'If only we'd known': an exploratory study of seven intimate partner homicides in Engleshire

Final Report to the Engleshire Domestic Violence Homicide Review Group

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A note on confidentiality

In order to ensure the confidentiality of all the families involved in this study we have removed all references to the name of the county, replacing it with the name 'Engleshire'. Any references to documents produced by the county, and the original review, have also been removed.

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Executive Summary

Introduction

- In 2004/05 there were 820 homicides in England and Wales; 231 victims were female, of whom almost half (45%), were murdered by a current or former intimate partner (Coleman et al 2006). Whilst a tiny number of incidents of domestic violence result in homicide almost half of all lethal violence against women is committed by current or former partners.

- Following decades of campaigning domestic violence is now viewed as a crime with a range of policy initiatives designed to increase the number of offenders brought to justice. These include Multi-Agency Risk Assessment Conferences (MARACs) and multi-agency homicide reviews for those aged over 16 killed by an intimate, relative or member of the same household

- There has been a shift in public policy in England and Wales to focusing on high risk cases to prevent homicides.

- Risk assessment requires analysing the possible outcomes from any identified hazard or threat, using a combination of known information and informed judgment. IPV risk assessment instruments range from those designed to inform social services and criminal/civil justice processes, for example the Spousal Assault Risk Assessment (SARA) to those developed for use by police officers to enable a rapid evaluation to inform immediate and possible longer term actions (e.g. SPECSS+).

- During one year there were five cases of intimate partner femicide (IPF) in Engleshire two of which involved perpetrator suicide. This cluster of cases were unusual in that there had been no prior agency involvement and, it appeared, minimal previous violence.

- A review was conducted which recommended an investigation of what was known by other agencies, relatives and friends.

- This report addresses the knowledge of informal network members about these cases, the current knowledge base on IPF among professionals, and the relevance of risk assessment and management models to the Engleshire cases.

- Examining the exceptional cases, those that do not 'fit' expected patterns has long been a methodological approach in social science.

Methodology

- The key research question was to examine what families and wider informal networks knew during about the couple's relationship during the period leading up to the victim's death, to enhance understanding of femicide and improve agency responses.

- The study had four strands: a literature review; analysis of case file data on seven cases; semi-structured interviews with informal network members of victims and perpetrators; key informant interviews with professionals.

- Despite extensive efforts only nine informal network members across four cases, agreed to be interviewed. In some cases participation was being sought four years or more after the deaths and refusals were couched in terms of 'wishing to move on' and 'not wanting to revisit a painful time'.

- Detailed case histories were built from multiple sources with particular attention paid to histories of violence, involvement of agencies, and references to informal network members.

- Thirty-six key informant interviews were conducted. Analysis focused on knowledge of risk factors, risk assessment instruments and usefulness in predicting homicide.

- The analytic work was completed through the construction of matrices of risk factors drawing on three of the most commonly used instruments (SPECSS+, SARA and the Danger Assessment [DA]) across the seven cases.

The current knowledge base

- A core theme in the literature review was the identification of risk factors for intimate partner homicide (IPH). Although previous violence has been presented as the defining factor it was less stressed in recent UK research. Whilst there was consensus on core risk factors we also identified considerable variation in the number of factors and their relative weighting.

- IPH perpetrators may be a more diverse group than previously thought.

- Whilst understudied, the significance of informal support networks was a theme particularly that they are often the first port of call for help and advice. They can act as barriers to, or facilitators of, wider help-seeking.

Cases and bases: do the Engleshire cases 'fit'

- The Engleshire cases did not 'fit' the profile of IPH cases, since there was little evidence in most of physical or sexual violence. However a set of indicators were common across the cases: jealous surveillance and relationship conflict; controlling behaviour; actual or potential separation; perpetrator depression; histories of violence and potential suicide. Whilst all, except depression, feature in some form in the three risk assessment instruments, none apart from separation are defined as primary.

- Jealousy and suspected or actual infidelity is a risk factor in all three instruments and controlling behaviour is listed in two. We suggest 'jealous surveillance' is a more appropriate concept providing a clearer sense of entitlement and the actions taken to 'police' boundaries of behaviour. Jealous surveillance is a core aspect of 'coercive control', which characterises much IPV and encompasses violence, intimidation, isolation and controlling behaviour. Coercive control was evident in all the Engleshire cases.

- Relationship conflict only appears in the SARA but was evident in all of these cases, centred on financial issues, actual or potential separation and possessiveness.

- None of the instruments include perpetrator depression although all three specify suicide risk and two mental health issues. Whilst depression has been identified as a

major feature in the background of IPV perpetrators only one of the Engleshire perpetrators had recognised mental health problems.

- The lack of evidence of prior histories of violence in six of these cases marked them as 'unusual'. Detailed analysis revealed that in all but two there was a history of physical or sexual violence to current or previous partners and/or to others.

- In three cases there had been physical and/or sexual violence of a previous partner. This indicator is only addressed by the SARA.

- Adapting the risk assessment models showed five or more risk factors were present. The cases were not so 'aberrant' after all. However, less than a third of the factors in each of the three instruments were present in the Engleshire cases.

- Current risk assessment instruments, particularly those using a 'tick box' approach, are limited, and exclude indicators which were significant in these cases. Core indicators must include: coercive control, jealous surveillance, violence to previous partners and depression/mental health/suicide risk for perpetrators. In this sample these indicators were more important than actual violence.

What agencies knew

- Only two cases involved on-going agency contact. Neither involved risk assessment processes.

- There had been a few single contacts with GP's, housing departments and a debt counselling service.

- These cases raise challenges for policy and practice. Risk assessments can only take place once there is a cause for concern. What are the implications where there is minimal agency contact?

What informal networks knew and did

- Informal networks knew far more than agencies: two were aware of actual violence; four of actual or potential separation. Family and friends were especially aware of emotional abuse and controlling behaviour.

- Informal networks were mostly supportive of the victim but could misread women's' frustrations and challenges to the man's control as 'volatility'. In only one case was the risk of serious violence countenanced.

- Victim-blame and excusing perpetrators were evident in some cases.

- Relatives and friends did not view coercive control as either domestic violence or dangerous.

- Whilst informal network members knew a lot, they lacked the knowledge and resources to interpret this and they were thus prevented from enhancing protection.

- Support in the aftermath of the deaths was haphazard. In four cases there were surviving children and in three they received little or nothing. Ex-partners who were parents of shared children were rarely supported often gleaning details of case progress through the children or the media.

Agency policy and practice

- GP's had the least knowledge, concerning since in these cases, they were the only agency having any contact with either of the parties.

- Almost half of agency informants had limited knowledge of risk assessment, including police officers.

- Agencies were using different tools, assessments were not being made consistently and there were on-going problems with information sharing.

- There was a lack of coherent multi-agency approachs to either risk assessment or risk management[1].

- There was little confidence in risk assessment tools or their ability to predict lethality.

Learnings, lessons and implications

- The Engleshire cases reveal the limitations of a narrow crime/incident-based approach to IPV which emphasises physical assaults potentially leading to a lack of focus on cases that do not fit risk management priorities. Understanding of the dynamics of coercive control was more revealing in these cases than risk assessment models and alerts services to the dangerousness of controlling men.

- That front line staff to resort to a narrow definition focussed on physical violence when responding to incidents or enquiries is illustrated by Case 4. In that case, the woman was explicitly informed that unless there was at least one *incident* of physical violence she would not qualify for re-housing. A deeper exploration of her experience based on an understanding of coercive control, could have identified the potential for serious assault or homicide.

- Our analysis identified a number of key factors in this sample: coercive control and jealous surveillance: relationship conflict; perpetrator depression; potential or actual separation; histories of violence, including to previous partners, family members and others and suicide risk. Previous research on risk factors links intimate partner femicide and femicide/suicide with violence to previous partners, suicide risk and depression in perpetrators. In six of the seven cases, informal network members were aware of indicators including coercive control but lacked the knowledge and concepts to interpret them with respect to danger and safety. Especially problematic is the tendency to view domestic violence as physical violence and specific incidents.

- Much more attention needs to be given to communities, by which we mean neighbours, friends, family and colleagues of victims and perpetrators. Public campaigns should focus on increasing awareness of coercive control as it is this theme that family and friends return to in the aftermath of homicide – "if only we'd known".

[1] With the exception of MAPPA's.

Advice from informal networks can be hugely influential in decisions to report and seek help. They also provide support and safety in the short and longer term. Information campaigns must therefore include messages which validate what members of informal networks currently do whilst expanding awareness and understanding. "The community" needs to be recognised in the provision of a coordinated community response.

- Whilst some support is available in the aftermath of tragedy, provision for children appears not to be part of mainstream responses. In addition a number of parties are frequently ignored because they are not deemed central to the case: he most obvious example here being ex-partners and the children they had parented with one of the parties.

- There is a proliferation of risk assessment instruments in Engleshire, all of which omit some key factors. Whilst it might be necessary for there to be simpler and more complex tools, content adapted for specific tasks, some harmonisation with respect to the emerging knowledge base should take place across a common core which includes coercive control, jealous surveillance, violence to previous partners and depression/mental health/suicide risk for perpetrators.

- Whilst there were indicators in all these cases, they were not necessarily the ones practitioners would recognise as signifying risk of femicide. Understanding IPV and recognising coercive control requires training and expertise and cannot be achieved through the routine use of risk assessment tools.

- Key recommendations for Engleshire agencies

    - ensure core content across all risk assessment tools in use in the county, with additional layers based on agency requirements;
    - develop and expand core training for all agencies including GP's, which also addresses the dangers of culturalisation and victim blame.

- Wider recommendations

    - adoption of a definition of IPV which stresses the pattern of coercive control;
    - inclusion of coercive control and jealous surveillance as core risk indicators;
    - build an analytic approach to risk assessment and risk management which highlights identifying coercive control and jealous surveillance and regarding these as potentially high risk indicators even where there is little or no documented physical or sexual violence;
    - development of protocols and pilot projects on how to enhance informal networks as sources of support and information to victims and agencies,;
    - development of protocols and provision in the aftermath of homicide that ensures follow-up support to informal networks, including those 'at one remove' such as ex-partners, non-resident children and close friends;
    - widen public understanding of coercive control and highlight helplines as sources of advice.

Chapter 1: Introduction

> *It affected me a lot. I keep asking, why? Why did she die? Why her? I needed help but I had to help myself. … Even my body was shaking, I was like somebody who's on drugs or something.* (Case 2:2)

Case 1
Andrea was strangled. She was 49 years old and had two children.

Case 2
Gail was strangled. She was 31 years old and had one child.

Case 3
Katherine was strangled. She was 34 years old and had two children.

Case 4
Olivia was shot. She was 34 years old and had two children.

Case 5[2]
Tamara died from a head wound. She was 40 years old and had one child.

Case 6
Xandra was stabbed. She was 32 years old and had five children.

Case 7
Naomi was strangled. She was 23 years old.

In one 12 month period there were five cases of intimate partner femicide (see page 11 for a discussion about language), two of which involved perpetrator suicide. This cluster of cases appeared unusual in so far as there had been no prior agency involvement. A review of these cases was commissioned with the addition of a case from 2000 involving a family on holiday in the county. Some of the findings reflected the wider knowledge base, whilst in other respects they suggested some divergent patterns. On the one hand, the homicides appeared to have occurred against a background of imminent or actual separation, highlighted in numerous studies as a factor in the precipitation and/or escalation of violence (see, for example, Buzawa and Buzawa 2003; Walby and Allen 2004). On the other hand, there appeared to be little evidence of previous physical violence. Perhaps these cases were simply not identified or recorded by formal agencies. A recent study by Dobash et al (2007) notes a sub-group of

[2] In this case all of the evidence suggested that whilst the couple were arguing there was no lethal intent. Tamara died as a result of hitting her head following a push. He was found guilty of manslaughter.

intimate partner murders where no previous violence appeared to have occurred, which they highlight as a cluster requiring further study. So the seeming anomalies may simply be due to the specificities of these cases, or may point to the existence of a distinct and understudied category of intimate partner homicides. The original review (referred to as Phase I) recommended exploration with family members as to whether they thought anything could have been done differently and how agency intervention might have been facilitated. The importance of consulting and researching the views of family members echoes findings from Laura Richards' (2003; 2004) reviews of domestic violence murders in London.

This study is the outcome of the recommended research with members of informal networks to inform practice and multi-agency working, identify potential service improvements and, ultimately, contribute to the prevention of future intimate partner femicides.

A note on language

There are a range of terms used to describe violence between partners and, where it occurs, homicide. Domestic violence (DV), whilst commonly understood as referring to violence between partners has more recently, broadened to encompass violence between any adults within kinship networks. Increasingly, the term intimate partner violence (IPV) is used when the focus is on violence between those who are, or have been, in an intimate relationship. Homicide is commonly used to refer to the killing of one person by another and is generally read as gender neutral. Femicide is a more accurate term when referring to the killing of women. Domestic violence and intimate partner violence are used throughout this report, together with intimate partner homicide (IPH) or femicide to refer to killings of women by current or ex partners.

Local context

Engleshire is a rural county with three population centres. In mid-2006, the population was approximately 850,000 with less than 4% of people belonging to black and ethnic minority groups. Twenty per cent of the rural population work in the agricultural sector. The county has above average deprivation.

Engleshire County Council's Community Safety Team has, since 2004, had a Domestic Violence Reduction Coordinator. Working across both statutory and voluntary sectors, their role is to ensure a joined-up approach across agencies in tackling domestic violence in the county through a framework consisting of seven crime reduction partnerships and six domestic violence forums. Specific local targets on domestic violence, as part of a performance management strategy include a higher conviction rate and improving victim protection. One of the refuges in the county has provided safety and support to women for over 30 years.

