



DOMESTIC HOMICIDE PROJECT SPOTLIGHT BRIEFING #1: ADULT FAMILY HOMICIDES

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BACKGROUND

The Domestic Homicide Project (the Project), based in the Vulnerability Knowledge and Practice Programme (VKPP), was established by National Police Chiefs' Council and the College of Policing. The Project was created in May 2020 through Home Office funding to collect, review, and share quick-time learning from all police-recorded domestic homicides and suspected suicides of individuals with a known history of domestic abuse victimisation during the Covid-19 pandemic. All police forces in England and Wales submit notice of relevant deaths to the project shortly after the death occurs. The research carried out by the Project is the first police-led work of its kind in England and Wales and aimed to establish the impact of the Covid-19 and restrictions on domestic homicides and learn lessons from every tragic death to seek to prevent future deaths. More detail, including key findings and recommendations, can be found in our first report, 'Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic 2020-2021'.

It has been recognised that compared to the extensive body of knowledge surrounding intimate partner violence, there is less research and understanding around adult family violence/abuse (Sharp-Jeffs and Kelly, 2016). It has also been recognised that current domestic abuse risk assessment tools in England and Wales are based — and therefore focus — on dynamics of intimate partner violence/abuse and may fail to capture dynamics of adult family violence/abuse (Sharp-Jeffs and Kelly, 2016; Bows, 2018; College of Policing, 2021). This briefing addresses this gap by sharing new evidence around domestic homicides by family members and discussing the implications for risk assessment and practice.

ADULT FAMILY HOMICIDES – KEY FINDINGS

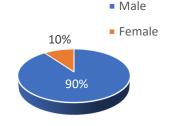
Between 23rd March 2020 and 21st March 2021, the Project recorded 184 deaths which were domestic homicides and suspected victim suicides. 40 of these deaths (21.7%) were adult family homicides, involving the killing of an individual aged 18 or over by an adult family member (excluding current or ex-intimate partners).

VICTIM AND SUSPECT CHARACTERISTICS

Sex



Unlike intimate partner homicides and suspected victim suicides, where victims were overwhelmingly female (85% and 90% respectively), there was an even split of male and female victims (50/50; n = 20) among the 40 victims of adult family homicides.



In contrast to victims, 90% (n = 39) of the 43 adult family homicide suspects were male.

This is in line with previous evidence showing that adult domestic homicides are also gendered, both in terms of victimisation and perpetration, albeit with a more pronounced gender split in the latter (Home Office, 2016; Sharp-Jeffs and Kelly, 2016; Montique, 2019; Bracewell *et al.*, 2021).



Relationship of victim to suspect

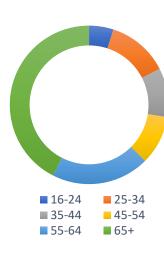


The most common relationship of the victim to the suspect was a parent (n = 25, 14 mothers and 11 fathers). 6 victims were siblings (brothers killed by brothers). In 5 cases a grandparent was killed by a grandchild (4 grandmothers and 1 grandfather). The remaining cases involved wider family members.

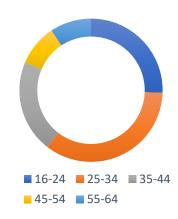
This data is consistent with previous research which found that when a homicide occurs between family members, it most often involves the killing of a parent (Sharp-Jeffs and Kelly, 2016; Montique, 2019; Bracewell *et al.*, 2021).

- Parent
- Sibling
- Grandparent
- Other family member

Age



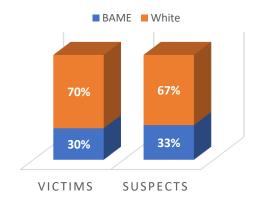
The number and proportion of adult family homicide victims increased steadily with age, with 63% (n = 25) of victims aged 55 and over.



Suspects in adult family homicides tended to be younger than victims, with 60% (n = 26) aged between 16 and 34 years old.

This age pattern is commensurate with adult children and grandchildren killing parents and grandparents. Our Spotlight Briefing #2 (forthcoming, 2022) considers the issue of older victims of domestic homicide in more detail.

Ethnicity



Around a third of victims (30%; n = 12) and suspects (33%; n = 14) in adult family homicides were BAME.

This is slightly higher than BAME in the general population (14%) and in intimate partner homicides (20% of victims and 21% of suspects)

Data from the Project suggests that BAME individuals were somewhat over-represented as both victims and suspects.

Our Spotlight Briefing #3 (forthcoming, 2022) considers the issue of ethnicity in more detail.



KEY LEARNING THEMES

The Project asked forces to indicate the presence prior to the death, where known, of 23 different risk factors for domestic homicide in relation to the suspect. Whilst the prevalence of these risks across all the cases are likely to be under-estimates, the following risk factors emerged as the most commonly identified among the adult family homicides:

Mental ill health:

15 of the 25 suspects in the homicides of parents and 3 of the 5 suspects in the homicides of grandparents were recorded as experiencing mental ill health, including 6 diagnosed with psychotic disorders. This was notably more common and more severe than in intimate partner homicides

History of domestic abuse:

Almost half of suspects were known to police for perpetrating domestic abuse against intimate partners and/or family members. However, suspects in adult family homicides were less known to police for prior domestic abuse than intimate partner homicide suspects, and fewer were previously deemed high risk

Substance misuse:
Suspects in adult family homicides, more often than those in intimate partner homicides, had a record of alcohol and/or drug misuse

Domestic Homicide Review (DHR) Case Study

Similar factors have been found in adult family homicide reviews, as shown in the following DHR case study:

The 54-year-old victim was killed by her 23-year-old son. The homicide took place three months after he was released from a lengthy custodial sentence for grievous bodily harm against his father. Prior to the custodial sentence, he had lived between his father's and mother's homes. Upon his release, it was deemed inappropriate for him to continue staying at his father's. As a result, his mother felt under pressure to take him in.

He was known to mental health services and had begun using illegal substances at the age of 11. He did not have a formal diagnosis for his ongoing mental health issues, however. The victim had called police several times for her son 'smashing up' her home or being aggressive and abusive to her.

The published report can be found here: https://setdab.org/wp-content/uploads/2020/06/DHR-Uttlesford-Final-DM.pdf



KEY LEARNING AND PRACTICE IMPLICATIONS FOR AGENCIES

Key message #1 – Suspects in adult family homicides often have a history of mental health disorders and/or substance misuse. Informationsharing between police, mental health, substance misuse & adult social care services is vital to prevent future homicides.

Key message #2 – Victims in adult family homicide cases are most commonly the suspect's parents or grandparents, primarily mothers and grandmothers, who are often caring for the suspect in some way.

Key message #3 – Suspects in adult family homicide cases frequently have a history of violent offending against intimate partners as well as against family members.

Practice point #1 – When individuals with a history of DA offending are released from institutional care and/or prison, potential risk to their family members in caring roles, not just the suspect's own needs, must be adequately assessed.

Practice point #2 – Local partnerships should regularly review adult family violence and abuse cases, broken down into victim-suspect relationships (i.e. child-to-parent, siblings etc.). This will enable better identification and understanding of prevalence and needs.

References and Further Readings

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