is a strong case for developing a separate risk assessment tool for adult family abuse from those tools developed primarily for intimate partner abuse (DASH and DARA). However, a review of the fit of these tools for adult family abuse is needed.
- This project's findings suggest that, whilst police have a vital role to play, they alone cannot identify and safeguard all potential victims and suspects of domestic homicide or victim suicide. This analysis clearly shows that both victims and suspects were known to individual agencies other than the police prior to the death. For instance, often suspects and/or victims in adult family homicide cases and suspected victim suicide cases were known to mental health services, and child victims to safeguarding or social care. These findings underscore the vital importance of effective multi-agency partnership structures (e.g. MARAC, MASH, MAPPA) in intervening in domestic abuse.

## Recommendations for this project in Year 2

- We recommend the continued collection of data by this project in Year 2 on a wide range of deaths following domestic abuse, including domestic homicides, unexplained deaths,

and suspected victim suicides with a history of domestic abuse. We recommend the continued disaggregation of deaths by case type, sex, victim-suspect relationship, and other key characteristics in reporting.

- We recommend further research be undertaken by this project in Year 2 into suspected victim suicides with a history of domestic abuse. Such work should explore how best to establish the full number of suspected victim suicides where there is a history of domestic abuse (not just those 'visible' to police), working with partner agencies such as public health and the Chief Coroner. It should also seek to identify any promising practice interventions to prevent suicide where there is a history of domestic abuse.
- We recommend that this project explores ways to build a comparative dataset of attempted domestic homicides and attempted victim suicides following domestic abuse.

### **Recommendations for the police**

- The Domestic Abuse Matters training programme has been shown to improve officers' identification of coercive control and of patterns of domestic abuse – both of which are important in identifying prospective domestic homicides. The DA Matters programme should be adopted as widely as possible by forces.
- Forces should ensure that they are applying the College of Policing's principles for managing serial and dangerous perpetrators as a priority in domestic abuse cases.
- Further investigation is needed into why the proportion of domestic abuse suspects in this dataset being actively managed by MAPPA, probation or related agencies was so low (only 6%), and whether these numbers indicate that serial and dangerous perpetrators are not being referred into MAPPA in sufficient numbers.
- Police forces should all ensure that they are familiar with and closely implement the Authorised Professional Practice on Suicide.
- Police should ensure that all suspected victim suicides where there is a history of domestic abuse are considered for, and where they meet the criteria are referred for, a Domestic Homicide Review.
- In cases of (especially female) unexplained death or suspected suicide, police should consider whether domestic abuse may be a contributory factor, and if so, whether any criminal offence has been committed.
- [For police and partner agencies] All agencies involved in any MARAC process should consider the risk of victim suicide following domestic abuse alongside the risk of homicide, where risk factors which indicate coercive controlling abuse – including a history of non-fatal strangulation and attempts to separate – are present.

### **Recommendations for the College of Policing**

- The College should review the Authorised Professional Practice on Suicide to ensure that it explicitly includes references to domestic abuse. The College should ensure that both the Authorised Professional Practice on Suicide and the Authorised Professional Practice on Domestic Abuse make reference to each other.

- The National Police Chiefs Council and College of Policing should take forward work to support policing to help reduce the risks of suicide in cases involving domestic abuse.
- We recommend a review of risk assessment tools DASH and DARA is carried out, to ensure that they are adequately able to identify the risks involved in adult family abuse. In particular, to make sure that these tools can identify risks posed by adult sons and grandsons to older relatives, especially where there is significant mental illness and/or drug use. A review should consider whether further guidance for police and partner agencies on understanding risk in adult family abuse cases is needed.

## Rapid learning for police as the country exits lockdown

The cases analysed in this report point to a number of lessons for police and other agencies in responding to domestic abuse and preventing domestic homicides and victim suicides as the country emerges from Covid restrictions:

- 1) Be prepared for an **increased risk of domestic homicides and potentially suicides of domestic abuse victims** as lockdown restrictions lift. This may be particularly true of certain types of death, particularly intimate partner homicide and suspected victim suicide. Several points from this analysis underline this possibility:
  - An increase in couples separating or attempting to separate by those who were trapped or remained together during lockdown periods. There is evidence of higher domestic abuse reporting and separation rates as the first lockdown was lifted in Summer 2020 (Johnson and Hohl 2021, *ongoing*). We know that separation is a high-risk point for intimate partner homicide, and this project suggests also for suicide after intimate partner abuse.
  - Aggravating conditions for domestic abuse – e.g. the night-time economy, major sporting events – have been suppressed during lockdown. As these open up again, this may have an escalation impact on frequency and/or severity of domestic abuse.
  - Controlling perpetrators, for whom lockdown has gifted greater control over victims, will lose some of that control as restrictions ease.
  - Ex-partners, or partners who don't live together, may gain increased access to victims after lockdown.
  - The opportunity for serial perpetrators (those who move from one relationship to the next) to form new relationships may have been suppressed during lockdown – the lifting of restrictions may give increased opportunity for serial perpetrators to find new victims.
  - There is some evidence of suppressed homicide rates amongst younger victims and perpetrators (under 24 years) since lockdown, perhaps because they do not live together or because schools, colleges and universities have been closed.
- 2) **Ongoing situational pressures** arising from the Covid-19 pandemic will persist – these may increase perpetrator risk and decrease victim resilience. Stressors which arose from, or were exacerbated by, this pandemic may not immediately ease with lockdown lifting. The following such pressures were identified in the project submissions as impacting homicides and suspected suicides, as follows:
  - Unemployment, job losses, or economic hardship – this may be especially relevant to adult family and intimate partner homicides.

- Non-acute mental health issues, such as depression and anxiety – this may be especially relevant to suspected victim suicides,
  - Delays to court cases especially relating to abuse – this may be especially relevant to suspected victim suicides.
  - Concerns about perpetrators being released from custody, prison, or secure mental health institutions to their partners (intimate partner homicide and suspected victim suicide), or to the care of their family members (adult family homicide).
- 3) However, emerging from lockdown may reduce the risk of homicide and suicide in some cases, by **re-establishing support networks and making cases more visible** to agencies. The following factors were identified in this project as suppressing domestic abuse reporting or increasing risk of homicide or suspected suicide during the pandemic. Therefore, their re-establishment post-lockdown may increase domestic abuse reporting and increase opportunities for intervention, as follows:
- Children being back at school and visible to safeguarding checks may help reduce risks to children.
  - Specialist support such as Independent Domestic Violence Advisors (IDVAs) being co-located back in hospitals to help identify domestic abuse victims.
  - Help being made available for carers – e.g. older couples caring for one another, those with severe medical needs, help for family members caring for adults with severe mental health issues, help for parents struggling to care for disabled or special needs children.
  - Informal support networks being more accessible – increased access to friends, family and colleagues will likely increase victim disclosures and ability to access informal help.
- 4) Be alert to **'Covid-blaming'** as an excuse or justification by perpetrators for domestic abuse or coercive and controlling behaviour. This project has identified a number of cases in which perpetrators have sought to claim this. This analysis shows how important it is for police, other agencies, the courts, and the public to understand that Covid might be used by perpetrators variously as a weapon of control and as an excuse for abuse or even murder.

# Full Report

## Chapter 1: Introduction

### 1.1 The project

The Covid-19 pandemic and lockdown in the UK in late March 2020 led to widespread concern from the domestic abuse sector, police, government, and the press about a potentially large rise in domestic abuse (DA) and domestic homicide (DH). A number of conditions threatened to create a perfect storm to escalate and intensify abuse and reduce help available to victims: conditions of economic stress; victims and children being locked-in with abusers, making them less visible to police and support services; reduced capacity of external agencies to offer interventions; and concern from victims and perpetrators that police attending their home might spread Covid. Very early evidence from the Counting Dead Women project<sup>7</sup> in April 2020 identified at least 16 domestic homicides of women in the UK in the first three weeks of lockdown, up to three times the number of deaths compared with the same period in the previous year.

In this context, the UK Government and police leaders wanted reassurance that policing was protecting vulnerable people during lockdown and proactively managing serial and dangerous perpetrators. In order to do this and to focus resources during the pandemic, they sought enhanced oversight of reporting trends of abuse, neglect, and exploitation. As there was no existing quick-time national dataset capturing domestic homicides and suspected suicides where there was a history of domestic abuse and other unexplained or suspicious deaths in a domestic setting, the National Police Chiefs' Council embarked on a project to look at each and every such death in order to identify rapid learning for police during lockdown. The Domestic Homicides Project was first established as a pilot in June 2020 within the National Policing Vulnerability Knowledge Practice Programme (VKPP). Having established the feasibility of collecting information on domestic homicides and suspected victim suicides from police in this manner, a full project was subsequently funded until 31 March 2021. It has subsequently been extended for a further year, until 31 March 2022.

The project aims to inform interventions to prevent domestic abuse related deaths by improving understanding of domestic homicides and suspected victim suicides in England and Wales during Covid-19. It set out to establish:

- the true scale and nature of domestic homicide and suspected victim suicide deaths during the Covid-19 pandemic and lockdown compared with previous years, and whether any increase was related to lockdown restrictions;
- typologies and characteristics of victims and perpetrators of domestic homicide, and of victims of suspected suicide and the suspect of the preceding domestic abuse in suspected victim suicide cases;
- whether perpetrators were previously known to the police and to other agencies; and,
- rapid learning for police from an examination of these deaths about how police might best predict, intervene, or manage risks to prevent future homicides and potential suicides.

The project adopted the following definition of domestic homicide for data collection purposes:

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<sup>7</sup> <https://kareningalasmith.com/2021/02/08/2021/>

'The death of a person, any age (including under 16), that has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

This includes where it appears that a person has committed suicide or there is an unexplained death as a result of / following domestic abuse.'

This is a deliberately wide-ranging definition for the purposes of data collection for this project, which, as well as intimate partner homicide and homicide from a family member or household member, also includes where it appears that a victim has died by suspected suicide, child deaths and unexplained deaths where there is a history of domestic abuse.

This Domestic Homicides Project is separate to the existing statutory process for Domestic Homicide Reviews. Any domestic homicide in the UK can be the subject of a Domestic Homicide Review (DHR). Under section 9(1) of the 2004 Domestic Violence, Crime and Victims Act, DHR means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by—

- (a) a person to whom they were related or with whom they were or had been in an intimate personal relationship, or
- (b) a member of the same household as themselves.

DHRs are conducted with a view to identifying the lessons to be learnt from the death and are commissioned by local Community Safety Partnerships. Additionally, or instead of a DHR, where a victim who is seriously injured or dies due to abuse or neglect is vulnerable, the local Adult Safeguarding Board might refer the case for a Safeguarding Adult Review. Where the victim is under 18 years old, the local Child Safeguarding Partnership may refer the case for a Child Safeguarding Practice Review. Not all domestic homicides result in DHRs, and when they do, a DHR often takes significant time to complete due to its nature as an in-depth review. This longer process means that it can be hard to take learning from DHRs in a timely manner. There is currently no central repository of completed DHRs or recommended learning in England. Wales has established a national DHR repository, and the Home Office is leading discussions on establishing a central repository in England (see Rowlands 2020 for a review of international approaches). Again, this is currently separate to the database of domestic homicides and suspected victim suicides being built through this project.

The Domestic Homicides Project is based in the VKPP, is funded by the Home Office and reports jointly to the three NPCC leads for Domestic Abuse & Violence and Public Protection (AC Louisa Rolfe), Homicide (DAC Stuart Cundy) and Suicide Prevention (ACC Charlie Doyle). The project team established a bespoke Stakeholder Group to advise the project which has met twice during this twelve-month period. The Stakeholder Group comprises representatives from the domestic abuse sector including the Victims' and Domestic Abuse Commissioners' Offices, national domestic abuse services, such as Women's Aid, Safelives, Refuge, Standing Together Against Domestic Abuse, and Respect; as well as specialist providers and advocates, like Advocacy After Fatal Domestic Abuse, Nia, the Counting Dead Women project, Imkaan, Southall Black Sisters, Karma Nirvana, Muslim Women's Network UK, Gallop, and the ManKind Initiative. We would like to acknowledge and thank all stakeholders and panel members for their contributions and insight throughout this first year of the project.

The project team also convened a panel of national and international academics working in the field of domestic homicides and domestic abuse during the Covid-19 pandemic, to identify relevant research evidence. We would like to acknowledge and thank the input of these esteemed colleagues.

## 1.2 Project outcomes

In its first twelve months, the project has:

- Created a unique and pioneering near live-time national repository of all domestic homicides, suspected victim suicides and unexplained deaths following domestic abuse.
- Established the existing evidence base on domestic homicide and suspected victim suicide deaths, including what is known and what is contested on definitions of domestic homicide and victim suicide, risk and predictive factors, and typologies of perpetrators and victims.
- Embedded a process whereby police forces routinely identify and report all deaths following domestic abuse to a central unit (the Domestic Homicides Project team), achieving a high quality of data return and completion.
- Set up governance and expert advisory panels consisting of police leaders, government, an extensive network of third sector stakeholders, commissioners, and academics in the field of domestic abuse, homicide, and child deaths.
- Provided quick time reporting on number, type and profile of domestic homicides and suspected victim suicides to the policing strategic and operational front-line, the College of Policing and the Home Office.
- Shared rapid learning on coercive and controlling behaviour and likely lockdown impacts on domestic homicide and potential victim suicide with police domestic abuse leads across forces.
- Provided bespoke briefings to assist current debates – for example, responded to requests for targeted briefings on non-fatal strangulation, cases known to MARAC, protection orders to the Domestic Abuse Commissioner, Victims' Commissioner and police leaders, provided written evidence to the Home Affairs Select Committee.
- Linked in with leading academics on domestic homicide, victim suicide and domestic abuse via specially convened project Academics Roundtable and one-to-one discussions.
- Disseminated interim and 12-month findings through academic, police, and third sector networks, events, and conferences.

## 1.3 Methodology

The Domestic Homicides Project examined each and every death considered to be a domestic homicide or suspected victim suicide with a known history of domestic abuse since 23 March 2020, the date on which the first lockdown was imposed in England and Wales. The project established a unique new process whereby police forces identify all deaths meeting the project definition and complete a submission form with details of the circumstances of the death and those involved. This is submitted to the project team, ideally within seven days of the death. The team follows up each case with the submitting force several weeks later, to establish whether the case still meets the definition of domestic homicide or suspected victim suicide, whether any further information is known, and to clarify or ask for further detail on key points. This method of in-depth examination of individual cases was selected as most appropriate to enable quick time learning from each case.

### 1.3.1 Data sources

This report draws on three sets of data gathered for the project:

- A) Case submissions from police relating to 208 incidents, involving 215 victims and 228 suspects, covering the period 23<sup>rd</sup> March 2020 to 31<sup>st</sup> March 2021.<sup>8</sup> Unless otherwise specified, all analysis presented in this report using data from the Domestic Homicides project refers to this time period.
- B) Home Office (HO) Homicide Index data covering the period of 2005/06 to 2019/20 (a 15-year period). This data was provided directly from the Home Office and has been re-coded by the project team in line with the project definition and therefore will not match the data published by the Office of National Statistics (ONS).
- C) A written survey of all 43 English and Welsh forces (as well as consultation with British Transport Police, Police Scotland and PSNI) asking questions on:
  - a. How they identify the most serious domestic abuse cases at risk of potential homicide;
  - b. How effective they think risk assessment processes are at identifying potential homicides;
  - c. How they decide which cases get referred for a DHR or other review;
  - d. How they think the pandemic has affected homicides in general;
  - e. Whether, since the start of the pandemic, their force has developed any practice changes that may have had an impact on domestic homicides.
- D) In-depth one-to-one interviews with eight force domestic abuse leads from across the English and Welsh regions, to explore how forces identify and prevent domestic homicides and suspected victim suicides, how they learn from these deaths in force, and the impact of Covid and lockdown on these deaths.

This has been contextualised by a comprehensive review of evidence and established research literature.

### 1.3.2 Case typology

Throughout our analysis we divide cases into five types, primarily based on victim-perpetrator relationship:

- Adult Family Homicide (AFH) – homicide of an individual aged 18 or over by an adult family member who is not an intimate partner
- Child Death – homicide of a child under 18 by a family member, where there has been domestic abuse in the family
- Intimate Partner Homicide (IPH) – homicide of an adult aged 18 or over by a current or former intimate partner
- Other – where the relationship is not intimate partner or familial but the victim and suspect live together, e.g. lodger or flatmate
- Suspected Victim Suicide – suspected suicide of an adult aged 18 or over following known domestic abuse against them.<sup>9</sup>

This typology approach recognises that different contexts and relationships connected to domestic abuse deaths involve different risk factors. It allows us to look at each group

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<sup>8</sup> Where comparisons are made with Home Office trend data relating to specific months in previous years (Figures 2 and 5), only those incidents from 1 April 2020 are included, to ensure a comparable 12-month dataset.

<sup>9</sup> Note: This definition of suicides reflects the assessment made by the police in submitting a death to the project – Coronial inquests to officially determine the circumstances of death are unlikely to have happened yet.

properly and avoids conflating different types of death together which can obscure learning to prevent future deaths. The typology used is well-established in reviews of domestic homicides (Montique 2019), and this approach was explicitly endorsed by our project Stakeholder Group. It was also identified through our police survey and interviews as important in understanding differences between cases, especially that adult family homicide which had different risks and dynamics than intimate partner homicide.

### 1.3.3 Data quality and limitations

#### Information submitted on the case forms

The project team graded the completeness and the quality of each case submission. Overall 96% of submissions were judged to be complete or mostly complete; and data quality was judged to be excellent or good – i.e. contained sufficient detail – in over three quarters of submissions, as shown in Table 1.

Table 1. Data quality of submissions (for incidents 23<sup>rd</sup> March 2020 to 31<sup>st</sup> March 2021)

| Completeness       | Quality      |              |              |              | Total      | %     |
|--------------------|--------------|--------------|--------------|--------------|------------|-------|
|                    | Excellent    | Good         | Fair         | Not Recorded |            |       |
| Complete           | 36           | 59           | 3            | -            | 98         | 47.1% |
| Mostly complete    | 4            | 60           | 36           | -            | 100        | 48.1% |
| Largely incomplete | -            | -            | 8            | -            | 8          | 3.8%  |
| Not Recorded       | -            | -            | -            | 2            | 2          | 1.0%  |
| <b>Total</b>       | <b>40</b>    | <b>119</b>   | <b>47</b>    | <b>2</b>     | <b>208</b> |       |
| <b>% Total</b>     | <b>19.2%</b> | <b>57.2%</b> | <b>22.6%</b> | <b>1.0%</b>  |            |       |

Source: Domestic Homicides Project

#### Identifying relevant deaths

The project triangulated data on domestic homicides and suspected victim suicides in three different ways, to increase confidence that relevant deaths would be captured:

1. The project team contacted all forces to ensure returns – including nil returns - were made to the project. All 43 English and Welsh forces returned submissions, including four with nil returns.
2. As far as possible, deaths submitted were triangulated by the project team with other sources of information on domestic homicides since Covid: the project team searched for deaths reported in social and mainstream media and proactively contacted the relevant police forces to ensure these cases were submitted to the project. The team also triangulated project information with deaths identified by the Counting Dead Women project and by The Mankind Initiative.
3. A survey was completed by all 43-force domestic abuse leads and interviews took place with 8 leads – the number of cases in each force was further checked during this process.

#### Methodological limitations and mitigating actions

Overall, the project's methodology had some limitations which arose from using police records to collect information on domestic homicides and suspected victim suicides. Asking police to submit cases to the project offers a unique opportunity to identify and analyse deaths following domestic abuse because police are notified about all homicides, child deaths, suspected suicides, and unexplained deaths. However, as with all data collection

methods, there are some inherent limitations with this approach. Firstly, certain aspects of the requested data may be less visible to police as it is dependent on information being shared with police by other agencies and/or disclosed by victims. For instance, police may not always know whether the victim and suspect had recently separated or attempted to separate, or it may not be clear from previous police records alone whether the victim or suspect had been diagnosed with mental health conditions. This means that for some characteristics, whether or not it was present in a case will be 'unknown' in this project. The project mitigated this limitation by implementing a follow-up process to obtain additional details or clarifications for every case some weeks after initial submission - but there will still be cases where the requested information was not known on police systems.

Secondly, the data collection method relies on police identifying cases to submit to the project. For those cases which are not clearly identified as homicides from the initial scene – such as suspected victim suicides or unexplained deaths – submission to this project therefore is more reliant on police having some record of previous domestic abuse involving the victim. Whilst police will attend a suspected suicide and carry out an initial investigation to establish whether criminality was the cause of the incident and/or to preserve continuity of evidence, suicides are otherwise the preserve of the Coroner. So, where criminality is not immediately evident, or the deceased was not previously known to police for domestic abuse, it is possible that links between a suspected suicide or unexplained death and domestic abuse will not be made. This means that we can be less certain that all relevant suspected victim suicides and unexplained deaths have been submitted to this project, as compared to homicide cases.

To assess the extent of this limitation in relation to identifying suspected victim suicides, we surveyed and interviewed police domestic abuse leads about the process of identifying these deaths. Overall, police reported that they were relatively confident in their ability to identify suspected victim suicides linked to domestic abuse, as where a suspected suicide met the Home Office DHR criteria it was referred locally for a DHR, so forces were already identifying these cases. In many forces the same serious case review team would review suspected victim suicide and domestic homicide cases, so were informed about what to look for. Despite the relatively high confidence expressed overall by police about identifying relevant suspected victim suicides, some interviewees still noted that identifying suspected suicides did rely to a greater extent on police professional judgment in picking up domestic abuse in the case history. To help mitigate this limitation, the project issued submission guidance which explained that police should submit any case with possible domestic abuse links, even if uncertain. The team also offered one-to-one advice to forces to discuss any cases which might meet the project definition. Additionally, the team cross-referenced all possible homicide, suspected suicide and unexplained death cases reported in the media or identified by Non-Governmental Organisations (NGOs) against the case submissions received by the project, and proactively contacted relevant police forces to ensure all these deaths were submitted. The project received several submissions of cases of suspected suicide and unexplained death where there was no prior police record of domestic abuse but where undisclosed abuse history came to light during investigation of the death. This suggests that police were approaching identifying relevant cases inquisitively, as encouraged by the project team.

Whilst most police forces felt that they had strong processes in place to identify relevant suspected suicides and unexplained deaths, and despite the proactive work done by this project, the link between these deaths and previous domestic abuse history may be by nature less 'visible' to police. Logically, there is thus an elevated possibility of suspected victim suicides and unexplained deaths going 'under the radar' if clear evidence of previous

domestic abuse is not available early on in the case. We have reflected this potential limitation through this report in commenting on the suspected victim suicide data.

#### 1.4 Overview of existing literature and evidence

Deaths which occur within a domestic setting, usually carried out by a partner or family member (otherwise termed domestic homicide), are a large-scale problem with devastating impact. Since the start of the Covid-19 pandemic, there were concerns raised about a potential increase in domestic abuse, domestic homicide, and victim suicide based on restrictions which reduced opportunities for victims to seek out and receive support (e.g. BBC 23 March 2021; Standish and Weil 2020; The Guardian 28 March 2020). An estimated 2.3 million adults (1.6 million women, 757,000 men) aged 16 to 74 experienced domestic abuse in England and Wales in the year ending March 2020 (ONS 2020a, b). Concurrent ongoing research on police reports of domestic abuse in the UK indicates an increased reporting, and possible escalation, of abuse around the period when lockdown restrictions were eased in 2020, with a related difficulty presented by these restrictions in the ability of victims to separate from abusive partners (Johnson and Hohl, 2021, ongoing). Importantly, although particular aspects of the response to Covid-19 may serve to intensify or escalate existing abuse, domestic homicide is an entrenched problem. Worldwide, according to the United Nations Office on Drugs and Crime (UNODC 2018: 11), one in five homicides is committed by a (current or ex) intimate partner or family member. The majority of these victims are women, with the home being most likely place for women to be killed (Stöckl et al. 2013; UNODC 2018: 17; World Health Organization 2020).

While less expansive than the overarching literature on domestic abuse, there has been significant interest in research conducted on domestic homicide. This is particularly true within the context of intimate partner homicide, with a more limited number of studies focusing on adult family homicide and child deaths. The extent of the evidence base appears to mirror the prevalence of deaths in different contexts, with intimate partner homicide representing the largest proportion of recorded domestic homicide deaths and the largest share of literature. In England and Wales, data about domestic homicide from police records is collected by the Office for National Statistics (ONS 2020c), which demonstrates a fifteen-year annual average (2005-2020) of 105 intimate partner homicides, 43 adult family homicides, and 36 child deaths per year. Independent research on femicide, the killing of women by men, finds that 888 women were killed in the UK by current or former male intimate partners (including spouses) in the 10 year period between 2009 to 2018 – an annual average of 89 deaths (Femicide Census 2020: 13). Academic research which specifically aims to study the suicide of a victim following domestic abuse is sparse (MacIsaac et al. 2017a, b; Aitken and Munro 2018), with no central database able to identify and collect these deaths in the UK. The current project begins to address this gap by including suicide of a victim following domestic abuse within the definition of domestic homicide.

Project findings around specific victim, perpetrator, and relationship characteristics and risk factors are detailed within the body of this report. However, there are several risk factors which feature prominently in previous research and informed our data collection and analysis. For instance, regarding intimate partner homicide, evidence indicates that potential risk factors relating to the victim, perpetrator, and/or relationship include: a (police recorded) history of domestic abuse against a current or former partner (Dobash and Dobash 2016), a history of suicidal ideation or threats of suicide by the perpetrator (Bridger et al. 2017; Button et al. 2017), and an actual, attempted, or perceived attempt of separation by the victim (Campbell et al. 2007).

