

Building a temporal sequence for developing  
prevention strategies, risk assessment, and  
perpetrator interventions in domestic abuse related  
suicide, honour killing, and intimate partner  
homicide

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## Snapshot summary

### Objective

- To build narrative tools for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide

### Outputs

- Three draft tools were designed from the three data sets using temporal sequencing
- The draft tools represent a simplified presentation of the temporal sequences and were designed for practical use by practitioners

### Recommendations

- Each draft tool can be used in three main ways: as an aid to risk assessment; as a means to gather focused data on coercive control and stalking patterns as an aid to consider prevention strategies and perpetrator interventions
- Training in coercive control and stalking patterns is recommended for best use of the tools

### Early evaluation

- Training in how to use the tools is important
- The tools can support understanding of coercive control
- The tools are useful for gathering focused data
- The tools are useful for risk assessment
- The temporal sequences can be useful in requesting perpetrator management interventions like protective orders and remand hearings
- The tools are useful for focusing on potential interventions

IPH stages	IPS/HS stages	HK stages
1. History	1. History	1. Defining r/ship
2. Early r/ship	2. Early r/ship	2. R/ship
3. R/ship	3. R/ship	3. Triggers
4. Trigger	4. Disclosure	4. Disclosure
5. Escalation	5. Help-seeking	5. Escalation
6. Homicidal ideation	6. Suicidal Ideation	6. Decision
7. Planning	7. Entrapment	7. Planning
8. Homicide	8. Suicide	8. Homicide

## Executive Summary

This study aims to develop understanding of the interactions between perpetrators of coercive control and intimate partner stalking and their victims, and how these interactions may be linked to escalating and de-escalating potential risk of serious harm or homicide. This is a qualitative study, and we interpret our data using the lens of coercive control as described and understood in UK definitions, and the work of Stark (2009). The overall aim is to use the principles of temporal sequencing to organise the behavioural data into a sequence and organise the sequence into stages that represent potential escalating risk - the further along the sequence, the higher the risk of serious harm, with opportunities at every stage to halt the progression. This is the wider aim of temporal sequencing (Stanton 2016). An evidence based and interpretive analysis of behavioural patterns between perpetrators and victims can then be used to influence and develop interventions, risk assessments, and prevention activities (Hydén *et al* 2016).

Coercive Control is argued to be the most common type of partner abuse for which victims seek and/or require assistance (Stark 2009). It is also considered to be the most dangerous, having strong associations and links to serious harm and homicide (Monckton Smith 2020; Stark 2009). The perpetrators use a broad range of abusive and controlling tactics to subjugate or dominate a partner, rather than merely hurt them physically in incidents perpetrators typically depict as discrete, spontaneous, and out of character (Stark 2009). A public consultation conducted by the Home Office in 2012 found that Coercive Control was the best framework for understanding and responding to domestic abuse, and it was included in the official definition adopted in 2013 (Home Office 2012). It is in part because of its links to serious harm and homicide that Coercive Control was also criminalised under s.76 of the Serious Crimes Act of 2015 in England and Wales. Although the legislation is relatively new, the research establishing controlling patterns as dominating high risk domestic abuse is not (Dobash and Dobash 2015; Stark 2009; Johnson 2008; Kelly 1988). What is new is the development of a policy framework, that has widespread empirical support and detailed academic conceptualisation that helps explain what drives the escalations in risk and threat now well documented in Domestic Homicide Reviews.

### **Aims**

- (i) To identify the causes, drivers and aggravating factors of high-risk Coercive Control and whether they can be used to anticipate escalating risk of homicide and victim suicide.
- (ii) To produce a systematic narrative analysis of perpetrator behaviours and methods that reveal the sequence of events that precede intimate partner homicides, domestic abuse related suicides, and honour killings.
- (iii) To use this analysis to design tools for developing prevention strategies, risk assessment, and perpetrator interventions.

### **Method**

This research consists of three separate but related areas for data collection and they are:

- Intimate Partner Abuse Related Homicides
- Intimate Partner Abuse Related Suicides and Intimate Partner Abuse and Adult Family Abuse Related Honour Suicide
- Intimate Partner Abuse and Adult Family Abuse Related Honour Killing

This is a qualitative study using the principles of temporal sequencing (Stanton 2016) and interpreting data through the lens of Stark's (2009) model for coercive control. We used a case study method to gather data. Cases were identified, and any or all available information relating to victim and perpetrator behaviours, was used to form the case data. The data for each case was then organized into a chronological sequence. A master chronological sequence that reflected the dominant characteristics of all cases was then formed. This master sequence was separated into stages, each of which represent a potential escalation in risk towards serious harm, suicide or homicide. Although the stages are organized as discrete and sequential, and this is for practical purposes, the stages are not necessarily mutually exclusive, and there is also often what we call 'circling'. It is the minority of cases that reach the final stages, but the further along the sequence, the higher the risk of serious harm, and there are opportunities at every stage to halt the suicide or homicide. This is the wider aim of temporal sequencing (Stanton 2016).

We also worked with the Femicide Census to gather data on some known or recorded characteristics of homicide offenders. The Femicide Census is the only source that tracks all femicides annually in one place. We had access to some previously unused data on male perpetrators of homicide and we comment on this specifically in Chapter 9. This data helped inform all the sequences.

### **Outputs**

Three draft tools for practical use by practitioners were developed for the three categories: intimate partner homicide, domestic abuse related suicide and honour suicide, and honour killing.

### **Pilot Study**

The draft tools were initially trialled with the Dyfed Powys Police Secondary Risk Assessment Unit in a small pilot study. This unit performs risk assessments for cases of domestic abuse and stalking referred from front line professionals and uses a range of methods to achieve this. They have various options for referral and response including a referral pathway for stalking cases to psychological services and psychological programme intervention. The draft tools were used in risk assessment, information gathering, and to inform referral processes for perpetrator interventions. The Victim Support IDVA service is piloting in a second stage, and the tools are being developed further than the draft iterations shown in this document. A third and wider stage of piloting will also take place.

Results from the pilot indicate that the training in understanding temporal sequencing and coercive control was particularly helpful to practitioners making meaning of risk, stalking and coercive control. The draft tools were also useful in gathering and organising information, and in tracking escalating risk, especially in ongoing cases where prevention activities and perpetrator interventions could be considered. The Victim Support pilot has informed development of the presentation of the tools, and design for triage questions to accompany them. Concerns have been around introducing what is perceived to be an additional stage to risk assessment processes.

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## 1. Introduction

This study aims to develop understanding of the interactions between perpetrators of coercive control and intimate partner stalking, and their victims, and how these interactions may help in understanding escalating and de-escalating potential risk of serious harm or homicide. This is a qualitative study, and we interpret our data using the lens of coercive control as described and understood in UK definitions, and the work of Stark (2009). The overall aim is to use the principles of temporal sequencing to organise the behavioural data into a sequence and organise the sequence into stages that represent potential escalating risk - the further along the sequence, the higher the risk of serious harm, with opportunities at every stage to halt the progression. This is the wider aim of temporal sequencing (Stanton 2016). An evidence based and interpretive analysis of behavioural patterns between perpetrators and victims can then be used to influence and develop interventions, risk assessments, and prevention activities (Hydén et al 2016).

### *Coercive Control*

Coercive Control is argued to be the most common type of partner abuse for which victims seek and/or require assistance (Stark 2009). It is also considered to be the most dangerous, having strong associations and links to serious harm and homicide (Monckton Smith 2020; Stark 2009). The perpetrators use a broad range of abusive and controlling tactics to subjugate or dominate a partner, rather than merely hurt them physically in incidents perpetrators typically depict as discrete, spontaneous and out of character (Stark 2009). There is evidence to suggest that in many cases perpetrators are motivated instrumentally to achieve control and questions around whether intimate partner homicides are the ultimate form of control or acts of intimidation that proved more lethal than was intended have been addressed in the literature (Monckton Smith 2020; Gadd *et al*, 2014).

A public consultation conducted by the Home Office in 2012 found that Coercive Control was the best framework for understanding and responding to domestic abuse and it was included in the official definition adopted in 2013 (Home Office 2012). It is in part because of its links to serious harm and homicide that Coercive Control was also criminalised under s.76 of the Serious Crimes Act of 2015 in England and Wales. Controlling patterns have since been made criminal in other jurisdictions like Scotland (Domestic Abuse (Scotland) Act 2018) and Northern Ireland (Domestic Abuse and Civil Proceedings Act 2021). In some places however, there is reluctance to criminalise the pattern; in Australia for example it is argued that there is too little understanding of coercive control for prosecutions to be successful (Fitzgibbon *et al* 2020). In England and Wales, it has been suggested that recognition of, and responses to, coercive control still needs development (Fitz-Gibbon *et al* 2017) and there are also disagreements around definitions and typologies of domestic abuse (Walby and Towers 2018). Although the legislation is relatively new, the research establishing controlling patterns as dominating high risk domestic abuse is not (Dobash and Dobash 2015; Stark 2009; Johnson 2008; Kelly 1988). What is new is the development of a policy framework, that has widespread empirical support and detailed academic conceptualisation that helps explain what drives the escalations in risk and threat now well documented in Domestic Homicide Reviews

### *Theoretical Perspectives*

Stark's work popularized the term 'coercive control' and created a theoretical framework around the notion of domestic abuse as a liberty crime. It has produced what has been called a paradigm shift in thinking (Hanna 2009). The idea is that perpetrators are motivated to control, and this is facilitated through gender inequality, social processes and belief systems. There is little research into why perpetrators may have such a need for control, though Johnson (2008) produced typologies linked to individual characteristics like personality disorder or dependence for example. More recently links have been made between domestic abuse perpetrators and other forms of violence and homicide, supporting the idea that domestic abuse is not the product of a dynamic between two individuals, and may link more closely to notions of domestic abuse as a form of violent crime (Walby *et al* 2016). Iratzoqui and McCutcheon (2018) found for example, that domestic violence histories were more likely in any type of homicide case, and Brandt and Rudden (2020) state that domestic abuse was directly involved in 54% of mass homicides. Felson and Lane (2010) argue that the predictors for violence and homicide against intimate partners are very similar to the predictors for other forms of violence and homicide. They suggest that domestic violence histories could be considered as a risk marker when forming policy for violence reduction more generally.

We also draw from the use of temporal sequencing which has an established presence in homicide studies and has been used in previous research to track 'journeys' to homicide in many categories, including male confrontational homicide (Luckenbill 1977), serial killing (Wertham 1937, Schlesinger 2002), genocide (Stanton 2016), autogenic (mass) homicide (Mullen 2004) and Intimate Partner Homicide (Monckton Smith 2020). The unifying idea is that there is a broad common chronological sequence of thinking and action preceding a particular category of homicide, and that can be separated into stages that represent an escalation in risk. Stanton (2016) states that the later stages in the sequences are preceded by the earlier stages, and the progression helps understand the motivation to kill, and identify opportunities at each stage to prevent the homicide happening. Each chronological sequence is informed by the speculated motivations of the key actors. Luckenbill's (1977) sequence for example, is predicated on the idea that confrontational homicides between men are situational in nature and the motivation to progress along the sequence is rooted in masculine status battles. Stark (2009) conceptualises coercive control as a liberty crime and argues that it creates an environment where the victim is trapped within a relationship, even if they attempt to exit. This model for interpretation and analysis is used for all data sets.

This is a qualitative and inductive process that relies on the type of data gathered. It is acknowledged that DHRs collect specific information and present it in a prescribed manner. This study relies on similar data and methods. This means that the data contained within DHRs may be very similar and this will impact on the resulting chronological sequence. The IPH timeline was constructed in previous research but has been developed in this study to form a draft tool for professionals. The three timelines all comprise of eight stages. The stages and data for each timeline are discussed separately in the report. The similarities between the timelines reflect the theoretical approach taken.

## 2. Aims of the Study

- (i) To identify the causes, drivers and aggravating factors of high-risk Coercive Control and whether they can be used to anticipate escalating risk of homicide and victim suicide.
- (ii) To produce a systematic narrative analysis of perpetrator behaviours and methods that reveal the sequence of events that precede domestic homicides, suicides, and honour killings
- (iii) To use this analysis to develop tools for developing prevention strategies, risk assessment, and perpetrator interventions.