National policy context

In 2004/05 there were 820 homicides in England and Wales; 231 victims were female, of whom almost half (45%), were murdered by a current or former intimate partner (Coleman et al 2006). Whilst comparatively few incidents of domestic violence result in homicide almost half of all lethal violence against women is committed by current or former partners.

A combination of lobbying by women's organisations, prevalence research and a study demonstrating that the annual costs of domestic violence are in the region of £3.1 billion (Walby 2004), have raised the profile of domestic violence in both public consciousness and policy. Since 1997 government has stressed responding to domestic violence as a crime and introduced a number of measures aimed at increasing reporting and improving responses

(Hague & Malos 2005). From the development of a national helpline, increasing offenders brought to justice, use of risk assessment to routine screening by midwives, domestic violence now features in national and local policy and performance targets, including in the Best Value Public Service Agreements for local authorities. An Inter-Ministerial Group leads government action on domestic violence supported by a small unit of officials tasked with delivery on the Domestic Violence Delivery Plan.

The Domestic Violence, Crime and Victims Act 2004, among other measures, created the statutory basis for carrying out multi-agency homicide reviews for anyone over the age of 16 whose death was due to violence, abuse or neglect by a relative, intimate partner or member of the same household. A similar process, termed 'fatality review' has been operating across regions of the USA since the early 1990s (Websdale 2003). Typically, domestic homicide reviews involve statutory agencies and service providers. Through a detailed examination of events leading up to the homicide and what was known to agencies previously, they aim to identify gaps in service delivery as well as offering opportunities for improving preventative intervention in future cases. Analysis of the domestic homicide reviews conducted by the Cardiff Women's Safety Unit (Robinson 2003) and the Metropolitan Police (Richards 2003) has resulted in the development and adoption of risk assessment tools (see Humphreys et al 2005).

The criminal justice focus of government policy has led to the development of Specialist Domestic Violence Courts, Independent Domestic Violence Advocates (IDVAs) and a range of associated multi-agency initiatives, such as Multi-Agency Risk Assessment Conferences (MARACs) within Multi Agency Public Protection Arrangements (MAPPAs) formalised in the Criminal Justice and Court Services Act 2000. Whilst the latter originally focussed on sex offenders these processes have increasingly been used to assess and manage IPV perpetrators. Whilst currently available in only some parts of the country, with variable resources and caseloads, these multi-agency collaborations have at the core a focus on risk assessment and enhancing victim safety.

The Domestic Violence National Delivery Plan was rolled out in 2005, addressing five broad targets: reducing the prevalence of domestic violence; increasing reporting rates; improving criminal justice outcomes; ensuring support for victims; and reducing domestic violence related homicides (Home Office 2005). The 2006 progress report indicates that future work will be centered on consolidating a Co-ordinated Community Response. A primary objective for 2007/8 is 'to increase the early identification of – and intervention with – victims of domestic violence by utilising all points of contact with front-line professionals' (Home Office 2007, p19). The emphasis on risk and safety planning reflects a commitment to enhance the criminal justice system response to domestic violence within local multi-agency partnerships. One indicator of their success will be if local incidence of intimate partner femicide is reduced.

The development of risk assessment

Risk assessment is the process of looking at what the possible outcomes might be from any identified hazard or threat, using a combination of known information and informed judgment. More simply, the assessor is attempting to estimate the likelihood that a hazard or threat will occur in a particular case or context. Risk management is the combination of a risk assessment and how identified risks are dealt with.

Risk assessment and management of intimate partner violence perpetrators has emerged at a time where there is increasing identification of cases, and a perceived need to concentrate on the most serious cases, linked to research evidence identifying factors associated with lethality

(Robinson 2003; Humphreys et al 2005). IPV risk assessment instruments developed out of the 'checklists' used in the 1990's, primarily in the USA. Whilst the original 'checklists' were quite short, current risk assessment instruments are often lengthy and increasingly detailed, incorporate a scoring system. Some are designed to assess the risk of intimate partner femicide and/or the likelihood of severe/repeat violence. It is this process which forms the foundation of MARACs.

Types of risk assessment instruments range from those designed to inform social services and criminal/civil justice processes, for example the Spousal Assault Risk Assessment (SARA) (Kropp, Hart, Webster & Eaves 1994), used for this purpose in Engleshire, to those developed mainly for use by police officers to enable a quick evaluation of risk to inform immediate and possible longer term action to enhance victim safety. The most common form of the latter type in the UK is SPECSS+ (Humpreys et al 2005), used by the Engleshire Police domestic violence units.

Structure of the report

This report begins from an assessment of the current knowledge base on intimate partner femicide, drawing on models of risk assessment and recent academic publications we explore seven recent cases that took place in Engleshire. Within this our particular question concerns the knowledge and actions of informal networks: the friends and family of the victim and perpetrator. Chapter 2 outlines the methodology including a discussion of barriers to engaging informal networks. Chapter 3 reviews current literature. Chapter 4 presents the original data and analysis locating what was known to agencies and informal networks in current models of risk and risk management. Chapter 5 explores agency evidence bases. We conclude with a series of reflections on what lessons this, albeit small sample, contain for policy and practice.

Chapter 2: Methodology

The background to this exploratory study has already been outlined. The research was designed to address five key areas.

- Examine the experience of the families and wider networks leading up to and including the immediate aftermath of the victims' death, including what was known about potential risks.
- Identify how service delivery could be improved to this group.
- Consider the needs of children within the families and identify potential improvements in responses.
- Examine the experiences of the perpetrators and identify what service improvements could assist in preventing intimate partner femicide.
- Examine the role of the statutory and voluntary agencies and identify what changes could assist in preventing future deaths.

The project required four strands of data collection: a literature review focussing on intimate partner homicide/femicide and the homicide review process; analysis of case file data including witness statements; semi-structured interviews with informal network members of the victims and perpetrators; expert interviews with professionals and relevant agencies in Engleshire. At an early stage an additional case was added to the original six cases making a sample of seven. The Domestic Violence Homicide Steering Group (DVHSG) supported the research throughout.

Literature review

The initial intention was to limit the literature review to UK studies and commentaries. However, the literature search revealed that British research, although pioneering in many ways, was limited and failed to reflect the complexities and characteristics of intimate partner femicides. The search was, therefore, expanded to include research undertaken in North America.

The resources at the Child and Woman Abuse Studies Unit were used, especially a large collection on domestic violence supplemented by online searches through abstract databases and requests for unpublished papers. Government reports and statistics from the UK and North America were also accessed. Searches were undertaken using a range of words and phrases including: intimate partner homicide; domestic homicide; family homicide; spousal homicide; intimate partner femicide; femicide; uxoricide; homicide-suicide and wife killing.

Case file analysis

Criminal justice system files on all seven cases were made available and read in the early stages to provide background information; identify potential informal network interviewees and ensure the researchers had a strong grasp of case profiles.

Interviews

Three layers of interviews were planned, with informal networks, surviving perpetrators and agency informants.

Informal networks

This was the original element of this study – looking beyond agencies to assess what was known about these cases. The aim was to undertake 5-6 interviews per case (a potential total

of 35-42) with immediate family members including with surviving children, friends, colleagues and others in the wider network.

A protocol was agreed with the Steering Committee to approach immediate family members through the police Family Liaison Officers (FLO's). From that outset this proved problematic. In six cases the FLO's were identified and contacted during summer 2006, three had moved departments. In one case it was impossible to make contact before mid-Autumn as they were engaged in a distant operation. Whilst two were extremely enthusiastic, most were reluctant and one FLO stated it was inappropriate to renew contact. Misgivings centred on the process of 'disengagement' required of FLO's and discomfort with being asked to re-engage, particularly when this was to facilitate research. The circumstances of each case, and the relationship between surviving family members and FLO's, also constituted barriers. In five cases the FLO for the victim's family made contact with an immediate family member inviting them to participate, two agreed. In one case where the FLO for the victim's family declined to assist the FLO for the perpetrator's family invited them to participate, they refused. In the final case, almost all the close relatives of the victim and perpetrator live overseas and speak no or little English. An approach to those in their friendship network was made through a refugee support agency and the manager of the hotel in which they had been staying.

The FLO reluctance coupled with the refusal of some family members to participate, led to a change in approach. A letter from the research team was sent by the county constabulary to potential interviewees identified through the case file review and recommendations from informal network members who had agreed to an interview. One family requested that no approach be made to the extended family network or close friends of the victim. This wish was respected. No information on wider network members was available for Case 6 and the family declined to provide details. Thirty-two letters, covering five cases, were sent during October 2006, with reminders one month later.

Despite these extensive efforts, only nine informal network members across four cases agreed to be interviewed; a quarter of the hoped for sample. Whilst this was a disappointing result, and possibly reflecting an overly optimistic goal, those who did participate provided a wealth of rich data. The interviews explored what informants knew about the relationship prior to the femicide (and suicide in three cases), experience of support afterwards and their understanding of domestic violence. Decisions not to participate were couched in statements about 'moving on with their lives' and 'not wanting to revisit a painful time'. In some cases it was four or more years later and this may have made a difference. That no adult children agreed to participate is interesting suggesting that there maybe profound long term consequences, which have received limited attention.

The complexities of access suggest processes involving informal networks, including homicide reviews, should consider whether the time lines of research and policy are in tension with the needs of family and friends to 'move on'.

Perpetrators

Three of the seven cases involved perpetrator suicide. The original aim to interview the remaining four proved impossible. In Case 2 the perpetrator, serving a life sentence for murder, continues to protest his innocence and was in the process of appealing his conviction. In Case 3 the victim's family, carer's' for the surviving children who regularly visit their father in prison, requested that no attempt was made to approach the perpetrator, also serving a life sentence for murder. In Case 5 the perpetrator had been released from prison having served

nine months of an 18 months sentence for manslaughter. Despite the best efforts of the FLO it proved impossible to trace him. In Case 6 the perpetrator is detained in a secure mental health institution and the FLO advised against attempting to gain permission to conduct an interview.

An overview of each case, the research strategy and the outcomes, are provided in Appendix 2.

Agencies and professionals

The original plan was to interview 10 - 15 key informants in relevant statutory and non-statutory agencies. Following discussions with the Steering Group this data strand was expanded. A total of 36 interviews were conducted: police (n=5); GP's, solicitors, women's support services including refuges and rape crisis (n=4 respectively); social services including child protection and mediation services (n=3 respectively); children's charities and support organisations, victim support and housing (n=2 respectively); probation, education, court and witness services, Crown Prosecution Service, statutory sector specialist domestic violence service, substance misuse agency, health department (n=1 respectively). All interviews were tape recorded and transcribed. Since we knew few agencies had prior contact with the families the content explored knowledge and understanding of domestic violence issues. Analysis focussed on what interviewees knew about risk factors, risk assessment instruments and the usefulness of these to predict risk of future intimate partner violence and homicide.

Data analysis

Detailed case histories were created with particular attention paid to histories of violence, involvement of agencies, and references to informal network members. Data analysis of all material took place using the matrices in Appendix 3 and 4 to track the presence of risk factors and whether anyone knew of this before the femicide.

Where direct quotes are used in the text members of informal networks are identified by case number and type of informant: victim's parent (1), friend (2), wider family member (3); and ex-partner (4). In addition interviews took place with perpetrator's ex-partner (5); accommodation manager (6); refugee agency (7) and education officer (8). Agency interviews are notated to indicate where they work and have an interview number.

Chapter 3: What We Know About Domestic Homicide

Whilst domestic violence has been extensively researched, intimate partner homicide is less studied (Aldridge & Browne 2003), although there has been a growth in attention from the early 1990s in North America. A growth in UK literature is evident since 2000, influenced by the imminent implementation of homicide reviews (Home Office 2006). Studies were also identified from: Israel (Landau & Rolef 1998); Russia (Gondolf and Shestakov 1997); South Africa (Matthews et al 2004) and Sweden (Belfrage and Rying 2004).

A core theme in the literature reviewed was the identification of risk factors for intimate partner homicide (see, for example, Campbell et al 2003a; Campbell 2003b; Dobash et al 2004 & 2007; Kropp 2004; Wilson & Daly 1993). The specific risks identified are explored below, with a discussion of ongoing debates in determining the key characteristics of intimate partner homicides. Before that key findings from the most contemporary UK research are summarised.

UK research

The *Homicide in Britain* study (Dobash et al 2001) set out to identify the risk factors and situational contexts that underpin different types of homicide. The study included a retrospective review of the Homicide Index covering 866 cases from 1980 – 2000, 786 male and 80 female perpetrators; 200 interviews with perpetrators, 90 per cent of whom were male. Fourteen per cent of the 786 male perpetrators (n=106) had killed an intimate partner. The study not only filled a gap on homicide research in Britain but more widely since most studies are 'based on socio-demographic correlates and uses large datasets that are not disaggregated by type of homicide' (Dobash et al 2001, p1).

More detailed analyses of men who murder an intimate partner were undertaken (Dobash et al 2004), assessing whether intimate partner homicide perpetrators are ordinary men who 'lose it' and/or or whether they are distinct from men who kill other men. Through an exploration of 'conventionality' analysed across 'childhood, adulthood and circumstances at the time of the murder' (p578) IPH perpetrators were more 'conventional' with respect to 'education, employment, persistent criminal behaviour and general use of physical violence' (op.cit, p600). They were also less likely to have had parents whose relationship had broken down, a father who abused alcohol, lived with domestic violence in childhood or had a criminal record. The image of conventionality is less in evidence when other factors are considered, such as relationship problems and violence to previous and current women partners. The researchers conclude that the claim to 'conventionality' alters depending whether factors public and/or private are considered and that men who kill intimate partners are diverse.