Previous research has also identified relevant typologies of perpetrators of intimate partner violence. This includes Johnson's (2010) work illustrating differences between situational couple violence ('common couple violence,' involving a specific conflict), intimate terrorism (violence used as a tactic of control, frequent and severe abuse, gender asymmetric), and violent resistance (victim's self-defence or retaliation). Similar to the conceptualisation of intimate terrorism, perpetration of a pattern of coercive controlling behaviour (Stark, 2007) is strongly associated with risk of intimate partner homicide (e.g. Campbell et al. 2001/3/7; Dobash and Dobash 2015; Johnson et al. 2019). Coercive controlling behaviour is now a specific criminal offence in England and Wales. Furthermore, Hester et al. (2006) identified four groups of perpetrators based on their previous police offending record. These ranged from those with no previous police record, where the incident on file was the only one ('one incident'), those with one recorded incident of domestic violence and arrest for other types of offences ('mainly non-domestic violence'), those perpetrators with a police record exclusively for repeat domestic violence offences against the same and/or other victims ('dedicated repeat'), and the largest group of 'all round repeat' perpetrators who had multiple recorded offences of domestic violence and other types of offences. In this report we draw on perpetrator offending profiles from Hester et al. (2006), as these profiles are a good fit for describing domestic abuse perpetration patterns as portrayed in police records.

For adult family violence and homicide, particularly child to parent homicide ('parricide'), prior research suggests that these cases also include a higher proportion of female than male victims, are committed by significantly more male than female perpetrators, and demonstrate an older victim age profile than intimate partner homicide (Bows 2019; Holt and Shon 2018; Montique 2019). Prevalent features of domestic homicide reviews involving adult family homicide include significant mental illness and substance (mis)use issues recorded in relation to the perpetrator (Montique 2019).

Within the context of child deaths (due to homicide, abuse or neglect) in England and Wales, the highest rate of homicide appears within children under the age of one (28 deaths per million population), with a more even split between male and female victims, and a majority of perpetrators being parents or step-parents (Brandon et al. 2020; ONS 2020c). Notably, a recent systematic review of 'familicide'<sup>10</sup> which considered 67 studies from 18 countries, found that this appears to be a relatively rare phenomenon (1 to 2 per 10 million population), but that perpetrators were overwhelmingly male with identified risk factors and 'motivations' demonstrating commonality with intimate partner homicide of a female partner (Karlsson et al. 2021: 90).

Finally, with evidence from Victoria Australia that 42 percent of women who died from suicide had a history of exposure to intimate partner violence (Maclsaac et al. 2017a), it is important to consider the characteristics and possible risk factors associated with this type of death.

In the following chapters of this report we present analysis and interpretation from the first 12 months of data gathered by the Domestic Homicides Project. Throughout this report findings are situated in the context of previous research evidence and known figures on domestic homicides and suspected victim suicides.

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<sup>10</sup> Familicide is the (attempted) homicide of an intimate partner as well as one or more children (Karlsson et al. 2021).

## Chapter 2: The impact of the Covid-19 pandemic on domestic homicides and suspected victim suicides

### 2.1 Context

There has been concern about a possible rise in domestic homicides since the pandemic started (Standish and Weil 2020), and again following the publication of the Femicide Census (2020) in November (data covering 10 years to 2018). Thus, one of the project aims was to investigate whether we could see any effects of lockdown restrictions on increases in domestic homicides and suspected victim suicides. There are two ways to answer this:

First, quantitatively: Is there any increase or decrease in the number of deaths which can be linked to the imposition or lifting of lockdown restrictions? Caution is required here – overall numbers of domestic homicides and suicides across the twelve months of this project are too small, relatively, to draw any firm statistical conclusions relating to lockdown restrictions. What we can do is describe whether we see any increases or decreases in the number of deaths over the course of the twelve months, and plot these against key lockdown changes. We can also contextualise the number of deaths, overall and by month, against homicide data for previous years, and against the number of all domestic abuse incidents reported to police across the period.

Second, qualitatively: Is there evidence from the context and events surrounding individual deaths to show that Covid-19 and lockdown restrictions influenced the death, and to suggest that, overall, Covid-19 and lockdown restrictions made deaths more (or less) likely to happen? This gives us valuable intelligence into the ways pandemics and lockdowns might increase, or decrease, the risk of domestic homicide and suspected victim suicide. We address the question of the impact of the Covid-19 pandemic both quantitatively and qualitatively in this section.

### 2.2 Number of deaths

#### 2.2.1 All domestic homicides and suspected victim suicides since Covid

The project counted 215 deaths in 208 incidents between 23<sup>rd</sup> March 2020 and 31<sup>st</sup> March 2021 (Table 2).<sup>11</sup> The type of death was most commonly (current or ex) intimate partner homicide (49%) followed by the murder of an adult family member by an adult (18%), suspected victim suicide (18%), child death (12%), and other (3%) (Figure 1).

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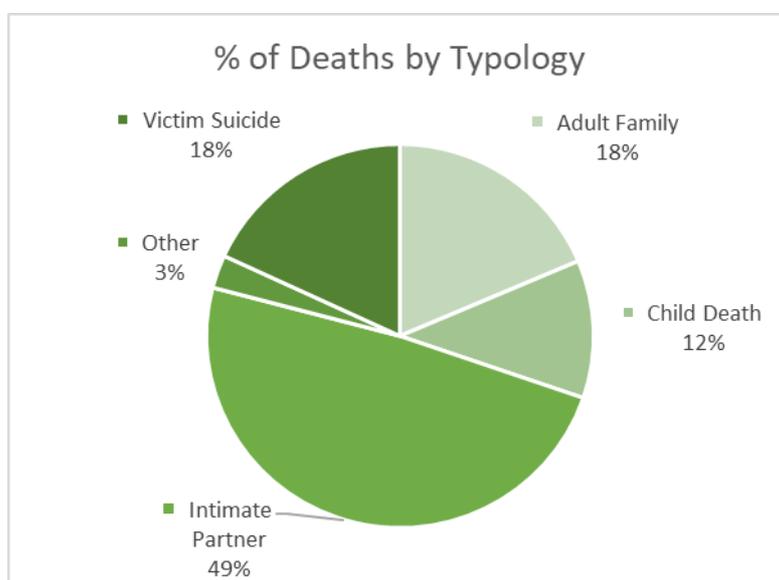
<sup>11</sup> The project counted all deaths since Covid-19 restrictions came into force in England and Wales on 23 March 2020 (n=215 deaths). This report analyses deaths until 31 March 2021, a total period of 12 months and one week. Where comparisons are made with annual domestic homicide figures for previous years from other data sources, the report excludes the first week of deaths in this project, to ensure a comparable 12-month period.

Table 2. Number and proportion of deaths by typology - 23rd March 2020 to 31st March 2021

| Type                     | Typology     |              |                  |             | Suspected Victim Suicide | N          |
|--------------------------|--------------|--------------|------------------|-------------|--------------------------|------------|
|                          | Adult Family | Child Death  | Intimate Partner | Other       |                          |            |
| Homicide                 | 34           | 15           | 79               | 6           | -                        | 134        |
| Homicide-Suicide         | 2            | 7            | 13               | -           | -                        | 22         |
| Other                    | 1            | -            | 2                | -           | -                        | 3          |
| Suspected Victim Suicide | -            | -            | -                | -           | 39                       | 39         |
| Unexplained Death        | 3            | 3            | 11               | -           | -                        | 17         |
| <b>Total (N)</b>         | <b>40</b>    | <b>25</b>    | <b>105</b>       | <b>6</b>    | <b>39</b>                | <b>215</b> |
| <b>Total (%)</b>         | <b>18.6%</b> | <b>11.6%</b> | <b>48.9%</b>     | <b>2.8%</b> | <b>18.1%</b>             |            |

Source: Domestic Homicides Project

Figure 1. Proportion breakdown of domestic homicides and suspected victim suicides by typology - 23rd March 2020 to 31st March 2021



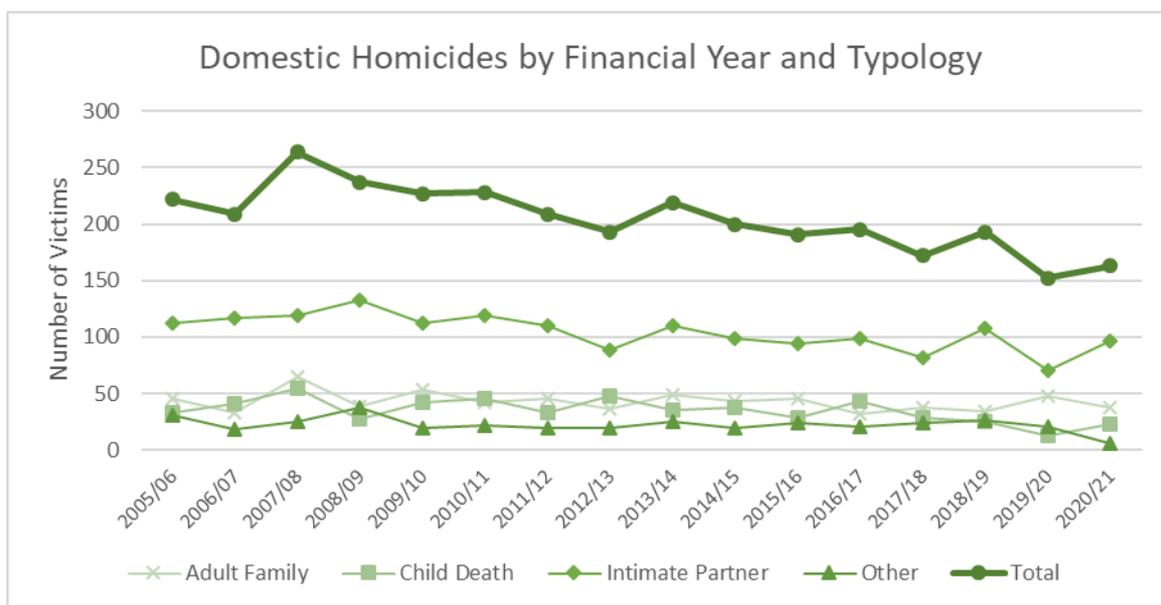
Source: Domestic Homicides Project

To contextualise this year against the longer term, the project created a baseline from Home Office police-reported homicide data (HO Homicide Index) over the previous 15 years to 2019/20. As mentioned in section 1.3.1, this data has been recoded based on the wider project definition and is based on date of death rather than date of report and therefore will not match published data. The HO Homicide Index counts intimate partner homicide, adult family homicide and child deaths, but not suspected victim suicides for which no baseline exists.

This project is systematically counting suspected victim suicides following known domestic abuse in England and Wales for the first time. There are no reliable estimates of victim suicide rates where there was a known history of domestic abuse, but it has been suggested it might account for more domestic abuse-related deaths than intimate partner homicide, and perhaps even as many as four suicides per week (Walby, 2004). We hope to develop better measurement, identification and reporting of suspected victim suicide as this project continues.

During the twelve months of 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 the project counted 163 domestic homicides (including intimate partner homicide, adult family, child death and other, but excluding suspected victim suicides). This was lower than the 15-year annual average using recoded Home Office Homicide Index data (207). However, Figure 2 shows that the annual number of domestic homicides has been declining slowly over this period, particularly since 2007/08. In this context, the number of project-counted deaths for 2020-21 (163) is in line with the HO Homicide Index number for the previous year, 2019/20 (152), and in line with the broader pattern of a slow decline. Whilst these are small numbers, and do not include the suspected victim suicides as this data is not available, these numbers indicate that, despite the unprecedented circumstances of the last year, domestic homicides do not appear to have increased significantly.

Figure 2. Domestic homicides by financial year and typology (excluding suspected victim suicides) - 2005/06 to 2020/21



Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

## 2.2.2 Seasonal and monthly variation

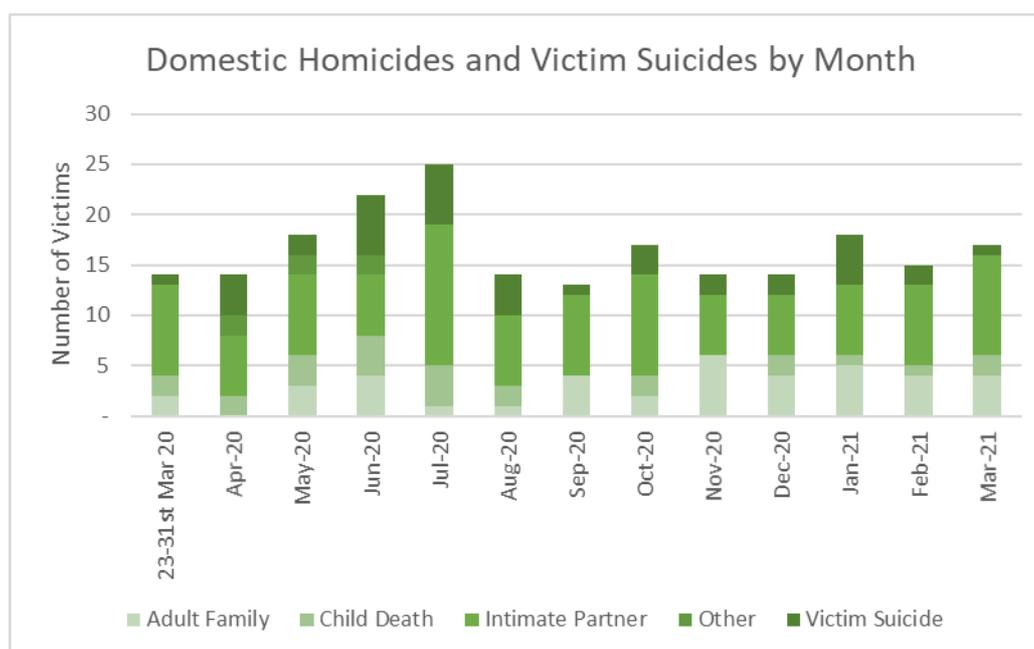
At the very start of lockdown in late March 2020, there was a spike in domestic homicides, especially intimate partner homicides, with 13 in just one week (nine of which were partner homicides). Understanding the contexts and circumstances of each of these homicides is important and best done via in-depth DHRs – but the combination of these tragic deaths coming so soon after Covid restrictions were introduced was one reason this project was established. Early research from 14 cities in the United States demonstrated a 7.5% increase in domestic abuse-related service calls to police during a 12-week period following introduction of social distancing measures, accounting for seasonal trends (Leslie and Wilson 2020: 4). The authors primarily attribute the increase in service calls to individuals who had not previously reported domestic abuse and most evident during the first five weeks of restrictions (ibid). In the present research, after this initial week of data collection in March, the number of domestic homicides and suspected victim suicides has remained relatively steady across the year (Table 3 and Figure 3). There were modest increases in May, June, and July 2020, in October 2020, and in January 2021. In July and October, the increases were mainly accounted for by a rise in intimate partner homicides, and June, July and January also saw an increase in suspected victim suicides.

Table 3. Number and proportion of domestic homicides and suspected victim suicides by month and typology

| Month          | Main Typology |             |                  |          | Suspected Victim Suicide | Total      |       |
|----------------|---------------|-------------|------------------|----------|--------------------------|------------|-------|
|                | Adult Family  | Child Death | Intimate Partner | Other    |                          | N          | %     |
| 23-31st Mar 20 | 2             | 2           | 9                | -        | 1                        | 14         |       |
| Apr-20         | -             | 2           | 6                | 2        | 4                        | 14         | 7.0%  |
| May-20         | 3             | 3           | 8                | 2        | 2                        | 18         | 9.0%  |
| Jun-20         | 4             | 4           | 6                | 2        | 6                        | 22         | 10.9% |
| Jul-20         | 1             | 4           | 14               | -        | 6                        | 25         | 12.4% |
| Aug-20         | 1             | 2           | 7                | -        | 4                        | 14         | 7.0%  |
| Sep-20         | 4             | -           | 8                | -        | 1                        | 13         | 6.5%  |
| Oct-20         | 2             | 2           | 10               | -        | 3                        | 17         | 8.5%  |
| Nov-20         | 6             | -           | 6                | -        | 2                        | 14         | 7.0%  |
| Dec-20         | 4             | 2           | 6                | -        | 2                        | 14         | 7.0%  |
| Jan-21         | 5             | 1           | 7                | -        | 5                        | 18         | 9.0%  |
| Feb-21         | 4             | 1           | 8                | -        | 2                        | 15         | 7.5%  |
| Mar-21         | 4             | 2           | 10               | -        | 1                        | 17         | 8.5%  |
| <b>Total</b>   | <b>40</b>     | <b>25</b>   | <b>105</b>       | <b>6</b> | <b>39</b>                | <b>215</b> |       |

Source: Domestic Homicides Project

Figure 3. Number of domestic homicides and suspected victim suicides by month and typology



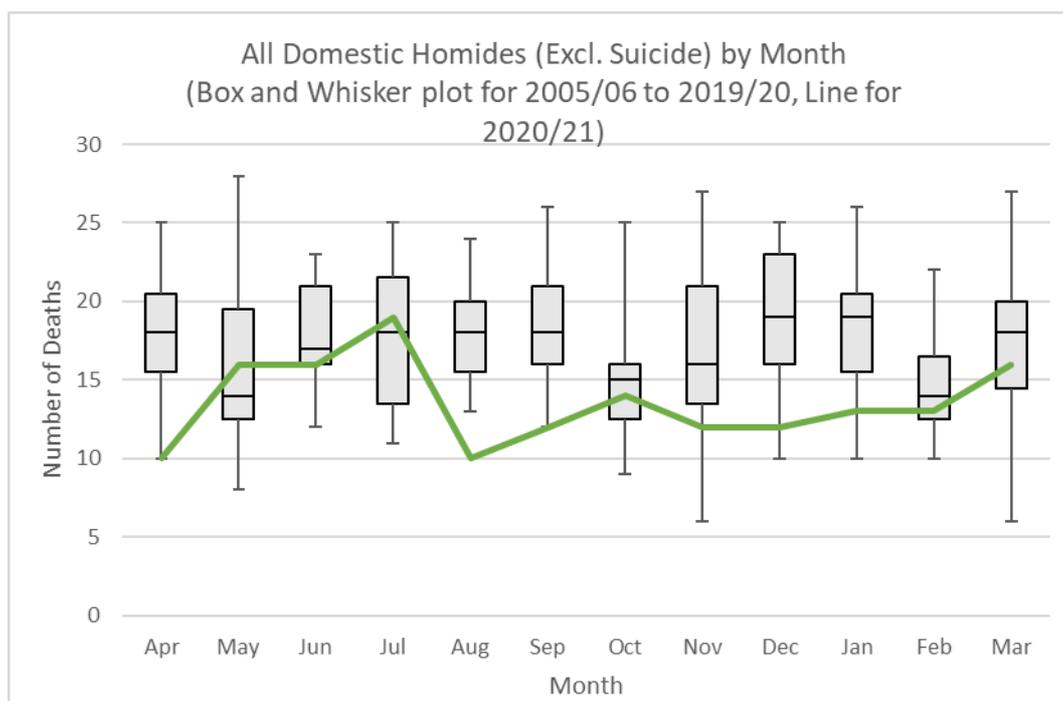
Source: Domestic Homicides Project

These periods do coincide with wider domestic abuse offending and reporting patterns, which tend to increase in the summer months and over Christmas and New Year. Domestic abuse incidents reported to police over this same twelve-month period rose in the summer months of late May/June/July/August before dropping to the December, with a spike in reporting over Christmas and New Year (ONS 2020b).

Existing domestic homicide data from previous years do not show any clear seasonal or monthly patterns. The HO Homicide Index which covers 15 years to 2019/20 may point to slight increases over Easter, Summer and Christmas, but monthly figures vary considerably.

Figure 4 shows the range, distribution and average number of domestic homicides over the last 15 years (box) by month, and the number in this project (green line).<sup>12</sup> Whilst the overall number of domestic homicides has decreased slightly over the 15 year average, the chart shows that the monthly number of domestic homicides during this project (2020/21) was within the range of the last 15 years, with the exceptions of April and August 2020 when deaths were lower than the previous minimum over the past 15 years. The project peak experienced in July 2020 is in line with the median over the last 15 years.

Figure 4. Box and whisker chart for domestic homicides (excluding suspected victim suicides) by month - 2005/06 to 2020/21



Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

### 2.2.3 The impact of lockdown on number of deaths

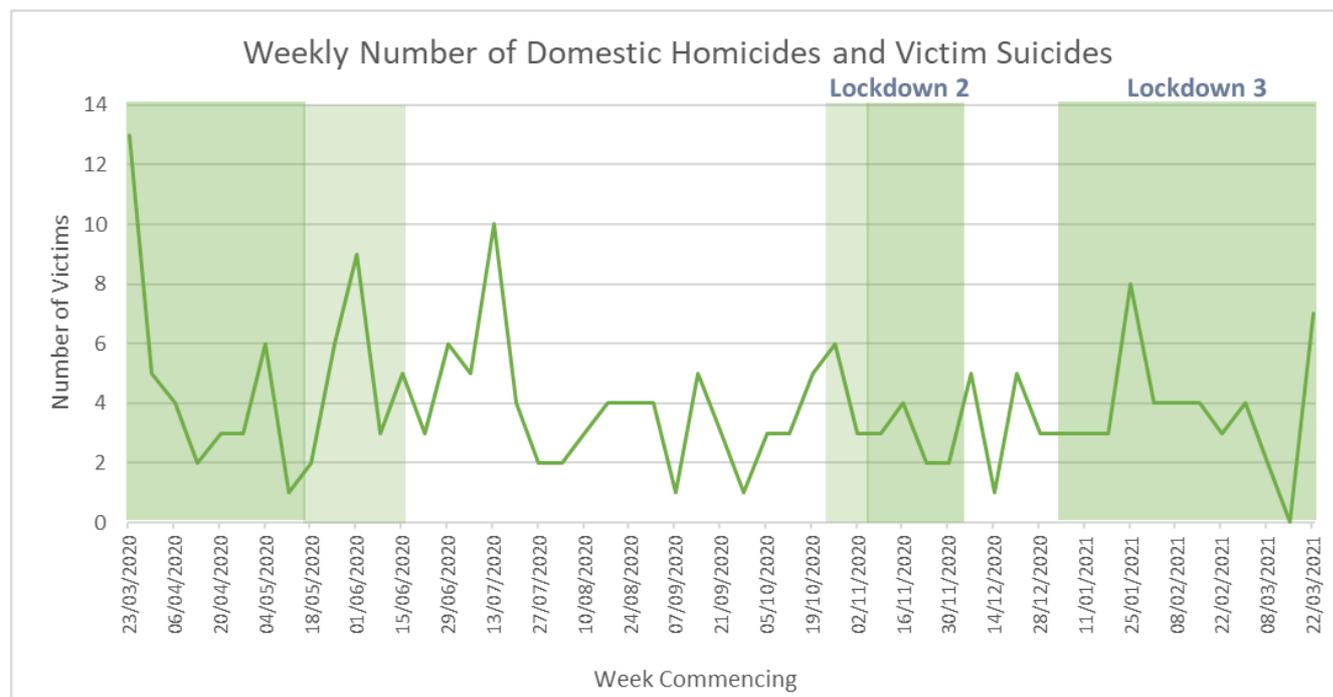
Each death was mapped against national lockdown restrictions in place in England and Wales at the time of death.<sup>13</sup> A patchwork of local or regional restrictions were in place in different geographical areas across the whole 12 month period, but these are too numerous to map, and in general were not as restrictive as measures in place during national lockdowns. Therefore, the approach was taken to map deaths against national restrictions only. Figure 5 shows that, although there were slightly more deaths during lockdown periods, the differences are not enough to establish any clear pattern relating to lockdowns. Rises in June and July 2020 coincide with the lifting in stages of the first lockdown, but also with summer weather and school holidays, when there tends to be increased domestic abuse more broadly (ONS 2020a). There was no clear rise in November, during the second

<sup>12</sup> Figure 4 shows the distribution of data using a five-number summary – the median, first quartile, third quartile, minimum and maximum. The median line (in the middle of the grey box) shows the mid-point of the data. The grey box shows where the middle 50% of the data lie. The smaller the box, the closer these datapoints are together. A larger 'top' (the space after the median line) shows that the spread of data is wider than in the bottom section. The minimum and maximum lines demonstrate the range of the data.

<sup>13</sup> National lockdowns were in place during: 23<sup>rd</sup> March to 15<sup>th</sup> June 2020 in England and until 22<sup>nd</sup> June in Wales, with partial relaxations from mid-May; from 23<sup>rd</sup> October to 9<sup>th</sup> November 2020 in Wales and 5<sup>th</sup> November to 2<sup>nd</sup> December 2020 in England; and from early January 2021 to (beyond) end March 2021.

lockdown – but this was a ‘lighter’ lockdown, during which schools remained open. A further rise (followed by a drop back down) seen in January 2021 occurred when the UK was in a third full lockdown. January tends to be a month when domestic homicides, as well as overall suicides, are higher in general (ONS 2020a, d). It is difficult from the data to establish a picture of any clear links between lockdown restrictions and homicides and suspected victim suicides.