## 3. Method

This research consists of three separate but related areas for focus and they are:

- (i) Intimate Partner Abuse Related Homicides
- (ii) Intimate Partner Abuse Related Suicides and Intimate Partner Abuse and Adult Family Abuse Related Honour Suicide
- (iii) Intimate Partner Abuse and Adult Family Abuse Related Honour Killings

We used a case study method to gather data. Cases were identified, and any or all available data was used to form the case information. The data for each case was then organized into a chronological sequence. A master chronological sequence that reflected the dominant characteristics of all cases more broadly was then formed. This master sequence was separated into stages, each of which represent a potential escalation in risk towards serious harm, suicide or homicide. Although the stages are organized as discrete and sequential, and this is for practical purposes, the stages are not necessarily mutually exclusive.

### Gathering case study data

Cases were identified from Domestic Homicide Review (DHR) searches, homicide advocates, professional practice of the researchers, the 'Counting Dead Women' website (Ingala Smith 2021), and media and other reports. Data for each case was drawn from any available source and each case had a unique data profile. We gave priority to cases where deeper data could be obtained from access to those directly involved, for example the bereaved family and professionals.

### IPH case studies

The most developed opportunities for identifying cases for study was in the IPH category. There are formal and informal counting and recording processes in this category, and the publication of statutory Domestic Homicide Reviews. Although there is not at this time, a central repository for such reviews, many can be accessed. This category also has an existing temporal sequence (Monckton Smith 2020). We therefore started with this category to further develop understanding of cyclical behavioural patterns within the sequence. Fifty cases were identified from informal DHR databases and professional practice.

### IPS/HS case studies

It wasn't until 2016 that the Home Office guidance for conducting DHRs specifically included IPS (Home Office 2016 s2:18). Consequently, there are only small numbers of completed and published reports giving information on chronologies and antecedent histories in the IPS category. There have been around seventy DHRs commissioned that focus on IPS according to anecdotal evidence, and not many of those are completed, published and searchable. Therefore, the decision was taken to also draw data from interviews with families bereaved through IPS, and homicide advocates. Forty cases of IPS and six cases of HS were identified from within a ten-year timescale. Some cases provided more data than others. We also recognise that the sample was drawn mainly from cases that were known to have domestic abuse in the antecedents, and this was visible enough to attract media attention and/or the commissioning of a DHR. Suicides where the abuse was hidden will not necessarily attract a DHR or be perceived as domestic abuse related. It is of note that in 7/40 cases there were suspicions raised by family members or police that there were potentially suspicious circumstances that may suggest third party involvement, either in the death itself, or in coercing the suicide. However, only one of the cases was officially considered other than suicide. 'Staged' suicides, if indeed there are any in the sample, may have different patterns and antecedents. Of the forty IPS cases, thirty-seven involved the apparent suicide of a woman with a male perpetrator of control or abuse; and three were the suicide of a man, two with a female perpetrator, and one a male. In addition, we looked at six cases involving culturally specific honour-based suicide. The HS cases were largely based on professional knowledge, some media coverage, DHRs, and those reported in the Southall Black Sisters report, *Safe and Sane* (Siddiqui and Patel, 2010).

### HK case studies

Gathering information for HK was challenging. Cases of HK were identified from some DHRs, but also from media reports and professional case knowledge. The research uses a sample of 15 HK from 1995 to 2020. Post 2010, there appears to be a greater reluctance by the media and the criminal justice system to explicitly identify HK. Although already known to BME women's groups, in the decade before, HK were considered by the media and agencies, especially the police and CPS, as 'new', and therefore potentially more likely to be reported, and an estimate of 12 cases per year acknowledged (HASC, 2008). In this study, the time period or the scale of HK and HS is less relevant than the temporal patterns in such cases which shed light on escalating risk. We only included those cases where an element of conspiracy is evidenced. All the victims were female, except in two cases. All perpetrators and victims were South Asian or Middle Eastern, except in one case. Only cases involving victims who were UK Citizens or residents were included, even when the death took place on a visit overseas. Not all cases involve a perpetrator who was an intimate partner, as HK often involves natal and/or marital extended family contexts. This research used a sample of 10 HK case studies involving adult family abuse and five IPA, where there was some overlap with adult family abuse.

We also worked with the Femicide Census to gather data on some known or recorded characteristics of homicide offenders. The Femicide Census is the only source that tracks all femicides annually in one place. We had access to some previously unused data on male perpetrators of homicide and we comment on this specifically in Chapter 9. This data helped inform all of the sequences and was used with the case study data.

## 4. IPH temporal sequence

Stage one: History of perpetrator: a history of coercive control, stalking, IPA or violence

Stage Two: Early relationship: a relationship that often begins and progresses rapidly

Stage Three: Relationship: a relationship dominated by controlling tactics and IPA

Stage Four: Trigger: an event that significantly challenges control – the most common being separation

Stage Five: Escalation: an escalation in controlling tactics and negative thoughts to counter the challenge and restore control.

Stage Six: Homicidal Ideation: increasing move towards seeing homicide or homicide/suicide as the answer to resolving the issues

Stage Seven: Planning; Planning for the homicide – can be intricate or broad plans.

Stage Eight: Homicide – can involve the partner or others, and the perpetrator.

All high-risk perpetrators reach stage three, and many reach stage five. It is the minority that progress further to stages 6, 7 and 8. We focus on circling patterns in and around stages 3, 4 and 5 in our discussion.

## 5. Intimate Partner Abuse Related Homicide (IPH)

### Scale and nature of the problem

One of the stark consistencies in IPH is that men are overwhelmingly the perpetrators, and women the victims. The UN Global Homicide Report (UNODC 2019) shows that overall men commit 90% of *all* homicides, but also form 80% of its victims. The victim numbers are reversed in the (IPH) category where women make up 82% of victims, but men still dominate as perpetrators (UNODC 2019). In same sex relationships men are more likely to suffer homicide at the hands of a male partner (Ibrahim 2019). Women are underrepresented in this category as assailants, forming less than ten per cent of killers (ONS 2016). However, it has been found in research that in some female perpetrated IPH, where they were not responding to violence against themselves, controlling female killers can follow a very similar behavioural pattern to male killers (Monckton Smith 2020). There are differing perspectives on the gendered nature of IPA with some arguing there is gender symmetry, and some that there is gender asymmetry, this may depend on the typology of abuse (Walby *et al* 2016; Stark 2009; Johnson 2008), but the asymmetry in IPH is not contested. Statistics suggest that in the UK a woman is killed by a partner or former partner on average every four days (Femicide Census 2019). It is well established in the research that an intimate partner homicide is often preceded by patterns of control and domestic abuse, and that they are not spontaneous unpredictable outbursts of violence (Monckton Smith 2020; Stark 2009; Adams 2007; Websdale 1999). Domestic Homicide Reviews were introduced in the Domestic Violence, Crime and Victims Act (2004) with the first

official reviews commissioned in 2011 and have provided crucial information about the antecedent histories of perpetrators and victims in IPH cases. Chronologies are constructed as a central part of these reviews, and these have provided detailed information in many cases about the risk escalation patterns that may predict a potential homicide. The extant research has also provided information around the risk factors that may precede or even predict a homicide, and these have been used to form Risk Identification Checklists (RICs) that have been in standard use by professionals in England and Wales since at least 2009 (see DASH 2009).

### Children

Children often witness homicides, and are also targeted, or may become collateral damage. One study found that in this category, children witnessed 35 % of actual homicides, and 62 % of attempted homicides, and that children discovered the bodies of their mothers in 37 % of IPH cases, and 28 % of the attempted homicide cases (Lewandowski *et al* 2004). It was also found in one study that in 572 cases of homicide, 44 children were killed (Fawcett 2010) and that the most likely scenario was that children would witness the killing of their mother (Chanmugam 2014:79). Katz (2014) found that the homicide will not be the first time the child has witnessed violence towards their mother. It is estimated that for every completed homicide, there will be three attempts (Lewandowski *et al* 2004) and as these are not recorded formally, the scale of the issue is potentially underestimated. Presence of stepchildren in the home is also considered a risk factor for homicide (UNODC 2019).

### Risk Characteristics

IPH has been found to be preceded by patterns of IPA and coercive control, with elements of planning in most cases (Monckton Smith 2020; Juodis *et al* 2014). The violence and intimidation, rather than being spur-of-the-moment, is used instrumentally to maintain control, and it is controlling individuals who are the highest risk for offending and the most difficult to treat (Day and Bowen 2015). This study does not consider why or how any individual may be, or have become, controlling, but aetiologies of controlling patterns in perpetrators have been discussed in the literature (Websdale 2013; Johnson 2008, 2011).

Coercive Control has been described as creating a hostage-like situation within an intimate relationship. This model for domestic abuse captures the difficulties victims may experience in attempting to separate from a controlling partner (Stark 2009) and the barriers that may be in place to physically stop separation. Controlling patterns appear on risk identification checklists, and in development of these tools, control is taking a more significant place in assessing risk of potential harm (Robinson *et al* 2016). Evaluation of a revised RIC in England and Wales found that police officers using it were better at identifying controlling patterns, but risk identification was not necessarily improved (Wire and Myhill 2018). It is argued that without good knowledge of coercive control and IPA that the checklists give a probability of little better than chance of identifying imminent risk of homicide (Turner *et al* 2019). The suggestion is, that it is adequate knowledge that makes the checklist more or less effective.

Despite the finding that controlling IPA perpetrators are repeat offenders, recognizing that repeated patterns of control and abuse raise risk is not necessarily widespread. Hester (2006) found for example, that criminal sanction was no more likely after the fiftieth offence, than the first. The introduction of coercive control legislation should help professionals identify patterns and encourage criminal sanction. However, there were only 584 defendants prosecuted,

and 293 offenders convicted of, and sentenced for, controlling or coercive behaviour in the year ending December 2019 (ONS 2020). According to Women's Aid only one sixth of women in refuge services in England saw criminal sanctions or a criminal case against the perpetrator (Women's Aid 2018). Removal of the perpetrator is argued to be the most effective protective measure (Brandt and Rudden 2020) and where there is effective criminal justice intervention, the outcomes are suggested to be much better (Stark 2009) so recognition of patterns and behaviours is crucial in terms of safeguarding and offender management. In terms of recidivism, it has been found that outcomes can vary depending on the type of perpetrator (Johnson and Goodlin-Fahncke 2015).

### *Risk assessment*

Current professional responses to domestic abuse are dominated by risk assessment processes that rely on identifying high risk characteristics from checklists (for example DASH 2009), but do not always put those characteristics into clusters, sequences or contexts that would give them wider meaning and make practical sense when considering risk escalation and interventions. Models for assessing risk escalation by understanding the motivation of the offender have an established presence in the stalking research (Mackenzie *et al* 2009). Stalking clinics across the UK for example, use tools based on motivation and risk (Mackenzie *et al* 2009). Stalking is a controlling and obsessive pattern that broadly characterises much post separation abuse. Similarly, the use of temporal sequencing to track homicide risk is also based in motivation.

### IPH analysis

As there is already an IPH temporal sequence in existence, in the analysis we focused on risk escalation and de-escalation within identified stages. The eight stages of the IPH temporal sequence are reproduced here and the data that formed those stages is discussed in Monckton Smith (2020). We focused on behavioural patterns we refer to as 'circling' - occurring in stages 3, 4, and 5. This is where we found a 'challenge and consequence' cycle that repeats over and over in many cases of coercive control.