The most recent publication from this ground breaking study (Dobash et al 2007) compares IPH perpetrators with men convicted of intimate partner violence. Supporting their earlier findings (Dobash et al 2004), IPH perpetrators appear more 'conventional' than non-lethal perpetrators although the study does highlight '… that for many of the factors both groups had backgrounds that were more problematic than would be expected in the general population' (p346). Relationship specific factors, including jealousy, sexual assault and violence to a previous partner distinguished those who killed their ex/partners.

Risk factors/risk analysis

Whilst previous physical violence has been identified in almost all research as the key risk factor (Campbell et al 2003a; Campbell et al 2007; Moracco, Runyan & Butts 2003), the Dobash's (2007) found that previous violence against the victim was less likely in the lethal

than the non-lethal group. All of the latter had been convicted of assault, and although the majority of the men who killed had used violence a minority had not, men who killed their intimate partner were more likely to have used violence against a previous partner. Nicolaidis et al (2003) concur, their study on women who survived an attempted femicide found that most fall in the middle of a spectrum of abuse, neither the most extreme or an absence of abuse. One factor distinguishing the intimate partner homicide perpetrators in the Dobash et al (2007) study was prior sexual assault. That this has been found consistently in previous studies (Campbell et al 2003; Nicolaidis et al 2003; Kropp 2004; McFarlane & Malecha 2005) means it is a key risk factor, and is emphasised in the SPECSS+ (Richards 2003).

Actual or potential separation between the victim and the perpetrator has also long been recognised as a key risk factor (Aldridge et al 2003; Belfrage et al 2004; Campbell et al 2003a, Campbell et al 2003b; Campbell et al 2007; Dobash, Cavanagh & Lewis 2004; Nicolaidis et al 2003; Richards 2003; Wilson & Daly 1993). Campbell et al (2003) note that where the male partner is extremely controlling, estrangement is a very dangerous time, especially the period immediately after separation (see also Aldrige et al 2003). Intense jealousy also recurs as significant (Belfrage et al 2004; Nicolaidis et al 2003; Serran & Firestone 2002 and Wilson & Daly 1993), often articulated around suspicion of infidelity or potential separation (Serran et al 2002; Wilson et al 1993).

Homicides accompanied by suicide correlate strongly with intimate partner contexts (Barraclough & Harris 2002; Bossarte, Simon & Barker 2006; Campbell et al 2007). The Bossarte et al (2006) study linked jealousy and possessiveness as motivational factors within homicide-suicide and emphasised the importance of threats and preoccupation with suicide as a risk factor. Belfrage and Rying (2004) also found a suicide rate four times higher among IPH perpetrators. Campbell (2003) notes that suicide risk is significant when there is no history of physical abuse in the relationship. Where murder-suicides have been compared to homicides, higher rates of depression have been found in the former, together with alcohol abuse, a history of violent behaviour and personality disorders (Aldridge & Brown 2003).

Several studies conclude that women are at greater risk of lethal violence in relationships in which they are not married. (Aldridge et al 2003; Dobash et al 2007). Speculations as to why non-state-sanctioned relationships pose a greater risk suggests we need to explore loss of informal and formal support and that the relationship may be more elusive and lacking in commitment (Dobash et al 2007).

Given that Engleshire is a predominately rural county, care was taken in the literature review to examine any associations of IPV and femicide with rurality. We found no UK research examining this connection. That said, whether isolation, geographical and social and access to service provision intersect with domestic violence has been debated (Hester & Westmarland 2005; see also on children's experiences, Countryside Agency and Save the Children 2003). In the USA there is evidence that the risk of IPH increases with rural settings. Gallup-Black's (2005) analysis of the 1980-1999 FBI Supplementary Homicide Report highlighted that whilst overall rates of IPH fell during this period, in rural areas the rates increased, supporting the contention that it is the availability of services and intervention which has made the difference.

Migration and immigration status may present a specific constellation of risk factors. Raj and Silverman (2002), in a research overview, conclude that migrant women are at increased risk of IPV. For example, insecure immigration status can be used to control the woman, as well as being a barrier to seeking and receiving help.

Other factors noted in some studies include:

- age disparity (Adridge and Brown 2003) especially for young women with husbands more than 10 years older (Wilson, Daly & Wright 1993);
- a non-biological child of the perpetrator present in the household (Campbell 2003b);
- of 30 cases of intimate partner femicide in London, in just under half the context involved child contact (Richards 2003);
- pregnancy (McFarlane et al 2002);
- access to weapons[3], especially guns in the USA (Campbell et al 2003a; Kellerman et al 1993);
- unemployment (Campbell et al 2003b);
- substance misuse, but less evident than in non-intimate homicides (Dobash et al 2004; Dobash et al 2007);
- Personality disorders (Aldridge & Browne 2003)

Informal support

A number of studies document that women are most likely, in the first instance, to approach a friend of family member, often female, for help rather than a formal agency (McGibbon, Cooper & Kelly 1989; Mooney 1994: Kelly 1999b; Bagshaw et al 2000). In most instances the response is supportive. Friends and family can provide emotional support and practical help (Wilcox, 2006). However, the evidence base also suggests that informal networks have limited understanding of the dynamics of intimate partner violence (Bagshaw et al 2000), lack knowledge of rights and are unlikely to seek out formal support on a victim's behalf or to challenge the perpetrator (Kelly 1996b). Responses can also influence a woman's decision whether or not to access agencies, particularly the police. Unhelpful responses, including victim blame, encouragement to remain in the relationship and/or asking why she doesn't just leave, all act as barriers to further help-seeking (Kelly 1996b; Bagshaw et al 2000; Fugate et al 2005).

Despite its limitations, informal support remains the most significant source of help and advice highlighting that: 'an informed caring community of support would greatly enhance a woman's ability to evaluate her situation and decide what assistance she needs' (Fugate, et al 2005, p307). There is also ample evidence that good informal support can help some women to avoid post -separation violence (Wilcox 2000).

Fatality/homicide reviews

Fatality reviews are defined by Neil Websdale (2003) as:

[3]In the UK the most common causes of an intimate partner death are being attacked with a sharp object or strangulation (Aldridge et al 2003).

> *… community practitioners and service providers identify homicides and suicides resulting from domestic violence, examine the events leading up to the death, identify gaps in service delivery, and improve preventive interventions.* (p2)

Websdale (2003) further highlights how reviewing these homicides over time can identify broader issues within policy and practice frameworks. Of particular relevance to this study, he points to the failure to involve either informal network members or surviviors of IPV (Websdale 2005). Assessing the impacts of fatality reviews is difficult, Wilson and Websdale (2006) suggest it is too soon to link the decline in IPH in the USA to fatality reviews. They do claim that success can be measured by examining system change as a result of recommendations. Reviews conducted by the Cardiff Women's Safety Unit (Robinson 2003) and the Metropolitan Police (Richards 2003) have led to the development of risk assessment tools, which also have been evaluated (Humphreys et al 2005).

Summary

This overview suggests that IPH perpetrators may be a more diverse group than previously thought. Whilst there is some consensus about the key risk factors (previous violence, sexual assault and separation, jealousy and potential suicide), there is also considerable variation in identified risk factors and their relative weighting. In addition the documentation of fatality reviews in the US suggests that informal networks are important but are under-recognised and under-researched.

The next chapter explores what was known and done about risk and risk management in the Engleshire cases.

Chapter 4: Cases and Bases: Do the Engleshire Cases 'Fit'

The Phase 1 review identified potential risk indicators in the six cases to assess potentials for early intervention. These were not however, connected to the various risk assessment models. To systematically explore risks across each case, and what was known to agencies and informal networks, we have developed a matrix of risk factors drawing on three of the most commonly used risk assessment instruments (SPECSS+ [Humphreys et al 2005]; SARA [Kropp, Hart, Webster & Eaves 1994] and the Danger Assessment (DA) instrument [Campbell 1995])[4]. An additional column, headed CWASU, records issues which emerged in the Engleshire cases (See Appendix 3). Completion of the matrix involved identifying and listing risk factors for each of the seven cases drawing on the Phase I review, case file analysis and interviews with informal network members. Before presenting this analysis the three models are briefly summarised. The subsequent analysis explores the extent to which the sample cases fit the baseline risk assessment models.

The basic risk assessment models

The SPECSS+ model was developed through consultations between the London Metropolitan Police, other criminal justice agencies and the Greater London Authority Domestic Violence Forum. It was also informed by reviews of domestic violence homicides and was initially piloted in two police areas in 2004. An evaluation was undertaken in 2005 and minor changes incorporated (Humphreys et al 2005). The model emphasises six factors: Separation (child contact); Pregnancy (new birth), Escalation, Culture (after evaluation now understood to encompass multiple forms of isolation and barriers to reporting), Stalking and Sexual Assault. An additional eight are to be taken into consideration: abuse of children; abuse of pets; access to weapons; either victim or perpetrator being suicidal; drug and alcohol problems; jealous and controlling behaviour; threats to kill; and mental health problems. Humphreys et al (2005) noted two of these - threats to kill and controlling and obsessive jealousy – were more strongly indicated in the research literature and the evaluation of the Cardiff Safety Unit (Robinson 2004) as key predictors of future violence and potential lethality.

SPECSS+ is used by many UK police forces. Whilst often understood as an instrument to enable front line police officers to assess risk and inform immediate action, it is more accurately described as '… a complex three-stage process of initial response, risk assessment and risk management' (Humphreys et al 2005, p19).

The Danger Assessment (DA) was developed in the USA in the mid 1980s by Jacqueline Campbell, originally intended for use by nurses, advocates and counsellors. The instrument currently comprises 20 indicators, which overlap and differ with SPECSS+. Unlike the SPECCS+ model the DA includes whether or not the victim believes the perpetrator is capable of homicide reflecting the research supporting the predictive accuracy of victims' perceptions (Weisz, Tolman & Saunders 2000). Inclusion of the perceptions of current/ex partners, including a tendency to minimise, are considered important aspects of risk assessment, whether for the courts or in perpetrator programme work (Campbell et al 2003; Campbell 2005). The assessment is supported by a 'calendar' of incidents in the previous 12 months (Campbell 1995) a practice similar to safety planning (Davies et al 1998). The model has been assessed including through a multisite case control study (Campbell et al 2003). A number of

[4] Whilst a variety of instruments are used in England and Wales, for example the Violence Initial Risk Indicator in Cardiff (Robinson, 2004), we chose SPECSS+ because it is widely used and it and SARA are both used in Engleshire, both draw on the DA.

independent studies support its usefulness in predicting future violence and homicide (Heckert & Gondolf 2000).

The SARA was also developed in the USA, subsequent to the DA, and intended for the use by professionals assessing convicted male perpetrators (Kropp et al 1994). It now comprises 22 indicators, some of which are unique: past assault of any family member, strangers or acquaintances; sexual assault of and/or threats to kill previous partner/s; threats to kill unspecified others; personality disorder; past or current breach of probation/supervision; victim of or witness to domestic violence as a child. How the perpetrator understands domestic violence is also covered through questions about minimisation or denial and attitudes that support or condone violence. Such detailed information would not be available outside perpetrator programmes. The instrument has been tested and evaluated, is used extensively throughout the USA (Kropp et al 1994; Kropp & Hart 2000) and currently forms part of the risk assessment and management process in Engleshire.

There is, as yet, no conclusive evidence demonstrating a causal relationship between identified 'risk factors' and future behaviour, although many of the factors are found in cases of severe violence and homicide. Differences between not only the content, but also the purpose, of the instruments currently in use make comparison and assessment of the most *useful* instrument impossible.

The three instruments have developed in different contexts, with slightly different emphases and uses. To provide a detailed analysis and clear picture of this small group of 'aberrant' cases we decided to explore the extent to which they 'fit' the various baselines and if new factors emerge, not previously documented.

Applying the models

The matrix of indicators for the Engleshire cases based on the three risk assessment models and additional factors evident in this sample of cases is presented in Appendix 3. The most common factors identified are presented in Table 1: jealous surveillance and relationship conflict (identified in all 7 cases); controlling behaviour, actual or potential separation (identified in 6); depression, histories of violence and potential suicide (identified in 5). All, except depression, feature in some form in SPECSS+, SARA and the DA. In the rest of this chapter we explore each in more detail and link them to the Engleshire cases.

Table 1: Most common risk indicators in the seven Engleshire cases

Risk Indicator	No. of Cases	SPECSS+	SARA	DA	CWASU
Jealousy/Jealous surveillance/sexual jealousy	7	X	X	X	
Extreme to moderate recent relationship conflict/problems	7		X		
Controlling behaviour (present or past)	6	X		X	
Separation (or likelihood of)	6	X	X	X	
Depression (n=5)					X
Histories of violence	5		X		
Threats of or preoccupation with suicide	5	X	X	X	

There were additional mental health issues present in one case

Jealous surveillance and controlling behaviour

Jealousy and suspected or actual infidelity is a risk factor in all three instruments. Wilson & Daly (1998) argue that the issue here is not simply jealousy as commonly understood but 'propreitariness'; not just the exertion of control but a sense of entitlement to the partners time and attention. Based on previous work in the field of IPV, discussions with survivors, support workers and others together with analysis of the literature, we prefer the concept of 'jealous surveillance'. We believe this concept gives a stronger sense of entitlement, encompassing actions taken to 'police' the acceptable boundaries of behaviour, attempts to isolate the woman from family and friends, and limit inter-actions with other men. Jealous surveillance is one of the core aspects of 'coercive control', which characterises IPV (Kelly 2007). Stark (2007) provides a detailed breakdown of the behaviours that comprise 'coercive control': violence (including sexual coercion and jealously); intimidation (including threats, surveillance, stalking, degradation and shaming); isolation (including from family, friends and the world outside the home) and control (including control of family resources and 'micromanagement' of everyday life). One or more of these elements was evident in all of the Engleshire cases.