Figure 5. Weekly number of domestic homicides and suspected victim suicides - 23rd March 2020 to 31st March 2021

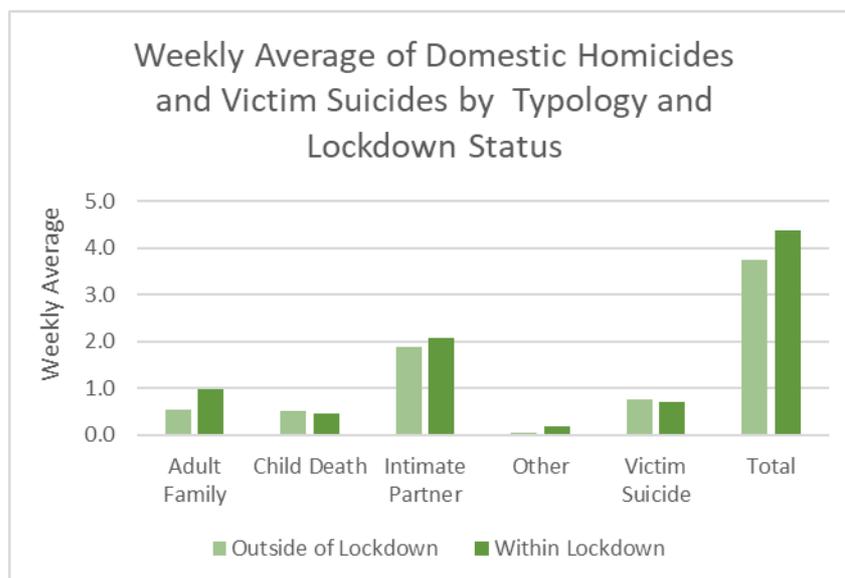


Source: Domestic Homicides Project

There is emerging evidence from other studies (Johnson and Hohl 2021, ongoing) of a rise in domestic abuse incidents reported to police in June and July 2020, following lifting of the first national lockdown. The same study points to a significant drop in domestic abuse victims attempting to separate from abusive partners during this first lockdown and suggests that after lockdown lifted there were more attempts to separate. Considering that separation is a high risk point for domestic homicide (Dobash and Dobash 2016), we might expect to see this reflected in our homicide data – i.e. homicides from intimate partners might increase after lockdown measures lifted, if victims attempted to separate in greater numbers at this point. Although the overall numbers are small, there is possible support for this hypothesis in the slightly elevated numbers of intimate partner homicide (and suspected victim suicide) cases over June and July. There is not clear evidence of this pattern following the November 2020 restrictions, although that was a ‘lighter’ lockdown. It will be important to be aware of the dangers arising from lifting of lockdown as the country emerges from restrictions during 2021.

Whilst a slightly higher proportion of domestic homicides and suspected victim suicides happened within lockdown weeks (Figure 6, below), this was not statistically significant. This difference between lockdown and non-lockdown weeks was mainly accounted for by adult family homicides.

Figure 6. Weekly average of domestic homicides and suspected victim suicides by typology and lockdown status



Source: Domestic Homicides Project

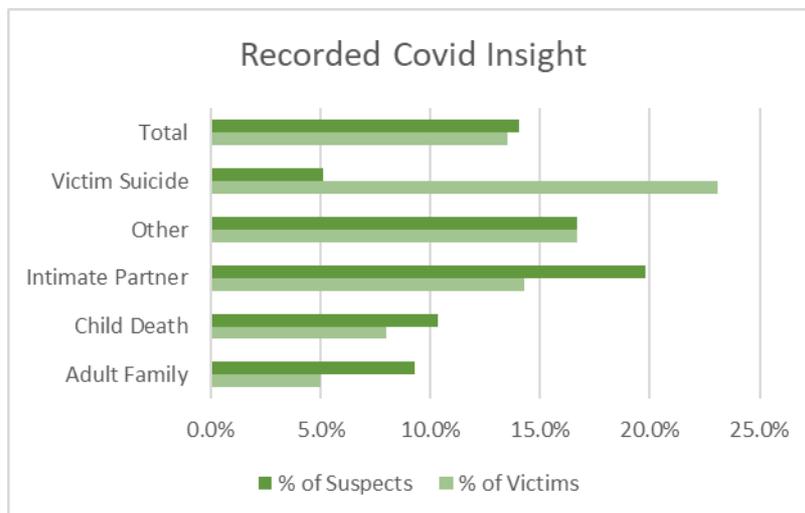
## 2.3 Covid insights

### 2.3.1 Submissions recording Covid or lockdown impact

As well as counting the number of deaths, the project looked for whether there was evidence in the submissions made for each death to suggest that Covid-19 restrictions or lockdown had played a part. This gives us valuable intelligence on how and why there might be a link between lockdown and changes in domestic homicide or suspected suicide, which is vital to being able to link any change in deaths to the pandemic. Each submission was asked to identify in free text whether there was Covid-related insight relating to the victim and/or suspect and to specify the details of that insight. Additionally, the team asked police domestic abuse leads via the survey and interviews about any perceived impact of the Covid-19 pandemic on domestic abuse and domestic homicide.

In around 1 in 7 (14%) submissions police identified a specific impact of Covid-19 on the circumstances of the homicide or suicide, either relating to the victim or perpetrator. In addition, for 30% of victims and 33% of suspects this was recorded as Not Known. So, it is possible that Covid had an impact in more than the 14% of cases where it was positively identified, but that the impact was not visible to or reported to us by police. Suspected victim suicides had the greatest proportion of Covid insight recorded, with submissions recording that nearly a quarter of those victims were affected by lockdown restrictions (Figure 7).

Figure 7. Proportion of victims and suspects where Covid insight was recorded by typology



Source: Domestic Homicides Project

### 2.3.2 Thematic nature of Covid impacts

“Psychologically feel unsafe, being coercively controlled by ex-husband as he has my daughter. Using the Covid-19 situation to further control and making it difficult as I am in the vulnerable category too... I am powerless and have no one to help me” – domestic abuse survivor interviewed by Safelives (2020)

“...the pandemic and lockdown specifically, has meant that children and vulnerable people have become isolated, and those professionals or extended family members who may have been able to pick up on signs of abuse or neglect and refer for intervention have not been able to do so” – Police Domestic Abuse Lead, DH project survey

The project thematically analysed the case submissions using a grounded analytical framework to better understand the nature of the impacts of the Covid-19 pandemic. Every case which identified an impact of the pandemic on a victim and/or suspect was coded to describe the nature of the impact. These coding themes were iteratively refined and synthesised to produce a final set of themes which described the different ways in which Covid-19 lockdown restrictions may have affected the case. Separately, the police survey responses and interviews with police domestic abuse leads about Covid-19 impact were thematically coded in the same way. Police surveyed and interviewed reflected the views of their partner agencies (e.g. domestic abuse services) on the impact of Covid-19, as well as their own. Seven key themes were identified across all three sets of data, showing qualitatively the impact that Covid-19 and lockdown may have had on domestic homicides and suspected suicides. These themes can be summarised as follows:

#### Theme 1: Reduced risk of abuse for some groups:

- Diminished opportunities for serial perpetrators – those who move from one relationship to another – to form new abusive relationships during lockdown
- Fewer opportunities for ex-partners not isolating together to have physical contact
- Closure of the night-time economy reduced some contexts for excessive alcohol or drug consumption (which can exacerbate or escalate domestic abuse)

- Some victims being able to 'manage' or de-escalate the suspect's abusive behaviour more easily at home

### **Theme 2: Elevated risk of abuse by close proximity:**

- Some suspects being 'released' to the care of the victim – this took different forms, in some cases sons/grandsons in adult family homicide cases being released from mental health institutions to the care of the victim, in other cases intimate partner perpetrators being released from prison or custody
- Separated / ex intimate partner suspects moving back in with victims (and sometimes children) to shield or isolate together during lockdown
- Victims feeling 'trapped', with reduced capacity to escape (especially in suspected victim suicide cases)

### **Theme 3: Perpetrator using Covid-19 as an excuse to control victim:**

- Suspects using Covid to isolate or control the victim at home, and prevent them seeing friends and family
- Suspects preventing victims from seeing children or entering the family home (e.g. because the victim was a keyworker)
- Suspects using Covid to prevent victims accessing medical appointments or medical help
- Suspects blaming Covid for their heightened anxiety or depression which they said was a trigger for the murder
- Suspects referencing lockdown exacerbating existing issues at home

### **Theme 4: Situational pressures arising from Covid exacerbating existing conflict or abuse:**

- Victims or perpetrators being a key worker
- Finances or job being affected by Covid-19 restrictions (unemployment, furlough)
- Home-schooling / childcare impacted
- Child contact disputes increasing

### **Theme 5: Limited ability for victims to 'reach out' for help:**

- Reduced family or informal support available to victims
- Isolation and the lockdown requirement to 'stay at home' preventing some victims from help-seeking
- Domestic abuse partner agencies saw a greater increase in help-seeking calls than police did – interviewees suggested this could indicate that some victims were deliberately not calling police as they did not want to cede ability to 'manage' the response (e.g. want to avoid police turning up at their home outside their control)

### **Theme 6: Constrained ability of services to see abuse or 'reach in'**

- Police reported that some domestic abuse services stopped being co-located in hospitals during pandemic – reducing one route to identify victims or speak to them
- Police responses to victims calling them about domestic abuse were inadequate in one or two individual cases – e.g. declining to enter the home due to risk of infection, although this was a minority of cases

- Parents using home-schooling as cover for neglect of child – school safeguarding not able to monitor at-risk children in person
- Delays to court cases due to Covid-19 which affected the safety and mental wellbeing of victims (especially suspected victim suicide cases)

### **Theme 7: Reduced ability to manage conditions at home**

- Help for carers being reduced (e.g. mothers caring for children, especially children with special needs; parents/grandparents caring for adult sons/grandsons with mental health and/or drug dependencies; older couples caring for one another)
- Access to physical health services being reduced where victim or suspect has medical needs
- Suspect access to alcohol or drugs being reduced (either to the substances themselves where dependent, or to support services)
- Suspect mental health issues worsening, and/or access to mental health support diminishing (range of contexts: reporting Covid-19 induced anxiety, feeling unable to cope, psychosis/severe mental health conditions worsening). Police specifically noted a lack of capacity from Mental Health teams – especially crisis teams - to adequately support both victims and suspects
- Victim or suspect's individual coping mechanisms affected – e.g. external opportunities for 'blowing off steam' reduced (flip side of closure of night-time economy)

There was some variation in the nature of Covid-19 impacts by case type. Impacts in adult family homicides were characterised by the suspect having severe existing mental health conditions (psychosis or similar), often linked to drug dependency, where the condition worsened, or support was reduced; and these young men being released to parental or grandparental care. Covid-19 impacts in intimate partner homicides were identified more in familicide cases (suspect killed family then themselves) and a few homicides in which the suspect reported anxiety or obsessive behaviour which may have been related to Covid-19. Within intimate partner homicides, the greatest Covid-related risks came from being locked-in, especially with an ex-partner, and from reduced access to informal and formal support for abuse. In suspected victim suicide cases, Covid-19 may have reduced the victim's zone of safety or freedom and led to them feeling desperate. Increase in victim anxiety and depression was particularly reported in these cases, as was concern that the perpetrator might be released from prison or remand due to Covid or court cases being further delayed. With child deaths, Covid-19 impacts seem to relate to the reduced visibility of at-risk children to schools and safeguarding services, especially of children with disability or special needs. Parents – especially mothers – struggling to provide care for disabled children during lockdown is also present.

When the impact of Covid-19 was explored with police domestic abuse leads via the force survey and interviews, many hypothesised or inferred that Covid-19 would have an impact on domestic abuse and domestic homicides and suicides, but few were able to identify specific cause and effects. DHRs were already underway in many of the cases submitted to the project, and these will be better able to assess the full impacts of Covid restrictions in individual cases, as well as the impact of other services' availability or support during the pandemic.

Some of the impacts of the pandemic identified here are supported by consultations carried out directly with domestic abuse victim/survivors and perpetrators concerning issues related to the Covid-19 pandemic in the UK. For instance, surveys of victim/survivors throughout

March and June 2020 identified fears about safety, as well as concerns about their own mental health and help-seeking abilities due to restrictions in place (SafeLives: 3, 10). In contrast, a survey conducted between August and October 2020 found that perpetrators of abuse self-reported reduced 'issues' in the relationship, such as reduced concerns about cheating or feelings of jealousy and a reduction in abusive behaviour (e.g. aggression, arguing) during the lockdown period (Respect 2021:2, 8). However, as this report finds, this perception by perpetrators may not necessarily translate to reduced fear for victim/survivors who may also attempt to adjust their behaviour as a mechanism of protection from further harm.

In summary, this chapter has presented data on the impact of the Covid-19 pandemic on domestic homicide and suspected victim suicide. There was a particular focus on intimate partner and adult family homicide, for which there are comparative datasets, as well as the first measurement of police-identified suspected victim suicides across England and Wales. Although there does not appear to have been a substantial increase in the number of domestic homicides overall, the data demonstrates an entrenched, endemic problem. Monthly and qualitative analysis highlighted differences by typology and informed rapid learning around the possible links between lockdown restrictions, coercive controlling behaviour, and separation. The following chapter moves to descriptions of victim and suspect characteristics with breakdowns by case typology.

## Chapter 3: Typologies and characteristics of victims and suspects

### 3.1 Context

In this project we used case typologies which are primarily based on victim-suspect relationships. Using this typology framework provides a focus on the diverse contexts and dynamics associated with these different cases. It also mirrors the approach taken by many previous studies and data analyses of domestic homicides (e.g. Bows 2019; Dobash and Dobash 2015; Montique 2019; ONS 2020c), allowing a potential basis for comparison of project data with previous research. The project drew a wide definition for domestic homicide (including child deaths of all ages, suspected victim suicides and unexplained deaths following domestic abuse). Context matters - most homicides take place in a particular dynamic which differs depending on the victim-suspect relationship. For instance, the majority of domestic abuse is between (current or ex) intimate partners and most commonly domestic homicide is gendered (male perpetrators and/or female victims). This section presents some of the key characteristics for victims and suspects in each of these case types.

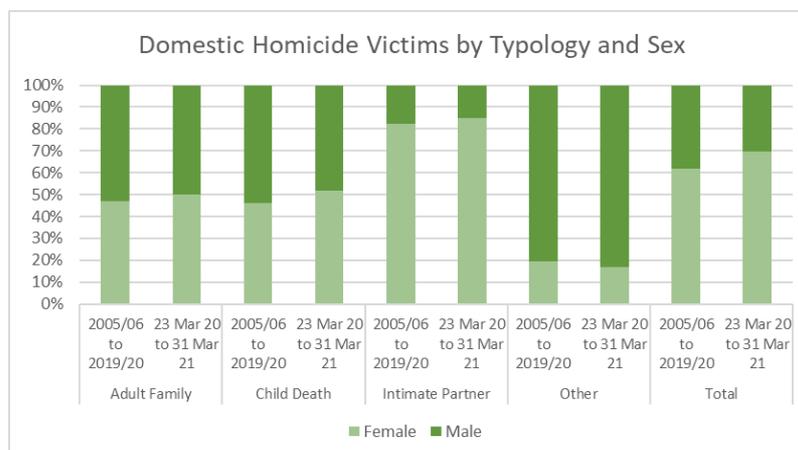
### 3.2 Victim characteristics

See Annex A for full data tables.

#### 3.2.1 Victim sex

Overall, of the 215 victims, nearly three quarters (73%) were female. This is in line with previous evidence showing that victimology of intimate partner homicide is heavily gendered (Femicide Census 2020; ONS 2020c; WHO 2020). However, this breakdown varied by typology. Whilst intimate partner homicide victims and suspected suicide victims were overwhelmingly female (85% and 90% respectively), half the victims of adult family homicide (50%) and just under half of child death victims (48%) were male (Figure 8). These are very similar to the Homicide Index 15-year average proportions, with the exception of a slightly elevated proportion of male victims in the project's adult family homicide cases (Figure 8).

Figure 8. Comparison of proportion of victims by typology and sex – 15-year average, and 23rd March 2020 to 31st March 2021



Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

This report mirrors previous evidence which has found slightly more male victims of adult family homicide than in other types of domestic homicide case (e.g. NPCC 2018 found 60% male and 40% female victims). In this project, whilst more of these adult family homicide victims were male, all the perpetrators in these homicides were also male, again in line with previous evidence (Bows 2019; NPCC 2018; Home Office 2016).

### 3.2.2 Victim age

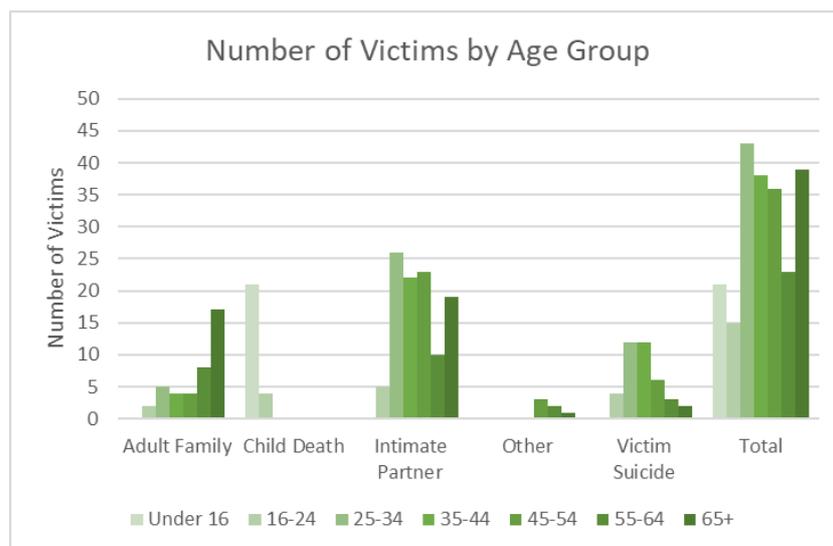
Overall, 54% of victims were aged between 25 and 54 years old, with a further peak in the 65 and over age range (18%) (Figure 9). This age breakdown was the same for intimate partner homicide victims. This is in line with wider patterns of intimate partner domestic abuse occurring in early to mid-adulthood (ONS 2020a), though the peak in intimate partner homicide victims at age 65 or over is worth noting.

The number and proportion of adult family homicide victims increased steadily with age, with 43% of victims aged 65 and over. There was also an increase in the 25 to 34 age range. This is commensurate with adult children and grandchildren killing parents/grandparents and (to a lesser extent) sibling murder.

As would be expected, the majority of child deaths fell into the Under 16 age group. Further examination of this group shows that most child death victims were aged 5 and under. Just under half of child death victims (10 individuals) were aged between 1 and 5 years old and a third (7 individuals) aged under 1. A further 3 individuals were aged between 6 and 10 years old, and one aged between 11 and 15 years old. Four cases were aged between 16 and 18.

Nearly three quarters (72%) of victims in cases of suspected victim suicide were aged under 45, with 31% aged between 35 and 44 years old, and the same proportion aged between 25 and 34 years old. Victims of suspected victim suicides were much less likely to be aged over 45.

Figure 9. Number of victims by typology and age group – 23rd March 2020 to 31st March 2021

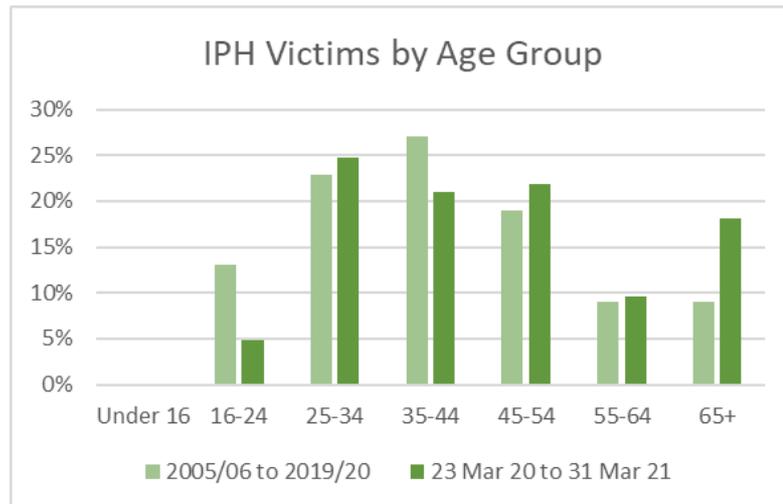


Source: Domestic Homicides Project

Overall, victim age was in line with previous Homicide Index 15-year averages, with two possible exceptions in the intimate partner homicide cases. Figure 10 indicates, first, that

older victims of intimate partner homicide may have increased since Covid-19 (aged 45 years and over, but especially aged 65 and over). Second, the proportion of young victims of intimate partner homicide (aged 16 to 24 years) was lower than previous years. It might be that Covid-19 restrictions have reduced homicides between younger partners as they may be less likely to live together, and therefore have reduced access to one another during the pandemic.

Figure 10. Comparison of proportion of victims of intimate partner homicide by age group – 15-year average, and 23rd March 2020 to 31st March 2021



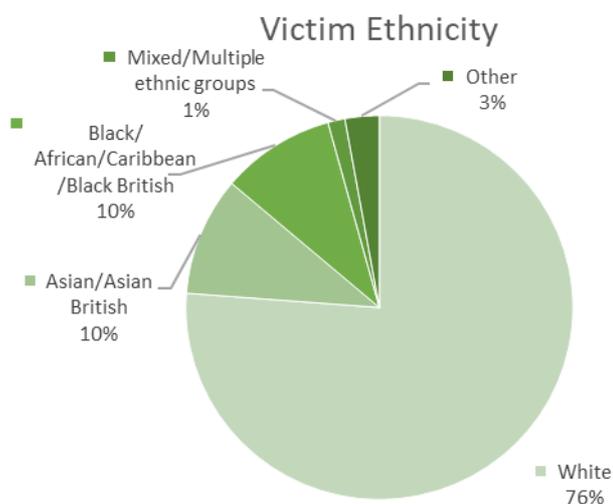
Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

### 3.2.3 Victim ethnicity

Overall, 98% of victims had an ethnicity recorded. Where known, over three-quarters of victims were recorded as White (76%). The next largest ethnic groups were Asian/Asian British and Black/African/Caribbean/Black British both with 10%. In total, 24% of victims where ethnicity was known were recorded as BAME<sup>14</sup> (Figure 11). Latest Census data (2011) shows that, where ethnicity was known, 14% of the UK population were BAME and 86% White. Victim ethnicity data from the Homicide Index shows that, over the previous 15 years, 19% of victims, where ethnicity was known, were recorded as BAME and 81% White. In addition, the Homicide Index data shows that for 2019/20, 19% of victims were of BAME ethnicity. So, whilst the majority of victims during the project period were White, the proportion of BAME victims since Covid-19 appears to be higher than both the previous 15-year homicides average and the 2019/20 data (by 5 percentage points), as well as the general population (by 10 percentage points).

<sup>14</sup> We note the 2021 Sewell Report recommendation for a move away from the term “BAME”. This report was drafted, and data analysed prior to the publication of the Sewell Report. In this report we continue to use “BAME” to describe minoritised, non-White ethnicity groups. We acknowledge that this term can be essentialising and can also obscure minoritisation of other ethnic groups including some White groups such as Gypsy or Traveller communities. We will consider and consult our Stakeholder Group on the best appropriate ethnicity categories and alternative terminology for use in future reports arising from this project.

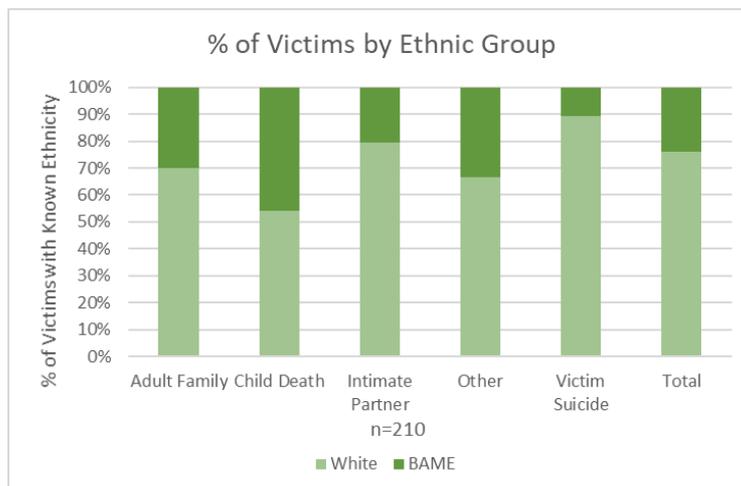
Figure 11. Proportion of victims by ethnic group where known (n=210)



**Source:** Domestic Homicides Project

Victim ethnicity varied by case type (Figure 12). Child deaths and adult family homicide had the highest proportion of BAME victims with 46% and 30% respectively. Conversely, suspected victim suicides involved the smallest proportion of BAME victims with 11%, which is a statistically significant difference compared to child deaths and adult family homicide. Similar proportions of BAME and White victims had been previously assessed as high-risk victims; however, BAME victims were statistically significantly less likely to be previously known to police – with 32% previously known compared with 51% of White victims. BAME victims were also less likely to be previously known to other agencies (42% compared with 58% of White victims). Relevant to this finding, action 2.7.1 (pg. 9, 25) of the National Vulnerability Action Plan (NVAP) Revised 2020-2022 recognises a need to work with vulnerable persons and communities, including those groups that are affected by structural inequalities, which are associated with identified under-reporting of abuse. This action involves work to ‘build confidence, improve understanding, and increase reporting,’ while recognising the risks these individuals and communities may face when reporting and increasing access to appropriate support services.

Figure 12. Proportion of victims by ethnic group (where known) and typology



Source: Domestic Homicides Project

### 3.2.4 Victim nationality

In addition to ethnicity, police were also asked to provide the victim's nationality. In recent years there have been several homicides involving families from Eastern European nationalities and the Stakeholder Group raised this as a possible issue. In addition, migrant victims with insecure immigration status are a group frequently found to be less likely to report abuse, and where perpetrators of abuse often use the victim's insecure immigration status to threaten or trap them in abusive situations (Gangoli et al. 2019; Bates 2017). To date, immigration status has not been specifically asked for in case submission forms for this project. Police will often not know about insecure immigration status and families may well be reluctant to disclose it.