### IPH Discussion

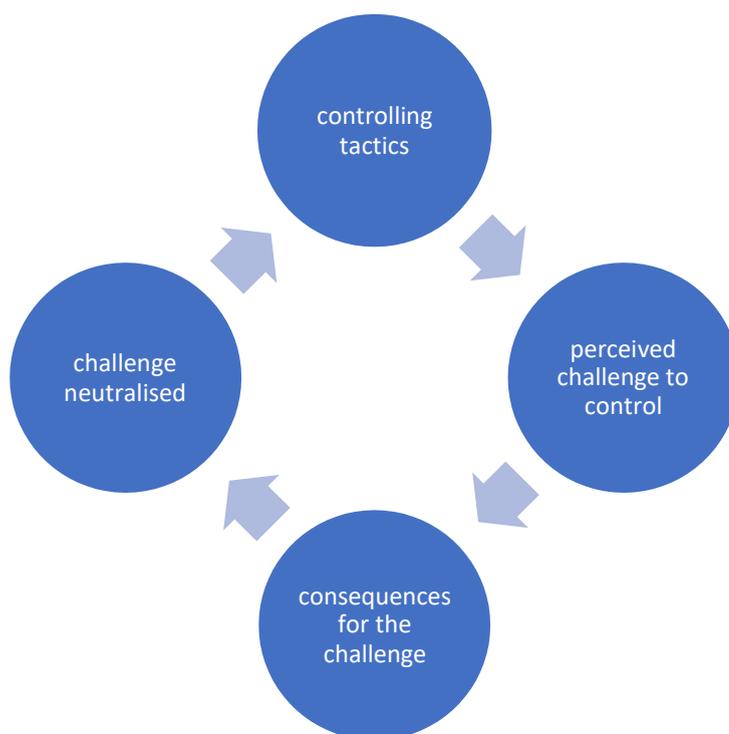
#### Stage Three:

This is when a relationship is formed and is dominated by controlling patterns. Controlling patterns were identified in all 50/50 cases at stage three. The difference from more normal power and control battles that may occur in any relationship, is that the control is coerced and linked to fear – in our cases this was fear of the consequences of challenging the control. The sanctions or consequences for challenging control varied between perpetrators. Victims in some cases may want to separate but can be fearful of the consequences of that, so manage the smaller challenges with compliance until they feel able to withstand the more severe consequences of a more significant challenge like separation. This micro challenge-consequence cycle was observed to be repeated and repeated throughout stage three in both the IPS and IPH samples (96 cases). The control tactics ranged in severity and reach across the cases suggesting there is ostensible diversity in controlling perpetrators and their methods and tactics. In 39/50 cases there was a history of violence and ongoing use of it in the relationship, and in 11/50 cases there was no violence reported by the victim or witnessed by others. There are some challenges to identifying violence, especially as victims often consider low level non-

injurious violence, or even injurious violence, as not worthy of reporting. Similarly, sexual violence and financial abuse often remain hidden and are not always disclosed or recognised by victims for many reasons. In our sample, sexual violence was explicitly disclosed in 16/50 cases.

Identifying micro-patterns of *control, challenge and consequence* (fig 01) in stage three in all the cases revealed broad similarities, and the perpetrator response to a smaller challenge may reveal how they might respond to future more significant stage 4 challenges.

Figure 01: Stage 3 micro-pattern: control-challenge-consequence cycle



#### *Examples of micro-pattern from the IPH sample*

##### **Case 001:**

The victim had not made sure the perpetrator was provided with milk for his coffee prior to her leaving for work (challenge). He turned up at her place of work and threatened her for this oversight (consequence). Victim apologised and said she would never let it happen again (challenge neutralised). Relationship continues (controlling tactics continue).

##### **Case 002:**

Victim was receiving help from agencies and going out without the perpetrator (challenge). He shaved her head, so she wouldn't go out (consequence). She stopped going out (challenge neutralised). Relationship continues.

##### **Case 004:**

Victim had good relationship with her child (step-child to perpetrator) (challenge). Perpetrator cruel and abusive to child and victim concerned (consequence). Perpetrator 'love bombs' the

child so it looks like a 'blip' and perpetrator forgiven (challenge neutralised). Relationship continues.

**Case 010:**

The perpetrator kept a chart on the kitchen wall of the victim's menstrual cycle. He would warn her that she was not 'normal' during her cycle and would use this to exert control (gaslighting control tactic). Victim would cry because she was unhappy (challenge). Perpetrator would refer to the chart and tell her she was 'crazy' and emotional (consequence). Victim would take the blame and 'try harder' not to cry or become emotional (challenge neutralised)

**Case 010:**

Victim threatened to separate (challenge). Perpetrator had violent outburst and frightened victim (consequence). Perpetrator apologised and cried then asked victim to marry him (challenge neutralised).

**Case 005:**

Perpetrator insisted on 'facetime' being on when victim was not with them (control). Facetime turned off (challenge). Perpetrator turned up where the victim was threatening and accusing them of infidelity (consequence). Victim turned facetime back on (challenge neutralized).

Stages three, four and five reflect a more serious control, challenge, consequence cycle.

Stage Four:

This stage is when there is a serious challenge to control, what we call a trigger event, commonly separation. In all 50/50 cases in the sample the stage four trigger event for the perpetrator was an attempt to separate and end the relationship by the victim. It is found in research that separation is the single most significant risk factor for potential future homicide, especially where there has been coercive control (Chantler *et al* 2019). Separation is a major challenge to control, but even this challenge can be neutralised through control tactics, and the perceived or threatened separation reversed.

Stage Five:

Stage five, in our analysis is about the perpetrator *response* to challenges to their control. This is most often a post-separation stage and is characterised by an increase in controlling tactics and in many cases, the beginning of stalking patterns. The use of listening devices, covert cameras, stealth software on phones and other electronic devices and trackers on vehicles were common (and this monitoring and tracking is also common in stage three). Covert tracking and stalking can be difficult to prosecute - a problem that has arisen from a legal perspective and in considering prosecution, is that it must be established that the victim is fearful as a result of the stalking. However, in this context whether or not the victim is fearful will not reduce the potential risk to them. There are perhaps some interesting considerations for future legislation in view of this. A recent case in Wales (that was not intimate partner stalking) was discovered where the stalker was carrying what the Judge described as a 'murder kit' in his car. The victim was unaware and despite the danger posed to the victim, the CPS could not charge the more serious offence because of this (Wales Online 2020).

Stage five is a response to a major challenge, and control and abuse may increase. At first the tactics appeared to be focused on attempts to regain control and re-instate the relationship but could become more threatening when the situation seemed irreversible.

In the micro *control, challenge, consequence* cycle, risk escalates and de-escalates. The risk is highest at the consequence stage but may de-escalate when the control is re-established. Similarly, when considering significant challenges like separation for example, if at stage five the separation is reversed, risk may de-escalate as the relationship circles back to stage three.

#### Draft IPH tool

The draft tool reflects the eight-stage progression. It is designed so that travel along the sequence can be easily tracked. The data for achieving this may come from risk identification checklists or other information, and the tool itself can also be used to gather intelligence on each stage. There are three potential uses that may assist in considering potential risk, interventions, safety management and offender management: (i) supporting risk assessment (ii) gathering information on perpetrator patterns (iii) considering interventions and perpetrator management. Focus on the stages of the temporal sequence can also assist in prevention strategies at each stage.

Figure 02: IPH tool draft (first iteration)

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HOMICIDE TIMELINE		
STAGE	Alleged Perpetrator characteristics	Victim characteristics
1. History	History of DA, CC, stalking, routine jealousy, violence.	N/A
2. Early Relationship	Speed and intensity	Speed
3. Relationships	Dominated by controlling patterns. Violence in many cases. (See risk checklist)	Chronic fear, disclosure, help-seeking.
4. Trigger	Separation (imagined, threatened or real) or life change (redundancy, retirement, illness etc.)	Victim may have threatened to leave or may have left. Victim may play ill. Victim may have presented a challenge.

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STAGE	Alleged Perpetrator characteristics	Victim characteristics
5. Escalation	Control escalates (begging, crying, violence, threats, suicide threats, violence STALKING.	Help-seeking, fear, may feel guilt.
6. Homicidal ideation	Threats to kill, threats to suicide, last chance thinking, self-harm, stalking, things may become calm or more intense.	Victim may be fearful, may feel powerless, may sense something has changed
7. Planning	Web searches, murder kits, buy weapons, stalking, seeking to be alone with victim or children.	Victim may be unaware of plans, but also may sense the increasing danger
8. Homicide	Homicide; homicide/suicide; children killed; others killed; missing person; staged suicide; sudden 'accident'; drugs administered; fatal fall; sexual violence presented as consensual.	Victim may be killed; victim may be forced to live with death of children.

Each stage represents an escalation in potential risk of serious harm or homicide.

The further along the stages the more risk is escalating. If you reach stage 8 and this follows the earlier stages, an investigation **should be considered** and information submitted in any inquest.

## 6. Intimate Partner Abuse Related Suicide (IPS) and Honour Suicide (HS)

### Scale of the problem

There is no one place where the numbers of IPA related suicides (IPS) are formally counted in England and Wales. The ONS (2019) reported that on average 30 women and 94 men took their own lives every week in the UK in 2018. Research has suggested that around one third of the number of female suicides could be related to IPA (Walby 2004, Stark and Flitcraft 1996) producing an estimated number of around nine or ten such suicides of women per week. Figures collected for domestic abuse related suicide during the Covid 19 pandemic restrictions found there were 38 suspected suicides of victims of domestic abuse reported in the 12 months from 1 April 2020 to 31 March 2021 (Bates *et al* 2021). It is not known how this number compares with previous years as the data has not been collected before. There are problems in calculating the number of domestic abuse related suicides, in part because domestic abuse is not always identified, and comparatively rarely prosecuted. Figures from a count of IPA related suicides of women in France reported that 217 women killed themselves as a direct result of domestic abuse in 2019 (Independent 2019). France has, on average, a slightly higher number of femicide than the UK, though both see a death from IPH on average every three or four days (France 24 2021; Femicide Census 2019). In both countries suicide related to IPA is estimated to be higher than IPH figures, and this is acknowledged in the latest reports for England and Wales (Bates *et al* 2021).

There are no estimations available to consider how many male suicides are related to suffering IPA, though some research has suggested the links may be as strong as for women (Duport *et al* 2014). It is suggested in research that men are more likely to be motivated to suicide through economic and social isolation, relationship breakdown, and history of sexual abuse and imprisonment (Kennard 2020). Relationship breakdown, and difficulties accepting those breakdowns, is also implicated in male perpetrated IPH, and in male perpetrated intimate partner homicide/suicides where Logan *et al* (2019) estimate that 75% of such homicide/suicides involve an intimate partner or former intimate partner. They further state that intimate partner problems are a common risk factor in suicide for adult men, but victimisation through domestic abuse is not specifically highlighted. What is not known then, is what proportion of male suicide victims, where there is no homicide, may be victims of IPA. What should also be considered when thinking about the disparity in numbers between men and women, is that the number of women *attempting* suicide exceeds the numbers of men *attempting* suicide, but men are considered more likely to succeed as they use more violent methods (Kennard 2020). It is also reported that men are more likely to act on suicidal thoughts (Duport *et al* 2014). Men of the 40-59 age group have the highest prevalence, and this has been linked to social change (Samaritans 2012), this age group also shows higher rates of IPH (see figure 06). It is suggested that there are links to masculine gender identity and pressures (Promundo 2020). Carretta *et al* (2015) found that predictors for male suicide were linked to substance misuse, and for homicide/suicide there were links to domestic conflict. Difficulties with relationships, homicide perpetration, and social problems have a strong footprint in the extant research that discusses risk markers for male suicide.

There is very little current research on suicide and ethnicity. In the 1990s, the suicide rate among women classified as Asian was three times that of women generally (Raleigh 1996). They also had a disproportionate rate of suicide attempts and self-harm (Bhugra and Jones 1999). A study by Southall Black Sisters covering a ten-year period in the 2000s found that Asian and other BME women facing abuse have a high incidence of suicidal ideation, suicide attempts and suicide, particularly those with immigration problems (Siddiqui and Patel, 2010). Some of these studies show pressures to conform to traditional gender roles while some also highlight the existence of IPA and adult family abuse as the driving force (Siddiqui and Patel, 2010).

### Nature of the problem

Previous research has found that there are notable consistencies in the characteristics of victims who take their own lives in the context of IPA, and these include experiences of control, intimidation, stalking, isolation, threats to themselves or others, threats and assaults with weapons, entrapment, and failure of services (Aitken and Munro 2018). It was also found that 96% of victims of IPA who were identified as suicidal suffered from feelings of hopelessness and despair, and that these feelings are a key determinant for suicidality (Aitken and Munro 2018). Entrapment is then, an important concept when considering professional policy and practice in preventing IPS and IPH. It is argued that perpetrators of coercive control are motivated to trap victims in relationships with them, and entrapment of the victim may be a trigger for suicide, then relieving entrapment may be important in future policy. The question raised must also focus on why perpetrators are motivated to trap their partners, and why such control is needed.