The Phase 1 review noted obsessive jealousy in all of the original cases and it is also present in the additional case. In Case 2 the perpetrator was convinced his wife was having an affair and repeatedly questioned her behaviour. Case 7 provides an example of jealous surveillance through constant phone and text messages when the woman was visiting friends and family, part of relentless attempts to curtail contact. One woman, through her employment within a criminal justice agency, had access to information and routes to support. It appears that she did not perceive the jealous surveillance of her partner as either a threat or as IPV. Emotional abuse, including belittling and other forms of 'put down', linked to controlling behaviour, were evident in four of the seven cases, and of previous partners in an additional two.

Isolation from wider family members and social networks was noted in the Phase 1 review. Stark (2007) describes how cutting supportive links with family and friends is an essential component of establishing and maintaining coercive control.

In Case 4 the perpetrator was reported as retaining control of family income and Cases 4 and 5 provide examples of 'household micromanagement'.

> *He's quite controlling … he wanted to control what the children were doing and not let them be themselves … he wanted the house to be absolutely clean and pristine and no toys left out … he wanted it to be sort of like a show house all the time* (Case 5:5).

These cases support Stark's (2007) contention that 'Not only is coercive control the most common context in which women are abused, it is also the most dangerous' (p276).

Relationship conflict

Relationship conflict is included only in the SARA (Kropp, Hart, Webster & Eaves 1994) but is evident in all of these cases, centred on financial issues (financial problems were present in three of the cases, in two cases there were severe debts), suspected infidelity, actual or potential separation and possessiveness. Enduring relationship conflict is considered to be a significant component of intimate partner homicides (Dobash et al 2004). Key sources of conflict identified in the UK homicide study (Dobash et al 2007) link jealousy and male possessiveness. The connections between separation and disputes over finances, actual or suspected adultery and substance misuse also need addressing (Nicolaidis et al 2003). It is

also worth considering, as argued by Gordon (1989) that it is not the factor itself (such as financial difficulties), which is the risk but their location in a household gender regime in which male entitlement supersedes the needs of other family members. The conflict, therefore, challenges his sense of entitlement, and it is this challenge that may be the real risk.

Actual or potential separation

Separation, actual or potential, is noted in all previous research as a primary risk factor for intimate partner violence and homicide (Wilson et al 1993; Walby & Myhill 2001; Aldridge & Browne 2003; Dobash et al 2007). In this respect these cases were no different. In six of the seven cases the victim had either left the relationship, indicated she was leaving or the perpetrator suspected that she would leave.

Mental health issues

Mental health problems for perpetrators are considered by some as a reliable predictor of future violence and homicide (Aldridge & Browne 2003) and it appears in both SPECSS+ and SARA. However, none of the instruments specifies depression. Whilst a skilled assessor might include depression when exploring recent psychotic and/or manic symptoms or personality disorder using the SARA or for suicide risk across all three instruments, generic workers, including police officers, rely on the 'checklist' format. In only one case (6) was the perpetrator diagnosed with a mental health condition at the time of the femicide. The original review pointed to four of the perpetrators suffering from depression. Suicide was a focus of concern for the psychiatrist in relation to Case 6 and in Case 7, the perpetrator had attempted suicide on a number of occasions, including during the current relationship. In two other cases there were strong indications either by the actions of perpetrator prior to the femicide or they had talked about suicide with friends or family members. In addition, in at least one case there was a clear indication that the perpetrator was planning to kill his partner as he had had discussed 'wife murder' with friends on two occasions (Phase 1 review) he was also displaying suicidal tendencies. In only one case, therefore, were there no indicators of mental health/disturbance for perpetrators before the actual killing.

At least one person or organisation had knowledge of this situation. Formal agencies were aware in Case 6 where the perpetrator was under the care of a psychiatrist. The victim's family knew of a recent suicide attempt in Case 7 but were unaware that there had been previous attempts, linked to relationship problems in the past. Family members, friends and work colleagues were aware of depressed in the other cases. Depression has been identified as a major feature in the backgrounds of IPV perpetrators (Gilchrist et al 2003) and one UK study found that 70 per cent of a sample of perpetrators in the criminal justice system had visited their GP in relation to depression or depressive like symptoms (Hester et al, 2006).

Histories of violence

A concern for agencies in Engleshire had been the lack of agency contact and limited previous violence in these cases. At first brush it would appear that in four of the original six cases there was no knowledge of any history of violence. Excluding the London based family where there were serious agency concerns about current violence, in only two cases (2 and 7) was an incident of physical violence known to someone else, but in neither instance was this reported to an official agency. Recent research suggests, however, that absence of prior physical violence in these relationships is not as unusual as existing risk factor frameworks suggest. We have already noted that Dobash et al (2007) found that some of their lethal perpetrators had weaker histories of violence than the non-lethal group, and highlight this as requiring further study (p346).

Examining the evidence in more detail, including information from family and wider networks, witness statements taken after the homicides and details revealed at inquests, demonstrate that whilst in only four cases was there physical violence to a current partner, and in two of these only occasional, five of the seven perpetrators had wider histories of violence. In one case involving a couple seeking asylum in the UK, the perpetrator had an extensive history of physical and sexual violence to his current and ex-partners, to others, including the use of weapons. However, this history was not known to fellow residents, friends or involved agencies. Another three perpetrators had histories of violence to previous partners, one also with a history of violence to others. Another had sexually assaulted their current partner and there are strong indicators of physical violence to a previous partner. We cannot know whether the homicide victims themselves knew of these past histories of violence, but in one case surviving family members are adamant that the victim had no knowledge of violence to previous partners. In only two cases therefore, does there appear to be no history of either physical or sexual violence to current or previous partners.

A lack of effective criminal justice response with respect to previous partners was also evident in some of these cases. For example, in Case 7, the perpetrator had received community sentences for extremely violent assaults on two previous partners: an ex-wife and a girlfriend.

> *I want to get across, I think that when he went to court for his attack on his wife and for the other girl, he got community service both times. I disagree with that intensely. Maybe the first time the benefit of the doubt, but I think something more should've been done, I think they let him down as much as they let us down by not treating him properly. Community service for nearly killing somebody is not in my opinion good enough. I think that that was a disservice that has been done in all this.* (Case 7:3)

Currently only the SARA includes violence to previous partners as a risk indicator. On the basis of this (albeit small) sample we suggest it is included in any assessment, especially by MARAC's and IDVA's. Being alert to prior violence to others is supported by analysis of the links between rape and IPV in Metropolitan Police data: at least 70 per cent of perpetrators of serious domestic violence had criminal histories including for offences committed outside the home, some involving rape and sexual assault (Richards, 2004). This points to the critical importance of intelligence based policing, accurate data collection and offender profile checking. Thinking incidents are 'just a domestic' risks loosing critical information which might better signal potential lethality.

Less common indicators

Potential risk indicators not listed in any of the three instruments but which appeared significant in this small sample of cases were: relationship status, age differential and irregular legal status.

In three cases the couple were not married, and in one they had only lived together briefly. Previous research suggests that homicide rates are much higher for cohabiting women and where couples are not living together but are, as could be concluded for Case 1, in 'serious dating relationships' (Mouzos & Shackelford 2003; Dobash, et al 2007). Whilst not a factor in the original six cases, in Case 7 the perpetrator was more than 10 years older than the victim and an age differential of 10 or more years significantly increases the risk for intimate partner femicide (Dobash et al 2004).

It is not clear whether the irregular legal status of the asylum seeking couple was a factor in the intimate partner femicide but there is no doubt that the victim in this case would have faced additional barriers to help-seeking including the need to prove a case for asylum in her own right and an inability to claim benefits under the 'no-recourse to public funds' rule (Gill & Sharma, 2006). Further work is needed on the extent to which ethnicity and migration are connected to rates of intimate partner violence and femicide. In particular, we would welcome an approach which views irregular immigration status and migration as 'conducive contexts' for IPV in two senses. Firstly, being a woman dependent on a male partner for status and livelihood increases the potential for coercive control. Secondly, migration is a context in which gender relations are in flux, with movement from one gender order to another. This may result in an expectation/desire for greater equality from the woman, alongside a perceived need to assert traditional entitlements by the male.

Clustering

None of the research on risk assessment indicates that a single factor is predictive, albeit that all stress recent severe physical violence and/or sexual assault of current partner. Rather a clustering of factors is anticipated in high risk cases and each instrument employs a different method of ranking. We considered undertaking this exercise retrospectively, but concluded that it would add little additional insight since we do not have the same depth of information about each case. It however, is possible to assess how many factors were present. Using only those listed in the three instruments, whilst including depression as part of mental health concerns, ten or more factors are present in Cases 6, 11 and 2 and five to nine in Cases 4, 7 and 3. In only one, Case 5, is there less than five (n=4). In this respect, therefore, the cases do 'fit' with the risk assessment models, and are not so 'aberrant' as a surface examination would suggest. At the same time, less than a third of the factors listed in any of the three instruments were found in the Engleshire cases. This raises questions of whether these instruments are adequate to enable assessment of risk and/or potential lethality.

One lesson from the Engleshire cases is that current risk assessment instruments, particularly those which take a 'tick box' approach, are limited. In our view coercive control and jealous surveillance are more important indicators than actual violence. Instruments should be amended to ensure this is highlighted. Also enquiry with respect to violence towards previous partners must be included whilst assessment of the mental health of perpetrators should be expanded to include depression.

Whilst some or all of the main indicators were present in the Engleshire cases these do not become cues for action unless a) someone knows about them and b) knows that they indicate heightened risk. In these cases no one person in either a formal or informal network was aware of more than one or two and the risk of clusters would not necessarily have been apparent. However, what is also crucial is that knowledge of indicators becomes a prompt to action.

In the next sections we examine what agencies and informal networks knew about the cases, and how they acted on this knowledge.

What agencies knew and did

One crucial aspect of this sample of cases is that in only two was there any on-going agency contact and interviews with relevant agencies in Engleshire failed to reveal any other contact with any of the other families. There was extensive agency involvement in the London based

family but despite 'forensic prediction of homicidal risk' (Phase 2 review) the family were sent on holiday to a caravan park in Engleshire unknown to local agencies and without supervision. The outcome in this case may have been different if the case had been subject to the MAPPA process and/or steps had been taken to remove the perpetrator from the household.

Agency involvement in the other case centred on irregular legal status. The family were supported by a local non-statutory agency for asylum seekers and an education service, providing English language support to the children. Neither are involved in risk assessment processes and saw no reason to refer the family for it. The inter-actions between the couple were on display to the hotel and agency staff, as well as other residents. They were described as having frequent 'arguments', often in front of other residents but there were no reports of any physical violence. References were made to the 'volatile and explosive' nature of the relationship by hotel and agency staff but this was 'culturalised' and thus normalised.

> *Mrs. G. could be volatile … if somebody upset her she would make it known to that person, but nothing that I would say was any different to anybody else, because they were all asylum seekers. So it was not what I'd class as English behaviour, but obviously them coming from sort of like Latin, Portugese countries.* (Case 2:6)

> *She was a fairly fiery lady to say the least, and so things could get quite argumentative and volatile, even allowing for the cultural difference between me being British and them being from an African country.* (Case 2:7)

The victim in this case was also described as cheerful, outgoing and friendly; extremely helpful to other hotel residents and as a taking a primary role in childcare of both her own and other's children. There were suspicions that the perpetrator may have been having relationships with other women, based on his reference to 'his many girlfriends'. Following his arrest it emerged that he had stalked a female entertainer working at a local lap-dancing club. Staff at the support agency could point to 'arguments' and 'volatility' in the relationship but concur that they had no suspicion that anything more serious might be indicated and they were extremely shocked at the victim's death. In fact, they found it difficult to accept that the perpetrator was responsible. Whilst in all the other cases it was clear from the outset who had killed - because they had also taken their own lives, or because they admitted responsibility - in this case the victim's body had been dumped and a murder investigation lasting six months led to the arrest and conviction of the victim's partner.

> *There was nothing at all which made me even suspect that it might've been Mr. H. at that stage. I still frankly have some trouble with that. Even when he was arrested and charged. I used to think back on it, was there anything I missed that I didn't see. And I'm still quite ambivalent about him being found guilty.* (Case 2:7)

It is unclear whether this ambivalence reflects a doubt with respect to the courts finding of guilt or concerns about their failure to countenance the possibility of IPV. It is possible that the workers may have interpreted 'volatility' differently if they had been aware of the history of violence.

Apart from one case (6) no perpetrators were currently seeing GP's although two had seen GP's for depression some time previously. There was limited contact with two of the victims

prior to the intimate partner femicide, all with respect to minor aliments. From the data available it appears that GP's had limited knowledge of any of the documented indicators.

In one case (4) the woman had approached an agency seeking assistance with separation. This woman, a homeowner, had talked to the housing department about potential re-housing but had been advised that they were unable to help unless there had been physical violence (Phase 1 review). This is one of the two cases where there is no evidence of physical violence prior to the femicide and it would seem that whatever aspects of the relationship the victim discussed with the housing department either it was insufficient to trigger a referral to a specialist domestic violence agency or the worker had insufficient knowledge of the coercive control that characterises much IPV. This case tragically illustrates the limitations of an incident, crime-based framing of IPV: the absence of specific acts of violence was deemed more significant than the woman's assessment of her unsafety and the current knowledge base on domestic violence. If she had been able to access positive support and advice, she might still be alive.