Nationality was known in 65% of cases and, where known, most cases (86%), were British. The next most frequent nationalities were Polish (4%, 6 cases), Sri Lankan (2%, 3 cases) and South American (1%, 2 cases), followed by a number of other nationalities at 1% (1 case each). The number of cases in each nationality category, except British, were too small to be able to draw any conclusions from – for instance, one case accounted for the death of three family members of the same nationality.

In response to the request of the Stakeholder Group, the team reviewed each case, including where nationality was not listed, to try to identify any additional cases involving a victim from Eastern Europe. In total, six victims of Polish descent were identified, one Lithuanian, one Romanian and one Slovakian. Two of these deaths occurred within a 'familicide' where the father killed his wife and daughter; one was a suspected victim suicide; another was killed by his housemate; two were parents killed by adult sons; one was the unexplained death of a baby; the final two were intimate partner homicides. There is no clear pattern to the type or characteristics of these cases, precluding any clear lessons being drawn about domestic homicides amongst Eastern European families or amongst victims with any particular nationality.

### 3.2.5 Victim - Other protected characteristics

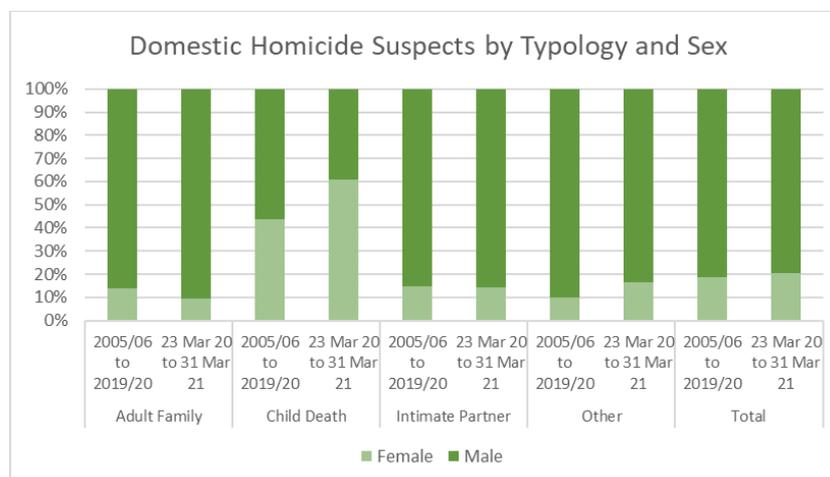
No victims were recorded as having undergone gender reassignment. Overall, 53% of victims were recorded as 'No' and the remaining 47% were either not recorded or classed as 'Not Known.' Overall, 3% (6) of victims were recorded as being LGBTQ+, although in 41% of cases this characteristic was not recorded or classed as 'Not Known.' In total, 1% of female victims were recorded as being pregnant or having given birth within the previous six months. Overall, 17% of victims were recorded as having a special need, including physical (6%), mental (8%), or physical and mental (3%) needs. However, in 47% of cases this characteristic was not recorded or classed as 'Not Known.'

### 3.3 Suspect characteristics

#### 3.3.1 Suspect sex

In contrast to victims, the majority of the 228 suspects were male (80%). This majority of male suspects was seen across all homicide types except child deaths, in which 59% were female (Figure 13). This is in line with previous evidence showing that perpetration of domestic homicide is heavily gendered (NPCC 2018; Home Office 2016), and with the longer-term Homicide Index data on intimate partner homicide and adult family homicide suspect gender (Figure 13). The higher rate of female suspects in these child deaths is somewhat at odds with wider data on child deaths, in which there are generally more male than female perpetrators (Brandon et al. 2020: 40). Within prior research, the majority of male suspects in cases of child death is especially pronounced within the context of familicide (Logan et al. 2013).

Figure 13. Proportion of suspects by typology and sex

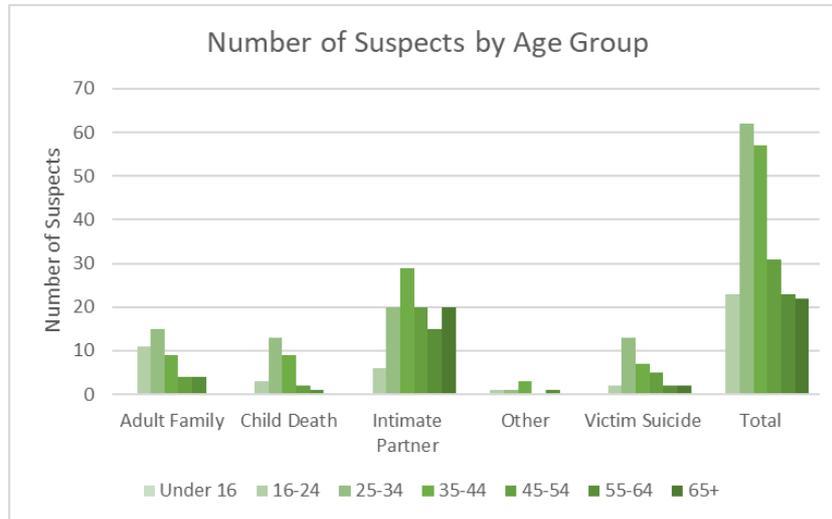


Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

#### 3.3.2 Suspect age

Overall, 62% of suspects were aged between 16 and 44 years old. There were no suspects under the age of 16. Over half of suspects (52%) were aged between 25 and 44 years old, a pattern reflected in intimate partner homicides (44%) and suspected victim suicides (51%). Suspects in adult family homicide cases tended to be younger, with 60% aged between 16 and 34 years old (Figure 14). This fits with the pattern of these cases involving adult males killing parents, grandparents, or siblings.

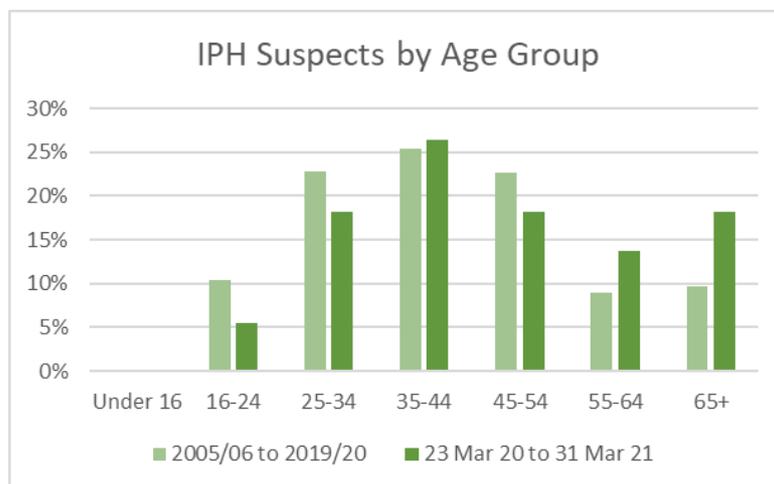
Figure 14. Number of suspects by typology and age group



Source: Domestic Homicides Project

In comparison with the Homicide Index data, as with victims, intimate partner homicide suspects were less likely to be young (aged 16 to 24 years) (Figure 15). They were also more likely to be in the older age groups, particularly aged 65 or over, than previous years. This is commensurate with the idea that younger partners may have been separated during lockdown and therefore homicides amongst this group were potentially suppressed.

Figure 15. Comparison of the proportion of suspects of intimate partner homicide by age group – 15-year average, and 23<sup>rd</sup> March 2020 to 31<sup>st</sup> March 2021



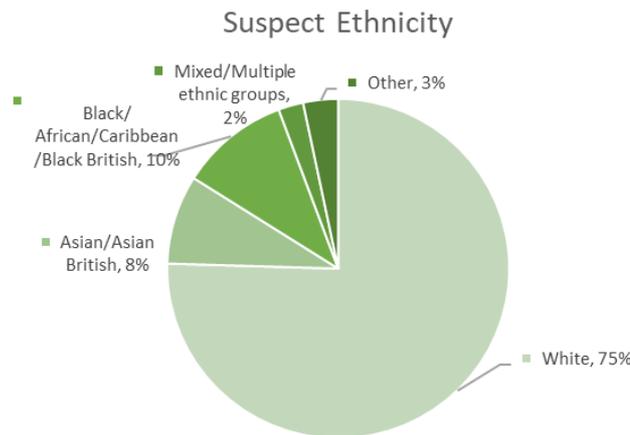
Source: HO Homicide Index data 2005/06 to 2019/20, Domestic Homicides Project 2020/21

### 3.3.3 Suspect ethnicity

Overall, 93% of suspects had ethnicity recorded. As with victims, where known, three quarters of suspects were recorded as White (75%). The next largest ethnic group was Black/African/Caribbean/Black British with 10% followed by Asian/Asian British with 8%. In total, 25% of suspects where ethnicity was known were recorded as BAME (Figure 16). Suspect ethnicity data from the Homicide Index shows that during the previous 15 years, where ethnicity was known, 22% of suspects were recorded as BAME and 78% White. In addition, the Homicide Index data shows that during 2019/20, 27% of suspects were

recorded as BAME. Latest Census data (2011) shows that 14% of the UK population are classed as BAME and 86% White. So, as with victims, whilst the majority of suspects were White, the proportion of BAME suspects in this project appears to be higher than in the general population (by 11 percentage points) and the 15-year average (by 2 percentage points), but lower than the 2019/20 suspect ethnicity (2 percentage points lower).

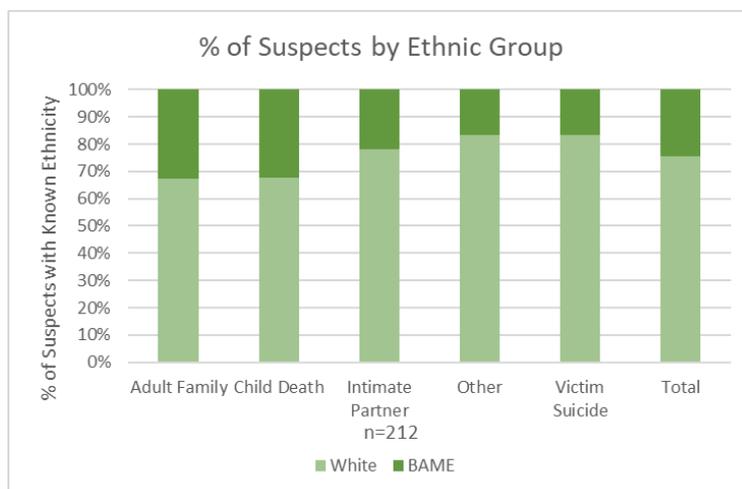
Figure 16. Proportion of suspects by ethnic group (where known) (n=212)



Source: Domestic Homicides Project

As with victims, adult family homicide and child deaths contained the largest proportion of BAME suspects with 33% and 32% respectively (Figure 17). There was very little difference between the proportion of White and BAME suspects in relation to key risk factors. BAME suspects were known to police for domestic abuse and high-risk domestic abuse in similar proportions to White suspects. They were as likely as White suspects to be high risk or serial domestic abuse perpetrators. There were marginally lower rates of drug use, mental health issues and displaying coercive and controlling behaviour amongst BAME suspects, but none of these differences were statistically significant. The only statistically significant difference was a smaller proportion of BAME suspects recorded with alcohol as a risk factor compared to White suspects.

Figure 17. Proportion of suspects by ethnic group (where known) and typology



Source: Domestic Homicides Project

### 3.3.4 Suspect – Other protected characteristics

No suspects were recorded as having undergone gender reassignment. Some 47% of suspects were recorded as 'No' and the remaining 53% were either not recorded or classed as 'Not Known.' Overall, 2% (5) of suspects were recorded as being LGBTQ+, although in 52% of cases this was not recorded or classed as 'Not Known.' In total, 15% of female suspects (6) were recorded as being pregnant or having given birth within the previous six months. Overall, 15% of suspects were recorded as having a special need, including physical (1%), mental (13%) or physical and mental (1%) needs. However, in 52% of cases this was not recorded or classed as 'Not Known.' Nationality was recorded in 65% (146) of cases with 87% of these suspects recorded as British. The next largest nationality was Polish (3%).

### 3.4 Victim and suspect ethnicity – Discussion

The data suggests that BAME individuals are over-represented as both victims and suspects in domestic homicides in the project dataset. There is however variation by case type, with Black and Asian ethnic groups over-represented in the adult family homicide (especially Black ethnicities) and child death cases, and White ethnic groups over-represented in the intimate partner homicide and suspected victim suicide cases. No cases in this dataset were flagged by the police as involving honour-based abuse. Whilst BAME suspects were previously known to police for domestic abuse in similar proportions to White suspects, BAME victims were less likely to be previously known to police or to other agencies.

This over-representation of BAME individuals in some case types does not seem to be reflected in overall domestic abuse reporting rates since Covid-19. During the same year, there was no statistically significant change in victim or perpetrator ethnicity in overall domestic abuse cases reported to police (Johnson and Hohl, 2021, ongoing). As overall numbers in this project are small, a few cases can skew the picture, so caution is needed in interpretation. It may be that the over-representation in some of these case types is simply natural fluctuation. Nonetheless, there are some possible drivers of over-representation of BAME individuals suggested by the literature and insights from the project Stakeholder Group.

One possibility is that victims from BAME backgrounds may be less likely to report abuse to police, or other agencies, due to barriers relating to shame/taboo/language and previous experiences or perceptions of institutional racism. Furthermore, perpetrators may threaten that victims will be deported (especially where victims have insecure immigration status) or lose access to their children if they report abuse to professionals (Gangoli et al 2019; Imkaan 2020; Anitha and Gill 2021). In addition, overall, members of BAME communities may be less willing to seek help from police or trust the police to intervene (Project Stakeholder Group discussion, January 2021). This, on the one hand, might mean that some cases might escalate to homicide due to fewer opportunities for intervention; on the other hand, as previous domestic abuse was less known to police, it may also suggest that police were less able to identify suspected victim suicides within BAME communities for this project.

Another possibility may be that multi-generational living is more common amongst some minoritised ethnic communities. This could provide context for the higher BAME proportion in the adult family homicide type, and possibly speak to increased family pressures as a result of Covid-19 and lockdown. There is evidence that the pandemic overall has had a disproportionate impact on BAME communities, especially in relation to exacerbating

existing intersecting inequalities such as poverty, access to housing and ability to work from home (ONS 2020b).

### 3.5 Other case characteristics

#### 3.5.1 Location of death

The vast majority of incidents were recorded as taking place in urban areas (90%) rather than rural areas (10%). In 64% of cases the death occurred at the victim's home. The next largest categories were 'outside,' i.e. in the street or another public place (10%) and 'died in hospital' (8%).

#### 3.5.2 Method of death

Most commonly, in over a quarter of cases (29%), the method of death was by a sharp instrument (Table 4). This was the most common cause of death for both adult family homicide (45%) and intimate partner homicide (35%). The most common cause of death in suspected victim suicides was by hanging, with 46% of victims dying this way, followed by 28% dying from poison or drugs. This appears consistent with wider data relating to suicide, with the ONS (2020d) finding that hanging, strangulation, and suffocation (grouped into one 'type' of method) is the most common method of suicide in England and Wales, for both men and women.

Table 4. Number and proportion of incidents by method of death

| Method of Death                   | N          | %     |
|-----------------------------------|------------|-------|
| Blunt Instrument                  | 12         | 5.8%  |
| Burning or scalding (Incl. Arson) | 6          | 2.9%  |
| Drowning                          | 3          | 1.4%  |
| Kicking or hitting                | 20         | 9.6%  |
| Other                             | 11         | 5.3%  |
| Poison or Drugs                   | 19         | 9.1%  |
| Sharp instrument                  | 60         | 28.8% |
| Shooting                          | 5          | 2.4%  |
| Strangulation (Incl. Hanging)     | 35         | 16.8% |
| Suffocation                       | 4          | 1.9%  |
| Not Known                         | 33         | 15.9% |
| <b>Total</b>                      | <b>208</b> |       |

Source: Domestic Homicides Project

#### 3.5.3 Case progression

At the time of case submission, 43% of suspects had been charged. In most other cases the investigation was still ongoing. The proportion of suspects who had been charged was higher for adult family homicide (63%) and intimate partner homicide (54%) cases.

#### 3.5.4 Suspect suicide

Overall, 9% of suspects also went on to kill themselves, most often following an intimate partner homicide but also in some cases of child death (mainly mothers) and adult family homicide. The suicide of a suspect also is particularly evident in the small number of cases which involve familicide (see 3.6.2, 3.6.3).

### 3.6 Case profiles – what characterises the types?

Each of the case types had different dynamics and contexts. Within each type there were also various sub-profiles, which are described in this section. A few deaths fit into more than one profile (e.g. a familicide which involves the death of an intimate partner and children). Where this occurs, the cases are represented in both profile descriptions.

#### 3.6.1 Adult family homicides

The literature on adult family homicide suggests that while victimisation is less gendered, this form of homicide is still most often perpetrated by men (Bows 2019; NPCC 2018; Home Office 2016). Findings from this project also demonstrate an even split of male (20) and female (20) victims. However, almost all suspects (39/43, 90%) were male. These cases involved several different groups of family members:

**Adult child to parent:** There were 25 victims suspected of being killed by their adult children (in 14 cases the mother was killed and in 11 the father was killed). Notably, 21 suspects (84%) were recorded as male. According to the identified risk factors, 15 of the 25 (60%) suspects in these cases were recorded as experiencing mental ill health, most of whom were known to mental health services. This includes six suspects who had been diagnosed with psychotic disorders. Most suspects were also known to police - ten were recorded as previously perpetrating domestic abuse, while none were recorded as domestic abuse victims. Another prominent theme was the (mis)use of drugs or alcohol in the past or at the time of the homicide. This profile of characteristics closely mirrors previous studies of adult family homicide and (adolescent) child to parent violence (e.g. Condry and Miles 2014; Holt and Shon 2018; Montique 2019), especially around the killing of mothers by adult sons with significant mental illness and/or drug use. It is important to note that neither mental ill health nor drug/alcohol use cause domestic abuse, but these can be exacerbating or escalating factors for abuse.

**Fratricide (sibling murder):** Six deaths included a brother suspected of killing their brother. There were no cases involving a sister suspected of killing their sibling, or a brother suspected of killing their sister. Several murders took place in the context of fights, some in public places, often where alcohol had been consumed. These cases often involved a police-recorded history of domestic abuse and wider criminality, often by both parties. In some cases, this history of domestic abuse included both family members (mother / grandmother) and intimate partners, and in several cases the victim in the homicide had a prior police record of domestic abuse against a partner. These cases also commonly demonstrated recorded drug or alcohol (mis)use, either just prior to the homicide or within a wider history.

**Other family member:** The majority – five of these cases – involved a grandson suspected of killing his grandmother (4) or grandfather (1). Of these five cases, three include suspects with a recorded mental illness and/or physical disability. There is relatively limited research on older victims of domestic abuse, particularly grandparents with a kinship care relationship to their grandchildren (Bows 2019; Holt and Birchall 2020). Identification of these homicides supports proposals to deliver tailored support for kinship carers of older (and young adult) children who behave aggressively at home (Holt and Birchall 2020: 8). Six cases involved suspects who were related to the victim, but not as a parent, child, or sibling. The remaining case involved a young male suspect who killed his uncle.

### 3.6.2 Child deaths

As described earlier, the child death cases involved both male and female victims, most of whom were under the age of five. In contrast to some previous research (Brandon et al. 2020: 40), these cases included more female (59%) than male (38%) suspects (in once case the suspect was unknown). Several cases, specifically those involving neglect, involved both the mother and father as suspects.

**Filicide (murder of son or daughter):** There were 21 recorded deaths (84% of child deaths) that involved the death of a child where the suspect was a parent or caregiver. Several of these were classified as 'unexplained deaths' with the cause and circumstances of death still under investigation – these tended to involve the neglect or unexplained deaths of babies with potentially suspicious injuries (see section 3.7). Ten suspects were mothers of a child aged five years or younger who was killed, with four of the victims in these cases being under the age of one. Twelve suspects (six couples) were the mother and father of the child. Five suspects were recorded as previously being a victim of domestic abuse themselves - all of these were female and two then died by suicide following the homicide. It is important to contextualise this child death data within the wider understanding of child homicides, including why and in what circumstances parents kill their children, and how this relates to domestic abuse. For instance, it may be that mothers killing their children in a context where they are victims of domestic abuse is different in nature to where fathers who are the perpetrators of domestic abuse kill their children (sometimes along with the mother).

**Sexualised murder of adolescent girls:** Three separate cases involved the murder of adolescent girls (two aged 16, one aged 17) by their stepfather, cousin, and cousin's husband respectively. Two of these cases involved a clear sexual violence element, with evidence of sexual assault after death in one, and the victim having alleged sexual abuse by her stepfather just before the homicide in the other.

**Familicide (killing of whole family):** The remaining child deaths were in cases where the suspect (exclusively the father) killed his partner and children. These victims tended to be aged between five and eleven. See additional details within intimate partner homicide case profiles below.

### 3.6.3 Intimate partner homicides

This type of death included the killing of a current partner (85%) or ex-partner (15%). The majority of suspects in this group were male and the majority of victims were female, which is in line with the literature (Bows 2019; NPCC 2018; Home Office 2016; WHO 2020). The presence of suspects who are ex-partners confirms what is known from previous studies - that separation is a substantial risk factor in domestic homicides (Dobash and Dobash 2016). Whilst most of these cases involved a male suspect killing his female current or ex-partner and not taking his own life, there were a smaller number of sub-profiles which are described further below.

**Homicide-suicide** (where the suspect died by suicide after murdering their partner): Of a total of 22 deaths involving homicide followed by suicide by the suspect, 13 of these victims were killed by an intimate partner. All 13 victims of intimate partner homicide followed by suicide are suspected to have been murdered by a male partner. These intimate partner homicide-suicide cases fell into two broad patterns – (a) older males killing their female partners then themselves, where both partners were aged 65 years or older (7 cases, 54%); and (b) younger males (28 to 56) killing their female partners and themselves (6 cases, 46%).

With the older couples (a), none of the suspects were previously known to police for domestic abuse, and very little information was known about the history of the couple in general. In three of these cases the victim had chronic mental and/or physical health conditions, while one couple was known to mental health services following reports that they had a suicide 'pact.' Overall, the six younger intimate partner homicide-suicide cases (b) included a varied history of high-risk domestic abuse perpetrated against a previous partner, recent separation, previous suicidality of the suspect, and previous attempts or threats to kill this or a previous victim. In three of the younger intimate partner homicide-suicide cases, the victim was between 28 and 30 years old (suspect 28 to 34 years) and there was greater police knowledge about the suspects than within the older couples (a).

**Familicide (killing of whole family):** These were an extension of the homicide-suicide cases, with nine deaths associated with four suspects. All four suspects were male, and eight of the nine victims were female (the male victim was a child killed by his father). Following these homicides, three out of four suspects died by suicide. None of the suspects had a police-recorded history of domestic abuse, and only one suspect was known to police in any capacity. Therefore, recorded risk factors were also limited, with initial investigation showing one suspect who had used non-fatal strangulation against the victim (his wife) which was disclosed to a friend/colleague. This case also demonstrated indications of coercive controlling behaviour.

**Apparent 'mercy killing'/suicide pacts:** At least four cases appear to be potential 'mercy killings' in which police judgement or the suspect's explanation of the death suggests the role of an illness or a self-described suicide pact. It should be noted that there is no evidence that these contexts altered the way in which police investigated these cases, simply that these are one distinct presentation of deaths in domestic settings. In all cases the victim and suspect were aged 65 and over and all suspects attempted or died by suicide. In the first case, the (older) suspect killed his wife who was receiving end-of-life care, then attempted to take his own life. Another case involved the apparent murder-suicide of a female victim, who had a life-limiting health condition, by her husband, who then took his own life. A third case also involved the murder-suicide of a female victim who had chronic pain and mental ill health which the suspect's note described as causing them both suffering. In the final case, the suspect also attempted to die by suicide after killing his wife (the victim) who was being treated for a life-limiting health condition. When the suspect did not die, he then called the police. These cases are complicated as they may meet a description of 'mercy killings' based on the terminal or serious illness of the victim and (often) the suspect's own explanation. However, there remains a possibility that the suspect retrospectively used the circumstances to excuse or justify the homicide, particularly if the suspect did not attempt suicide or survives this attempt.

**Abused victim killing abuser:** At least three cases point to a victim of abuse killing their abuser, or the abuser of their children. In the first case, the suspect said the victim (her partner) had been abusing her for months and she had 'reached a breaking point.' In the second case, the suspect said she killed her husband after finding out that he had sexually abused their children. The third case involved a grandson who killed his grandfather after alleging sexual abuse by him, which was recorded as a motive for the homicide. This category is described separately here because previous research has found that when women kill a male (current or ex) partner, in 77% of cases there was evidence that the deceased had a history of perpetrating domestic abuse against her (Centre for Women's Justice 2021). Also see discussions in section 5.3.6 about suspects known as a victim or vulnerable person.

### 3.6.4 Other

There were nine suspects in six deaths of adults that were classified as 'other' as they did not fit with pre-existing typologies but occurred within a 'domestic' setting (those who were living together). Five victims were male and one female. All suspects were male. These cases involved housemates, lodgers or friends who did not have an intimate or family relationship with the victim(s), and also included some individuals involved in intimate partner homicide or adult family homicide cases as third parties – e.g. a partner or adult child of the main suspect.

### 3.6.5 Suspected victim suicides

This is a large, and previously overlooked, group of deaths. Suspected victim suicide is not captured in other domestic homicide datasets, and this project presents a unique opportunity to better understand these cases. However, this also means the literature and theory about different 'groups' or 'types' of victim suicides are not well developed.