Hopelessness or lack of hope brought about through entrapment, has been found to influence victim decision making in this context, and may also be linked to some perpetrator decision making in homicide/suicide. It is argued that hopelessness can focus individuals on the short term with little vision for the long term (Hellman 2021). Given that victims of IPA may make decisions around whether they seek or accept help based on how useful they think the help will be - the timing, speed, and nature of the help offered may be crucial (Femi-Ajao *et al* 2020; Fugate *et al* 2005). If this is the case then Aitken and Munro's (2018) finding that there are damaging gaps and delays when referring victims for community services, and that short-term risk management services are inadequate in the context of suicidality, are worth consideration. Short term decision making may also be relevant in homicide/suicide where perpetrators with diminishing control may seek a short-term resolution. In summary, the extant research suggests that hopelessness through entrapment is a key characteristic for considering the nature of IPS, IPA and IPH. Research by Cross *et al* (2017) suggested that there was benefit in training domestic violence helplines in responding to suicidality and that IPA and suicidality should not be treated as separate issues (2017).

### Analysis of the data

The following discussion is structured around common themes identified in the data organised into a temporal sequence. The sequence has eight stages that show a potential and incremental escalation in risk towards suicide. Each stage is considered separately in the discussion to show how and why risk may be escalating. The first three stages are identical to the first three stages identified in a progression towards IPH developed in previous research - apart from the *victim history* in stage one. There was more diversity to the histories of victims in the homicide data.

## Stage One: History of victim and perpetrator

### *Perpetrator history*

Previous research has revealed that IPA perpetrators are both repeat and serial offenders (Dawson and Piscitelli 2017) and that those who employ coercive control or stalking patterns are likely to employ those patterns in all their intimate relationships. A history of IPA or controlling patterns is then potentially useful in considering future risk. The importance of perpetrator history found in research is reflected in the existence of the Domestic Violence Disclosure Scheme (Home Office 2021) also known as Clare's Law, where a history of abuse or violence can be revealed to an intimate partner by police, and victims of abuse have the right to ask police about their partner's offending history. This is primarily for safeguarding purposes and history of IPA features in most Risk Identification Checklists as a high-risk marker for future harm.

In this study we identified 23/40 cases from the IPS sample where the perpetrator had a *documented* history of controlling and violent patterns. However, history is not necessarily identified only through a criminal record, but also from professional, victim, perpetrator and family testimony. Victims and their families did not always know of the perpetrator's history of violence or abuse until the relationship was established, and often found out after the abuse had started:

"He had previous relationships where there was domestic abuse, he went from one relationship to the next" (Case 004)

"He had multiple names, and two children with another woman who he wasn't allowed to see" (Case 033)

"We found out he had to leave (previous area of residence) because of his violence. He was a cage fighter and took steroids" (Case 011)

There was less known about the female perpetrator histories in this study. Although only 3/40 cases, the female perpetrators didn't reveal much if anything about their past relationships in all those cases. It is not that there was no history, just that we could not obtain the data. History can also be considered in behavioural characteristics, and this may be useful where there is no previous relationship history.

Perpetrator history of alcohol and drug misuse was noted in 27/40 cases. Victim history of alcohol and drug misuse was also noted in 27/40 cases, but these were not necessarily the same cases. In some cases, the perpetrator was alleged to be involved in dealing illicit drugs, and in 4/40 cases they were known to misuse steroids in the context of gym use and body building. It has been suggested that bodybuilding can be linked to male insecurity (Selvi and Bozo 2019; Underwood 2018). We do not discuss the complexities involved in the common behaviours we note, though we accept those complexities will be crucial in understanding perpetrator psychology. Our purpose is to identify commonalities in the data.

### *Victim history*

When considering the victim's history, it was found that in 35/40 cases there were identified vulnerabilities from past domestic abuse, sexual abuse, child neglect, bereavement, or eating

disorder. In 5/40 cases there was no data available on this aspect of the victim. It is not known whether perpetrators knew of the vulnerabilities of the victim before entering the relationship. It has been suggested that past vulnerabilities are associated with future domestic abuse in female victims (Schumacher 2001). In 4/40 cases where victims misused drugs or alcohol, the misuse preceded the current relationship. In most cases the victim drug misuse started after the current relationship began. In 2/40 cases the deceased victim had completed a prison sentence related to drug and alcohol misuse. The broader finding was that many perpetrators had a history of control, violence and abuse, and many victims had histories with vulnerabilities from past abuse.

### Stage Two: Early relationship

It has been found in previous research that controlling relationships often form very quickly, with early co-habitation, early pregnancy, or early declarations of love being common (Monckton Smith 2020). In 23/40 cases the relationship appeared to start very quickly. We could not get data for this stage in every case (in some cases the start of the relationship was kept secret from family and friends. There were numerous reasons given for this that included fear the family would disapprove of the person, and fear that family would disapprove of the relationship). Some families expressed concern at the speed with which the relationship developed.

“He just didn’t leave after they met that first night. She got pregnant really quickly” (Case 019)

“She got married against her will after just a month” (Case 008)

It was noted by families that the perpetrators had strong influence over the victim from a very early stage. The desire for speed was in many cases shared between the perpetrator and victim, but in some cases appeared to rest solely with the perpetrator. We did not identify any cases where the desire for a speedy commitment was solely with the victim. This reflects findings from previous research into IPH (Monckton Smith 2020).

### Stage Three: Relationship

In 40/40 cases the relationship was dominated by IPA. In 22/40 cases there was documented use of serious repeated violence. The control and violence appeared to begin early in the relationship, with some of the victims declaring fear and entrapment within the first two weeks. Comparisons with the IPH data reveal that in the suicide progression more perpetrators use intense control earlier. In interviews, family members said that perpetrators were persistent, and it was difficult to get them to leave:

“She tried to get him to leave but he just wouldn’t” (Case 033)

“She kicked him out a few times, he always came back” (Case 010)

“He should have been locked away, but he always found her and terrorised her” (Case 011)

They also spoke of high levels of fear and control:

“She hid in the back garden to call the police; she was convinced she would die” (Case 033)

“He would call her and start a countdown. She had to complete a task before the clock ran down” (Case 001)

“She had red marks on her neck but begged us not to say anything because he would get angry. She couldn’t make any decisions without him” (Case 033)

The relationship stage in the IPS sample appeared to suggest a higher proportion of perpetrators used intense and persistent control and violence. In the IPH data there was more diversity in the intensity of the control and abuse.

#### Stage Four: Disclosure

In 33/40 cases the victim is known to have disclosed to someone that they were subject of abuse and control at the hands of their partner. Disclosing domestic abuse is more common than generally thought, however, studies have shown that most victims disclose initially to family and friends (Vasiliauskaitė and Geffner 2020). Although it is reported that up to 75% of women globally will suffer some form of IPV, around 60% will not report officially, even in some cases, when the violence is serious (Vasiliauskaite and Geffner 2020). There are differences noted in disclosure patterns depending on the severity of the abuse as perceived by the victim, with women who experienced severe physical violence significantly more likely to have told someone about the violence (Fanslow and Robinson 2010). Given the high levels of identified serious violence and intense control in this study, the high levels of early disclosure are unsurprising. At this point in the sequence, the perpetrators are using tactics perceived as abusive by the victim. Disclosure then is an escalation, if victims are disclosing when *they* identify the patterns as abuse. This would suggest that any disclosure could be considered as evidence of escalation in risk, and not as the beginning of the risk progression. We have identified disclosure as half way through this common escalation progression.

We differentiate disclosure from help seeking in this context, as disclosure may be incremental, and may come before explicit help-seeking, as a separate coping strategy. Victims are more likely to disclose to services when the violence is considered by them to be abnormal, and avoidant strategies are not, or are no longer, effective, and they have thought about leaving (Waldrop and Resnick 2004). It is also reported that shame and secrecy are influential, but also fears of retaliation and fears of not being believed (Vasiliauskaite and Geffner 2020). Disclosure in a health setting is common, and this environment may feel more confidential and supportive. Mackenzie *et al* (2002) situate their analysis of women’s interactions with GPs and disclosure of domestic abuse, in the context of candidacy. They explain the concept as entailing:

‘The idea that one’s self-identification as a candidate for a particular condition, and as a legitimate recipient for services associated with that condition, are socially and culturally influenced in ways that can reproduce inequalities’ (p1160).

The idea suggests that disclosure can be an exploratory act where the victim may be seeking validation. Victims are more likely to disclose to GPs than they are to A&E staff (McKie *et al*

2002) and may return to surgeries 30 or 40 times before managing to disclose domestic abuse (Henderson 1997 cited in McKie *et al* 2000) and escalation in the perceived seriousness of the assaults is often important in making that decision (Fanslow and Robinson 2010). Disclosure is a complex process and Boethius and Åkerström (2020) found that shame, perpetrator threats, child custody issues, fear over increased violence, and how disclosure will affect social interactions, were reasons for hesitating to reveal abuse to a social network. Femi-Ajao *et al* (2020) found that for women from ethnic minority groups there were more barriers including, immigration status, community influences, problems with language and interpretation, and unsupportive attitudes of staff within mainstream services. Disclosure, whether it be to family and friends, or more officially to professionals, is a complex process and relies in many cases, on the victim's perceptions of the abuse and need for support.

In 33/40 cases initial disclosure was mainly to friends or family, escalating to disclosure to police or other services. We found that early disclosure appeared to be more common in our sample of cases for suicide, than in some of the homicide cases. Disclosure of domestic abuse should not be considered a simple process and may be indicative of an escalation in fear and need for some sort of support or validation. Although, disclosure could be considered a form of help-seeking, it is less explicit and may be linked to exploration, validation, and informal support.

Families reported that they noticed changes in the victim prior to any disclosure. It was common that they noticed victims becoming less confident, and less available.

“Before she met him she was confident and friendly” (Case 037)

“She was bright and happy and family was everything to her before she met him. Three months before her death she was a shell of her former self and completely isolated” (Case 019)

The important findings from this stage are around recognising that disclosure is part of a process and represents a potential *escalation* in risk. Control and abuse may already be at high risk levels at the point of first disclosure.

#### Stage Five: Help seeking

Active help-seeking was seen in 33/40 cases and occurred after initial disclosures. Previous research with victims has found that help seeking often occurs when the victim considered things had become more serious, often after an escalation in the abuse, or fears for the safety of children (Femi-Ajao *et al* 2020; Fugate *et al* 2005). These studies also show that victims do not report or seek help where they believe the service would not be useful, or they felt their situation would not be considered serious enough by professionals. However, it was also a common theme that victims were concerned that the perpetrator would find out, or they would pass information to the police or child services. Active help-seeking can be perceived as a challenge to control by perpetrators and can provoke consequences (see fig 01). In many of our cases victims were frightened of perpetrators finding out they had disclosed and sought help from agencies. Though in some cases help-seeking was used by perpetrators to convince victims they were mentally ill. In our data perpetrators were not necessarily deterred from exerting control and abuse on finding out that help had been sought. Even where the help-seeking was from criminal justice and police, and they were arrested, prosecuted, or were

subject to civil proceedings and orders, they continued the patterns despite the risk of sanction to themselves.

Studies of help-seeking drawn from a nationally representative sample in the United States found that victims of IPA may employ multiple help-seeking strategies, involving friends and family, as well as help from police, social services, and psychiatrists (Kaukinen *et al* 2013). Findings from Canada also highlight the importance of family and friends in the help-seeking strategies, even when, and if, they utilize the criminal justice system (Kaukinen *et al* 2013). One study reported that, of those who sought help from one or more of the formal services, most reported seeking help because they could not endure more abuse, followed by those who reported that their partner/ex-partner threatened or tried to kill them, they were badly injured by their partner, or were fearful that their partner would kill them. Fears for children were common with reasons for help-seeking mirroring reasons for attempting to leave the perpetrator (Fanslow and Robinson 2010).