The only other contact with an agency reported by family and friends was a consultation by the victim in Case 7 with a debt counselling service. The presence of debt in half of these cases suggests these agencies should be part of domestic violence forums and co-ordinated community responses.

There are complex implications for prevention, policy and practice if there is limited agency contact with victims of IPV. Risk assessments take place once there is cause for concern usually following a report to an agency by the victim. They are therefore currently of little use where no such report is made. The next section discusses whether there are potentials for prevention in informal networks.

What informal networks knew and did

Whilst small in number our interviews with informal network members confirmed our suspicions that they knew far more than agencies. Much of our information about depression, suicide risks, relationship conflict, jealous surveillance, 'low level' aggressive behaviour and emotional abuse comes from these interviews.

In two cases the victims had either told or hinted to someone about actual violence or it was known about by others. In Case 2 a friend, another female asylum seeker not resident in the same hotel, had been told about one incident of violence and the victim had also referred to problems in the relationship using the phrase '[Mr. H.] upset me last night.' She had refused to elaborate, and did not speak about these issues again. In case 7 one family member reported that the perpetrator had been violent on one occasion in the week before the homicide but, as far as is known, she did not speak about it to anyone. It later came to light that a male family member had seen bruises and marks on this victim's arms.

Actual or potential separation was known about by informal network members in four cases and it is possible was also known in an additional two. Family and friends also indicated that they were aware of forms of emotional abuse, including belittling of the victim and controlling behaviour and in one case this had been discussed with the wider family network.

> *She told me everything except the fact that he had hit her, and she never, ever told me that, ever. She told me what he called her. I saw texts when she was*

> *round here that you would send to somebody you hated, and that's from a man who's supposed to love you and you live with! He wouldn't leave her alone. He was frightened to death she might find someone else. So he couldn't bear the fact that she wasn't in his grasp, if you like, and he did hate her coming to my house (*Case 7:3*).*

In most, although not all, cases informal networks were supportive of the victim but interpreted their frustrations and challenges to the man's control as 'volatility' or severely underestimated the potential risk to the victim.

> *Nobody obviously thought he was going to really do too much to her, and they obviously didn't think he was going to kill her, or it would've been a completely different situation* (Case 7:3).

Whilst upsetting in the context of the deaths of all seven women, victim-blame and excusing the behaviour of the perpetrator was evident in some accounts, and deserves some attention, since it can form a barrier to recognising danger.

> *She did have a tendency to be bossy. She was very, very fiercely independent, she was highly intelligent and well-organised person. In fact I think he always felt slightly inferior to her. … He was obviously quite a proud person and, you know, he just flipped that day, and I can think of nothing else. It was so out of character* (Case 1:2).

> *He was a very mild-mannered sort of chap. … She got unreasonably angry, to the point where, you know, she would throw things about and shriek and scream about the silliest little things. … The children never blamed him [the perpetrator]. They realised as well that it was her temper that brought this on, and I'm sure it was. He was a very mild-mannered sort of chap. The assumption is that they were sitting there having a meal and something blew up, just out of the blue, he just snapped and strangled her* (Case 1:4).

> *She had a very bad temper* (Case 2:3).

The propensity for family members and friends to blame the victim is well established (Glass, 1995) and is reflected in public opinion surveys, most recently demonstrated by the survey of 1020 adults in the UK conducted as part of the BCC 'Hitting Home' season (BBC 2003) and a survey of 16-21 year olds for the End Violence Against Women (EVAW) campaign (Amnesty International 2006). Two forms of behaviour were assessed in the BBC poll and both were seen, by men and women, as excusing IPV: infidelity (64%) and 'nagging' (67%). Interestingly, the proportion supporting 'nagging' as an excuse for violence drops dramatically in the EVAW survey of young people, where only two per cent agree that 'it is acceptable for a boyfriend to hit a girlfriend if she nags' (p6). What is unclear is whether violence becomes a more acceptable response to 'nagging' when the focus of surveys is on established partner relationships. A girlfriend 'pushing' a boyfriend too far – a form of behaviour which can be seen as 'nagging' was also explored in this survey and here eight per cent of young men agreed it would be acceptable to use violence, compared to only three per cent of young women. This finding is closer to that found in an earlier study of young people (Burton et al, 1998) where 12 per cent of young men thought it would be acceptable to hit a woman if she was 'nagging'.

What such polls cannot explore are the ways in which some of the tactics in coercive control function to deflect attention from the perpetrator to the victim, and/or serve to diminish her in her own and other peoples' eyes. Women become 'victims' – more passive, powerless – through the practices of coercive control. They thus appear less deserving of support and understanding, and much easier to blame. The other side of these cultural constructions of 'proper' or 'deserving' victims are women who appear to others as strong, and especially as difficult. Especially where the self-representation of perpetrators is as 'good' men and even as the 'real victims', the underlying gendered power relations in the relationship which operate in private can be obscured (Morris 2003). It takes sophisticated gender analysis to unpick such apparent paradoxes. Challenging victim blame, therefore, relies on enabling people to recognise and name patterns of coercive control, to recognise how abuse changes self-perception and that of others, and the ways in which some abusive men cast themselves in the position of victims.

Despite informal network concerns in only one case was a risk of serious violence countenanced. Family and friends in Case 7 were extremely worried. A combination of 'pressure' consisting of objecting to how the perpetrator talked to and behaved towards the victim, voicing their concerns to her, and 'support' including providing her with space to talk alongside help with moving had enabled the woman to leave the relationship. One relative used her own experience as a reference point.

> *I didn't like the way he was with her. I was in an abusive relationship before, and my husband was very similar in the way he was - constantly belittling her, and trying to make her look an idiot in front of other people. The pattern that I could see being repeated was the same one* (Case 7:3).

Her concern for the safety of this woman would certainly have increased had she, or other members of the family, been aware he was subject of injunction in relation to a previous partner.

Unfortunately in these cases, relatives and friends failed to view coercive control as domestic violence and none to our knowledge discussed their concerns with any agency. Family and friends like many professionals view domestic violence as primarily physical violence.

> *If they'd been people who was violently arguing and fighting all the while, you know, I would've perhaps not been so shocked* (Case 1:2).

In this small sample of cases what emerges is that whilst friends and family knew a lot about indicators they lacked the knowledge and resources to interpret them as risk factors and thus failed to act to enhance victim safety.

In the aftermath

Family and friends were also asked about support in the aftermath of the femicides and/or suicides. Support, either for the adults or the children involved, seems to have been extremely haphazard. Victim Support was mentioned in one case but the interviewee was unclear what they could or would do and nothing was offered with respect to the children. There were two cases involving children of previous partners. In one, the children, older adolescents at the time, were offered counselling through the police Family Liaison Officer (FLO). Their father was extremely concerned that there was no follow-up. In the other case no support was offered.

> *No agency approached us in any way. I can remember thinking at the time that in a sense the children and I were almost invisible. We just weren't part of the picture. [Being offered help] would've been nice, to have some acknowledgement somewhere along the line* (Case 5:5).

Ex-partners of the victim or the perpetrator who were parents of shared children were rarely offered any form of support and as the quote above notes, they felt 'ignored' by the authorities. Lack of information about inquest dates, trial dates, outcomes were major concerns particularly as in both cases details were gleaned either through the children or the media.

There is considerable documentation of the needs and challenges for children when one parent is killed by the other (see, for example, Hendriks, Black & Kaplan, 1993). In some of the cases they 'fell through the cracks' reflecting inconsistency in relation to children living with domestic violence more generally and, as noted by several interviewees, the lack of adequate and relevant children's services. The exception was the daughter in the asylum seeking family where there was extensive involvement of social services and education. Even here however the adequacy of the response was questioned.

> *The extended family community were not really taken into account as much as they could and should have been. I mean some of them were like third mothers to her. There were women within that hotel community who loved her [child]. I know they were asylum seekers and they perhaps couldn't have been considered as foster carers [but] the people in the hotel were her family, they were very close-knit and the tragedy brought them all much closer together. I think that could've been considered more* (Case 2:8).

Another worker had asked that links be maintained with friends in the hotel but this was neither promised or ensured.

Following the recommendation from the Phase 1 review a protocol has been agreed between Engleshire Social Services Children's Services and county Police whereby Children's Services are notified in all cases of domestic homicide involving surviving children. The Children's Services County Safeguarding Manager is responsible for liaising with local services to organise appropriate support. This may include referral to an existing specialist support service for bereaved children.

Members of the wider kin and friendship networks, even where they had been interviewed by the police but subsequently not involved in any criminal case, also raised this issue. The inconsistent approach to providing information about case progress identified in research on rape is reflected here for the wider network in homicide cases (Kelly et al, 2005).

> *You don't know what is available, you have no knowledge of what might be there for you, and so when you don't know what's there, it's hard to ask for things. If they made an approach saying, "we can put you in touch with these people who can help" or things like that. Ways of giving practical help … and certainly guidance through the legal process to help people understand what's happening and when it's going to happen, how long it's going to take, would be very useful* (Case 5:5).

The exception to this pattern is the family and wider network in Case 7 where the FLO and Victim Support worked very closely to ensure information and support was available to all of those who needed it. It was greatly appreciated.

> *[Victim Support] were lovely, and they helped us – all of us a lot. They were good, and our liaison officer, I couldn't say enough about him, he's an absolute star* (Case 7:1).

It seems we need to learn the same lessons repeatedly – that being acknowledged, treated with respect, and informed are crucial aspects of procedural justice (Kelly et al, 2005). Whilst the announcement in June by the Attorney General of the 'Victim Focus'[5] initiative providing for closer liaison between the prosecutor and the families of homicide victims is to be welcomed, it is limited to having a 'voice' in the case and does not recognise the breadth of those with direct connections to the case (including children) and the range of information and support needs they may have. They also hold vital information, which their participation in homicide review processes and this research has demonstrated.

The aftermath of each IPH is a context in which family, friends and agencies are all dealing with 'if only's'. The loss of a loved one, in frequently traumatic circumstances, raises unanswerable questions and confronts with at times unmanageable emotions. Protocols need to be in place to ensure that support and information is provided to all those whose lives are impacted by IPH.

[5] News release, 22nd June 2007. Attorney General announces new role for prosecutors supporting victims' families.

Chapter 5: Engleshire Agencies and Domestic Violence

In this section we address the question of the role of agencies and how it could be improved drawing on the 36 interviews with staff in statutory and voluntary sectors. We pay particular attention to the risk assessment processes.

Understandings

Definitions varied widely amongst interviewees and this cut across the statutory and voluntary sectors. Only a few, primarily those working in the criminal justice system, social services and women's support agencies were aware of the current government definition, used also to guide policy in Engleshire. There was however a wide understanding by the majority of agency staff that it encompassed psychological, emotional, sexual, as well as physical abuse (n=28). Some interviewees preferred the term 'domestic abuse' because it widened their focus beyond physical violence. Many also referred to same sex partnerships and violence and abuse involving family members. Those with a limited understanding included some GPs and two front-line police officers, reflecting their limited involvement in cases beyond emergency call outs. That some of the GP's have only a vague understanding of domestic violence, or of how to respond, is supported by the findings of Hester et al (2006).

Risk assessment and management

Over half had either not heard of risk assessment tools, or did not understand them (n=21). This group included two front-line police officers, lawyers and GP's. Members of the police domestic violence unit had a very thorough understanding of SPECCS+ but expressed concerns about the variation in understanding amongst front-line officers.

Very few informants knew of, or used, SARA. A small number of agencies had adapted screening and risk assessment tools or developed their own, with a further two in the process of developing or piloting tools. Three also mentioned the Duluth Power and Control Wheel (Pence & Paymar, 1990) but were unable to specify exactly how it helped them assess risk. Child Protection Services, in response to the high number of cases where domestic violence is a factor, have developed their own risk assessment tools currently in use in one part of the county and CAFCASS also reported that they are developing their own 'unified risk assessment tool', they currently use the South Wales Police Initial Risk Indicator Form developed in collaboration with the Women's Safety Unit (Robinson, 2004). This tool has also been adapted by Co-ordinated Action Against Domestic Violence (CAADA) for use by IDVA's and other agencies. There was little evidence of joined up thinking, even within the statutory sector. For example, the police domestic violence unit use SPECCS+ to inform risk management based on the RARA mnemonic[6], but not SARA, which is perceived as too complex, and front-line officers use other forms incorporating most of SPECCS+. Probation use SARA within an assessment of suitability for inclusion on a perpetrator programme, with SPECCS+ described as too simple for this purpose. Both agencies may have valid reasons for their choice but it is concerning that the two models are not comparable. That controlling behaviour (included in SPECSS+) is absent from the SARA is particularly concerning. Whilst it is unclear which indicators are

[6] Remove the risk: by arresting the suspect and obtaining a remand in custody; Avoid the risk: by re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect; Remove the risk: by joint intervention and victim safety planning, target hardening and use of protective legislation; Accept the risk: by continuous reference to the risk assessment model, continual multi agency intervention planning, support and consent of the victim and offender targeting.

common across all of these different tools or what weighting is given to any individual indicator, what is certain is that assessments are not being made consistently.

There was little evidence of training on risk assessment, especially for front line police officers, echoing findings in the evaluation of SPECCS+ commissioned by the Association of Chief Police Officers (Humphreys et al 2005).

> *At the moment, unlike the Metropolitan Police, the officers who attend the scenes don't do the SPECCS+ risk assessment. What they do is they gather the information based on the existing forms which do cover all the elements, and then they submit the form to us … To train officers fully on SPECCS+ would take up a high level of resources. It was agreed within Engleshire that it was placing too high a responsibility on the officers who attended. The biggest drawback for me at the moment is that we need to retrain front-line officers, so they can pick up more information at the scene for us to then adequately assess risk and then manage the risk* (Police DVU:1).