Almost all (90%, 35/39) victims of suspected victim suicide were female; four cases (10%, 4/39) involved male victims. Four cases involved a male victim of suspected suicide following domestic abuse victimisation – one was known as a victim of previous high-risk abuse from a male partner, one was known as a victim and suspect in previous abuse with his ex-wife, in another the nature of the previous domestic abuse incident was unclear, and in the fourth there was no previous record of domestic abuse. In almost all cases, where the relationship was known (35), the domestic abuse prior to suicide was from an intimate partner (94%) – in just two cases it was from a family member. Just over half of the previous intimate partner abuse came from a current partner (54%), and just under half from an ex-partner (46%). Specific risk factors for these and other types of death are discussed in the next chapter.

### 3.7 Unexplained or suspicious deaths

The project included unexplained or suspicious deaths in its data collection for domestic homicide, to capture as wide a range of deaths following domestic abuse as possible. Although these deaths are unexplained and therefore not confirmed as homicide, they have been coded for this analysis according to the typologies used by this project based on victim and suspect relationship. In all, 18 such cases were submitted. These were cases where the initial circumstances of death were unclear or suspicious, and where there was a prior record of domestic abuse involving the victim and/or suspect. Of these, 12 deaths followed known intimate partner abuse from suspect to victim, 3 were child deaths, and 3 involved adult family members. This section discusses these deaths.

Of the twelve deaths with a known history of intimate partner domestic abuse from suspect to victim, eight involved a female victim (all suspects were male), and four involved a male victim (three suspects were female, one male). In ten of the twelve deaths (83%), the victims had significant mental or physical (including terminal) illnesses, and/or a recorded history of drug or alcohol abuse. These circumstances in no way diminish the death nor should in any sense be utilised to blame the deceased; however, they could in some cases make the cause and circumstances of death harder to determine, and therefore make it more difficult to pursue a criminal charge. All these deaths were identified by police to this project as unexplained or suspicious deaths following domestic abuse and further investigations were carried out.

In three of the twelve cases the method of death appeared to be evident at the scene. One male apparently died after falling downstairs. He had a recorded history of schizophrenia,

and alcohol and drug (mis)use, whilst his (female) partner was known to police for alcohol and drug (mis)use, mental health issues and had a learning difficulty. There was a significant prior history of domestic abuse from both partners to one another. A second deceased male, a vulnerable adult with significant physical illness, died after being admitted to hospital with sepsis following apparent significant neglect from his female partner. A third case involved the death by heart attack of a male with a known heart condition following an apparent assault by his female partner; there was a recorded history of domestic abuse from her to him.

In the remaining nine deaths following intimate partner abuse, the method of death was initially unknown and post-mortems, toxicology or further investigations were underway at the time of analysis. Of these, two deceased females were terminally or very seriously physically ill, and in one of these cases her husband was her carer. Case submissions for three deceased persons recorded a known history of alcohol use – one was found by her husband at the bottom of the stairs (he was similarly known for alcohol use); another had very significant physical injuries, but her alcohol use was reported as making the cause of death difficult to establish; a third had a history of alcohol abuse and depression and was subsequently thought to be a suspected suicide after further investigation. Two further cases involved drug use: in one, the deceased's partner said they had taken heroin together, but the post-mortem was inconclusive; the other was a suspected overdose but was waiting for confirmation from toxicology. In the remaining two cases there were no known underlying illnesses or drug/alcohol use – one was the death of a male from unknown causes with a history of high-risk domestic abuse from his male partner; the other the death of a female suspected to have died by poison or drugs with a history of domestic and sexual violence from her male partner.

Of the three child deaths, two cases involved babies under one year old presenting to medics with unexplained or suspicious injuries: in one there was known domestic abuse in the family, and in the other the baby was subject to a child protection plan. The third case involved an 11 year old girl known to police for previous suicidal thoughts who died at home: the cause of death was unknown but there were concerning injuries so further investigations were ongoing at the time of submission.

Of the three adult family deaths, two involved the death of a vulnerable mother whose adult son was her carer. In both cases the son was known for previous domestic abuse against a partner or family member. Of these two cases, one was a 93 year old woman who appeared to have suffered injuries two weeks before her adult son (her carer) reported her death; the other was a 42 year old woman with a significant life-limiting physical illness who was under the care of her son and died emaciated, with indications of severe neglect recorded by police and health services. The third adult family case involved the death of a father following an alleged assault by his son eight weeks earlier – it was unclear at the time of submission whether the assault had contributed to the death.

In summary, this third chapter has presented suspect and victim characteristics according to case types. This data provides insight into the characteristics (e.g. sex, age, ethnicity, method of death) of different types of domestic homicide and suspected victim suicide overall, and according to relationship between victim and perpetrator. Profiles of sub-types of case (e.g. familicide, adult child to parent homicide, homicide-suicide) have also demonstrated the importance of context. The next chapter moves to analysis of collected risk factors for domestic homicide and suspected victim suicide.

## Chapter 4: Risk factors in domestic homicides and suspected victim suicides

### 4.1 Context

Our review of the literature and evidence identified over 40 possible risk factors for domestic homicide related to the victim, suspect, relationship, and homicide itself (e.g. Campbell et al. 2001, 2003; Dobash and Dobash 2015, 2016; Home Office 2016; Johnson et al. 2019; Montique 2019; Office of the Chief Coroner Province of Ontario 2019: Annex B).<sup>15</sup> After gathering possible risk factors from this review, 23 were chosen as items of information which could be known to police and therefore could be identified for this project. This chapter focuses on these 23 factors relating to the suspect and relationship which were selected for inclusion in a checklist on the case submission form (see Annex A, B). The following sections describe the factors from the submission form checklist that were most prevalent in this project's dataset and/or were most commonly identified as related to risk of domestic homicide in previous research.

It is important to note that risk factors which are prevalent amongst domestic homicide suspects cannot necessarily be used to predict homicides. Since this project only looked at 'completed' homicides (and suspected victim suicides), it was not possible to look at the proportion of domestic abuse perpetrators with these factors who have not gone on to kill. Furthermore, some factors, such as drug and alcohol (mis)use, are also prevalent in the general population, which reduces their predictive power (see Bridger et al. 2017; Public Health England 2021; Sothill et al. 2002). Thus, we do not make claims about which risk factors could be used to proactively predict domestic homicide or victim suicide cases. As the dataset for this project grows or allows use of a comparative dataset (see section 6.3) the possibility of testing risk factors for predictive power may increase, allowing analysis of a grouping or clustering of several risk factors.

For each case, identification of these risk factors relies on the police officers/staff who complete the form knowing the relevant information. The team's initial assessment is that the completion rate across this checklist is quite patchy; so, whilst a positive 'yes' to the presence of an individual factor can be treated with confidence, there may be a high level of unknowns. Consequently, the collected data is likely to under-estimate the presence of these risk factors across the dataset – but the data does still give valuable information, especially about which risk factors were actively identified by police. Detailed information about these risk factors are described in the following sections, which include a breakdown of collected data according to the aforementioned typologies.

### 4.2 Individual risk factors

Figure 18 shows the proportion of cases in which each of the 23 risk factors was identified. The five most frequent risk factors noted for the 228 suspects were:

- Previous domestic abuse perpetrator (44%)
- Any mental health condition (30%)
- Controlling and coercive behaviour (28%)
- Alcohol (mis)use (23%)

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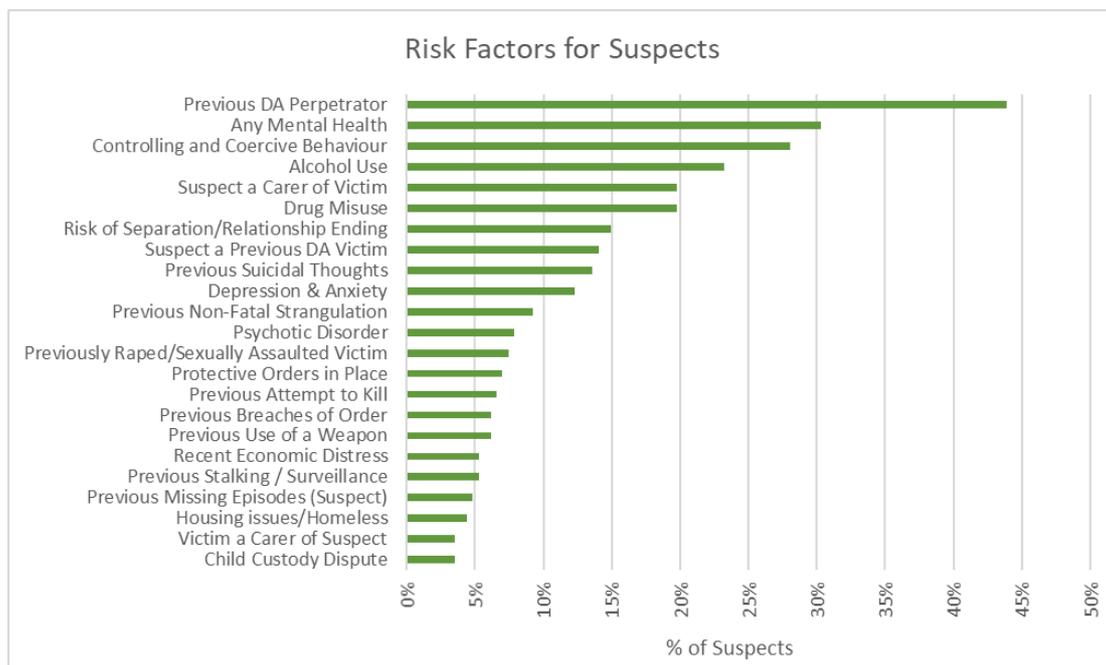
<sup>15</sup> As in the overview of the literature (section 1.4), most existing research on risk for domestic homicide focuses on intimate partner homicides, which make up the majority of deaths. Additional factors relevant to risk of adult family homicide, child death, and victim suicide may be identified as this evidence base grows.

- Drug (mis)use (20%)

There is a complex interrelationship between domestic abuse, mental health, and substance abuse/misuse. The consideration of these characteristics in this chapter does **not** imply that mental illness or substance abuse/misuse cause, or in any way excuse, domestic abuse, or domestic homicide. However, the high rate of police identification of these factors as relating to suspects in these cases does provide an indication of underlying circumstances and possible knowledge of abuse by partner agencies to which the suspect is known.

Moreover, as well as the five most prominent factors in this project, a further three are known from existing literature to be particularly associated with domestic homicide, particularly intimate partner homicide (Bridger et al. 2017; Campbell et al. 2007; Stansfield and Williams 2018) – Separation/attempts to separate (15% in this project), Perpetrator suicidality (14%), and Non-fatal strangulation (9%). This section presents the above eight factors in turn. Section 4.3 presents the data in a different way, giving the profile of risk factors in each case type. Annex B gives the full dataset of risk factors by case type. The relative risk (R) was calculated for a variety of risk factors to identify any statistically significant differences ( $p < .05$ ) between case types, suspect ethnicity, suspect sex, or age group. Whilst these are small numbers overall, limiting the statistically predictive power for individual factors, these tests can indicate emerging patterns. Where they showed significance, they are reported below.

Figure 18. Proportion of suspects with risk factor recorded



Source: Domestic Homicides Project

#### 4.2.1 Previous domestic abuse perpetration

Risk of domestic homicide has been linked to previous domestic abuse against the perpetrator's current or former partner (Bridger et al. 2017; Chantler et al. 2019; Dobash and Dobash 2015). For instance, in their study of intimate partner homicide of women by men Dobash and Dobash (2016) found that a staggering 70% (105) of IPH perpetrators had used violence in a previous relationship. When considering the police recorded perpetration of

domestic abuse, this project finds 44% (100) of suspects were previously known to police as a perpetrator of domestic abuse with this or other victims. This was fairly consistent across all the case types (excluding child death), but highest in the suspected victim suicide cases (64%), followed by the intimate partner homicide cases (47%) and the adult family cases (44%). Male suspects were 2.6 times as likely to be recorded as a previous domestic abuse perpetrator than female suspects (95%, CI: 1.23-5.52).

#### 4.2.2 Coercive and controlling behaviour

Within domestic abuse, coercive and controlling behaviour (CCB) is an important risk factor for domestic homicide, particularly for female victims of intimate partner homicide (e.g. Campbell et al. 2001, 2003; Dobash and Dobash 2015; Johnson et al. 2019; Monckton Smith 2019). In the current project dataset, 28% (64) of suspects were previously known to police for coercive or controlling behaviour. This was much higher in the suspected victim suicide cases (56%), and to a lesser extent the intimate partner homicide cases (30%), but not as prevalent as in the adult family cases (14%). Male suspects were 3.4 times as likely to be reported as perpetrating coercive and controlling behaviour than female suspects (95%, CI: 1.29-9.25). Whilst the case submission form specifically asked the submitting force to consider and describe whether there were known elements of coercive control, it is likely that coercive control may be under-reported, as it is a pattern of behaviour that may be less easily identifiable than discrete incidents involving physical assault or verbal argument.

#### 4.2.3 Suspect mental health conditions

A review of DHRs by Standing Together Against Domestic Violence found a high proportion of perpetrators, particularly adult family homicide perpetrators, had diagnosed mental health disorders (Montique 2019; see also Home Office 2016). The Standing Together report clarifies that a causal link between mental ill health and domestic abuse or domestic homicide should not be assumed. However, it suggests that where someone with mental ill health is also a perpetrator of domestic abuse this potential increased risk of harm to the victim, others and/or themselves, this should be identified and responded to appropriately (Montique 2019).

The present dataset shows 30% (69) of suspects were identified as having a mental health condition. This covered a range of types and severity of condition, from significant psychotic disorders (8%) where the suspect was under the care of in-patient institutions, Early Intervention Teams and/or mental health crisis teams, through depression and anxiety (12%) (unclear whether clinically or self-diagnosed) to other non-specified mental health issues (11%). The identification of any mental health issue was notably highest in the adult family homicide cases (51%), followed by intimate partner homicide (29%), child death (24%) and suspected victim suicide (18%) cases. In fact, suspects of adult family homicide were nearly twice (1.8) as likely to have mental health recorded as a risk factor than suspects of intimate partner homicide (95%, CI 1.17, 2.68).

#### 4.2.4 Suspect alcohol and/or drug (mis)use

Perpetrators of domestic homicide have been found to demonstrate high rates of alcohol and/or drug abuse or (mis)use (Bridger et al. 2017; Dobash and Dobash 2016; Vatnar 2019). However, these rates of drug or alcohol (mis)use may be lower for male intimate partner homicide perpetrators than perpetrators of other types of murders (Dobash and Dobash 2015: 248). This current project found that in 23% (53) of cases the suspect was known to (mis)use alcohol, and 20% (45) of suspects demonstrated a history of drug (mis)use. Alcohol (mis)use was found to be recorded at a similar level across most typologies, while suspect drug (mis)use was slightly higher in adult family homicide and suspected victim suicide

cases. The adult family homicide cases included several deaths involving alcohol-fuelled fights between brothers, and several where the suspect was a son or grandson with a recorded history of substance (mis)use.

#### **4.2.5 Previous non-fatal strangulation**

Following its identification as a 'distinguishing feature' of murders of women by men (Dobash and Dobash 2015), recent metanalysis has identified previous non-fatal strangulation as one of the strongest perpetrator risk factors in cases of IPH (Pritchard et al. 2017; Matias et al. 2020). There is also emerging evidence around non-fatal strangulation as an indicator of domestic abuse with high levels of physical violence and coercive controlling behaviour (CCB) (Douglas and Fitzgerald 2020; Stansfield and Williams 2018; Thomas et al. 2014).

In the present study, previous non-fatal strangulation of this or another victim by the suspect was identified in 9% of our cases (21 cases). Perhaps surprisingly this history of non-fatal strangulation was more common in the suspected victim suicide cases (28%), than the intimate partner cases (9%), making it 4 times as likely to be recorded for victim suicides than intimate partner homicides (95%, CI 1.53, 10.29). When considered within the context of previous research, these findings might suggest that suspected victim suicide is more linked with CCB and high-risk domestic abuse.

#### **4.2.6 Separation/attempts to separate**

Though not in itself a cause of homicide, attempted or actual separation is an established and prominent risk factor for intimate partner homicide (Campbell et al. 2007; Dobash and Dobash 2016). The recent Femicide Census (2020: 30-31), which looks at females killed by male perpetrators, reported that, of the victims killed by a (current or ex) partner who had separated or made attempts to separate from their partner, 89% had been killed within the first year, with 38% being killed within the first month.

For the present study, 15% (34) of cases recorded that the relationship had recently ended, or there was the threat of it ending, prior to the homicide. As would be expected, this was most associated with the suspected victim suicide (26%) and intimate partner homicide (16%) cases. We know from the qualitative Covid insights outlined in Chapter 2 (section 2.3) that a number of the intimate partner homicides in this project involved separated partners where the suspect had moved back in with the victim during lockdown.

#### **4.2.7 Previous perpetrator suicidality or threat of suicide**

Prior research supports the association between domestic homicide and prior perpetrator suicidal ideation, self-harm and threats of suicide. Retrospective analysis presented in academic literature demonstrates that domestic homicide perpetrators are at least three times more likely than other types of perpetrators to have markers of suicidal tendencies (Bridger et al. 2017; Button et al. 2017; Rye et al. 2019; Thornton 2017). This has been shown to be closely linked with coercive controlling behaviour (CCB), where the perpetrator makes threats of suicide as one method of controlling the victim, especially to prevent them from leaving (Johnson et al. 2019; Myhill and Hohl 2016). A corresponding CCB dynamic would likely apply to the suspected victim suicide cases, most of which also follow similar patterns to those identified in intimate partner abuse.

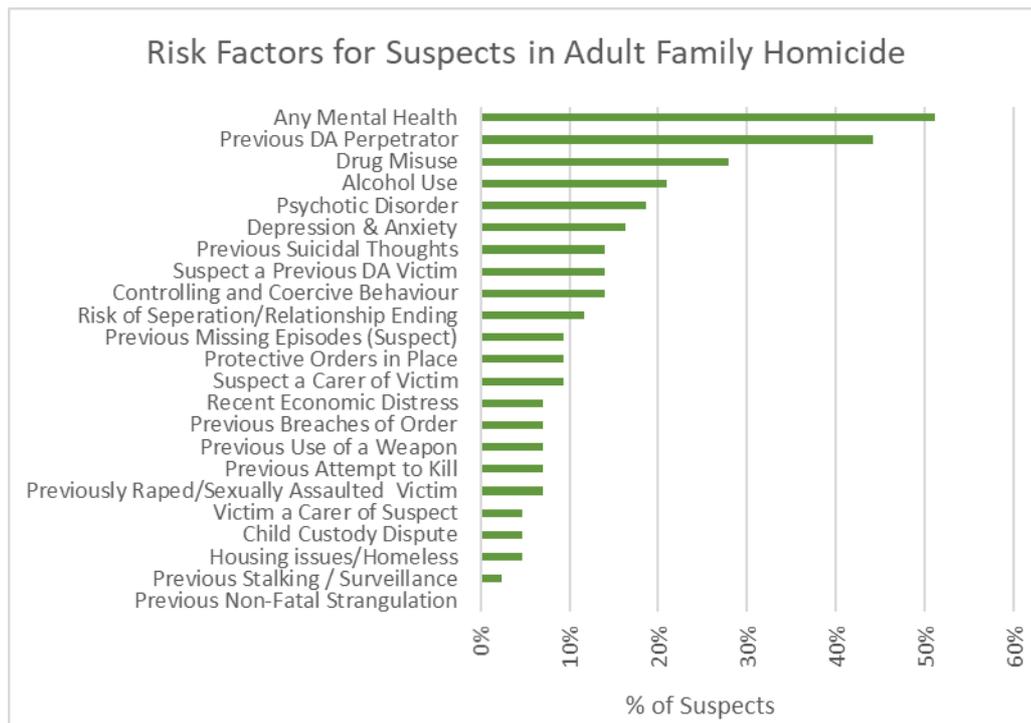
In 14% of cases (31) the perpetrator was recorded by police to have been previously known to be suicidal, or to have threatened suicide. This was higher in the intimate partner (16%) and adult family homicide (14%) cases than the other types.

### 4.3 Risk factors by case type

#### 4.3.1 Adult family homicide

Suspect mental health conditions, of various types, was the most common risk factor in adult family homicides, along with drug and alcohol (mis)use (Figure 19). Suspects of adult family homicides were 1.8 times as likely to be identified by police as having mental ill health than suspects of IPH (95%, CI:1.17-2.68).

Figure 19. Proportion of suspects in adult family homicides with risk factor recorded

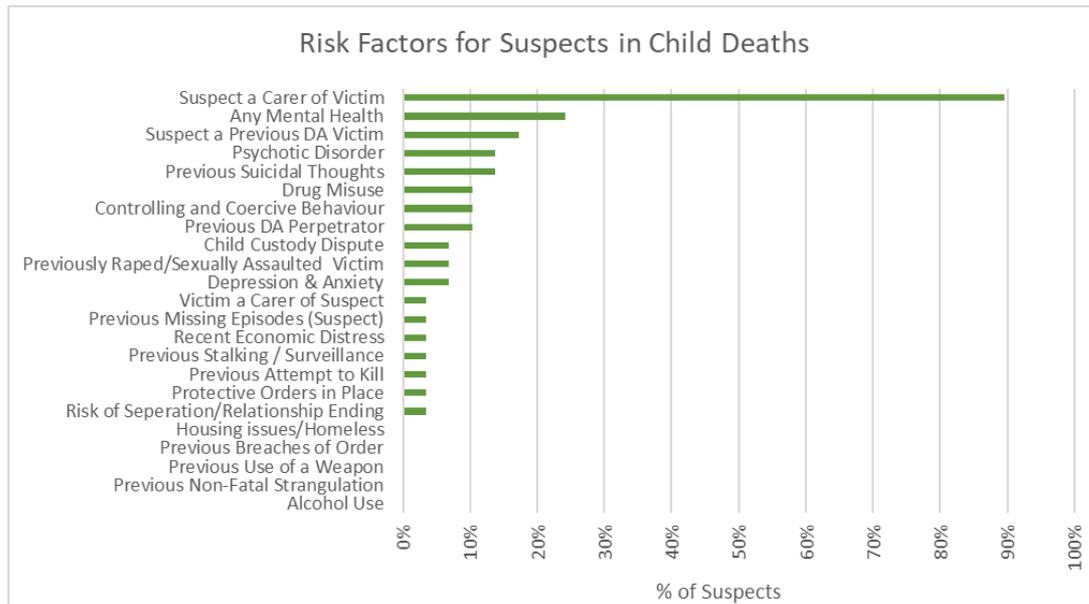


Source: Domestic Homicides Project

#### 4.3.2 Child deaths

The most common risk factor in child deaths was the suspect being a carer of the victim – however, this can be considered an inherent characteristic of these cases as the vast majority of suspects in relevant child deaths were the parent(s). The next most common factor was the presence of any mental health condition, followed by the suspect being a previous victim of domestic abuse and then the suspect having a psychotic disorder (Figure 20). These cases reflect a range of different situations, with some involving mothers who killed their children, where the mother was a previous victim of domestic abuse and/or was suffering from a mental health condition. Others involving fathers who killed children (some in familicides), who were associated with coercive and controlling behaviour, as well as previously perpetrating sexual assault and/or domestic abuse.

Figure 20. Proportion of suspects in child deaths with risk factor recorded

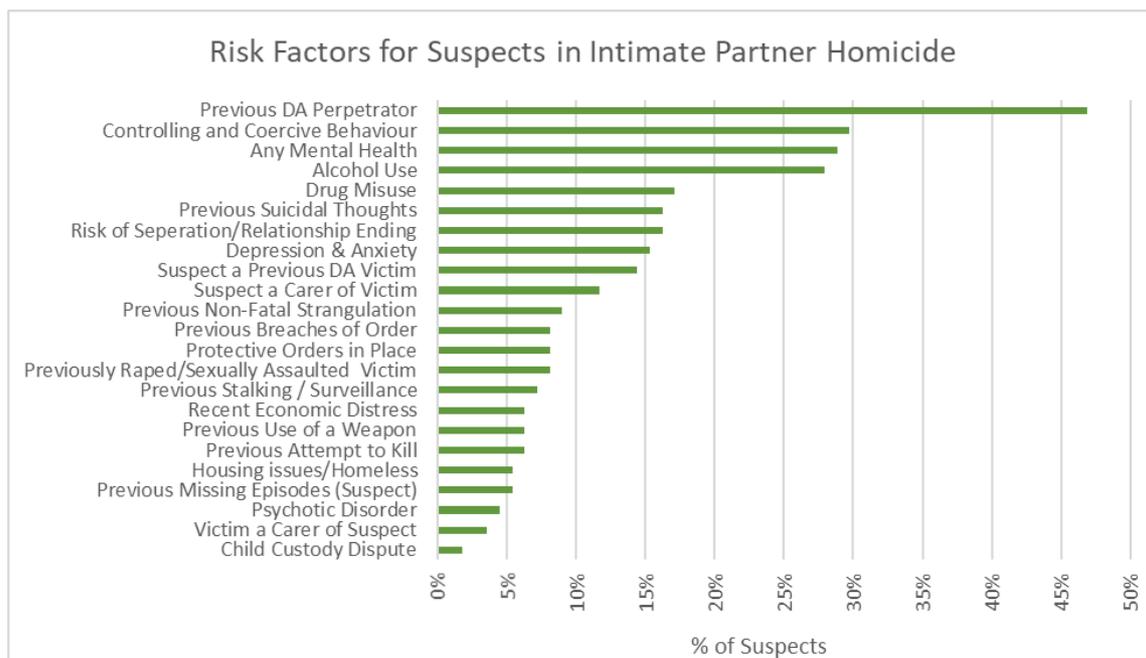


Source: Domestic Homicides Project

### 4.3.3 Intimate partner homicide

Unsurprisingly, for suspects of intimate partner homicide the most common risk factor was previous perpetration of domestic abuse including previous coercive and controlling behaviour (Figure 21). The next most common risk factors were mental health issues, alcohol (mis)use, drug (mis)use, previous suicidal thoughts and the risk of separation or relationship ending.