The most common forms of help sought in our study were from mental health services, or mental health support through a GP service 30/40 cases, and the police 31/40 cases. In every case where we had data, the mental health help-seeking was linked to the domestic abuse and victims were seeking help to alleviate the distress created by the abuse. However, services did not always make those links explicitly, and prescription medication for anxiety or depression was common, more common than specific help with the abuse. Families felt mental health services did not always recognise IPA or stalking as a cause of mental health distress

“Mental Health services were terrible; they weren’t focusing on the stalking. They told her to drink hot chocolate to get to sleep” (Case 033)

“The (mental health services) were totally under-trained and out of their depth” (Case 004)

“She asked for help but she didn’t get it” (Case 011)

Victims would in many cases medicate their distress with prescription medications and continue to use avoidant strategies in the relationship. Calls to the police were noted in 31/40 cases, but police intervention did not in any of our cases, halt the abuse or the stalking. Police interventions were varied, in some cases perpetrators were incarcerated for violence but did not stop contacting or abusing the victim on release from prison. In some cases, perpetrators were arrested and charged, some had bail conditions imposed or had protective orders, irrespective of the intervention, the perpetrators continued in their abusive stalking and controlling patterns. It was suggested by families and professionals that consistency of response across professionals, and between criminal justice agencies, was absent in these cases. The lack of consistency especially in risk considerations across agencies was said to encourage perpetrators.

It has been argued that police risk assessment is driven by a need for resource management rather than risk management (Stark and Hester 2019), and that successful use of risk checklists is requiring knowledge of patterns of coercive control and domestic abuse (Turner *et al* 2019). Families told us that police interventions were not consistent or robustly managed as the abuse didn’t stop.

“He should have been locked away, but he found her and terrorised her” (Case 011)

“Police couldn’t do anything; she was going to kill herself because of the death threats” (Case 006)

In some cases, help-seeking was considered to be, or experienced as, unhelpful

“(NAME) believed the police would take his side so she didn’t want to tell them” (Case 033)

“She was encouraged by agencies to work with the abuser” (Case 012)

“She had a cat and a dog, so no-one would take her (refuge accommodation)” (Case 033)

In most cases mental health support and medication, were happening in parallel with police interventions and the ongoing abuse. In one case the family stated that even the IDVA felt powerless

“The IDVA said to her ‘you’ll never be free of him; you need to flee” (Case 014)

In 16/40 cases the deceased had children. In all 16 of those cases the children were not residing with the deceased at the time of their death. In every case the reason for this was related to controlling and abusive patterns of a partner or former partner. Some victims had explicitly stated that custody of their children was a protective factor, and in all cases, there was expressed extreme distress at losing custody of their children:

“Social services threatened to take her child. She said when my child’s not with me I’m at risk” (Case 016)

“He was really gunning for her and painted a dreadful picture of her to social services and the school. He said the children had witnessed it and he took them away” (Case 016)

“She said the children were frightened of him” (Case 007)

Aitken and Munro’s (2018) study found that children were a protective factor in suicidality, and the primary reason victims did not act on suicidal thoughts. Research from the NSPCC (2015) into learning from Serious Case Reviews (SCRs) states that in practice children should not be considered or treated as a protective factor where the parent has suicidal thoughts as this can increase risk of harm to the child. This data suggests that was the thought that children would never be returned, that created a feeling of entrapment or hopelessness.

Victims were seeking help simultaneously from police, health services and children’s and social services, whilst the abuse continued, and was in many cases persistent, rather than reducing. Mental health diagnoses, and the victim’s ability to care for themselves or their children, was a focus for service intervention, but also for service withdrawal. Alcohol and drug misuse were often perceived as increasing their culpability. In our sample alcohol or illicit drug misuse by victims was noted in 27/40 cases, and (27/40) for perpetrators. Though these were not the same 27 cases. There were examples where the perpetrator used illicit drugs or alcohol, but

the victim did not, and vice versa. In 4/40 cases there was no illicit drug or alcohol misuse in either the perpetrator or victim. Drug and alcohol misuse are complex, and we make no suggestion that those complexities are unimportant. In this study we focus on identifying broad risk characteristics, and it is their presence rather than types of misuse or specific drugs that we identify.

Mental health support was sought in many cases to try and cope with the abuse when escape was not seen as achievable. In some cases, it was to placate others, including the perpetrator, as they often represented the victim as 'crazy'; or to placate social services or children's services where there were concerns expressed over child safety and custody. In 2/16 cases children had been removed without consultation by the perpetrator, and victims engaged with mental health services to cope with the aftermath of that.

The most concerning thing about this stage was that the victim's mental health help-seeking appeared to dominate assessments of them and the abuse, and also dominate victim assessments of themselves leading to self-blame. The victim being perceived as 'mentally unstable' created perceptions that they were culpable in the abuse. This can become worse, and attention further diverted when the victim self-harms, talks about suicide, or makes attempts to kill themselves. In some cases, it was felt by victims that if they received mental health support they would become 'strong enough' to leave the abuser.

#### Stage Six: Suicidal Ideation

We considered suicidal ideation in both the perpetrator and the victim. Suicidal ideation in the victim was identified in 23/40 cases. We did not have data for all cases. Identification was through self-harm, threats to suicide, suicide attempts, or claims that 'they could not go on and death was inevitable' either at their own or the perpetrator's hands. One suicide victim stated in her suicide note that she was 'cutting out the middle-man' in killing herself. Munro and Aitken (2019) state that:

“While the relationship between victimisation and suicide is clearly not linear, our analysis has identified a number of factors that appear to increase or mitigate the risk for individual clients, including the existence of personal and community support networks, the co-existence of depression, or drug or alcohol dependency, the type and duration of abuse experienced, and the ability to hold out hope for the future (often tied to the existence of children in the household)” (p46)

There did seem to be some danger in our sample, to victims in expressing suicidal ideation. It was sometimes seen as confirmation of mental instability, re-focusing attention on their mental health rather than the abuse. In one case there was an alleged 'suicide pact' but there is little evidence to support the victim being a willing participant. However, her history of suicidal ideation created some complexity in assessing what might have happened. In some cases, there had been such thoughts prior to the current relationship. We have put suicidal ideation at stage six, but this is the latest, but most common stage it was noted, but in some cases, it appeared earlier in the progression. For most though, it was around stage six coinciding with feelings of entrapment and hopelessness. The stages are not mutually exclusive, and characteristics can appear in more than one stage. Suicidal ideation for example, can appear from as early as the victim or perpetrator history at stage one. The sequence is far more complex than it may

appear, and we have considered that further research would be useful for each stage, and each characteristic.

In 19/40 cases the victim made what appeared to be suicide attempts. Recent studies have shown that threats of self-harm or suicidal ideation in perpetrators could also be a warning marker for future serious harm or homicide to another, especially in an intimate partner context (Button *et al* 2017). It was not easy to find information in every case about the perpetrator's suicidal thoughts. We did identify such thoughts in 6/40 cases. Suicidal ideation can come in parallel with homicidal ideation in perpetrators of high-risk abuse, and all suicidality should be taken seriously. There were also cases in our sample where the perpetrator had actively encouraged suicide of the victim.

### Stage Seven: Complete Entrapment

In most cases the victim considered, and had said, they were trapped in a situation from which they felt there was no escape.

"My life isn't mine anymore" (Case 033)

"She couldn't leave the house. She would sit hiding with the curtains drawn" (Case 019)

"She said 'please section me, I'm not safe from him'" (Case 016)

Some victims said that death was preferable to the continuing entrapment.

"I'm trapped and miserable 'til I die. I'm cutting to the chase (suicide)." (Case 033)

Perpetrators at this time seemed oblivious or unconcerned about the deteriorating mental health of the victim. Some would encourage suicide.

"He would tell her to kill herself" (Case 019)

"There were 10,000 messages from him in one month. He would say things like 'go suicide yourself you cunt'" (Case 011)

Victims reported feeling there was no escape, and nothing would get better. In 19/40 cases it is known that the victim said they thought the perpetrator would kill them, and the only way out of the situation was death, by their own or the perpetrator's hand. Some felt that they wouldn't get their children back and the perpetrator was too persistent and would never be out of their life. Some victims had expressed they were terrified that the perpetrator would kill others and were worried for family members.

"He was always one step ahead and compiled his own case against her. He was really gunning for her" (Case 016)

"Fear was driving her life" (Case 019)

"They asked what my biggest fear was, I said she'll get so scared she takes her own life" (Case 014)

“Every aspect of her life was spiralling” (Case 002)

“She (perpetrator) was blackmailing him with humiliating films and photos” (Case 022)

“He had sexual photos of her which he was threatening to send to us and others. She was terrified” (Case 001)

In at least 18/40 cases the relationship had ended, but the contact and control or stalking behaviours persisted. This ‘circling’ around control, challenge, and consequence also noted in the IPH data, was common.

Perpetrator behaviours at this stage, and indeed throughout the stages, could be considered as ‘obsessive’ and ‘fixated’ using standard, rather than diagnostic, definitions. Fixation and obsession are part of the language used for and by professionals in identifying and understanding stalking patterns and are part of policing campaigns (College of Policing 2019). Stalking and Coercive Control have many similarities and the rejected (intimate partner) stalker (Mackenzie *et al* 2009) and the intimate partner controlling perpetrator are often one and the same, depending on the status of the relationship. Persistence may be in part related to fixation and obsession as understood and defined in this context, and this may be useful in developing interventions for perpetrators. The persistence we identified in many of the IPS cases was significant. The threat of sanction did not appear to deter on its own, but sanction and response was not consistent from any agency. Certainly, research into responding to stalkers has suggested that consistency when responding to this type of offender is crucial (Alison and Alison 2012).

#### Stage Eight: Suicide

The most common method for suicide in this study was by ligature (32/40 cases). In 2/40 it appeared to be through drowning, in 1/40 case it was by overdose, and in 1/40 was by jumping from a great height, 2/40 slashed throat and 2/40 not known. In some cases, so-called suicide notes were left. In at least 16 cases the perpetrator was the last person to see the victim and, in many cases, discovered the victim’s body.

This is a very complex stage and does not necessarily end the chronology. In some cases, it was clear that the victim had taken their own life, and it was clear that they intended to. In some cases, where this was the case there was also evidence that the perpetrator had encouraged suicide which may or may not warrant an investigation; in other cases, there were serious concerns from the family that the suicide may have been staged. However, what seemed to be common was for the suicide to be accepted as such based on the mental health history of the victim, especially if there was a history of suicidal ideation. Where either of these characteristics were present, even where police had early suspicions, these were the cases where investigations were not progressed.

In some cases, 13/40 there were threats from the perpetrator to the victim’s family members. In some cases, the threats continued after the suicide, and in one case the abuse was transferred to the victim’s mother.

“he started harassing her mum after her death. There’s a three-year restraining order and we had police protection at the funeral” (Case 033)

## Honour Suicide

Six cases of suicide related to 'honour' were identified. In 5/6 cases the HS was in an intimate partner context, there was also one case of an adult family abuse HS.

HS are defined as those suicides where victims seek to maintain or restore honour through suicide or self-sacrifice. These are often cases where women have strong internalised notions of shame and honour. This may include despair and feelings of entrapment created by abuse, or out of a sense of duty for the reputation of the victim's family and community, particularly their parents, sisters, and daughters. Dishonour can be brought through behaviours considered 'shameful', for example disobedience, reporting abuse, reporting sexual abuse, or having a boyfriend. This can lead to the family or community threatening divorce, separation, abandonment, or disownment. In some circumstances, a woman's death is seen as more honourable than divorce. The perpetrators may also encourage the suicide.

The only suicide case involving domestic abuse considered for prosecution was that of Gurjit Dhaliwal in 2005. The case collapsed when the courts did not recognise psychological injury as the cause of death (Aitken and Munro, 2018; Siddiqui and Patel, 2010).

The eight stages of honour suicide within a natal family and intimate partner relationship have been combined to follow the stages for IPS more generally. Therefore, HS and IPS share a timeline as, notwithstanding the complex differences, in both categories control and the impact of that control are central to risk escalation. We have represented the IPS timeline to illustrate the differences, not between the escalation stages, but the specifics of honour related suicide at each of the stages.

### Stage 1- History

In cases of HS the defining relationship between the victim and the perpetrator/s is crucial. This defining relationship sets the culture of the marriage. This is important where there are traditional conservative values. The history of an individual perpetrator's abusive behaviour may be unknown or disregarded. In traditional households, within the natal and marital families, both the victim and perpetrator may have had a lifetime of internalisation of conservative cultural and religious expectations of women preserving family and community honour at all costs, this was identified in all six cases (6/6). There is often no opportunity for victims to return to the natal family once they are married. Stage one is important in considering the history and environment where abuse may be condoned, and the beliefs and experiences of both perpetrator and victim.