> *I think the only thing is how you train people on using them …particularly minimization, blame. I think it takes a lot of training for someone who's not working with clients every day to really understand what this is and how you see that* (Women's Support Service:1).

> *Any risk assessment tool is only as good as the information fed into it and the people using it, and all of us are fallible* (Social Service:1).

The limited training for front line police officers, who are responsible for initial data collection, is worrying. If they take women's accounts at face value, are not alert to the risk indicators in SPECSS+, they are unlikely to collect sufficient information to enable the specialist Domestic Violence Unit officers to undertake robust risk assessments, which will in turn have spin offs in decisions about levels of intervention and investigation. One officer with experience in using SPECSS+ in another force area argued it had been an important 'aide memoir'.

> *There are certain questions I ask to see if it highlights anything specific, which sometimes a victim might not think is relevant but obviously it's very easy to forget things. When I was in London, we had a whole book on it, and it was literally a list of questions you had to ask. End of conversation. And to be honest we could most probably do with that book here* (Police Constable:3)

This observation was reinforced by another officer's inability to remember a recent training session.

> *As far as the indicators are concerned, I can't even recall off the top of my head what they are, having just done the training* (Police Constable:1).

Ongoing problems with sharing information were a common theme, often erroneously based on fears of infringement of data protection legislation and different understandings of risk. Several (n=5) commented on the lack of a coherent multi-agency approach to either risk assessment or to risk management.

> *It's a tricky process. I don't think the levels of training or the risk assessment tools that we've got are probably adequate. The practitioners are trained workers so they've got sort of basics of the interviewing techniques and skills, but [not] in terms of balancing risk* (CAFCASS:1).

> *It is still incredibly difficult to get information out of agencies, despite [the conclusions] of the Victoria Climbe*[7] *case, people still think they can't share information, because of data protection, about risk* (NORCAS:1).

For the small number of cases subject to Multi Agency Public Protection Arrangements (MAPPA's), multi-agency cooperation was seen as working well.

> *The relationships with other agencies are all really strong, I think, in terms of the information exchange* (Probation:1)

> *It does give us an insight into some of these perpetrators, and we can ensure that we can intervene with the victim, and we often come away with many actions to ensure that the victim is safe* (Police DVU:1).

> *I think it makes agencies accountable for actually sort of taking notice. It's a very good process* (Police DVU: 2).

> *Very, very informative, very necessary, in order to have probation, police, social services around a table and exchanging information. It was a good way for us monitoring where these people were and who they were with. Very important, MAPPA's are, for that multi-agency working, for that cooperation* (NSPCC:1).

> *The MAPPA process can be useful, certainly in looking at adults who are a particularly risk to other people including children. So it's yet another way of putting together a multi-agency plan, or doing a risk assessment. It's helped us all put together a much tighter plan that we may have had before.* (Designated nurse for child protection:1).

The MAPPA process was not universally praised, Housing Departments and lawyers who are rarely involved in the process had important caveats. Housing Departments had withdrawn both their participation and cooperation on the basis that other agencies had failed to provide them with critical information to manage risk in housing allocation.

> *We would get 24 hours' notice to go and attend a MAPPA meeting and all we would be given would be someone's name and date of birth. We wouldn't know whether they had a local connection, or anything about them. Because we're a big landlord we tend to be dumped with everybody. Last year we housed five individuals that came through the MAPPA process or from Probation and we ended up creating a paedophile*[8] *ring in one of our tower*

[7] The Victoria Climbié Inquiry. Report Of An Inquiry By Lord Laming, 2003

[8] CWASU do not use the term 'paedophile' for a number of reasons. For example, its literal meaning is 'lover of children' and it 'otherises' sex offending in ways that diminish the greater risk to children from adults, and especially men, in their everyday lives.

> *blocks. We are not offering any move on accommodation to the bail hostel or another hostel, until they're prepared to share information with us. It's like we're not worthy to be told anything, they just want us to give them help* (Housing:1).

> *We are refusing to attend meetings until we're given the full background information on offenders. They don't provide a risk assessment they don't give the housing history, which is what we need in order to make housing decisions* (Housing:2).

Negotiations are currently underway to resolve this dispute, particularly as housing staff themselves recognise the importance of providing appropriate accommodation to ex-offenders.

Whilst overall the MAPPA process was seen as useful, appropriate and necessary, there was little confidence in risk assessment tools or their use to predict lethality. IPV cases where there had been no or little physical violence or where the physical violence was intermittent or 'low level' were noted by the CPS as falling 'outwith' the models for high risk, yet featured in homicides.

> *A lot of the homicide cases that I've dealt with have been cases where it's gone from very little knowledge on the part of the police as to past incidents, and suddenly it escalates, and it goes from the police not knowing anything about it to they find her dead in the kitchen. It's very difficult to predict who the really dangerous people are. It's a lot easier to predict, I think, who's going to re-offend on a slightly lower level* (CPS:1).

A women's support service pointed out that risk assessments were often not shared with victims of violence, which is a basic issue of rights and safety. From the rights perspective what are the implications of agencies using administrative data about individuals, which suggests they are in danger and not sharing that information? Safety planning, and arguably risk management, depends on the victim having the opportunity to reflect on their situation and understand it differently. If risk management is to become a 'victimless' activity, it risks being seen as a paper exercise, designed to protect agencies and workers, rather than women at risk.

Research and evaluation on risk assessment instruments raise critical issues with respect to skills of the practitioner, the danger of 'tick-box' processes and limited time to undertake assessments (Humphreys et al, 2005; Radford et al, 2006; Kropp & Hart, 2000; Robinson, 2004).

> *And then all the kind of nuances of clinical judgement that are required. The SARA is triggering you to ask the right questions in terms of the things we know that're associated with risk, but actually some of those depend on the quality of the interview that is being undertaken* (Probation:1).

Echoing documented concerns (Radford & Hester, 2006) a number of NGO's complained about the inconsistent response to cases of domestic violence by Social Services and reluctance to intervene.

> *We've got a case at the moment where we're desperately trying to get Social Services involved, and because their threshold is so high, they're not engaging. We've got a lot of concerns about the risk to the children and also to the mother. And even though we've done a very detailed referral and we're pushing it and pushing it, we're not finding that it's meeting their threshold* (Women's Support Service:1).

The lack of knowledge among some GP's is cause for concern given that in most of this sample of cases, the *only* agency having any contact with either of the parties was the family doctor. While some, particularly female GP's had reasonable understandings of domestic violence others are obviously not recognising it in their practice, since the numbers they saw in any one year were 'negligible'. One male GP was dismissive, noting that they could not add yet another item to the list of things they already had to screen for. In contrast, another called for specialist training.

> *Training should be offered in a similar way to the way it's offered for child protection. We have to have child protection training, and I think it would be very, very useful to try and disseminate this kind of thing, particularly risk management and awareness of what we can do, amongst GPs* (GP:1).

The call for training on domestic violence for general practitioners, and the lack of knowledge about how to respond to and appropriate refer perpetrators, was highlighted in a recent report from the BMA Board of Science (BMA 2007).

Directions for change

Few suggestions were made by practitioners on potential routes to reduce domestic violence homicides. One mentioned by several was for awareness and information campaigns aimed at the public with a focus on increasing awareness about risk indicators and potential responses. Linked to this was a proposal for a confidential 24-hour help-line where concerns could be reported, similar to that provided by the NSPCC in relation to child abuse.

> *I feel very strongly that there should be a reporting procedure similar to the one that is in place for child protection. It would have to be anonymous, as the child protection one is, but there should be someone or somewhere that you could phone to express your concern* (GP:1).

> *They need somebody they can contact, because people are often aware of situations but they don't know who to talk to. They tend to be a bit wary of speaking to people like the police and social services. It needs to be available possibly even 24 hours a day (*GP:2).

It is revealing that these informants were unaware that the national domestic violence help-line already provides this service albeit that it struggles to be available 24/7 due to constant funding shortfalls. A family member also asked for this service, thus any campaign should ensure that the helpline is widely promoted.

> *[24 hour phone line] But you don't know about it, do you … I think I probably would've been interested in talking to somebody, to know how I could best go about helping her I suppose* (Case 7:1).

That members of informal networks will access advice is evidenced by the nature of some of the calls received by the legal advice phone line[9].

> *I have had family members on the phone to me saying that their sons, daughters, sisters or whatever are victims of domestic violence* (Solicitor:1).

A final suggestion was that specific campaigns should target potential or actual perpetrators conveying the message that their behaviour is unacceptable.

> *It would be nice to have a national campaign to put it clearly, fairly and squarely in terms of domestic violence is not socially acceptable. We should play to the average man in the street. We need to target the men. We have to ensure that the men know that what they do their wives or partners is not acceptable, and it's not acceptable within their peer group as well* (Police – Crime Command:1).

Less frequent issues raised by interviewees included:

- limited availability of perpetrator programmes;
- inconsistent responses by Housing Department;
- poor recognition of the knowledge and experience of women's NGO's;
- lack of domestic violence training for teachers and others working with children;
- inability of agencies to respond in cases where the victim does not want intervention.

Promising and emerging policy and practice responses to domestic violence in Engleshire were noted. These include:

- positive outcomes from the employment of women's advocates/supporters to work closely with police;
- legal advice phone line;
- support, training and knowledge resources provided by Leeway Women's Refuge;
- the commitment to developing more effective integrated responses;
- interest in learning from this review .

[9] This local helpline provides legal advice to victims within 24 hours of receipt of a call in collaboration with a women's support service. It relies on the voluntary input of female lawyers and the support of a local law firm.

Chapter 6: Learnings, Lessons and Implications

A thread running throughout this report is the difference between a crime/incident-based understanding of IPV and one which locates it in an abusive household gender regime characterised by coercive control. The former emphasises physical assaults and would therefore view some of the case sample as 'odd', not fitting the risk management priorities. The latter framework alerts services to the dangerousness of controlling men, who feel entitled to the attention, company and commitment of their partner.

The current government definition of domestic violence, reflected in the policy documents of many agencies in Engleshire, reflects this dilemma.

> Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'[10].

Whilst wider, including 'abuse' not only 'violence' was welcomed by some, front line staff continue to resort to a narrow definition focussed on physical violence when responding to incidents or enquiries. Case 4 provides a classic example whereby the woman was explicitly informed that unless there was at least one *incident* of physical violence she would not quality for re-housing. A deeper exploration of her experience based on an understanding of coercive control, could have identified the potential for serious assault or homicide. These cases of murder, the most serious form of IPV, raise profound questions about incident based approaches, definitions and risk assessment. Including any incident of threat or harsh words (emotional abuse) surely draws the lines too widely encompassing events that take place in most relationships, which do not have long term consequences. The same actions, located within an ongoing pattern of coercive control have different means and consequences.

Our analysis has identified a number of key factors in this sample: coercive control and jealous surveillance: relationship conflict; perpetrator depression; potential or actual separation; histories of violence, including to previous partners, family members and others and suicide risk. Previous research on risk factors links intimate partner femicide and femicide/suicide with violence to previous partners, suicide risk and depression in perpetrators. Revisiting the risk indicator tables (Appendix 3 and 4) and drawing on coercive control (Stark 2007) demonstrates that in six of the seven cases[11], informal networks members could have picked up on one or more of these factors. None, however, linked what they knew with a potential for serious violence or femicide. There is strong evidence of the need to deepen public understanding of the dynamics of coercive control.

This widening of understanding is also needed within agencies, and specifically within risk assessments, including those undertaken through the MARAC process and the work of Independent Domestic Violence Advocates (IDVA's) and women's support agencies have arguably always been more alert to coercive control. Stark (2007) argues that such evidence emerges when questions are asked to uncover the woman's experience of control and domination. He suggests beginning with: *"Is there someone in your life making you afraid?*

[10] http://www.crimereduction.gov.uk/dv/dv01.htm

[11] In Case 6 formal agencies were aware of, and had documented, the risk of lethality.

controlling what you do or say or making you do something of which you are ashamed?" (p372).

These or similar questions may have enabled the victims in these cases to explore the jealous surveillance and controlling behaviour they were subjected to, and agencies might have been more minded to offer support.

> *I would say that none of those cases have no indicators, they've all got indicators, and it's about people not picking up on that information and not acting on it, I think that happens all the time* (Women's Support Service:2).

Whilst there were indicators in all these cases, they were not necessarily the ones practitioners would recognise as alarm bells, let alone the informal networks who were the ones holding the knowledge. Before one can act on indicators one must first know them and then interpret them as heralding danger.

With this in mind the proliferation of risk assessment instruments in Engleshire, and the significant omissions in some is extremely worrying. Whilst it may be necessary for there to be simpler and more complex tools, content adapted for specific tasks, some harmonisation with respect to the emerging knowledge base should take place across a common core. We suggest that the following should be core indicators:

- coercive control;
- jealous surveillance;
- violence to previous partners;
- depression/mental health/suicide risk for perpetrators.

Understanding IPV and recognising coercive control requires training and expertise and cannot be achieved through the routine use of risk assessment tools. Any local strategy must also invest in training and embed this within responding agencies. We also recommend that such training explore tendencies to culturalise conflicts in BMER communities and the ways in which victim blame detracts from paying careful attention to perpetrator tactics.

Our key finding that informal networks knew a lot, but lacked the knowledge and concepts to interpret what they know has many implications, not least for the emphasis on coordinated community response by government. Much more attention needs to be given to communities, by which we mean neighbours, friends, family and colleagues of victims and perpetrators.