Figure 21. Proportion of suspects in intimate partner homicides with risk factor recorded



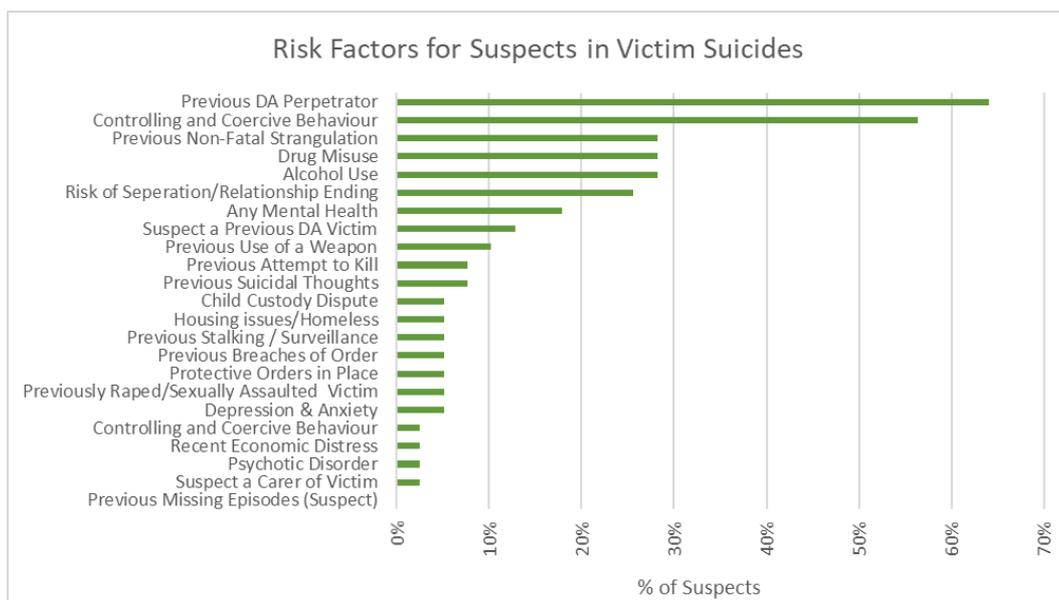
Source: Domestic Homicides Project

### 4.3.4 Suspected victim suicide

In suspected victim suicides, as with intimate partner homicides, the most common risk factors for suspects were previous perpetration of domestic abuse and coercive and controlling behaviour (Figure 22). Suspects in cases of suspected victim suicide were three times as likely to have engaged in coercive and controlling behaviour than suspects of intimate partner homicide (95%, CI: 1.44-6.49).

Notably, the third highest risk factor relating to the suspect for suspected victim suicides was previous non-fatal strangulation, appearing in over a quarter of cases. In total, the method of death in 46% (18) of suspected victim suicides was by hanging, over half (10) of which included a record of previous non-fatal strangulation by a suspect. Suspects in cases of suspected victim suicide were nearly four times more likely to be reported as previously perpetrating non-fatal strangulation than suspects of intimate partner homicide (95%, CI: 1.53-10.29). National suicide statistics show that strangulation/hanging is the most common method of suicide for females in the general population, accounting for 47% of cases (ONS 2020d).

Figure 22. Proportion of DA suspects with risk factor recorded where the victim has died by suicide



Source: Domestic Homicides Project

### 4.4 Combined risk factors – coercive control and non-fatal strangulation

Review of the literature found that intimate partner homicides demonstrated a potential grouping of risk factors including a history of coercive and controlling behaviour, attempted or actual separation, and non-fatal strangulation (Douglas and Fitzgerald 2020; Stansfield and Williams 2018; Thomas et al. 2014). In other words, where these risk factors co-occur, risk of homicide may be further elevated. A notable connection between these three factors is that separation may represent a loss of control for the perpetrator, while non-fatal strangulation may be used by a perpetrator as a tactic to increase control over the victim.

Several cases in the present study demonstrate a similar co-occurrence of coercive control and non-fatal strangulation. In total, 33 intimate partner homicide cases (30%) recorded prior coercive and controlling behaviour, of which a fifth (7) also involved previous non-fatal strangulation. Moreover, 22 suspected victim suicide cases (56%) recorded prior coercive

and controlling behaviour, of which two-fifths (9) also involved previous non-fatal strangulation.

In summary, this fourth chapter described key risk factors identified in these cases, providing an analysis according to typology as well as an overall summary and comparison to previous literature. The findings relating to intimate partner homicide and suspected victim suicide show the importance of a history of domestic abuse perpetration, particularly involving coercive controlling behaviour and non-fatal strangulation. Adult family homicide cases demonstrated high levels of recorded mental health concerns and substance (mis)use in comparison to other types. Child deaths presented unique circumstances that highlight different characteristics, particularly within the context of caregiving responsibilities. The following chapter highlights the role of previous police or other agency contact with the victim(s) and suspect(s) prior to the homicide or suicide.

## Chapter 5: Prior suspect and victim contact with police and other agencies

### 5.1 Context

To be able to learn from domestic homicide cases, it is important to know whether suspects and/or victims came to the attention of agencies (including but not limited to the police) prior to a death. Previous studies have found that not all victims or suspects come to the attention of police prior to a domestic homicide. In fact, Thornton (2017: 72) found that within 'deadly' domestic violence cases (murder, attempted murder, manslaughter and GBH), less than half (45%) had prior contact with police. Additional research in the UK shows that between 50% and 55% of domestic homicide suspects were known to police for a previous crime against the victim, were previously arrested for domestic abuse, or had at least one conviction prior to the homicide (Bridger et al. 2017: 99). Moreover, Danish research found that 71% of suspects did not have any police recorded history of domestic abuse crimes committed against the victim of the homicide (Rye et al. 2019: 47). Importantly, in nearly half of homicides in the same study (47%), parties other than the police (including public agencies) were aware of domestic abuse but did not share this information (ibid).

In this project, we captured information on previous police contact with victim or suspect, including whether the suspect was previously known for domestic abuse or non-domestic abuse offending. We also captured whether either party had previously been referred to a Multi-Agency Risk Assessment Conference (MARAC), and what the police knew about any other prior agency contact with victim or suspect. As mentioned, using police data alone is limited as the police will not always know whether victim or suspect were known to other agencies, especially immediately after the homicide. However, police data can provide an initial picture of the 'visibility' of those involved with other agencies which can provide helpful context.

Suspects in this dataset fell into different groups in terms of their previous police offending record. Understanding these patterns retrospectively can help police to prospectively understand risk patterns for future homicides. Following Hester (2006) we coded each suspect's police criminality profile, based on the number and nature of their previous offending known to police:

- |                          |  |
|--------------------------|--|
| 1 – Only incident DA:    | the homicide was the only incident of any kind on record i.e. the suspect was not previously known to police as a suspect for any reason |
| 2 – Mainly non-DA:       | the homicide was the only domestic abuse incident on record, but the suspect had a record of non-domestic abuse offending                |
| 3 – Dedicated repeat DA: | the suspect had a police record for domestic abuse against this and/or other victims, but no non-domestic abuse offending history        |
| 4 – All round repeat:    | the suspect had both a police record for domestic abuse against this and/or other victims, and a record of non-domestic abuse offending  |

There were also some suspects who were previously known to police as victims of abuse or as vulnerable adults. For these, none of the four profiles above fit, so we added a fifth category:

5 – Victim or vulnerable the suspect was previously known to police primarily as a victim of domestic abuse or as a vulnerable person

The breakdown of suspects by these offending profiles are shown in Table 5.

Table 5. Suspects by police offending profile and case typology

| Suspect Profiles         | Adult Family |       | Child Death |       | Intimate Partner |       | Other    |       | Victim Suicide |       | Total      |       |
|--------------------------|--------------|-------|-------------|-------|------------------|-------|----------|-------|----------------|-------|------------|-------|
|                          | N            | %     | N           | %     | N                | %     | N        | %     | N              | %     | N          | %     |
| 1 - Only incident DA     | 9            | 20.9% | 14          | 48.3% | 32               | 28.8% | 4        | 66.7% | 2              | 5.1%  | 61         | 26.8% |
| 2 - Mainly non-DA        | 6            | 14.0% | 2           | 6.9%  | 15               | 13.5% | 1        | 16.7% | -              | -     | 24         | 10.5% |
| 3 - Dedicated repeat DA  | 5            | 11.6% | 2           | 6.9%  | 38               | 34.2% | -        | -     | 26             | 66.7% | 71         | 31.1% |
| 4 - All round repeat     | 15           | 34.9% | 3           | 10.3% | 15               | 13.5% | 1        | 16.7% | 4              | 10.3% | 38         | 16.7% |
| 5 - Victim or vulnerable | 6            | 14.0% | 7           | 24.1% | 7                | 6.3%  | -        | -     | 2              | 5.1%  | 22         | 9.6%  |
| N/A or Not Known         | 2            | 4.7%  | 1           | 3.4%  | 4                | 3.6%  | -        | -     | 5              | 12.8% | 12         | 5.3%  |
| <b>Total</b>             | <b>43</b>    |       | <b>29</b>   |       | <b>111</b>       |       | <b>6</b> |       | <b>39</b>      |       | <b>228</b> |       |

Source: Domestic Homicides Project

## 5.2 Suspect not previously known to police as an offender

This was suspect police offending profile 1, 'only incident DA' (Table 5). Suspects in 27% of all cases were not previously known to police before the incident as a suspect (profile 1) for any reason. This is a lower proportion of cases where the suspect was not previously known than found in prior studies which have found 50% to 70% of domestic homicide suspects were not previously known to police for offending. Table 5 shows that proportionately more of the child death suspects were not previously known to police (48% were profile 1), whereas a smaller proportion of the adult family homicide suspects were not known to police (21% were profile 1).

Although the suspect may not have been previously known to police, in 41% of these (profile 1) cases either the victim or suspect was previously known to other agencies. Most commonly the victim or suspect was known to children's social services, adult social services, and mental health services. A smaller number were known to GP and health services or the victim was known to MARAC with a previous partner. In 54% of these (profile 1) cases, those involved were not known either to police or any other agency. Contact with other agencies was unknown in the remainder of cases.

This profile 1 group contained nearly all the suspects of 'familicides' (or 3 out of the 4 familicide suspects). There were a handful of cases in this profile where previous domestic abuse by the suspect against the victim was disclosed by family or friends after the death, showing that there was a pattern of domestic abuse, albeit not previously known to police.

## 5.3 Suspect previously known to police as an offender

### 5.3.1 Suspect previously known to police for offending in any capacity

In total, 58% of suspects (133) were known to police before the incident as a suspect (profiles 2, 3 and 4 combined). The case types with the highest proportion of suspects

previously known to police as a suspect were suspected victim suicides (77%) and adult family homicides (61%). With suspected victim suicides, this high rate reflects the fact that police identified these cases to the project based on knowledge of prior domestic abuse, and therefore would be previously known to police. The proportion of intimate partner homicide suspects previously known to police as suspects was 58%. The lowest proportion of suspects previously known to police as suspects related to child deaths (24%).

### 5.3.2 Suspect previously known for non-domestic abuse offending

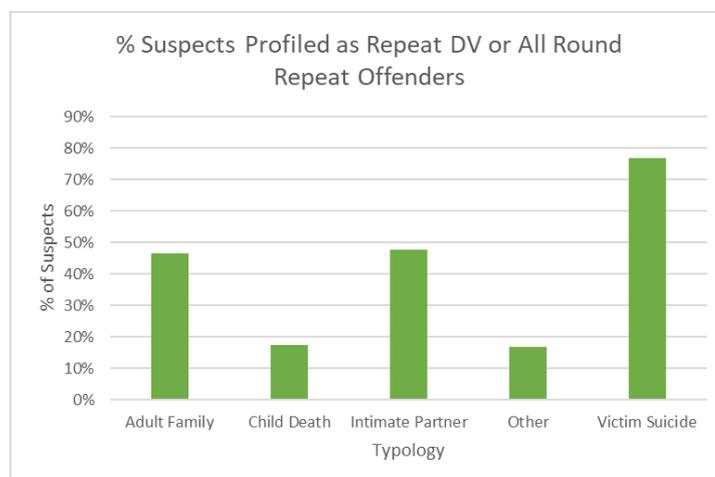
This was suspect police offending profile 2, 'mainly non-DA' (Table 5). Of the 58% of all suspects previously known to police as suspects (133), 18% (24) were known for non-domestic abuse offending alone. All case types were pretty even in this profile, though child death suspects were slightly less likely to be known for non-domestic abuse offending alone (Table 5). The nature of the previous offending was most commonly non-domestic abuse assaults, followed by drugs offences, theft, and drink-driving. Single numbers of cases involved criminal damage, sex offences, manslaughter, and anti-social behaviour.

### 5.3.3 Suspect previously known for domestic abuse offending

Of the 58% of all suspects previously known to police as suspects (133), four-fifths (82%) were known to police for domestic abuse offending (profiles 3 and 4 combined, Table 5). This was a combination of suspects known solely for domestic abuse offending (suspect police offending profile 3, Table 5) and those known for both domestic and non-domestic abuse offending (suspect police offending profile 4, Table 5) (Figure 23). Expressed as a proportion of the whole dataset, this means that 48% of suspects were previously known to police for perpetrating domestic abuse.

Again, the suspect was most commonly known for perpetrating previous domestic abuse in suspected victim suicide cases (77% of those cases), which is to be expected due to the way these were identified for submission. The suspect was previously known to police for perpetrating domestic abuse in 48% of intimate partner and 47% of adult family homicide cases. This proportion was lower for child deaths (17%), which fits with the case submissions of this type more commonly involving mothers killing their children where the death did not occur within the context of a pattern of domestic abuse from parent to child (Table 5).

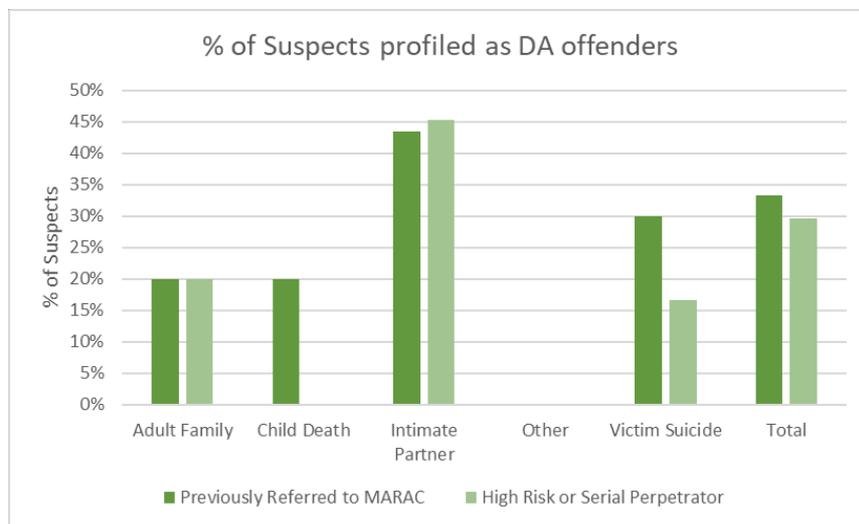
Figure 23. Proportion of suspects previously known to police as a DA perpetrator by typology



Source: Domestic Homicides Project

Some of these (profiles 3 and 4) suspects were already known as high-risk domestic abuse perpetrators. Figure 24 shows that, of those suspects previously known to police as domestic abuse perpetrators, 30% were known as a high-risk or serial domestic abuse perpetrator and a third (33%) had previously been referred to MARAC. The proportion of high-risk or serial perpetrators was highest in the intimate partner homicide cases. Additionally, the proportion of those previously referred to MARAC was similarly high in both intimate partner and suspected victim suicide cases. This suggests that intimate partner and (to a lesser extent) suspected victim suicide cases are most likely to involve prior high risk (and known) domestic abuse.

Figure 24. Proportion of suspects previously known to police for DA offending and identified as high-risk, serial or MARAC perpetrators



Source: Domestic Homicides Project

### 5.3.3.1 Suspect previously known only for domestic abuse offending

This section further describes the offending profile of suspects previously known to police only for domestic abuse ('Dedicated Repeat DA', profile 3, Table 5). Offending profile 3 was most associated with suspected victim suicides and intimate partner homicides. These cases were often characterised by high levels of physical violence and by repeated domestic abuse (against the same victim) and serial abuse (against different victims). There were also a handful of cases where there was a police record of bi-directional domestic abuse between intimate partners.

Previous domestic abuse offending by adult family homicide suspects tended to be against family members rather than an intimate partner – in line with the suspect-victim relationship in the homicide. Previous domestic abuse offending by intimate partner homicide suspects was most often against an intimate partner rather than family member – again, in line with the homicide profile. Almost all the previous domestic abuse offending by intimate partner homicide suspects was against the same partner (repeat), but a third also had a domestic abuse record against previous partner (serial). For suspects in cases of suspected victim suicide, as well as all having a history of domestic abuse offending against this partner, 14%

also had a domestic abuse record against a previous partner (serial perpetrator), whilst 18% also had a domestic abuse record against family members.

### **5.3.3.2 Suspect previously known for both domestic abuse and non-domestic abuse offending**

This section further describes the offending profile of suspects previously known to police for both domestic abuse and non-domestic abuse offending ('All Round Repeat', profile 4, Table 5). This group was heavily linked with adult family homicides. Previous domestic abuse offending by adult family homicide suspects was more likely to be against intimate partners than against family members, despite the subsequent homicide being against a family member. Previous domestic abuse offending by intimate partner homicide suspects was mostly against the same partner, but a third also had a domestic abuse record against a former partner (serial perpetrators), and a quarter also against a family member. Whilst there were only three child deaths in this group, two of these cases had a distinct profile where the perpetrator had a record of both domestic abuse and sexual violence offending and one where the perpetrator had a history of violence.

### **5.3.4 Suspect previously known to police only as a victim of domestic abuse or as a vulnerable person**

As well, 10% of suspects (22) were previously known to police only as a victim of domestic abuse or as a highly vulnerable person – representing suspect police offending profile 5, 'Victim or vulnerable' (Table 5). This offending profile was coded where either (a) the suspect was not previously known to police as a suspect but was previously known to police as a victim of domestic abuse; or (b) where the suspect was previously known as significantly vulnerable.<sup>16</sup> Offending profile 5 mainly represented suspects in cases of child death (24%) and adult family homicides (14%). The proportion of suspects classed as profile 5 was smaller for intimate partner homicides (6%) and suspected victim suicides (5%).

In total, 13 (60%) of the suspects in this offending profile were female. Of these 13, two were suspects in adult family homicide cases. In the first of these two, the female and her partner killed her stepfather, while in the second case the suspect killed her mother. A further seven of the 13 cases were child deaths where the suspect was the mother. In two of the seven child deaths the mother also took her own life, while a third case involved her attempted suicide. In another two child death cases both parents were arrested for killing their child, and in a sixth case the mother and grandmother were both suspected of the murder. In these six cases the suspects were all known to police previously as a victim of domestic abuse. In the seventh child death case, the mother was previously on police record as a vulnerable adult due to her mental health problems. In three of the 13 cases, the female suspects were in intimate partner homicide cases. In one of these cases the female was sectioned by mental health services at the scene. In the other two, the suspects stabbed their husbands – one of the suspects was coded as vulnerable because she was a child rape victim, the other because she told police she was at breaking point following months of abuse from her husband. The thirteenth and final case in this offending profile with a female suspect was the suicide of a male victim of domestic abuse, who was the female suspect's ex-partner.

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<sup>16</sup> There was a small number of cases in which the suspect was previously known to police as a victim of domestic abuse as well as a suspect of domestic abuse. However, because the majority of the suspect's previous offending in these cases was as a suspect of domestic abuse, these cases were coded as suspect offending profile 3 or 4 and not as profile 5.

Nine suspects in offending profile 5 were male (41%). Of these, four were suspects in adult family homicide cases, four were suspects in intimate partner homicides, and one was the perpetrator of previous domestic abuse in a suspected victim suicide. One of the nine suspects had previously been a victim of assault from his stepfather as a child and had no other record (intimate partner homicide case). The suspect in the suspected victim suicide case was previously known as vulnerable regarding safeguarding for housing issues. The remaining seven male suspects were known for significant mental health issues, including two who had been recently legally sectioned, one who had been recently treated as a mental health inpatient, and one who was identified as delusional at the time of arrest.

## 5.4 Suspect or victim previously known to other agencies

### 5.4.1 Visibility to other agencies

Submission forms captured whether the victim and/or suspect were previously known to agencies other than the police prior to the death. As discussed, this measure is reliant on police knowing about victim or perpetrator interactions with other agencies (see section 5.1, 5.2). It is possible that, in some cases, individuals were known to other agencies but that was not known (or visible) to police.

In just over half of cases (57%), police recorded that those involved were known to other agencies prior to the death (Table 6). This was higher in cases of suspected victim suicide (74%) and child deaths (71%), and lower for intimate partner homicide (50%) and adult family homicide (53%).

Table 6. Number of incidents where either victim and/or suspect were known to other agencies by typology

| Known to Agencies | Main Typology |              |                  |              |                          | Total        |               |
|-------------------|---------------|--------------|------------------|--------------|--------------------------|--------------|---------------|
|                   | Adult Family  | Child Death  | Intimate Partner | Other        | Suspected Victim Suicide | N            | %             |
| Yes               | 20            | 15           | 53               | 1            | 29                       | 118          | 56.7%         |
| No                | 15            | 4            | 38               | 4            | 3                        | 64           | 30.8%         |
| Not Known or N/R  | 3             | 2            | 14               | 0            | 7                        | 26           | 12.5%         |
| <b>Total</b>      | <b>38</b>     | <b>21</b>    | <b>105</b>       | <b>5</b>     | <b>39</b>                | <b>208</b>   | <b>100.0%</b> |
| <b>% Yes</b>      | <b>52.6%</b>  | <b>71.4%</b> | <b>50.5%</b>     | <b>20.0%</b> | <b>74.4%</b>             | <b>56.7%</b> |               |

Source: Domestic Homicides Project

Overall, the most commonly recorded agencies to which victims/suspects were known include MARAC (in itself a multi-agency meeting) (23%), Children's Social Care (22%), or Mental Health Services (17%), followed by Adult Social Services (10%), domestic abuse services (8%), Health/GP (8%), MASH (7%), MAPP/Probation (6%), then a smaller number of other services (Table 7). We do not know what interventions were offered to the individuals, or whether the individuals engaged with these services.

Table 7. Number and proportion of victims/suspects known to other agencies by agency

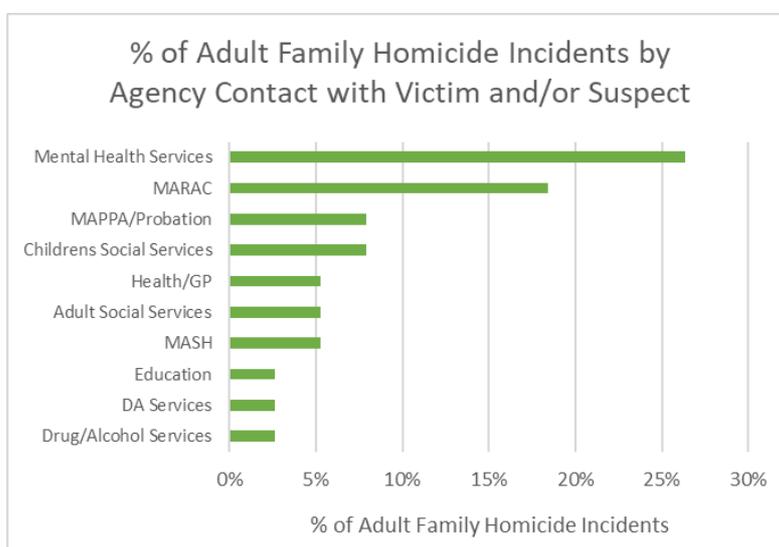
| Agency                     | Total      |       |
|----------------------------|------------|-------|
|                            | N          | %     |
| <b>No. of Incidents</b>    | <b>208</b> |       |
| MARAC                      | 47         | 22.6% |
| Children's Social Services | 45         | 21.6% |
| Mental Health Services     | 35         | 16.8% |
| Adult Social Services      | 21         | 10.1% |
| DA Services                | 17         | 8.2%  |
| Health/GP                  | 16         | 7.7%  |
| MASH                       | 14         | 6.7%  |
| MAPPA/Probation            | 13         | 6.3%  |
| Drug/Alcohol Services      | 6          | 2.9%  |
| Education                  | 5          | 2.4%  |
| Housing                    | 2          | 1.0%  |
| SARC                       | 1          | 0.5%  |
| Army                       | 1          | 0.5%  |

Source: Domestic Homicides Project

### 5.4.2 Adult family homicide

The agencies involved with the victim and/or suspect prior to the death varied by type of case. In 53% of adult family homicide cases the victim and/or suspect were known to other agencies, most commonly mental health services (26%) followed by MARAC (18%), and MAPPA/Probation and Children's Services both with 8% (Figure 25).