### Stage 2- Early relationship

Daughters-in-law may be considered lower in a status hierarchy than natal family and males. In many cases they can be treated as little more than domestic servants and have little or no choice but to remain in the home and the relationship. They may be isolated from support or resources. This is particularly the case for migrant women. This situation can begin immediately, or very soon after cohabiting.

### Stage 3- Relationship

In cases of honour suicide there are several relationship contexts to consider. There are intimate relationships, and there are familial relationships. In a familial context, often, when the victim reaches sexual maturity, they may be expected to be compliant and submissive, and may have no control over their intimate relationships. In an intimate relationship context, the control by the family and partner can be extreme. In one case for example, the victim said she was treated as a domestic servant and had no influence over her own children. She became increasingly more distressed, and attempted suicide more than once. The abuse, and control of her activities and choices, did not lessen.

### Stage 4– Disclosure

Victims may disclose they are frightened or are abused to family and friends (4/6) before they approach outside agencies for help. BME women may wait longer to disclose to professionals. Disclosure to family may not result in help, but in pressure to conform to preserve honour.

### Stage 5- Help Seeking

Reporting to outside agencies may be seen as shameful, but some women may report abuse or seek help from professionals like GPs or mental health services (3/6). In some cases, women had reported to the police. Victims may initially hope that family or community can stop the abuse, and they may come under pressure from perpetrators to attempt mediation, religious arbitration, and reconciliation. Mediation or religious arbitration may be attempted several times which may reconcile the family through promises of reform by the perpetrators, or more often, by the victim, and there may be a temporary cessation of violence and abuse. However, mediation and reconciliation may also be dangerous and indicate a rise in risk of harm to the victim. Family and community pressure to reconcile may increase the risk to life. Over time, the victim may become increasingly trapped, isolated and depressed. Women with an insecure immigration status may also find reporting difficult due to fear of deportation and destitution.

### Stage 6- Suicidal Ideation

Suicidal ideation was noted in all the HS cases. In those cases where victims failed to reform or were accused of not doing so, there were signs of intolerable stress on the victim who may see no way out. In some cases, honour suicide may result if the original act or accusation is seen too shameful to remedy through a compromise or a promise to reform.

### Stage 7- Complete Entrapment –

The victim's fear of bringing shame and dishonour may be reinforced by the perpetrators, who may encourage them to kill themselves. It is entrapment that is significantly implicated in suicide, where the victim may see no 'honourable' way to resolve the situation. In some cases, suicides are staged.

### Stage 8- Suicide

In this context, the victim takes their own life to escape abuse, and to protect the honour of others in the family or community. Methods are variable, but the most common in the sample was suicide by hanging (3/6). One case involved the victim burning to death and another by jumping in front of a train. One ingested poison, which she had bought from India. The family

and community may cover up or justify the abuse or pressure which drove the victim to suicide, even if they were not directly involved. Although rare, fearing for the future of their children, some woman may take the lives of their children when taking their own lives (1/6). In some cases, victims may also call a friend, relative, a health service or the police to talk or seek help before attempting to or taking their own life (5/6).

### Conclusions IPS/HS

The data has revealed some strong consistencies across the cases. The draft tool sets out the chronological sequence of key events/characteristics and this tool could be used to focus attention on potential interventions at any stage. It can be used in parallel with existing risk processes, for example, Risk Identification Checklists, and with stalking tools like the Screening Assessment for Stalking and Harassment (SASH) (McEwan *et al* 2010).

The clearest opportunities to improve responses and minimize risk of suicide identified in this data, are to alleviate feelings of entrapment. This may be through more focused and consistent offender management, although there are also opportunities to alleviate entrapment through housing, childcare, and mental health support. The indication is that attention to the perpetrator and compelling them to desist or neutralising their threat would be of potential benefit to victims and their children.

With reference to HS, the control and abuse is also persistent and may be more strongly supported by family or community networks. The feelings of entrapment appear very similar, and although BME women may experience some of the same problems as women generally in escaping abuse, they may also have extra barriers.

### Draft timeline

The draft IPS/HS timeline tool has been designed as a temporal sequence taking account of the characteristics and behaviours considered to represent an escalation in risk that there could be a suicide.

Figure 03: IPS/HS draft Tool (first iteration)

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STAGE	Alleged Perpetrator characteristics	Victim characteristics
1. History	History of DA, CC, stalking, routine jealousy, violence.	History of vulnerability. Previous DA, CC or sexual assault, away from home (student), previous LA care.
2. Early Relationship	Speed and intensity	Speed and intensity
3. Relationships	Dominated by controlling patterns. Violence in many cases. (See risk checklist)	Subject to violence; drugs and alcohol; sexual violence
4. Disclosure	Control escalating, violence may escalate, persistent harassment.	Starts to tell others about the abuse. <i>BME victims may disclose to family and community.</i>

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STAGE	Alleged Perpetrator characteristics	Victim characteristics
5. Help-Seeking	Alleged perpetrator may use victims mental health against them, may make threats to family or friends, counter allegations.	Mental health services, GP for mental health, A&E, child services, social services, police.
6. Suicidal Ideation	Alleged perpetrator may encourage suicide, persistent contact, threats.	Suicide attempts, self-harm, may say they 'can't go on', may be convinced they will be killed. May have lost custody of children.
7. Complete Entrapment	STALKING, threats, persistent contact, threats to others, violence.	May say 'I'll never be free' or similar. <i>In Honour suicide victim may feel honour will be restored to family through their suicide.</i>
8. Homicide	Common for alleged perpetrator to find body. In some cases, abuse transferred to victim's family.	Most common to be at home with ligature. Other methods also noted.

**The further along the stages the more risk is escalating.**

**If you reach stage 8 and this follows the earlier stages, an investigation should be considered and information submitted in any inquest.**

**Text in *italics* relates to honour suicide.**

## 7. Honour Killings

### Scale of the Problem

The United Nations estimate there are around 5000 recorded so called 'honour' killings worldwide every year (OHCHR, 2012). In the UK, there are an estimated 12 per year (HASC, 2008) but the true scale is not known as HBA and HK are under-reported and identified (HMIC, 2015).

### Nature of the Problem

HBA and HK are gendered crimes. Men are the main perpetrators and women are disproportionately the victims (UNODC 2019). Many men who perpetrate HBA or HK do so to protect their 'status' or pride, and notions of honour are tightly related to the control of women and women's conduct. In the UK, this sense of honour may have stronger links personal honour rather than the collective or group honour of a family or community. The notion of family or community honour and shame, however, remain strong in some communities. Honour can be both a constraining factor that prevents women from leaving abuse for fear of bringing shame and inviting reprisals and ostracism, and a motivation or justification for the abuse for perpetrators.

There is no single consistently accepted definition of HBA, however, there is some agreement on some of the common elements. In 2007, the former Association of Chief Police Officers (ACPO) and Crown Prosecution Service (CPS) defined it as 'a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community'. In 2015, the National Police Chiefs' Council (NPCC) and the CPS revised their definition to 'an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial, or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community's code of behaviour'.

Most definitions acknowledge that HBA often involves a conspiracy by a group of people united in conservative cultural or religious beliefs, to abuse or kill to maintain or restore the honour of the family and/or community. This can result in either a collective act of perpetration or collusion in the abusive act. While the action can take the form of domestic abuse (all reported cases in the UK have been in a domestic abuse context) or violence in the community such as group rape or sexual violence, the motivation or justification is a shared code of honour. HBA can be highly organised, involving multiple perpetrators in a conspiracy, but also often multiple victims. For example, a woman may be subjected to harassment and violence, and so may her boyfriend or partner. Both lives would be in danger. Also, a woman's mother or siblings, particularly sisters, may also be in danger if they support the victim. Indeed, an honour killing is a warning to other women should they also follow the victim's example. In terms of coercive control this relates closely to Stark's (2009) assertion that consequences for resisting or defying perpetrators sets in the mind of the victim the price of their resistance. It is reported that up to 50 men were involved in the conspiracy to kill Banaz Mahmood when she was murdered in 2006, or to cover up her killing. Male victims are often killed as revenge or punishment for 'corrupting' women by her family, not because their behaviour placed their own family's honour at stake. Men are therefore less likely to be victims because their 'disobedient' behaviour is tolerated,

and they have more sexual freedom. Men also have greater choice than women over who and when they marry, and generally marry at an older age after gaining experience, education, and employment.

### Stages of HK

While we now have a greater understanding of the escalation stages in an Intimate Partner Homicide (Monckton-Smith 2020), little is currently known about stages in HK. Even less is known about BME perpetrators and their journeys. Although individuals may commit HBA or an honour killing as a solitary act, the motivation in these cases may be more difficult to ascertain unless the perpetrator argues it, or independent evidence supports it. Although elements of honour, conspiracy and pre-planning may be involved in many domestic homicide cases in BME communities, there may be insufficient evidence of *honour* being the primary motive. The pattern for stages leading to an HK vary according to two main scenarios. The first pattern is for a killing which takes place within the natal family when for example, a daughter or sister is killed by a relative. Women killed in intimate partner relationships who are in cousin marriages are included in this category. The second pattern is for those in intimate partner relationships in non-cousin marriages, and where the husbands and in-laws are involved in the murder. The stages in honour killings within a natal family and intimate partner relationship have been combined into an eight-stage timeline as follows:

#### Stage 1: Defining Relationship

There may be a cultural and/or religious based expectation that a victim *can* be killed to save the honour of the family/community, but there is no definite decision to kill or planning to do so at this stage. All the victims in the sample experienced a history of IPA or adult family abuse and restrictions, and coercive control or harassment prior to their murder. All the perpetrators had conservative and traditional attitudes about gender roles. In traditional households, both the victim and perpetrator may have had a lifetime of internalisation of conservative cultural and religious expectations of women preserving family and community honour at all cost.

#### Stage 2- Relationship with Perpetrator/s

In both cousin and non-cousin marriages, in traditional households, there would often be pressure to conform to cultural and religious expectations of gender roles, and the victim may be compliant. However, compliant, or not, the victim often has little control over the attitudes and behaviour of the perpetrator/s, often the husbands and his family. Coercive control may mark the relationship from the beginning to assert authority and set boundaries. For migrant women, the relationship may also be tied with perpetrators viewing the situation as a 'trial marriage', giving them the freedom to divorce and deport or abandon wives overseas if they choose. Men are the main perpetrators, particularly relatives in the immediate and extended family such as husbands, fathers, uncles, brothers and male cousins (15/15). Women can also be involved or implicated in an honour killing, especially mothers (7/15) and mothers-in-law (2/15), although they are not always prosecuted. Daughters-in-law often have the lowest status in the family and can be treated as domestic servants and isolated from their own family and friends. Mental abuse often starts from the beginning, and this may be tolerated in the hope that matters may settle down. Honour is tied up with women having male children and being 'good' mothers, wives and daughters-in-law. Over time, the relationship can become controlling and abusive (if it is not from the beginning) if the victim has not conformed to

traditional expectations, particularly if there are no male children. This may lead to threats to divorce or abandonment, and removal of children. This can also happen if the victim is accused of becoming 'westernised' and attempts to obtain more freedom or report the abuse.

### Stage 3: Trigger/s

There appear to be two main triggers, although there may be minor challenges to control in between. The first, at the stage when the victim changes her behaviour – becoming less obedient or compliant to the wishes of the perpetrator/s or seen as more 'westernised'; and the second if she fails to reform and comply. In Banaz Mahmood's murder, the final trigger appears to be when she was seen kissing her boyfriend after she had said she had separated from him. In Heshu Yones' murder, the father pretended to accept that she could live with and marry her boyfriend before he killed her. In Saif Rehman's murder, he and his wife were killed as her father claimed to have accepted their 'love' marriage after she refused to re-marry her deceased husband's brother. In some cases, the first trigger is enough to result in an honour killing as the act may be considered too shameful to remedy through a compromise or a promise to reform. In the murder of Celine Dookeran, for example, the promise to reform was not sufficient for her uncle who killed her the day after the family meeting in which she agreed to give up her 'unsuitable' boyfriend. The majority were accused of being in relationships (even married) with the 'wrong' or 'unsuitable' man (12/15), usually because they were from a different religion, nationality, caste, or tribe, or in an adulterous relationship (6/15), including where the former husband refused to accept the divorce or separation. Perpetrator/s wanted victims to have, or stay in, a forced or arranged marriage in most of our cases (9/15).