> *Most studies exploring women's help seeking find that relatives and friends, especially female ones are the most likely sources of immediate and often long term support… Contrary to popular myth, most relatives and friends were helpful, offering emotional support and sanctuary. Although a temporary respite this seldom resolved the problems and could compound them if the violent man threatened the woman's supporters. What was less evident in informal responses though were either explicit challenges to the violent man by supporters or their acting as informed advocates for women in discovering what her options were* (Kelly 1996, p76-77).

Public campaigns should focus on increasing awareness of coercive control as it is this theme that family and friends return to in the aftermath of homicide - "if only we'd known".

> *The story in Coronation Street now. The character of Charlie. Since this happened with my daughter, that character is in my mind, and I think it's a different girl but it is the same scenario. The womaniser, the control, that is the same … [If you had seen that] you would have put it together, I probably would* (Case 7:1).

We already know from research on rape and IPV (Kelly et al 2005) that advice from friends and families can be hugely influential in decisions to report and seek help. They also provide support and safety in the short and longer term (Kelly 1996). Information campaigns must therefore include messages which validate what members of informal networks currently do whilst expanding awareness and understanding.

> *An informed caring community of support would greatly enhance a woman's ability to evaluate her situation and decide what assistance she needs. Efforts to educate communities about domestic violence and potential resources will make informal helps a more powerful resource for abused women* (Fugate et al 2005, p308).

How, and in what ways campaigns can alert networks to the dangerousness of 'clusters' of risk factors would need further exploration.

All of this points to the urgent need for 'the community' to be recognised in the provision of a coordinated community response (Home Office 2007).

Conclusions

At this point it is worth returning to the original aims of the study and reflecting on what we have learnt.

Examine the experience of the families and wider networks leading up to and including the immediate aftermath of the victims' death, including what was known about potential risks.

Whilst only a small proportion of the potential interviewees took part in this research it is evident that they carry significant knowledge about relationship difficulties and even of abusive gender relations. What they lack is a framework within which this knowledge can be placed and weighed with respect to danger and safety. Especially problematic is the tendency to view domestic violence as physical violence and specific incidents. Had several of our interviewees had a wider perspective, and an understanding of coercive control, they may have acted differently.

Identify how service delivery could be improved to this group.

Alongside the need for a different understanding of domestic violence to be promoted it is clear that in the aftermath of tragedy some support is available. However dealing with the legacies of such events especially for children appears not to be part of mainstream responses. In addition a number of parties are frequently ignored because they are not deemed central to the case: the most obvious example here being ex-partners and the children they had parented with one of the parties.

Consider the needs of children within the families and identify potential improvements in responses.

The lack of services and inconsistent approaches to children was highlighted in the interim report. It is to the credit of the Engleshire Domestic Violence Homicide Review Group that a protocol for ensuring support was immediately put in place. We highlight again the needs of children who may not have been living with the parties at the time, and are often only children of either victim or perpetrator.

Examine the experiences of the perpetrators and identify what service improvements could assist in preventing intimate partner femicide.
We were unable to interview any of the perpetrators or their informal networks. This remains a gap in the literature. However, the critical importance of coercive control and jealous surveillance suggests that all work with perpetrators, and all understandings and definitions of domestic violence should reflect the significance of these core behaviours. The potential for intervention by GP's with respect to depression should also be noted.

Examine the role of the statutory and voluntary agencies and identify what changes could assist in preventing future deaths.
As in many previous research projects the lack of consistency in understandings and responses to IPV was evident. Here too the issue of definition and understanding of IPV is critical. There is at least one case where a more nuanced understanding might have saved a life. Whilst severity and frequency of physical and sexual violence are key risk indicators, the Engleshire cases echo a finding by the Dobashes that there is a group of cases where the key indicator is coercive control. We must move to a less incident and more process understanding of domestic violence and its potential lethality.

Recommendations

Rather than make a large number of aspirational recommendations we have chosen to make only a few, all of which are anchored in the findings of this study. If implemented they would enhance risk assessment and deeper understanding of IPV in those people who could make a difference: front line first responders; risk assessors and family and friends. Our recommendations therefore are:

- agree a definition of intimate partner violence which stresses that it is a pattern of coercive control;
- ensure core content across all risk assessment tools in use in Engleshire, with additional layers based on agency requirements;
- build a analytic approach to risk assessment and risk management which highlights identifying coercive control and jealous surveillance and regarding these as potentially high risk indicators even where there is little or no documented physical or sexual violence;
- develop and expand core training, based on the above for all agencies, including GP's, which also addresses the dangers of culturalisation and victim blame;
- develop protocols and pilot projects on how to enhance informal networks as sources of support including in cases where an assessment has been made;
- develop protocols and provision to ensure follow-up support to informal networks, in the aftermath of IPH including those 'at one remove' such as ex-partners, non-resident children and close friends;
- raise awareness to widen public understanding of coercive control and highlight helplines as sources of advice.

Final Thoughts

When we began this study we considered the possibility that there might be cases of IPF and femicide/suicide which could not be predicted or anticipated: that risk factors, however well evidenced, could not illuminate. Having examined seven cases in detail from a number of angles, and undertaken critical analysis of current assessment tools, other issues have come to the fore. Firstly, the tendency for instrument content to reinforce a crime incident based understanding of IPV, which leads to poor recognition of the most critical element – coercive control (see also, Dobash et al, 2007; Stark, 2007). Secondly, even with deeper understanding, agencies skilled in risk assessment may have no information on a category of high risk cases: those with high coercive control and jealous surveillance but low incidents of physical assault. This sample highlights the need to extend domestic violence inter-agency networks to embrace agencies working on debt, with BMER communities, and ways of offering support, advocacy and early intervention through GP's and health centres. Most crucially however, we confirmed our hunch that whilst agencies may know little, informal networks know far more. If we are ever to have a truly co-ordinated community response, citizens must be provided with the knowledge, confidence and information to recognise and name coercive control and act on it.

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Appendices

1 Case Summaries
2 Engagement with informal family networks
3 Cases and Bases: which risk indicators applied
4 What networks knew
5 The risk assessment factors

Appendix 1: Case Summaries[12]

CASE 1

Mrs A died at her home, aged 49, having been strangled by her partner Mr B. The verdict of the Coroner was unlawful killing.

She was living with her two children, C and D, both aged over 16. D found her mothers body.

A had been divorced from the children's father for several years. She had been having a casual relationship with B for about the same time.

Mr B was found dead a few days after killing Mrs A. The Coroner found that the cause of his death was 'suicide by drowning'.

A would not marry B as she was frightened of getting into a violent relationship. There was one report from a neighbour who thought that her boyfriend might be beating her up, but all other reports are of a passive relationship. In fact D said that if there was an argument B would walk away.

Apart from one 'old bruise', there was no sign of any injuries. Her medical records do not reveal anything other than relatively minor ailments.

There was no escalating contact or recent reason for the GP to have concerns.

A neighbour reported that 6 months previously, A had said that she was going to end her relationship with B. She was "fed up". However the same informant said that he had never heard any arguments between them. Another neighbour reports that A was at times fed up with B's lack of consideration.

A was both a volunteer for Victim Support and worked for her the local authority, meaning she had access to advice.

B had been reliable at work until recently when he had been admonished. At work they believed he had a brother who was ill, and that this was a situation that worried him. Work colleague reports that on the previous Friday, B had been very depressed; he was not his usual self. He had discussed his marriage but they were not aware of a lady friend. B was said to be depressed about getting old and being on own. B claimed not to have any other children. B's brother reports that he always had the impression that all was alright between A and B. B's sister however reported that he appeared depressed just after Christmas. However there was no evidence that B had had any relevant recent recorded medical contact.

It appears that it was a full cohabitive relationship until four months before the death, when it changed and B only came over at weekends.

B's ex wife says that he was violent to her and raped her. She had had 3 injunctions against him after their divorce. They had been married for eight years. He was possessive and jealous, accused her of having affairs. He stalked her following the divorce, and moved in with another

[12] Summaries for cases 1 to 6 adapted from the Phase 1 review.

woman with whom he was also allegedly violent. A subsequent girlfriend says that he was not violent to her.

After A's death but before B was found, B's step brother said that he would not be surprised if he killed himself as his mother "went that way". (However evidence appears to indicate that mother had a stroke). Four weeks before B had told his son that he was going to give his house to him and his girlfriend. Three days before B attended work but did not complete the tasks allocated to him. Two days before B had without explanation handed in his work mobile phone and his van.

B had major debts of £26,000 on credit cards.

CASE 2

G died from strangulation, aged 31.

H received a life sentence for the murder.

They had one child I who was aged under 10 when her mother was killed.

The couple had come to the UK as asylum seekers and had been sent to live in Engleshire by a London Borough.

G seemed to be devoted to her daughter and worked as a cleaner at a local supermarket, where H also worked.

The only medical information was that G had an abortion in the recent past. H had thought that she was pregnant as the result of a relationship that he believed she had on the way to England. The evidence showed that this could not have been the case.

Those who knew them said they were 'mutually aggressive' 'like two men fighting'. There was an incident when G was found to be standing over H with a knife in her hand. No one saw G as a potential victim.

There was evidence that H was having sexual relationships with several women, whilst living with G. At least some of G's anger may have been linked to this knowledge and there was evidence of him stalking another local woman with whom he did have consensual sex.

The police had attended an incident in the street where G was threatening another woman with whom she believed H was having an affair. G was heard to have threatened to kill H. H was not sleeping with G but with I in her room.

Just prior to the death of G, the attitude of H appears to have changed had changed dramatically. This may have been linked to an affair he was alleged to have been having with another resident in the hotel. This woman had left her partner and moved away, the partner then attempted suicide by setting fire to himself, just after they had split up, less than two weeks before the murder.

It was reported by the Asylum Seeker Project Officer, two days before the murder, that there was a different quality to the visit. H was lying on the bed, bare chested and the TV, on loudly. He would not speak in English and G had to act as an interpreter. When asked what he was worried about he said that it was to do with the attempted suicide. The ASPO also reported that he had the sense from G that she wanted to talk. A friend of G reported that on a day just before her death that she seemed particularly upset.

During the murder investigation it emerged that H had a history of violence prior to his arrival in the UK. On one occasion he had attempted to strangle G with a piece of rope, while trying to push her through a window. He used 8 aliases and was wanted in another country for a series of knife point robberies. None of this information seemed to be known locally until the police investigation into the murder.

Although there were serious problems and there were concerns, there does not seem to have been any perception that G was being abused violently.

CASE 3

Mrs K died, aged 34 in her home. She was strangled by her husband Mr L.

L was convicted of murder, and sentenced to life imprisonment.

K and L had two sons M and N both aged over 10 at the time of the murder.

The son M said that he knew that his mother was having an affair as she would go out in the evening for long periods. L became suspicious that wife having an affair.

Neighbours sensed that K and L were not happy, but there was, no evidence of any violence.

K worked as a civilian at a police station and had aspirations to become a policewoman but could not pass the entrance requirements. At first L was reluctant to 'allow' her to do this as in the past it appears she had an affair with a policeman when she was pregnant with N and he did not want her working with men. However, latterly he was said to have supported her in her aspiration.

Subsequent to his wife's affair, L had a relationship with another woman and they split up for six months. Two years prior to her death, K wanted a further break so they split up again.
All this was against a background of L being reported by friends as being possessive.

L had visited the GP two years previously needing medication for his 'low mood' and marital problems. L told a forensic psychiatrist that he had been badly affected by his brother who had committed suicide three years previously. L had strong suicidal tendencies, accompanied by mild depression and also suffered from diabetes.

There had been no signs of any violence between K and L, although people were aware that things weren't right between them.

CASE 4

Mrs O was killed by her husband P who then committed suicide.

O and P had two children, R and S, both aged over 10 at the time of the incident. It was R who found the bodies of their parents.

R said that their Dad went to the GP because he was depressed. He was said to be depressed, had mood swings and was angry. O had been quoted as saying that P would commit suicide. S reported that he had talked about taking his own life. It was also apparent that P had talked to friends on two occasions about men who killed their wives.

P's father reports that his son was madly in love with his wife. However others report that P was telling all comers that his wife was leaving him, that she had told him this at some time in the previous month.

O told her mother that P had never been physically violent towards her, but that he was 'continually bringing her down', and that he told her that 'she was ugly and no good at sex' and 'no one else would have her'. P kept control of the money.

R had said that 'Dad was horrible to Mum'.

There is some evidence that P had tried several times to contact his GP in the months before the homicide. R said that he had seen the GP a few days before the deaths. There is no evidence that there was such a consultation.

The local district council on 25 June 2002 had advised O that unless there was any violence they were unable to assist and if she sold up they would consider her intentionally homeless.

CASE 5

Mrs T died following a fight in which she fell to the ground and hit her head.

Partner W was sentenced to less than 2 years months in prison for manslaughter.

Neighbours report that they argued a lot. They were said to be rather long arguments, sometimes 'continuing till 3 in the morning'. One neighbour said that he heard T crying and saying 'I lost my job because of you'.

Work colleagues talk of W being jealous of T.

On that day before she died T had told work colleagues that she was going to leave W.

There was no clearly relevant information from GP regarding T.

Not long before the incident, T had broken down in tears with a work friend saying that W had hit her once during an argument. This was to cheek with flat of hand and was the only account of any violence in the investigation file.

Although there were reports of the couple smelling of alcohol, the Post Mortem report commented that the level of alcohol present in both is unlikely to have been of significant quantities.

A friend reported that the relationship between T and W was very intense. T had told this friend that W did not approve of a swimsuit that showed too much cleavage. On one occasion when she had cut her hair, W secretively collected the locks and put them in a box that she later discovered.