Figure 25. Proportion of adult family homicides by agency contact with victim and/or suspect

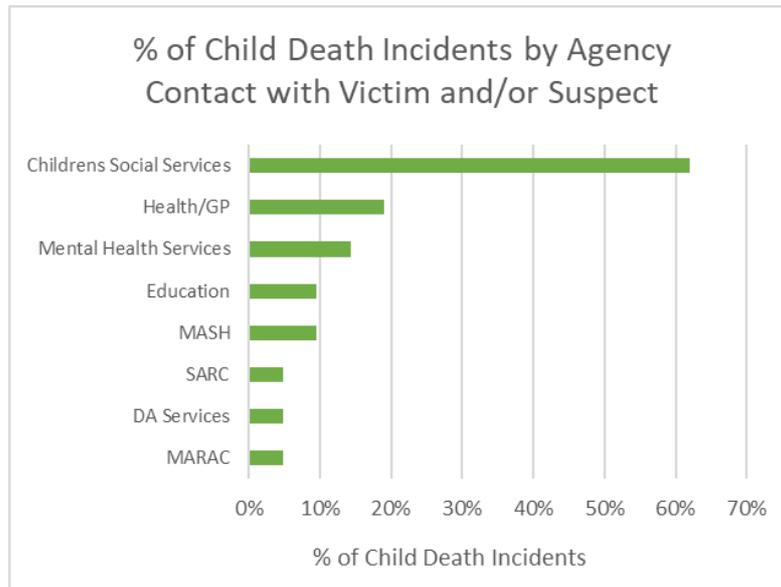


Source: Domestic Homicides Project

### 5.4.3 Child death

In 71% of child deaths, the victim and/or suspect were previously known to other agencies. The agencies were most commonly children's social services (62%), followed by health/GP in a safeguarding context (19%). Around 14% were known to mental health services and 10% to education safeguarding services (Figure 26).

Figure 26. Proportion of child deaths by agency contact with victim and/or suspect

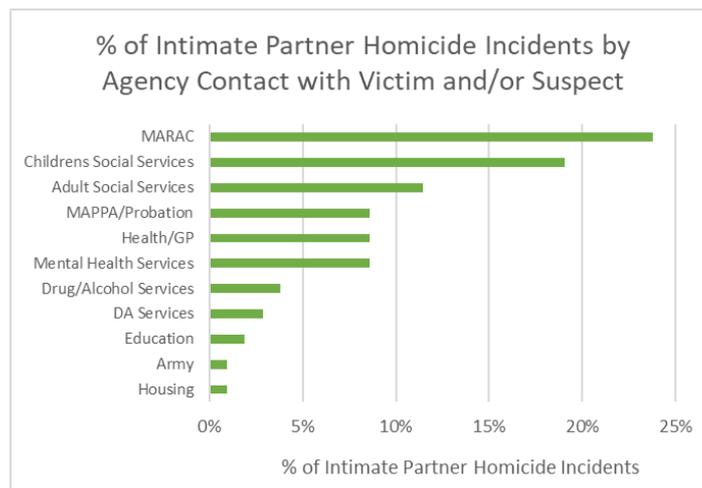


Source: Domestic Homicides Project

#### 5.4.4 Intimate partner homicide

In 50% of intimate partner homicides, the victim and/or suspect were previously known to other agencies. The most common being MARAC (24%), followed by children’s social services (19%), adult social services (11%), health/GP (9%), MAPPA/Probation (9%) and mental health (9%). Only 3% were listed as being known to domestic abuse services, but all cases heard at MARAC would be known to domestic abuse IDVA services as well as other agencies attending that meeting (Figure 27).

Figure 27. Proportion of intimate partner homicides by agency contact with victim and/or suspect



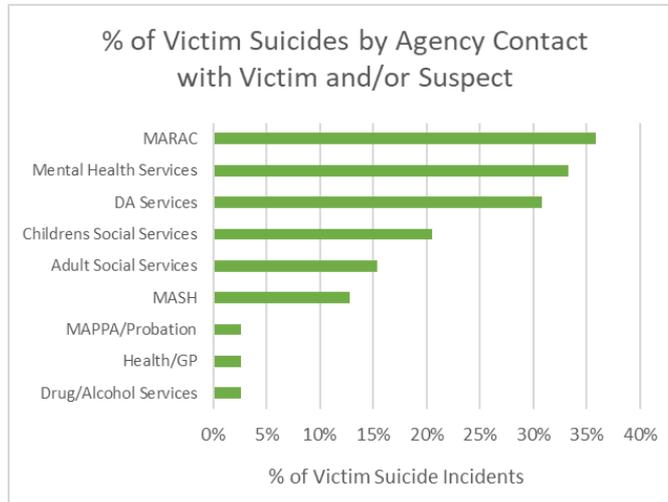
Source: Domestic Homicides Project

#### 5.4.5 Suspected victim suicide

In 74% of suspected victim suicide cases, the victim and/or suspects were previously known to other agencies. After MARAC (36%) the most common agencies were mental health services (33%) and domestic abuse services (31%), followed by children’s social services

(21%) (Figure 28). The relatively high number of suspected victim suicide cases already known to mental health and/or domestic abuse services suggests that for some of these victims there were, or could have been, opportunities to offer support.

Figure 28. Proportion of suspected victim suicides by agency contact with victim and/or suspect



Source: Domestic Homicides Project

In summary, this chapter has presented analysis of previous contact of the victim and/or suspect with the police and other agencies. Suspect offending profiles provide additional evidence of the importance of the context of the abuse, with some adult family homicide suspects demonstrating a history of domestic abuse and non-domestic abuse offending against both intimate partners and family members. The findings also show a lack of agency contact within particular types of case. For example, Black, Asian and Minority Ethnic victims were less likely to be known to police and partner agencies, individuals involved in child deaths were not often known to police, and ‘familicide’ cases were often not visible to any services prior to the death. The sixth and final chapter provides conclusions and recommendations for police, as well as implications of these findings for partnership working.

## Chapter 6: Lessons for reducing domestic homicide and suspected victim suicide

This chapter summarises learning from across the report and pulls out conclusions and recommendations for policing and implications for partner agencies. Conclusions and recommendations **[noted in bold]** are reproduced in a stand-alone list at the start of this report. Implications for definitions of domestic homicide and suspected victim suicide, Domestic Homicide Reviews (DHRs), general understandings of domestic homicide and suspected victim suicide cases, as well as lessons for police risk assessment and partnership working are discussed.

**[Conclusion]** Despite the unprecedented circumstances of the last year, domestic homicides do not appear to have increased substantially in the twelve months since the start of the Covid-19 pandemic and related restrictions in the UK. However, these numbers do confirm that domestic homicides and suspected victim suicides with a history of domestic abuse in England and Wales are an entrenched and enduring problem.

### 6.1 Defining domestic homicide and suspected victim suicide

This project adopted a deliberately broad definition of deaths following domestic abuse, to include child deaths as well as intimate partner and family member homicides. It also recorded data on unexplained deaths and suspected victim suicides where there was a history of domestic abuse. The project therefore captured data on a wider range of deaths than those meeting the definition of domestic homicide for Domestic Homicide Reviews (DHRs).

The analysis presented in this report shows two things. Firstly, by demonstrating that a wide range of deaths can follow domestic abuse, it validates the importance of casting a wide definition for the purposes of data collection to capture all deaths which follow domestic abuse, including homicides, unexplained deaths and suspected victim suicides. Secondly, it shows that deaths of individuals with a range of personal characteristics (e.g. sex, age) and relationships with the suspect can involve different dynamics and risk factors. This shows the importance of analysing deaths by sub-groups based around victim-suspect relationship, characteristics, and circumstances of death. The project Stakeholder Group explicitly endorsed adopting a data collection definition that allowed both inclusion of a wide range of deaths, and analysis by sub-type and characteristics. They especially recommended disaggregating cases by victim and suspect sex, to recognise the importance of gendered dynamics in domestic abuse.

The inclusion of suspected victim suicides with a history of domestic abuse in data collection was novel in this project. The police domestic abuse leads surveyed and interviewed, as well as the Stakeholder Group, strongly endorsed this inclusion. Some interviewees suggested that the inclusion of suspected victim suicide within the term 'domestic homicide' might be confusing and suggested an umbrella term such as 'deaths following domestic abuse' might be better to incorporate both homicides and suicides. However, others noted that suspected victim suicides with a history of domestic abuse are included within the existing definition used for Domestic Homicide Reviews, so police were already attuned to considering suicides as well as homicides with a history of domestic abuse.

**[Recommendation for this project in Year 2]** We recommend the continued collection of data by this project in Year 2 on a wide range of deaths following domestic abuse, including domestic homicides, unexplained deaths, and suspected victim suicides with a history of

domestic abuse. We recommend the continued disaggregation of deaths by case type, sex, victim-suspect relationship, and other key characteristics in reporting.

## 6.2 Identifying all relevant deaths following domestic abuse

The police have a clear role in responding to any unexplained death - to secure the initial scene and establish whether any criminal conduct has occurred, including whether a homicide has taken place. There is established Authorised Professional Practice (APP), produced by the College of Policing, to guide police in carrying out this role. When police respond to an unexplained death, they will pursue all reasonable lines of enquiry to establish whether a criminal offence has occurred. If the police are satisfied that a homicide has not occurred, including unexplained or unexpected deaths and suicides, they may continue investigations on behalf of the Coroner. Under statutory guidance, the police can refer any suspected victim suicide following domestic abuse for a Domestic Homicide Review.

Most police domestic abuse leads we surveyed or interviewed said that they were relatively confident in identifying unexplained deaths and suspected victim suicides where there was a history of domestic abuse in order to submit them to this project. However, logically, unexplained deaths or suspected victim suicides where a history of domestic abuse was not known to police would not be flagged to this project. So, it is likely that each year there are more suspected victim suicides with a history of domestic abuse than identified by this project and analysis alone.

More widely, whether the law should be changed to hold domestic abuse perpetrators to account when victims end their own lives has been debated for a decade or more and has received renewed attention in recent months (e.g. The Guardian, 24 March 2021). Changes in law are a matter for Parliament as advised by Ministers – the police enforce, but do not make, criminal law. There have been individual cases in which existing coercive control legislation has been used to charge abusers with ‘driving a partner to suicide’ (e.g. BBC, 26 March 2018), but this approach has not so far been widely used to prosecute domestic abusers after a victim suicide.

**[Conclusion]** This report presents new evidence of a sizeable number of suspected victim suicides with a known history of domestic abuse. This is still likely to be an under-estimate of all victim suicides with a history of domestic abuse, as it will inherently exclude those suicides where a prior history of domestic abuse was not known to police. The persistent, high-risk, high-harm nature of the abuse which preceded many of these suicides shows that domestic abuse can have an extremely significant impact on victims’ mental health.

**[Conclusion]** Separately, further research could usefully examine whether criminal law, especially coercive control legislation, could be used more frequently to hold perpetrators to account for domestic abuse in cases where victims subsequently take their own lives.

**[Conclusion]** Suspected victim suicides with a history of domestic abuse are eligible for DHRs under statutory guidance. Whilst this report finds that many forces are referring such cases for DHRs, this is not uniformly the case.

**[Recommendation for this project]** We recommend further research be undertaken by this project in Year 2 into suspected victim suicides with a history of domestic abuse. Such work should explore how best to establish the full number of suspected victim suicides where there is a history of domestic abuse (not just those ‘visible’ to police), working with partner agencies such as public health and the Chief Coroner. It should also seek to identify any

promising practice interventions to prevent suicide where there is a history of domestic abuse.

**[Recommendation for police]** Police forces should all ensure that they are familiar with and closely implement the Authorised Professional Practice on Suicide.

**[Recommendation for College of Policing]** The College should review the Authorised Professional Practice on Suicide to ensure that it explicitly includes references to domestic abuse. The College should ensure that both the Authorised Professional Practice on Suicide and the Authorised Professional Practice on Domestic Abuse make reference to each other.

**[Recommendation for College of Policing]** The National Police Chiefs Council and College of Policing should take forward work to support policing to help reduce the risks of suicide in cases involving domestic abuse.

**[Recommendation for police]** Police should ensure that all suspected victim suicides where there is a history of domestic abuse are considered for, and where they meet the criteria are referred for, a Domestic Homicide Review.

**[Recommendation for police]** In cases of (especially female) unexplained death or suspected suicide, police should consider whether domestic abuse may be a contributory factor, and if so, whether any criminal offence has been committed.

### **6.3 Creating a comparative dataset of attempted homicides and attempted victim suicides**

This project has focused on completed domestic homicides and suspected victim suicides with a history of domestic abuse. Whilst this approach was key to examining each and every death to learn lessons for preventing future deaths, it cannot identify any learning from attempted homicides or attempted victim suicides. There would be value in creating a comparative dataset of attempted homicides and attempted victim suicides, in order to analyse similarities and differences between these and completed deaths, and to identify any interventions which might be effective in preventing deaths.

**[Recommendation for this project]** We recommend that this project explores ways to build a comparative dataset of attempted domestic homicides and attempted victim suicides following domestic abuse.

### **6.4 Domestic Homicide Reviews**

In each submission, we asked police to tell us whether the case had been referred for a Domestic Homicide Review (DHR) or another safeguarding review, and whether it had been accepted. Given the fast timeframe of this project and the slow timeframe for completion and publishing DHR reports, the final outcomes from the DHRs relating to the cases in this project are not typically known. Table 8 shows that 60% of cases were referred for a DHR or other review and 8% were not referred. In 32% of cases it was not reported to the project whether or not a referral was made.

Of those referred, 52% were accepted for a DHR, 9% were accepted for a different review (e.g. child safeguarding practice review), and 32% were still waiting to learn the outcome of the referral at the time of submission to the project. Only 7% of those referred were not accepted. A high acceptance rate from referral for DHR or other review was supported in feedback from our survey and interviews with police domestic abuse leads.

Table 8. DHR or other safeguarding referrals made and accepted, by typology

|                           | Typology     |             |                  |          |           | Suspected Victim Suicide | Total        |  |
|---------------------------|--------------|-------------|------------------|----------|-----------|--------------------------|--------------|--|
|                           | Adult Family | Child Death | Intimate Partner | Other    | N         |                          | %            |  |
| <b>Total Incidents</b>    | <b>38</b>    | <b>21</b>   | <b>105</b>       | <b>5</b> | <b>39</b> | <b>208</b>               |              |  |
| Referred                  | 26           | 12          | 55               | 3        | 29        | <b>125</b>               | <b>60.1%</b> |  |
| Not Referred              | 2            | 1           | 9                | -        | 4         | <b>16</b>                | <b>7.7%</b>  |  |
| Not Known if Referred     | 10           | 8           | 41               | 2        | 6         | <b>67</b>                | <b>32.2%</b> |  |
| <b>Of those referred:</b> | <b>26</b>    | <b>12</b>   | <b>55</b>        | <b>3</b> | <b>29</b> | <b>125</b>               | <b>60.1%</b> |  |
| Accepted                  | 14           | 2           | 32               | 1        | 16        | <b>65</b>                | <b>52.0%</b> |  |
| Referred for Other Review | -            | 10          | 1                | -        | -         | <b>11</b>                | <b>8.8%</b>  |  |
| Not Accepted              | 3            | -           | 1                | 1        | 4         | <b>9</b>                 | <b>7.2%</b>  |  |
| Waiting to Hear           | 9            | -           | 21               | 1        | 9         | <b>40</b>                | <b>32.0%</b> |  |

**Source:** Domestic Homicides Project

The DHR process is unique and important as it allows an in-depth examination of all the circumstances of the case, including a full interrogation of what was known to agencies other than police.

**[Conclusion]** This project should not (and does not) duplicate the valuable level of examination offered by in-depth case reviews such as Domestic Homicide Reviews (DHRs). Instead, this project provides a complementary and quick-time process for case learning from and for police on identifying and preventing domestic homicides and suspected victim suicides.

One key piece of learning from this project for DHR panels and Chairs, as well as the courts, is the vital importance of understanding the impact that the Covid-19 pandemic had, or did not have, on domestic homicides. In Chapter 2 we outlined the different ways in which Covid-19 and associated restrictions influenced cases. This showed that lockdown put some victims at greater risk from their perpetrators, reduced levels of support and exacerbated (in some cases) existing mental health conditions.

**[Conclusion]** Some domestic abusers seem to have sought to use the Covid-19 pandemic as a cover-up or excuse for domestic abuse and even homicide. This shows how important it is for police, other agencies, the courts, and the public to understand that Covid might be used by perpetrators variously as a weapon of control and as an excuse for abuse or even murder.

## 6.5 Implications for risk assessment

This section draws out key learning from across the data presented in this report which relate to risk assessment. This includes discussion of which risk metrics are most prevalent in domestic homicide and suspected victim suicide cases (overall and by typology), and what the risk and offender profiles are for cases previously known, and not known, to police. Whilst no public agency – police or otherwise – can be expected to foresee or prevent every death, it is important to learn from these cases to appraise whether the right risk factors for domestic homicides and victim suicides are being identified by police.

### 6.5.1 Which risk factors are most important

Overall, whilst there were differences in risk factors between case types, it is important to understand that many of the key characteristics and risk factors were found to be the same across deaths submitted to this project, as follows:

- Domestic homicide was gendered – women (and some men) were at risk from (mainly) men
- Almost half of all suspects were previously known to police for perpetrating domestic abuse
- Suspects (especially male suspects) frequently had previously perpetrated domestic abuse
- Some suspects were serial and/or repeat abusers against the same victim and/or other victims – and potentially had previously domestically abused family members as well
- Victims from Black, Asian, and Minority Ethnic (BAME) groups were less likely to be previously known to police and other agencies than those from White ethnicities
- The majority of victims and suspects were in mid-adulthood (25 to 54 years), but there was a substantial group of older victims and suspects (aged 65 and over)
- Coercive and controlling behaviour (especially from male suspects) was common
- Existing mental health conditions, alcohol, and drug (mis)use were exacerbating factors

Underneath these headlines, there were some differences between the different case types in terms of which characteristics and risk factors were most commonly identified, as follows:

#### **Adult family homicides:**

- Victims were older - reflecting a case pattern of younger adults (mainly men) killing parents and grandparents (often mothers or grandmothers)
- Suspects' mental health issues were more prevalent in adult family homicides than in other case types, especially severe mental health conditions which required institutional care, sometimes under legal section. Many of these suspects were already known to mental health services
- Many suspects were known to police previously as a domestic abuse perpetrator, both for abuse against family members but often also against an intimate partner
- Drug (mis)use was more commonly identified by police in this type than in other types

#### **Child deaths:**

- These deaths were more likely than other types to involve male victims
- These were more likely than other types to involve female suspects, especially mothers
- Female suspects (usually mothers) were likely to have been a previous victim of domestic abuse

#### **Intimate partner homicides:**

- Suspects were likely to have a previous police record as a suspect for domestic abuse (or to be a perpetrator of undisclosed domestic abuse)
- Coercive controlling behaviour from suspect to victim was strongly present
- Abuse was highly gendered, with nearly all suspects being male and victims being female

- Victims and suspects were mostly in mid-adulthood (30s or 40s) but there was a sizeable group aged 65 and over
- Heavy alcohol use characterised some cases, sometimes by both victim and suspect
- Previous threats or attempts of suicide by the suspect was a risk factor, especially in cases involving coercive control, and in 'familicide' cases
- Separation (or attempts at separation) and previous non-fatal strangulation by suspect of the victim were present in a sizeable number of cases

### **Suspected suicides with a known history of domestic abuse victimisation:**

- In cases where a victim of domestic abuse was suspected of taking their own life, the victim and suspect characteristics were similar to those in intimate partner homicide cases. However (female) suspected suicide victims were even more likely than female IPH victims to be previously known as victims of high-risk domestic abuse involving coercive control
- The previous domestic abuse in these suspected suicide cases was highly gendered. Nearly all suspects were male (91%, where known) and victims female (90%).
- Suspected suicide victims were slightly younger than victims in other types, mostly under 45 years old
- There were fewer BAME victims – possibly indicating under-identification of suspected victim suicides amongst minoritised ethnic groups
- Previous non-fatal strangulation by the suspect of this or a previous victim was more present amongst this type of case
- As with intimate partner homicide, (attempted or actual) separation was also present in a sizeable number of cases

**[Conclusion]** Suspected victim suicide and intimate partner homicide in many ways have very similar risk profiles. A history of domestic abuse, non-fatal strangulation and attempts to separate are all indicators of coercive and controlling behaviour and they are risk factors for both intimate partner homicide and suspected victim suicide. This suggests that cases of high-risk domestic abuse, often characterised by coercive control, might equally well end in either a homicide or suspected victim suicide.

**[Recommendation for police and partner agencies]** All agencies involved in any MARAC process should consider the risk of victim suicide following domestic abuse alongside the risk of homicide, where risk factors which indicate coercive controlling abuse – including a history of non-fatal strangulation and attempts to separate – are present.

### **6.5.2 Assessing risk in cases with no prior police footprint**

There was a perception expressed to this project by some police domestic abuse leads that many domestic homicide suspects were not previously known to police. For instance:

“In the past 18 months our homicides (and a number of attempted murders) have occurred with no prior police involvement, indeed little notification of DA at all. Similarly, as DA homicides are increasingly occurring with no prior calls to police, or even notification to any agency, this will hamper efforts to identify and prevent cases in the future.”

The evidence from this project somewhat contradicts this belief. Over half of the suspects in this project (58%) were previously known to police as a suspect for some offending and almost half (48%) specifically as suspects for domestic abuse. It may be that improved rates

of domestic abuse reporting to police over the past few years means that more suspects are 'visible' to police, but it is also likely to reflect the fact that this project was able to ask detailed and careful questions of police on a case-by-case basis, rather than relying on larger-scale data extracts from police records which may be less reliable. Either way, this finding is encouraging, in that it shows that the majority of these domestic homicide suspects are at least 'visible' to police – and a further proportion were also 'visible' to other agencies.

This section considers what risk factors were present in the cases in this project where the suspect was not previously known to police; the following section (6.5.3) looks at risks where suspects were known.

Suspects in child deaths and 'familicides' were least likely to be known to police. Of all suspects with no police footprint, 42% were known to another agency, most often children's social care, adult social care, mental health services, GP, or health services. The learning here can be summarised as:

- Police often do not have a suspect footprint for child death, but other agencies – especially children's services – often do. Partnership working is therefore key to preventing these deaths.
- Familicide cases seem to be especially "invisible" to all services.
- There is a crucial role for victims' and suspects' family and friends in these cases not known to any other agency, especially as quite a few seem to involve previous domestic abuse undisclosed to agencies but known to family and friends.

### **6.5.3 Assessing risk in cases with a police footprint**

#### **Police footprint for non-domestic abuse offending (suspect offending profile 2)**

Suspects who had a police record but only for non-domestic abuse offending were the least common group. Previous offending was most commonly non-domestic abuse assaults, followed by drugs offences, theft, and drink-driving.

#### **Police footprint for domestic abuse offending only (suspect offending profile 3)**

Suspects who had a police record for domestic abuse offending but not for non-domestic abuse offending – "DA specialists" – were more commonly high-risk, MARAC referred perpetrators. These cases were characterised by high levels of violence, and suspects were typically repeat and serial domestic abuse perpetrators. This previous domestic abuse offending was mostly against the same victim as the homicide – i.e. adult family homicide suspects had previously perpetrated domestic abuse against family members, and intimate partner homicide suspects against partners.

#### **Police footprint for domestic and non-domestic abuse offending (suspect offending profile 4)**

Suspects who had a police record for both domestic and non-domestic abuse offending were strongly linked with adult family homicide cases, perhaps suggesting that suspects in adult family homicide cases tend to have a more 'all round violent' offending profile. Suspects often had a history of domestic abuse offending – but, in contrast to suspects in profile 3, these suspects' previous domestic abuse offending was often against both family members and intimate partners.

## Police footprint as domestic abuse victim or vulnerable adult (suspect offending profile 5)

In this small number of cases where suspects were known to police previously only as a victim of domestic abuse or as a vulnerable adult, suspects were mostly women. Many suspects in this group had severe mental health conditions, several cases were mothers killing their children, and several cases involved victims suspected of killing partners who had been abusive to them.

### 6.5.4 Risk assessment processes for high harm domestic abuse

The main police risk assessment tools currently in use to identify high-harm domestic abuse – the Domestic Abuse, Stalking, Harassment and Honour-Based Violence tool (DASH) and the Domestic Abuse Risk Assessment tool (DARA) – both allow most of the key risk factors highlighted in this report to be identified, including, importantly, coercive control. DARA has been shown in evaluation to improve first response officers' ability to identify coercive control and patterns of ongoing abuse (Wire and Myhill 2018). A recent evaluation of police domestic abuse training programme, Domestic Abuse (DA) Matters, showed that having completed the programme, officers' knowledge and understanding of coercive control was improved (Brennan and Myhill 2017).

**[Conclusion]** This project has found that coercive and controlling behaviour is a substantial risk factor in both intimate partner homicide and suspected victim suicides where there is a history of domestic abuse. The new DARA risk assessment tool has been shown to better identify coercive and controlling behaviour.

Only 1 in 5 (20%) of suspects were previously identified as high-risk or serial domestic abuse perpetrators. By type, high-risk or serial perpetrators were most commonly recorded in intimate partner homicide cases. Additionally, 1 in 4 (24%) were previously referred to MARAC – most often in suspected victim suicide cases. When examining homicide and suicide cases alone, rather than all high-risk domestic abuse incidents, it is hard to show a counterfactual. In other words, it may be that DASH and other risk assessment tools are effective at identifying and preventing homicide cases, and this is why the proportion of high-risk assessed cases in this dataset is relatively low. On the other hand, these tools may not be identifying the right cases as high risk of homicide or suicide, at the point that risk escalates – or the extent of the risk may not be visible or disclosed to police. The new DARA risk assessment currently being rolled-out by police focuses more closely on identifying coercive control. The evidence from these domestic homicides and suicides is that coercive control is a key risk indicator across all cases, but especially for intimate partner homicide and suspected victim suicide.