Three victims had children, and in one case, that of Seeta Kaur, her refusal to hand over one son to her husband's heirless brother was the reason given for her murder. In two cases, one victim, Rukshana Naz, refused a late abortion after becoming pregnant by her lover, which led to her murder; and one male victim was killed after his girlfriend became pregnant and her family wanted her to have an abortion, which she did after his murder. The victims in the sample all presented a challenge to these value systems and were accused of becoming 'westernised' or for male victims, a 'corrupting' influence on women. While some cases were presented because of a 'culture clash' between the generations, others showed high levels of conservatism and misogyny, including by second generation men such as brothers and cousins. In the case of Rania Alayed, her husband was referred to as being 'contemptuous of females.' All female victims had attempted independence and freedom from abuse or restrictions on their lifestyles. This has strong links to control and the challenging of control, as is central in the Intimate Partner Homicide Timeline (Monckton Smith 2020).

### Stage 4: Disclosure and Help Seeking

Persistent abuse by marital or natal family can often drive victims to increasing depression and feeling less secure and confident. Victims often disclose to family and friends (11/15) before they approach outside agencies for help, and this can mean BME women may wait longer to disclose to professionals. Their own family may pressure them to stay with their abusive husband to save the marriage and preserve honour. The victim may hope the family or community elders can stop the abuse, or they may come under pressure from perpetrators to attempt mediation, religious arbitration, and reconciliation in order to save the marriage or prevent them from leaving their families. This is to prevent shame and dishonour and outside

sanction. Mediation or religious arbitration may be attempted several times and may reconcile the family through promises of reform by the perpetrators, or more often, by the victim, and there may be a temporary cessation of violence. Sometimes professional agencies are also involved in these practices. However, mediation and reconciliation can be dangerous because they do not challenge the abuse and can be illusionary, leaving the victim exposed to further violence and abuse. In the murder of Samia Shahid, for example, the police seemed to have mediated by acting as 'chaperone' at a family meeting in the UK before her death overseas.

Reporting to outside agencies can be seen as shameful, and some women may report abuse or seek help from GPs or mental health services (3/15). Women may also report abuse to the police (2/15) but may not follow through with a complaint or do not receive the expected help. Some in our sample also approached solicitors, housing, and voluntary sector groups, particularly when leaving their home. Perpetrators fear losing control, and losing control brings shame, dishonour and sanctions if the victim discloses or reports the abuse to outside agencies. However, even then they may increase pressure on the victim to withdraw allegations and return or stay at home, including using their community networks to find and harass them; or threaten to kill them. Family and community pressure to reconcile or comply will increase, as well as the risk to their life. Over time, the victim may feel increasingly trapped, isolated and depressed.

The sample showed a range of background barriers to reporting and escaping abuse. These included family and community pressure to mediate, arbitrate and reconcile with abusive situations at home, insufficient legal protection - despite reports to the police and medical services, and lack of welfare service provision. BME women have additional obstacles to overcome produced by intersectional discrimination based on race, gender, and class. Although all victims in the sample appear to have settled immigration status, some families had come to the UK as asylum seekers and had been subjected to pressures experienced by migrants. There is also a lack of adequate specialist services for BME victims. The idea of 'multiculturalism' has also been criticised by pressure groups like Southall Black Sisters, for preventing state intervention to protect BME women in the name of 'cultural sensitivity'. Black feminists are also concerned that multi-faithism and the 'preventing extremism' agenda through social cohesion policies has allowed religious fundamentalist or conservative and patriarchal forces within BME communities to gain ground on the control of women and preventing state intervention in the name of 'religious sensitivity' (Siddiqui 2010).

#### Stage 5: Escalation

Escalation of violence starts at the first major trigger and culminates in the final major trigger. Due to its circular nature, there may be periods of apparent de-escalation where the victim promises to reform, although these periods may remain dangerous as matters escalate unexpectedly, and some families give the illusion that they have accepted the promise to change but continue to plan the killing. The culmination of the escalation can often involve a family meeting (7/15) although this can be held earlier and involve several family meetings during the escalation period. Mediation, arbitration, and reconciliation may result in 'honeymoon' periods, creating a false sense of security when victims may be persuaded to go overseas, and killed there instead. This happened in the cases of Surjit Kaur Athwal and Saif Rehman.

### Stage 6: Decision/Homicidal Ideation

The perpetrator/s decision to kill may form at the first major trigger but is confirmed at the final one when it becomes clear that control has broken down and the victim is not compliant. The perpetrator/s may also hold a 'council of war' or family meeting to justify their decision and/or to draw in other perpetrators or colluders. The 'council of war' family meetings, which were not aimed at persuading the victim to reform, but to plan the murder were seen in the killings of Surjit Kaur Athwal and Banaz Mahmood. Some perpetrators may also be reluctant participants, including younger men who may be used or forced into committing the crime as they are likely to receive a lighter sentence. In the case of Samira Nazir, a young male cousin aged 17 was blamed for the murder by the brother, despite his own involvement and that of his father. The mother was also present during the killing. In Arash Ghorbani-Zarin's murder, two young brothers aged 15 and 18 were 'egged' on by their father (Guardian 2005). Women may also be reluctant participants or powerless to stop an honour killing if they are abused and oppressed. However, although rare, some women have testified against their own family in an HK. Tulay Goren's mother for example, was not charged for covering up the murder and gave evidence against her husband; Shafiea Ahmed's sister gave evidence against her parents although she was present at the murder and kept silent for many years. Surjit Kaur Athwal's sister-in-law also gave evidence after having attended a family meeting where the plan to kill was discussed, but due to fear of reprisals, she had not been able to prevent the murder.

### Stage 7: Planning

In all cases, there was some level of planning, and in most cases a level of conspiracy. The planning for the murder can start when the decision is made, often at the first major trigger. This can include plans to kill and the story for the 'cover up' afterwards in the UK or overseas.

### Stage 8: Homicide

The perpetrators carry out the murder and take measures to evade justice such as leaving the country (unless the murder takes place overseas and the killers live abroad) or having an alibi, supported by co-conspirators or colluders, who may also help cover up the crime or remain silent. Although some may fear reprisals, others may support the crime, even if they were not involved. Other potential victims may conform to prevent the same fate or go into hiding, but some may also seek help from the police and other agencies. The most common method used to kill in our sample was strangulation, smothering or slitting the throat (9/15) or stabbing, often multiple times (4/15). Some bodies were buried (3/15) or thrown into rivers (2/15). In five cases, bodies or body parts were never found or quickly destroyed by the perpetrators through cremation.

Three female victims were also subjected to rape or sexual assault before the killing mainly aimed at showing them what Banaz Mahmood's killers called 'disrespect' and Celine Dookhran's killer said these 'type of girls deserve rape.' Sometimes cultural defences are made to prevent conviction for murder or mitigate sentence and in some cases cultural arguments have been used to reduce sentences. For example, in the case of Heshu Yonis, the judge took account of 'cultural differences' in mitigation when setting her killer's minimum tariff of 14 years. In the case of Banaz Mahmood, however, although the killers were convicted of murder, despite their explicit denial of being involved (except for one defendant who admitted to the murder), their boasting in the community implicitly gave the message to the courts that the HK was justified.

Indeed, the uncle who instigated the crime said in prison: “I am not in here for anything I am ashamed of. I have done justice.” However, female perpetrators behaviour is controlled and confined by culture. In Rukshana Naz’s death the mother helped the brother to kill her, and she told the police that the death was in her ‘kismet’ (fate), indicating an acceptance of conservative expectations. Mothers and mothers-in-law are expected to teach and enforce conformist female behaviour within the home, while men preserve overall power and control within the home and the public sphere. This unequal power is not always recognised by the criminal justice system. For example, in the case of Surjit Kaur Athwal, while the mother-in-law was portrayed as the instigator as the matriarch of the family, the fact that the husband had greater power and could have stopped the killing was under-played. The transnational dimension in some cases also means that perpetrators sometimes flee from the UK (6/15) or use their extended families and contacts overseas to carry out honour killings (4/15) of British nationals or residents to evade justice. The murders of Surjit Kaur Athwal, Samia Shahid, Seeta Kaur and Saif Rehman took place while the victims were visiting Pakistan or India. None of the suspects who live overseas or stayed abroad have been prosecuted.

### Conclusions

HK aims to control women’s sexuality and autonomy through extreme gendered violence in the name of honour. There are eight stages in this sequence which reflect escalation points, but which could be disrupted through effective intervention. These stages can be overlapping and circular in nature but acting on early signs of HBA can prevent escalation to a homicide. The ‘one chance’ rule allows for early intervention by agencies at first contact with the victim. Recognising the signs of HBA requires training and guidance as well as expert advice, but the evidence shows, although delayed, BME women do seek assistance from agencies for domestic abuse and HBA. These reports should be acted upon as soon as possible to protect victims, even if expert advice on HBA cannot be sought until later. HBA is a culturally specific form of coercive control and gendered violence, which is a cause and consequence of gender inequality. By using the intersectionality lens, however, the pressures and additional barriers BME women face can also be understood and overcome by supporting the victim. This means not ignoring their specific needs through non-intervention, which result in ‘under-policing’ through multicultural or multi-faith policies which aim to respect cultural and religious difference; or inappropriate interventions through racist measures, including ‘over-policing’ in BME and migrant communities. The motivations for BME perpetrators and the nature of HBA should also be understood to intervene effectively to prevent HK. The intersectionality lens can also be used to understand the pressures on BME perpetrators, which shape their mindset, such as holding onto or reinforcing conservative and orthodox identities in a context of poverty, racial and religious discrimination. Also, in most cases, perpetrators are not extremists, but are conservative and traditional. Intersecting issues of race, gender, class, culture, religion, power, and control should be tackled within any perpetrator programme. However, few perpetrator programmes address the specific manifestations and dynamics within BME communities. These programmes are also designed for single rather than multiple perpetrators which exist in HBA. Even if one perpetrator reforms, there will be other perpetrators in the wider extended families and communities. Also, given that reconciliation is a strong traditional practice within BME communities, cultural pressure should not be put on women to help reform perpetrators rather than choosing the potentially safer route of exiting abuse. These complications pose major challenges in managing and reforming BME perpetrators. They also have implications for other

criminal justice interventions by reducing their effectiveness such as bail conditions and restorative justice.

Figure 04: HK draft tool (first iteration)

HONOUR KILLING TIMELINE		
STAGE	Alleged Perpetrator characteristics	VICTIM characteristics
1. Defining relationship	Conservative cultural traditions, esp. around female behaviours and roles.	Victim lives in this environment.
2. Relationship with perpetrators	Coercive controlling patterns to maintain compliance of victim.	Victims may be compliant in this environment. Migrant women may have little power.
3. Triggers	Perpetrators notice challenge to their control.	Victim may resist cultural norms and expectations. Esp around choice of partners or dress and aspirations.
4. Disclosure and help-seeking	Help-seeking perceived as further challenge, esp if it is outside the community.	Disclosures will often be to family and community first. One chance rule should be followed for disclosures. Do not attempt arbitration of any kind.

HONOUR KILLING TIMELINE		
STAGE	Alleged Perpetrator characteristics	VICTIM characteristics
5. Escalation	May include interventions from wider community and family. There may be period of apparent de-escalation or stand-still where the victim promises to reform, although these periods may be deceptive and remain dangerous.	One chance rule should be followed. Do not share information with elders, and community and religious leaders, or any professional who may disclose information.
6. Decision/homicidal ideation	The decision to kill by the perpetrators may form when it becomes clearer that they cannot control the victim. The perpetrators may also hold a family meeting to justify the way they decide to resolve the issue.	Agencies should follow the 'one chance rule' if they suspect abuse or risk of abuse and consult appropriate experts and guidance. All calls by victims for help should be taken seriously and acted upon urgently.
7. Planning	The planning of the murder can start from the trigger stage and be consolidated at this stage. The plan can include arranging for the victim to be killed overseas.	Agencies should follow the 'one chance rule' if they suspect abuse or risk of abuse and consult appropriate experts and guidance. Always strongly advise victims not to travel overseas.
8. Homicide	The perpetrators carry out the murder and take measures to evade justice.	All calls by victims for help should be taken seriously and acted upon urgently. A specialist service and officers should follow up the call or incident.