An ex partner reported that W was an emotional man but never violent.

CASE 6

The family had no previous contact with Engleshire. They were staying there on holiday from London, where they were well known to the statutory agencies.

Ms. X died as a result of multiple stab wounds, aged 32.

Her partner Y was found guilty of manslaughter and was detained indefinitely under the Mental Health Act

When the homicide occurred the couple had five children all aged 10 or under.

Y had a long history of youth offending, use of heroin and petty theft. At the age of 12 his violent temper led his mother to take him to Maudesley hospital for an assessment.

X reported often that Y hit her and she went to a refuge more than once.

Y had made at least one previous attempt at suicide.

Several years before the incident, X had a breakdown and was admitted to hospital for 8 weeks. There were financial problems, injunctions against him.

Children told the police that Y thought X was looking at other men. A 16 year old neighbour was attacked by Y who thought that he was after X.

A letter was sent from the a psychiatrist 25th September a few years before the incident to Social Services, confirming that Y had "morbid jealousy", this expressed concern that if patient returns to similar circumstances there is a high risk of homicide.

A recent Case conference made a diagnosis of morbid jealousy. Following this the couple were visited by a health visitor as result of Y dousing himself in petrol. One child had a bruise caused by Y. The GP informed social services. X tells health visitor that she thinks that Y is going to kill her and the children.

Friends of the oldest child report that they had seen them taking a beating from Y.

Psychiatrist report highlights that Y has taken a knife to X. A risk assessment early in the year of the incident says that he posses a significant risk.

On the day of the homicide X had been to a palm reader who told her that she was with the wrong person.

They also had financial problems.

The post mortem revealed old injuries.

CASE 7[13]

Ms. N died aged 23. She was strangled by her ex-partner, Mr.P.

Mr. P, subsequently hanged himself.

They had no children and had recently separated. P was 15 year older than N. he had four children from two previous relationships.

P had a history of violence in previous relationships including convictions for serious assault, suicide attempts and was a heavy drinker. There had been some short-term psychiatric involvement. A previous partner had taken out an injunction against him. N's immediate family or close friends knew none of this history.

Friends and family describe the relationship between N and P as constantly 'on and off' with N. leaving their shared flat on numerous occasions. P was known to be jealous and controlling of N and was emotionally abusive to her in front of others. Neighbours reported 'constant arguments'. N had never spoken about physical violence. P had attempted suicide during the relationship.

N received emotional and practical support from family members enabling her to leave the relationship. However, P's wages were still being paid into N's bank account due to financial problems, leading to ongoing contact and they had a shared friendship network. Both had accumulated a shared debt of about £30K. P continued to harass N through constant text messaging. P had started a new relationship with S.

Witnesses report that P was worried about a court appearance, due the day of the murder, for a driving incident for which he believed he would get a custodial sentence and had talked about fleeing the country. He had been drinking in the pub with friends and N during the evening where witnesses describe 'bitching' and 'bad feeling' between P and N, after P tried to show a picture of N on his mobile phone to friends, N, upset, left the pub and returned to the family home.

Very late that night N went to see P to give him his wages. Neighbours report hearing an argument, screaming and swearing which they described as more intense than usual, including hearing N say ' no P f*** off'. P sent two text messages to his then girlfriend S just after midnight stating he 'hated N' followed two hours later by a phone call in which P professed his love for S. Concerned about the call, S went to P's flat where P was found upset and crying, with a scratch on the side of his face. P gave S some belongings, said he would 'miss everyone' and that he loved S. S thought P was referring to the possibility of spending some time in prison and left. Concerned that N had not returned and there was no reply from her mobile, family and friends went to the flat where both bodies were discovered. N had defence wounds to upper limbs and restraint and scuffle wounds.

[13] This case was added to the original six.

Appendix 2: Engagement with informal networks

Case 1 Victim and Perpetrator both deceased.
The FLO made contact with the victim's previous partner, also the father of the two surviving children, now both adults. The children refused involvement. The previous partner participated in an interview. Neither the previous partner, nor the FLO was able to make contact with others in the wider family/social network. A further six potential interviewees were identified from the case file review and letters inviting participation sent in mid- October. A close friend of the victim interviewed subsequently. A reminder letter was sent in mid November. No responses were received.

Case 2 Perpetrator serving prison sentence for murder
This case involved asylum-seeking refugees living at the time of the homicide in a hotel. Almost all the close relatives of the victim and perpetrator live overseas and speak no or little English. An approach to those in their friendship network was made through a refugee support agency and the manager of the hotel. One close friend, also an asylum seeker, agreed to an interview. In addition, interviews were undertaken with the manager of the hotel, the refugee support agency and the Children's Liaison Officer responsible for overseeing the welfare of the couple's child. Letters inviting participation were sent in mid October to three other refugees who had lived in the hotel with reminders sent in mid November. No responses were received.

This was one of the cases where there was a possibility of involving the perpetrator in the research. However, since he continues to protest his innocence and is attempting to gain another appeal, it was inappropriate.

Case 3 Perpetrator serving prison sentence for murder
The FLO was extremely helpful in this case and it seemed in the early stages that cooperation would be forthcoming from the family. Unfortunately her father was taken seriously ill and her mother, who had agreed to an interview, felt unable to continue involvement. Both children chose not to participate, as did other relatives. The victim's mother had approached close friends and all but one refused to be involved. This person also pulled out. Attempts were made to contact the perpetrator's family but were unsuccessful.

Here there was a possibility of interviewing the perpetrator. However, the children were visiting their father regularly in prison and the family did not want him approached.

Case 4 Victim and Perpetrator both deceased
The FLO to the perpetrator's family invited them to participate. The declined. This family were 'still trying to accept what happened and cannot accept that their son/brother could have done what he did'. Numerous attempts were made to engage the cooperation of the FLO with respect to the victim's family. Invitation letters were sent to three potential interviewees who knew the couple well. Reminders were sent in November. No responses were received.

Case 5 Perpetrator served 9 months of 18 month sentence for manslaughter
The FLO for the victim's family invited t

hem to participate but they declined. This victim's previous husband had died recently and the daughter was clear she did not want to revisit the past. Attempts to engage the perpetrator's family proved equally fruitless although his ex-wife did respond to an invitation letter and was interviewed. Another previous partner refused. Reminder letters to five other potential interviews received no response.

This was another case with a potential to interview a perpetrator. Despite the best efforts of the FLO it proved impossible to trace him.

Case 6 Perpetrator subject to hospital order.
From the outset the FLO thought it unlikely that potential informants would cooperate with the research. Despite this, he involved them. The family of the perpetrator also refused to participate. There was no information in the case files on extended network members.

It was not appropriate to interview this perpetrator.

Case 7 Victim and Perpetrator both deceased
As this was a more recent case it was hoped that it would be easier to involve family and friends in the research. In one sense this was true, the FLO for the victim's family was still in regular contact and had an ongoing relationship. This proved invaluable and interviews were conducted with the victim's mother and, following her recommendation, a close friend. Other close family members declined on the basis that they felt they had nothing to add to the account provided by the victim's mother.

A letter inviting participation was sent to the perpetrator's mother and to friends and potential informants. Reminders were also sent, but no responses received.

Appendix 3: Cases and Bases: which risk indicators applied

					Cases[14]							
Risk Indicators	CWASU	SPECSS+	SARA	Danger Assessment	1	2	3	4	5	6	7	Total
PERPETRATOR												
Physical violence/escalation to current partner		X	X	X		Y			Y	Y	Y	4
Violence in previous relationships			X		Y					Y	Y	3
Violence towards others			X			Y						1
Sexual assault to current partner		X	X	X		Y				Y		2
Sexual assault in previous relationships			X		Y							1
Stalking (and harassment) of current partner		X	X	X							Y	1
Threats to kill – current partner		X	X	X				Y		Y		2
Current partner believes perpetrator capable of killing her				X						Y		1
Jealousy/Jealous surveillance/sexual jealousy		X	X	X	Y	Y	Y	Y	Y	Y	Y	7
Controlling behaviour (present or past)		X		X	Y	Y		Y	Y	Y	Y	6
Suicide risk		X	X	X	Y		Y	Y		Y	Y	5
Access to weapons		X		X				Y				1
Use of/threats of use of weapons			X	X		Y				Y		1
Alcohol/drug misuse		X	X	X					I**	Y	Y	2
Mental health issues		X	X							Y	Y	2
Recent psychotic and/on manic symptoms			X							Y		1
Depression	X				Y	Y	Y	Y				4
Recent employment issues			X	X	Y							1
Minimisation/denial of domestic violence			X							Y		1
Money/debt issues	X				Y					Y	Y	3
VICTIM												
Mental health issues										Y		

[14] Cases are numbered as in the report on Phase I of the Homicide Review plus additional case, 7.

					Cases[15]							
Risk Indicators	CWASU	SPECSS+	SARA	Danger Assessment	1	2	3	4	5	6	7	Total
Employment issues	X				Y				Y			2
RELATIONSHIP												
Separation (or likelihood of)		X	X	X	Y		Y	Y	Y	Y	Y	6
Extreme to moderate recent relationship conflict/problems			X		Y	Y	Y	Y	Y	Y	Y	7
Non-biological child (not his) in household				X	Y							1
Relationship status	X				Y				Y	Y	Y	4
Culture/isolation/rural		X				Y						1

* Victim had been to housing department but had been told that unless there was actual violence they were unable to assist and if she sold her home they would consider her intentionally homeless.

** These factors were suspected but not confirmed.

[15] Cases are numbered as in the report on Phase I of the Homicide Review plus additional case, 7.

Appendix 4: What formal and informal networks knew

Shaded boxes = indicator present in case
Y = known
S = suspected
UC = unclear if known

	Cases[16]													
Risk Indicators	1		2		3		4		5		6		7	
	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal
PERPETRATOR														
Physical violence/escalation to current partner				S						Y	Y			Y
Violence in previous relationships											Y			
Violence towards others														
Sexual assault to current partner											Y			
Sexual assault in previous relationships														
Stalking (and harassment) of current partner														Y
Threats to kill – current partner								Y			Y			
Current partner believes perpetrator capable of killing her											Y			
Jealousy/Jealous surveillance/sexual jealousy				Y		Y		Y		Y	Y			Y
Controlling behaviour (present or past)		Y		Y				Y		Y	Y			Y
Suicide risk		Y				Y		Y			Y			UC
Access to weapons								Y						
Use of/threats of use of weapons											Y			
Alcohol/drug misuse											Y			Y
Mental health issues											Y			UC
Recent psychotic and/on manic symptoms											Y			
Depression		Y		UC	Y	Y		Y						

[16] Cases are numbered as in the report on Phase I of the Homicide Review plus additional case, 7.

	Cases[17]													
Risk Indicators	1		2		3		4		5		6		7	
	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal
PERPETRATOR														
Recent employment issues		Y												
Minimisation/denial of domestic violence		Y												
Money/debt issues		UC									Y			Y
VICTIM														
Mental health issues											Y			
Employment issues		Y												
RELATIONSHIP														
10+ year age difference														Y
Separation (or likelihood of)		Y				UC		Y	Y		UC			Y
Extreme to moderate recent relationship conflict/problems		Y	Y	Y		Y		Y			Y			Y
Non-biological child (not his) in household		Y												
Relationship status		Y							Y		Y			Y
Culture/isolation/rural			Y	Y										

[17] Cases are numbered as in the report on Phase I of the Homicide Review plus additional case, 7.

Appendix 5: The Risk Assessment Factors

SPECSS+

1 Separation (including child contact)
2 Pregnancy (including new birth)
3 Escalation (of violence)
4 Culture (community isolation and barriers to reporting)
5 Stalking
6 Sexual Assault

Plus
Abuse of children
Abuse of pets
Access to weapons
Either victim or perpetrator being suicidal
Drug and alcohol problems
Jealous and controlling behaviour
Threats to kill
Mental health problems

Spousal Assault Risk Assessment (SARA)

1 Past assault of family members
2 Past assault of strangers or acquaintances
3 *Past violation of conditional release or community supervision*
4 Recent relationship problems
5 Recent employment problems
6 Victim of and/or witness to family violence as a child or adolescent
7 Recent substance abuse/dependence
8 Recent suicidal or homicidal ideation/intent
9 Recent psychotic and/or manic symptoms
10 Personality disorder with anger, impulsivity, or behavioural instability
11 Past physical assault
12 Past sexual assault/sexual jealousy
13 Past use of weapons and/or credible threats of death
14 Recent escalation in frequency or severity of assault
15 Past violation of 'no contact' orders
16 Extreme minimisation or denial of spousal assault history
17 Attitudes that support or condone spousal assault
18 Severe and/or sexual assault (current or most recent offence)
19 Use of weapons and or/credible threats of death (current or most recent offence)
20 Violation of 'no contact' (current or most recent offence)

Danger Assessment

1. Has the physical violence increased in severity of frequency over the past year
2. Does he own a gun
3. Have you left him after living together during the past year
4. Is he unemployed
5. Has he ever used a weapon against you or threatened you with a lethal weapon - (if yes, was the weapon a gun)
6. Does he threaten to kill you
7. Has he avoided being arrested for domestic violence
8. Do you have a child that is not his
9. Has he ever forced you to have sex when you did not wish to do so
10. Does he ever try to choke you
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures
12. Is he an alcoholic or problem drinker
13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
14. Is he violently and constantly jealous of you (For instance, does he say "If I can't have you, no one can.")
15. Have you ever been beaten by him while you were pregnant
16. Has he ever threatened or tried to commit suicide
17. Does he threaten to harm your children
18. Do you believe he is capable of killing you
19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to
20. Have you ever threatened or tried to commit suicide