**[Recommendation for police]** The Domestic Abuse Matters training programme has been shown to improve officers' identification of coercive control and of patterns of domestic abuse – both of which are important in identifying prospective domestic homicides. The DA Matters programme should be adopted as widely as possible by forces.

### Risk assessment for different case types

There was also a perception amongst police we surveyed that risk assessment tools like DASH might be less effective in identifying high harm non-intimate partner domestic abuse:

“The DASH is not effective at identifying familial abuse indicators, and some of the questions are unsuitable for this type of incident. We are trialling further assessment at the moment to identify child to parent abuse by children under 16 (which is called

‘PRAM’ – PEGS Risk Assessment Model) to encourage better referral to child safeguarding teams for intervention.”

This report has shown that adult family homicide and child death cases in particular do reflect some specific risk factors which may be under-identified using risk assessment tools (such as DASH and DARA) which have been developed primarily from intimate partner domestic abuse cases. For instance, it is possible that the risk posed to a suspect’s carers (especially their mother/grandmother), or the significance of an episode of severe mental illness in familial domestic abuse cases could be under-identified. However, this analysis has also found that some key risk factors – such as previous domestic abuse perpetration – are common across case types.

**[Conclusion]** The evidence base presented in this report shows that adult family homicide and intimate partner homicide are characterised by different risk factors, but also share common risk factors. Given this, we do not consider that there is a strong case for developing a separate risk assessment tool for adult family abuse from those tools developed primarily for intimate partner abuse (DASH and DARA). However, a review of the fit of these tools for adult family abuse is needed.

**[Recommendation for College of Policing]** We recommend a review of risk assessment tools DASH and DARA is carried out, to ensure that they are adequately able to identify the risks involved in adult family abuse. In particular, to make sure that these tools can identify risks posed by adult sons and grandsons to older relatives, especially where there is significant mental illness and/or drug use. A review should consider whether further guidance for police and partner agencies on understanding risk in adult family abuse cases is needed.

Many forces are already using risk factors to populate Recency-Frequency-Gravity (RFG) matrices to identify the highest-risk perpetrators. RFG calculations are only ever as good as the data which goes into them. This report has shown that some prevalent risk factors for domestic homicide and suicide are still not consistently known to police records.

**[Recommendation for police]** Forces should ensure that they are applying the College of Policing’s principles for managing serial and dangerous perpetrators as a priority in domestic abuse cases.

## 6.6 Implications for partnership working

Another key question concerns partnership working with other agencies. In 57% of all cases either the victim or suspect, or both, were previously known to another agency other than police. In all, 23% were known to MARAC, which means they were known to multiple agencies and there should have been a multi-agency risk and safety plan in place to manage them. In 42% of cases not known to police at all, either the victim or suspect or both was previously known to another agency, most commonly children’s social services, adult social services, or mental health services. For those known to agencies other than the police, by case type: those involved in child deaths were most commonly known to children’s social care; for adult family homicide this was mental health services; those involved in intimate partner homicide were often known to MARAC and children’s social care; and finally, those involved in suspected victim suicide were commonly known to mental health services, domestic abuse services and MARAC.

**[Conclusion]** This project’s findings suggest that, whilst police have a vital role to play, they alone cannot identify and safeguard all potential victims and suspects of domestic homicide

or victim suicide. This analysis clearly shows that both victims and suspects were known to individual agencies other than the police prior to the death. For instance, often suspects and/or victims in adult family homicide cases and suspected victim suicide cases were known to mental health services, and child victims to safeguarding or social care. These findings underscore the vital importance of effective multi-agency partnership structures (e.g. MARAC, MASH, MAPPA) in intervening in domestic abuse.

**[Recommendation for police]** Further investigation is needed into why the proportion of domestic abuse suspects in this dataset being actively managed by MAPPA, probation or related agencies was so low (only 6%), and whether these numbers indicate that serial and dangerous perpetrators are not being referred into MAPPA in sufficient numbers.

In summary, this final chapter has drawn together conclusions and recommendations informed by this research project as well as previous literature, providing direction for future work by the project team and wider stakeholders.

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## Annex A - Victim and Suspect Characteristics

| Victim Characteristics                | Adult Family |              | Child Death |              | Main Typology Intimate Partner |              | Other    |             | Victim Suicide |              | Total      |       |
|---------------------------------------|--------------|--------------|-------------|--------------|--------------------------------|--------------|----------|-------------|----------------|--------------|------------|-------|
|                                       | N            | %            | N           | %            | N                              | %            | N        | %           | N              | %            | N          | %     |
| <b>Total Number of Victims</b>        | <b>40</b>    | <b>18.6%</b> | <b>25</b>   | <b>11.6%</b> | <b>105</b>                     | <b>48.8%</b> | <b>6</b> | <b>2.8%</b> | <b>39</b>      | <b>18.1%</b> | <b>215</b> |       |
| <b>Sub-Typology</b>                   |              |              |             |              |                                |              |          |             |                |              |            |       |
| Familicide                            | 2            | 5.0%         | 3           | 12.0%        | 4                              | 3.8%         | -        | -           | -              | -            | 9          | 4.2%  |
| Filicide / Child                      | 1            | 2.5%         | 20          | 80.0%        | -                              | -            | -        | -           | -              | -            | 21         | 9.8%  |
| Fratricide/Soricide/Sibling           | 6            | 15.0%        | -           | -            | -                              | -            | -        | -           | -              | -            | 6          | 2.8%  |
| Intimate Partner                      | -            | -            | -           | -            | 101                            | 96.2%        | -        | -           | -              | -            | 101        | 47.0% |
| Other                                 | -            | -            | -           | -            | -                              | -            | 6        | 100.0%      | -              | -            | 6          | 2.8%  |
| Other - Family                        | 6            | 15.0%        | 2           | 8.0%         | -                              | -            | -        | -           | -              | -            | 8          | 3.7%  |
| Parricide / Parents                   | 25           | 62.5%        | -           | -            | -                              | -            | -        | -           | -              | -            | 25         | 11.6% |
| Suicide                               | -            | -            | -           | -            | -                              | -            | -        | -           | 39             | 100.0%       | 39         | 18.1% |
| <b>Sex</b>                            |              |              |             |              |                                |              |          |             |                |              |            |       |
| Female                                | 20           | 50.0%        | 13          | 52.0%        | 89                             | 84.8%        | 1        | 16.7%       | 35             | 89.7%        | 158        | 73.5% |
| Male                                  | 20           | 50.0%        | 12          | 48.0%        | 16                             | 15.2%        | 5        | 83.3%       | 4              | 10.3%        | 57         | 26.5% |
| <b>Ethnicity</b>                      |              |              |             |              |                                |              |          |             |                |              |            |       |
| White                                 | 28           | 70.0%        | 13          | 52.0%        | 81                             | 77.1%        | 4        | 66.7%       | 34             | 87.2%        | 160        | 74.4% |
| Asian/Asian British                   | 3            | 7.5%         | 5           | 20.0%        | 11                             | 10.5%        | -        | -           | 2              | 5.1%         | 21         | 9.8%  |
| Black/African/Caribbean/Black British | 9            | 22.5%        | 2           | 8.0%         | 8                              | 7.6%         | -        | -           | 1              | 2.6%         | 20         | 9.3%  |
| Mixed/Multiple ethnic groups          | -            | -            | 2           | 8.0%         | 1                              | 1.0%         | -        | -           | -              | -            | 3          | 1.4%  |
| Other                                 | -            | -            | 2           | 8.0%         | 1                              | 1.0%         | 2        | 33.3%       | 1              | 2.6%         | 6          | 2.8%  |
| Not Known                             | -            | -            | 1           | 4.0%         | 3                              | 2.9%         | -        | -           | 1              | 2.6%         | 5          | 2.3%  |
| <b>Age Group (Years)</b>              |              |              |             |              |                                |              |          |             |                |              |            |       |
| Under 16                              | -            | -            | 21          | 84.0%        | -                              | -            | -        | -           | -              | -            | 21         | 9.8%  |
| Under 1                               | -            | -            | 7           | 33.3%        | -                              | -            | -        | -           | -              | -            | 7          | 3.3%  |
| 1-5                                   | -            | -            | 10          | 47.6%        | -                              | -            | -        | -           | -              | -            | 10         | 4.7%  |
| 6-10                                  | -            | -            | 3           | 14.3%        | -                              | -            | -        | -           | -              | -            | 3          | 1.4%  |
| 11-15                                 | -            | -            | 1           | 4.8%         | -                              | -            | -        | -           | -              | -            | 1          | 0.5%  |
| 16-24                                 | 2            | 5.0%         | 4           | 16.0%        | 5                              | 4.8%         | -        | -           | 4              | 10.3%        | 15         | 7.0%  |
| 25-34                                 | 5            | 12.5%        | -           | -            | 26                             | 24.8%        | -        | -           | 12             | 30.8%        | 43         | 20.0% |
| 35-44                                 | 4            | 10.0%        | -           | -            | 22                             | 21.0%        | -        | -           | 12             | 30.8%        | 38         | 17.7% |
| 45-54                                 | 4            | 10.0%        | -           | -            | 23                             | 21.9%        | 3        | 50.0%       | 6              | 15.4%        | 36         | 16.7% |
| 55-64                                 | 8            | 20.0%        | -           | -            | 10                             | 9.5%         | 2        | 33.3%       | 3              | 7.7%         | 23         | 10.7% |
| 65+                                   | 17           | 42.5%        | -           | -            | 19                             | 18.1%        | 1        | 16.7%       | 2              | 5.1%         | 39         | 18.1% |
| <b>Gender Reassignment</b>            |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | -           | -            | -                              | -            | -        | -           | -              | -            | -          | -     |
| No                                    | 25           | 62.5%        | 22          | 88.0%        | 49                             | 46.7%        | -        | -           | 17             | 43.6%        | 113        | 52.6% |
| Not Known/ Not Recorded               | 15           | 37.5%        | 3           | 12.0%        | 56                             | 53.3%        | 6        | 100.0%      | 22             | 56.4%        | 102        | 47.4% |
| <b>LGBTQ+</b>                         |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | 2           | 8.0%         | 2                              | 1.9%         | -        | -           | 2              | 5.1%         | 6          | 2.8%  |
| No                                    | 22           | 55.0%        | 15          | 60.0%        | 63                             | 60.0%        | 3        | 50.0%       | 18             | 46.2%        | 121        | 56.3% |
| Not Known/ Not Recorded               | 18           | 45.0%        | 8           | 32.0%        | 40                             | 38.1%        | 3        | 50.0%       | 19             | 48.7%        | 88         | 40.9% |
| <b>Pregnancy and Maternity</b>        |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | -           | -            | 3                              | 2.9%         | -        | -           | -              | -            | 3          | 1.4%  |
| No/Not Applicable                     | 37           | 92.5%        | 22          | 88.0%        | 64                             | 61.0%        | 6        | 100.0%      | 21             | 53.8%        | 150        | 69.8% |
| Not Known/ Not Recorded               | 3            | 7.5%         | 3           | 12.0%        | 38                             | 36.2%        | -        | -           | 18             | 46.2%        | 62         | 28.8% |
| <b>Special Needs</b>                  |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes - Physical                        | 4            | 10.0%        | 2           | 8.0%         | 7                              | 6.7%         | -        | -           | -              | -            | 13         | 6.0%  |
| Yes - MH                              | -            | -            | 3           | 12.0%        | 9                              | 8.6%         | -        | -           | 5              | 12.8%        | 17         | 7.9%  |
| Yes - MH & Physical                   | -            | -            | 2           | 8.0%         | 5                              | 4.8%         | -        | -           | -              | -            | 7          | 3.3%  |
| No                                    | 15           | 37.5%        | 9           | 36.0%        | 35                             | 33.3%        | 4        | 66.7%       | 14             | 35.9%        | 77         | 35.8% |
| Not Known/ Not Recorded               | 21           | 52.5%        | 9           | 36.0%        | 49                             | 46.7%        | 2        | 33.3%       | 20             | 51.3%        | 101        | 47.0% |

| Suspect Characteristics               | Adult Family |              | Child Death |              | Main Typology Intimate Partner |              | Other    |             | Victim Suicide |              | Total      |       |
|---------------------------------------|--------------|--------------|-------------|--------------|--------------------------------|--------------|----------|-------------|----------------|--------------|------------|-------|
|                                       | N            | %            | N           | %            | N                              | %            | N        | %           | N              | %            | N          | %     |
| <b>Total Number of Suspects</b>       | <b>43</b>    | <b>18.9%</b> | <b>29</b>   | <b>12.7%</b> | <b>111</b>                     | <b>48.7%</b> | <b>6</b> | <b>2.6%</b> | <b>39</b>      | <b>17.1%</b> | <b>228</b> |       |
| <b>Sub-Typology</b>                   |              |              |             |              |                                |              |          |             |                |              |            |       |
| Familicide                            | -            | -            | -           | -            | 4                              | 3.6%         | -        | -           | -              | -            | 4          | 1.8%  |
| Filicide / Child                      | 1            | 2.3%         | 27          | 93.1%        | -                              | -            | -        | -           | -              | -            | 28         | 12.3% |
| Fratricide/Sororicide / Sibling       | 7            | 16.3%        | -           | -            | -                              | -            | -        | -           | -              | -            | 7          | 3.1%  |
| Intimate Partner                      | -            | -            | -           | -            | 104                            | 93.7%        | -        | -           | -              | -            | 104        | 45.6% |
| Other                                 | 2            | 4.7%         | -           | -            | 3                              | 2.7%         | 6        | 100.0%      | -              | -            | 11         | 4.8%  |
| Other - Family                        | 6            | 14.0%        | 2           | 6.9%         | -                              | -            | -        | -           | -              | -            | 8          | 3.5%  |
| Parricide / Parents                   | 27           | 62.8%        | -           | -            | -                              | -            | -        | -           | -              | -            | 27         | 11.8% |
| Suicide                               | -            | -            | -           | -            | -                              | -            | -        | -           | 39             | 100.0%       | 39         | 17.1% |
| <b>Sex</b>                            |              |              |             |              |                                |              |          |             |                |              |            |       |
| Female                                | 4            | 9.3%         | 17          | 58.6%        | 16                             | 14.4%        | 1        | 16.7%       | 3              | 7.7%         | 41         | 18.0% |
| Male                                  | 39           | 90.7%        | 11          | 37.9%        | 95                             | 85.6%        | 5        | 83.3%       | 32             | 82.1%        | 182        | 79.8% |
| Not Known                             | -            | -            | 1           | 3.4%         | -                              | -            | -        | -           | 4              | 10.3%        | 5          | 2.2%  |
| <b>Ethnicity</b>                      |              |              |             |              |                                |              |          |             |                |              |            |       |
| White                                 | 29           | 67.4%        | 19          | 65.5%        | 82                             | 73.9%        | 5        | 83.3%       | 25             | 64.1%        | 160        | 70.2% |
| Asian/Asian British                   | 4            | 9.3%         | 3           | 10.3%        | 9                              | 8.1%         | -        | -           | 2              | 5.1%         | 18         | 7.9%  |
| Black/African/Caribbean/Black British | 7            | 16.3%        | 2           | 6.9%         | 11                             | 9.9%         | -        | -           | 2              | 5.1%         | 22         | 9.6%  |
| Mixed/Multiple ethnic groups          | 3            | 7.0%         | 2           | 6.9%         | -                              | -            | -        | -           | -              | -            | 5          | 2.2%  |
| Other                                 | -            | -            | 2           | 6.9%         | 3                              | 2.7%         | 1        | 16.7%       | 1              | 2.6%         | 7          | 3.1%  |
| Not Known                             | -            | -            | 1           | 3.4%         | 6                              | 5.4%         | -        | -           | 9              | 23.1%        | 16         | 7.0%  |
| <b>Age Group (Years)</b>              |              |              |             |              |                                |              |          |             |                |              |            |       |
| Under 16                              | -            | -            | -           | -            | -                              | -            | -        | -           | -              | -            | -          | -     |
| 16-24                                 | 11           | 25.6%        | 3           | 10.3%        | 6                              | 5.4%         | 1        | 16.7%       | 2              | 5.1%         | 23         | 10.1% |
| 25-34                                 | 15           | 34.9%        | 13          | 44.8%        | 20                             | 18.0%        | 1        | 16.7%       | 13             | 33.3%        | 62         | 27.2% |
| 35-44                                 | 9            | 20.9%        | 9           | 31.0%        | 29                             | 26.1%        | 3        | 50.0%       | 7              | 17.9%        | 57         | 25.0% |
| 45-54                                 | 4            | 9.3%         | 2           | 6.9%         | 20                             | 18.0%        | -        | -           | 5              | 12.8%        | 31         | 13.6% |
| 55-64                                 | 4            | 9.3%         | 1           | 3.4%         | 15                             | 13.5%        | 1        | 16.7%       | 2              | 5.1%         | 23         | 10.1% |
| 65+                                   | -            | -            | -           | -            | 20                             | 18.0%        | -        | -           | 2              | 5.1%         | 22         | 9.6%  |
| Not Known                             | -            | -            | 1           | 3.4%         | 1                              | 0.9%         | -        | -           | 8              | 20.5%        | 10         | 4.4%  |
| <b>Gender Reassignment</b>            |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | -           | -            | -                              | -            | -        | -           | -              | -            | -          | -     |
| No                                    | 26           | 60.5%        | 10          | 34.5%        | 52                             | 46.8%        | 1        | 16.7%       | 17             | 43.6%        | 106        | 46.5% |
| Not Known/ Not Recorded               | 17           | 39.5%        | 19          | 65.5%        | 59                             | 53.2%        | 5        | 83.3%       | 22             | 56.4%        | 122        | 53.5% |
| <b>LGBTQ+</b>                         |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | 1           | 3.4%         | 2                              | 1.8%         | -        | -           | 2              | 5.1%         | 5          | 2.2%  |
| No                                    | 17           | 39.5%        | 9           | 31.0%        | 61                             | 55.0%        | 2        | 33.3%       | 14             | 35.9%        | 103        | 45.2% |
| Not Known/ Not Recorded               | 26           | 60.5%        | 19          | 65.5%        | 48                             | 43.2%        | 4        | 66.7%       | 23             | 59.0%        | 120        | 52.6% |
| <b>Pregnancy and Maternity</b>        |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes                                   | -            | -            | 6           | 20.7%        | 1                              | 0.9%         | -        | -           | -              | -            | 7          | 3.1%  |
| No/Not Applicable                     | 43           | 100.0%       | 14          | 48.3%        | 103                            | 92.8%        | 6        | 100.0%      | 32             | 82.1%        | 198        | 86.8% |
| Not Known/ Not Recorded               | -            | -            | 9           | 31.0%        | 7                              | 6.3%         | -        | -           | 7              | 17.9%        | 23         | 10.1% |
| <b>Special Needs</b>                  |              |              |             |              |                                |              |          |             |                |              |            |       |
| Yes - Physical                        | -            | -            | 1           | 3.4%         | 2                              | 1.8%         | -        | -           | -              | -            | 3          | 1.3%  |
| Yes - MH                              | 9            | 20.9%        | 3           | 10.3%        | 13                             | 11.7%        | 2        | 33.3%       | 1              | 2.6%         | 28         | 12.3% |
| Yes - MH & Physical                   | 1            | 2.3%         | 1           | 3.4%         | 1                              | 0.9%         | -        | -           | -              | -            | 3          | 1.3%  |
| No                                    | 13           | 30.2%        | 11          | 37.9%        | 37                             | 33.3%        | 2        | 33.3%       | 11             | 28.2%        | 74         | 32.5% |
| Not Known/ Not Recorded               | 20           | 46.5%        | 13          | 44.8%        | 58                             | 52.3%        | 2        | 33.3%       | 27             | 69.2%        | 120        | 52.6% |

## Annex B – Risk factors by case type

| Risk Factor                                | Main Typology |              |             |              |                  |              |          |             |                |              |            |              |
|--|---------------|--------------|-------------|--------------|------------------|--------------|----------|-------------|----------------|--------------|------------|--------------|
|  | Adult Family  |              | Child Death |              | Intimate Partner |              | Other    |             | Victim Suicide |              | Total      |              |
|  | N             | %            | N           | %            | N                | %            | N        | %           | N              | %            | N          | %            |
| <b>Total Number of Suspects</b>            | <b>43</b>     | <b>18.9%</b> | <b>29</b>   | <b>12.7%</b> | <b>111</b>       | <b>48.7%</b> | <b>6</b> | <b>2.6%</b> | <b>39</b>      | <b>17.1%</b> | <b>228</b> |              |
| Previous DA Perpetrator                    | 19            | 44.2%        | 3           | 10.3%        | 52               | 46.8%        | 1        | 16.7%       | 25             | 64.1%        | <b>100</b> | <b>43.9%</b> |
| Any Mental Health                          | 22            | 51.2%        | 7           | 24.1%        | 32               | 28.8%        | 1        | 16.7%       | 7              | 17.9%        | <b>69</b>  | <b>30.3%</b> |
| Controlling and Coercive Behaviour         | 6             | 14.0%        | 3           | 10.3%        | 33               | 29.7%        | -        | -           | 22             | 56.4%        | <b>64</b>  | <b>28.1%</b> |
| Alcohol Use                                | 9             | 20.9%        | -           | -            | 31               | 27.9%        | 2        | 33.3%       | 11             | 28.2%        | <b>53</b>  | <b>23.2%</b> |
| Drug Misuse                                | 12            | 27.9%        | 3           | 10.3%        | 19               | 17.1%        | -        | -           | 11             | 28.2%        | <b>45</b>  | <b>19.7%</b> |
| Suspect a Carer of Victim                  | 4             | 9.3%         | 26          | 89.7%        | 13               | 11.7%        | 1        | 16.7%       | 1              | 2.6%         | <b>45</b>  | <b>19.7%</b> |
| Risk of Separation/Relationship Ending     | 5             | 11.6%        | 1           | 3.4%         | 18               | 16.2%        | -        | -           | 10             | 25.6%        | <b>34</b>  | <b>14.9%</b> |
| Suspect a Previous DA Victim               | 6             | 14.0%        | 5           | 17.2%        | 16               | 14.4%        | -        | -           | 5              | 12.8%        | <b>32</b>  | <b>14.0%</b> |
| Previous Suicidal Thoughts                 | 6             | 14.0%        | 4           | 13.8%        | 18               | 16.2%        | -        | -           | 3              | 7.7%         | <b>31</b>  | <b>13.6%</b> |
| Depression & Anxiety                       | 7             | 16.3%        | 2           | 6.9%         | 17               | 15.3%        | -        | -           | 2              | 5.1%         | <b>28</b>  | <b>12.3%</b> |
| Other MH                                   | 10            | 23.3%        | 1           | 3.4%         | 10               | 9.0%         | 1        | 16.7%       | 3              | 7.7%         | <b>25</b>  | <b>11.0%</b> |
| Previous Non-Fatal Strangulation           | -             | -            | -           | -            | 10               | 9.0%         | -        | -           | 11             | 28.2%        | <b>21</b>  | <b>9.2%</b>  |
| Psychotic Disorder                         | 8             | 18.6%        | 4           | 13.8%        | 5                | 4.5%         | -        | -           | 1              | 2.6%         | <b>18</b>  | <b>7.9%</b>  |
| Previously Raped/Sexually Assaulted Victim | 3             | 7.0%         | 2           | 6.9%         | 9                | 8.1%         | 1        | 16.7%       | 2              | 5.1%         | <b>17</b>  | <b>7.5%</b>  |
| Protective Orders in Place                 | 4             | 9.3%         | 1           | 3.4%         | 9                | 8.1%         | -        | -           | 2              | 5.1%         | <b>16</b>  | <b>7.0%</b>  |
| Previous Attempt to Kill                   | 3             | 7.0%         | 1           | 3.4%         | 7                | 6.3%         | 1        | 16.7%       | 3              | 7.7%         | <b>15</b>  | <b>6.6%</b>  |
| Previous Use of a Weapon                   | 3             | 7.0%         | -           | -            | 7                | 6.3%         | -        | -           | 4              | 10.3%        | <b>14</b>  | <b>6.1%</b>  |
| Previous Breaches of Order                 | 3             | 7.0%         | -           | -            | 9                | 8.1%         | -        | -           | 2              | 5.1%         | <b>14</b>  | <b>6.1%</b>  |
| Previous Stalking / Surveillance           | 1             | 2.3%         | 1           | 3.4%         | 8                | 7.2%         | -        | -           | 2              | 5.1%         | <b>12</b>  | <b>5.3%</b>  |
| Recent Economic Distress                   | 3             | 7.0%         | 1           | 3.4%         | 7                | 6.3%         | -        | -           | 1              | 2.6%         | <b>12</b>  | <b>5.3%</b>  |
| Previous Missing Episodes (Suspect)        | 4             | 9.3%         | 1           | 3.4%         | 6                | 5.4%         | -        | -           | -              | -            | <b>11</b>  | <b>4.8%</b>  |
| Housing issues/Homeless                    | 2             | 4.7%         | -           | -            | 6                | 5.4%         | -        | -           | 2              | 5.1%         | <b>10</b>  | <b>4.4%</b>  |
| Child Custody Dispute                      | 2             | 4.7%         | 2           | 6.9%         | 2                | 1.8%         | -        | -           | 2              | 5.1%         | <b>8</b>   | <b>3.5%</b>  |
| Victim a Carer of Suspect                  | 2             | 4.7%         | 1           | 3.4%         | 4                | 3.6%         | -        | -           | 1              | 2.6%         | <b>8</b>   | <b>3.5%</b>  |