The further along the stages the more risk is escalating.  
If you have reached stage 8 and there is a death, those that followed the earlier stages should be considered for an investigation and this information submitted in any inquest to the coroner for consideration.

## 8. Statistical Breakdown of Perpetrator Data from the Femicide Census

The Femicide Census records data collected from cases of femicide, that is the killing of women by men, because of their sex. These are gender-based homicides. IPH and HK are also gender based homicides, and the data collected around IPS suggests that suicides of women that are related to coercive control, stalking and domestic abuse, share many of the same characteristics as gender-based homicides.

We have presented some data from the femicide census that has interesting links to the temporal sequences but is not part of the wider project.

### *Defences to Homicide*

As this study builds narratives from the analyses of case studies, we first looked at the gathered data on defences to femicide. These defences are narratives, and in many ways are constructed to convince a jury of mitigation or innocence. The defences used suggest that femicides are situational and spontaneous in nature, where the perpetrators were provoked, had accidents, or lost immediate control. This is in contradiction to the temporal sequencing findings that track a journey of escalating risk, with an identified planning stage in most cases. Narratives are not necessarily true reflections of fact, but they can be an ordering of events that makes plausible sense. What is plausible will depend on the context of the crime. Police homicide detectives construct plausible narratives for trials (Innes 2003) and juries like plausible explanations for crime (Devine *et al* 2001). It is interesting to consider what is a plausible narrative or explanation. The data from the Femicide Census might suggest that we find explanations around spontaneous loss of control more plausible in the context of femicide. A spontaneous loss of control explanation does not give much opportunity for designing interventions for prevention of homicide and may encourage warning women to avoid situations that may spontaneously escalate, rather than focusing on patterns of escalation in the perpetrators. The temporal sequencing data suggests that IPH and HK are not spontaneous, and this gives us more opportunities for intervention and prevention activity.

Figure 05: Defences to Femicide

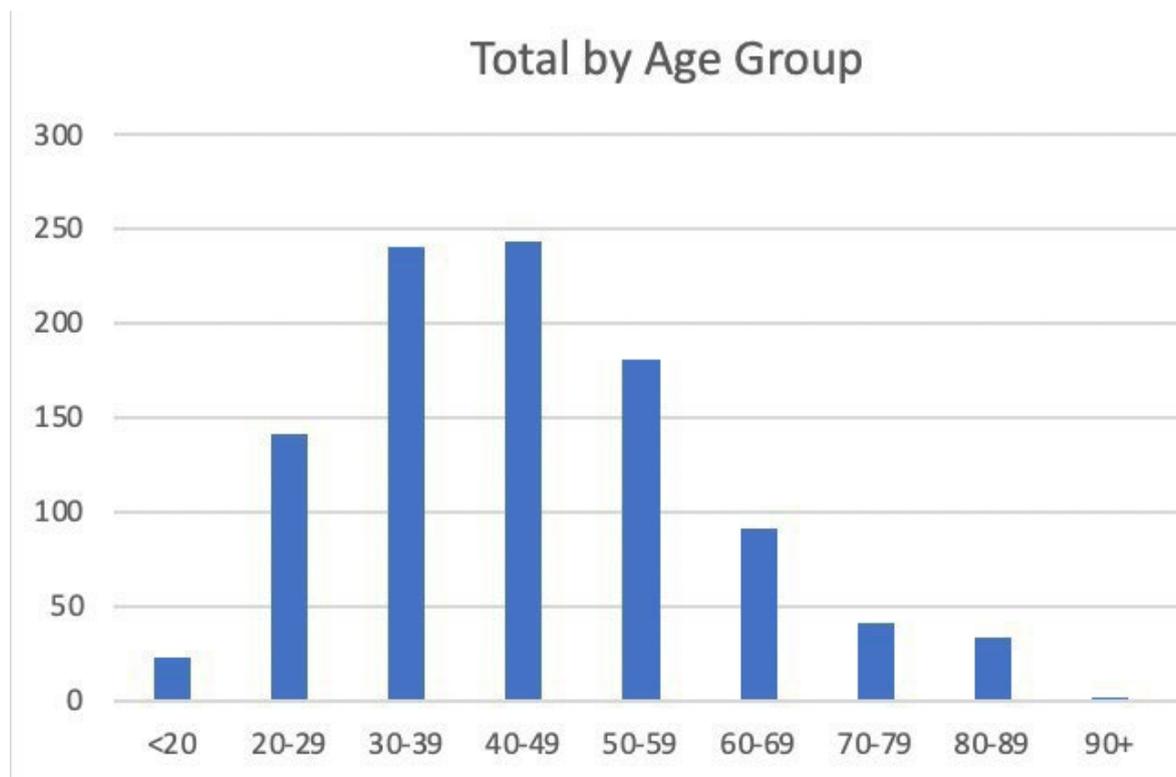
Row Labels	Count of Family Cultural Honour	Count of 3rd Party/ nothing to do with them Accident	Count of Memory Loss	Count of Couldn't Cope	Count of of Loss Control	Count of Blaming the Victim (injuries self - inflicted by victim)	Count of Provocation	Count of Self Defence	Count of Rough Sex	Count of Mercy Killing	Count of Affair/proof of a new man	Count of Mental Health
American												
Asian/Asian British	11	5	2	5	1	13	5	6	9		19	21
Black/African/Caribbean/Black British	2	8	4	3		13	8	3	12	2	22	17
British Chinese												
East Asian												
Eastern European		5	1	3		3	5		2	2	1	5
European			1									1
Kiwi												
Middle Eastern	1	2	1	1		1	2		1		1	2
South American		1					1		1			
South East Asian												
Turkish			1					1	1			1
White British		26	19	23	10	34	47	9	28	13	8	2
<b>Grand Total</b>	<b>14</b>	<b>47</b>	<b>29</b>	<b>35</b>	<b>11</b>	<b>64</b>	<b>68</b>	<b>19</b>	<b>54</b>	<b>15</b>	<b>10</b>	<b>45</b>

The most common defence recorded and included in 107 cases was that of mental health disorder. We do not have further data that reveals the type of mental health disorder claimed, though it was suggested in an overview of Domestic Homicide Reviews that depressive disorders dominate explanations (Chantler *et al* 2019). Many homicide perpetrators may attempt to have charges of murder reduced to manslaughter, and one of the key ways to achieve this is through establishing a temporary mental disorder or illness. Mental disorder or illness is also a plausible explanation for making sense of what may appear to be a senseless killing. There may be some interesting research to be done into depressive disorder and homicidal ideation in this context. The so-called 'rough sex' defence is noted in 15 cases and there have been moves to reduce the ways in which this explanation for a sudden death can be used contained within the new Domestic Abuse Act (2021). In addition, there is new legislation addressing the practice of non-fatal strangulation.

#### *Age of perpetrators*

We also looked at the age breakdown of male offenders of femicide and this revealed that the peak age for perpetration is between 30 and 59. It is important to note however, that the full spectrum of ages is represented, including those under 20 and over 90. The peak age for male suicide is 40-59 (Samaritans 2012) and this suggests that this age range raises risk for both homicidal and suicidal ideation in men, both of which can be a risk marker for serious harm to others depending on context and motivation.

Figure 06: Perpetrator total by age group



### *Ethnicity of perpetrators*

The data collected around ethnicity reflects some of the considerations in the analysis of HK and HS data. The largest ethnic group recorded was British white and this is unsurprising given that this group represent 86% of the UK population (Home Office 2018). The next largest group represented are British Asian, who are also the next largest by population forming 7.5% of population and who are over-represented in HK and HS statistics. However, the HK cases do not account for all the homicides in this ethnic group. Black African, Caribbean, and Black British men form 3.3% of the population and are a relatively overrepresented group of femicide perpetrators. Although the numbers of white British men perpetrating femicide is by far the most common, proportionately, women from Asian and black ethnic groups are at relatively higher risk of homicide.

Figure 07: Perpetrator ethnicity

American	2
Asian/Asian British	109
Black/African/Caribbean/Black British	98
East Asian	2
Eastern European	52
European	9
Kiwi	1
Middle Eastern	19
South American	5
South East Asian	1
Turkish	5
White African	1
White British	691
(blank)	
<b>Grand Total</b>	<b>995</b>

## Occupation of perpetrators

Figure 08 Perpetrator Occupation

[Removed - data protection risk]	1
Administration	7
Airline pilot	3
Arts/Literature/Music	4
Bus/Tube/Rail Driver	1
Business owner / Company Director	18
Call Centre Worker	3
Care Worker	1
Cleaner	3
Education	5
Factory Worker	13
Faith-Based	1
Farmer	4
Handyman	1
Hospitality/Catering	19
IT	6
Journalism / media	1
Military / ex military / retired military	32
Other	2
Pensioner/Retired	91
Pharmacist	3
Police / ex police / retired police	13
Professional	68
Retail	14
Retired	3
Royal Mail/Delivery/Lorry Driver	3
Security	11
Sex Industry	2
Social Work/Healthcare/Charity	8
Sportsperson	5
Student	11
Taxi Driver	26
Trade (incl. manual trades)	91
Unemployed	93
Unknown	423
(blank)	5
<b>Grand Total</b>	<b>995</b>

### *History of domestic abuse in perpetrators*

A history of domestic abuse has long been found to be relevant in predicting future domestic abuse and this is the first stage in all three sequences. This data, however, is not complete, but there are some numbers around officially recorded histories. In most cases where data was collected, there was recorded or known domestic abuse. There are also a significant number of cases where this data is not known. It is difficult to draw strong conclusions from this incomplete data set, but the trend is suggestive that in most cases there was a history of domestic abuse.

Figure 09: History of domestic abuse

<b>None found</b>	<b>104</b>
<b>To be determined</b>	<b>3</b>
<b>Unknown</b>	<b>269</b>
<b>Yes - cautioned</b>	<b>6</b>
<b>Yes - community order</b>	<b>3</b>
<b>Yes - convicted</b>	<b>96</b>
<b>Yes - no action taken</b>	<b>47</b>
<b>Yes - not convicted</b>	<b>6</b>
<b>Yes - not reported</b>	<b>162</b>
<b>Yes - police outcome unknown</b>	<b>235</b>
<b>Yes - restraining order</b>	<b>15</b>
<b>Yes - under investigation</b>	<b>12</b>
<b>(blank)</b>	<b>37</b>
<b>Grand Total</b>	<b>995</b>

## 9. Early evaluation of use of the tools

The draft tools were first trialled in the Dyfed Powys Police Secondary Risk Assessment Unit. This unit performs risk assessments referred from front line professionals and uses a range of methods to assess Domestic Abuse and Stalking cases. They have a referral pathway for stalking cases to psychological services and psychological programme intervention, including crisis interventions where necessary.

Officers in the unit were given training in understanding domestic abuse, intimate partner stalking, coercive control, and risk escalation. The draft tools were then provided along with some training in their use. This was a very small-scale study to inform design of a larger scale pilot involving multiple organisations. Feedback on the use of the tools raised some important issues:

- (i) The information that was collected using the tool was reported to be very useful, giving officers the ability to build a focused picture of the perpetrator and their interactions with the victim. It was found that in high risk or ongoing cases that re-visiting the tool periodically was helpful in considering escalating and de-escalating risk.
- (ii) The information gathered around perpetrator behaviours and time investment was considered useful in making focused decisions about interventions. That could be referral to psychological services, perpetrator management, and victim safety planning.
- (iii) It was felt by some that using the forms could be time consuming when added to the other risk processes already in use. This was a relevant point, and effective training in their use would address this issue. The tool can be used in three different ways – as an aid to assessing potential imminence of serious harm; as an intelligence gathering tool; as a tool for designing interventions.

A second stage evaluation is underway with the Victim Support IDVA Service. The IDVA service assists victim of domestic abuse who are considered high risk with safety planning and advocacy. In this stage the IDVAs were given training in coercive control and intimate partner stalking, and in use of the tools. Ongoing development from the service has produced a set a five triage questions that are being used with the tools. The tools themselves are being re-designed for easier use, and use with the triage questions. This study is still in progress and a fuller evaluation report will be produced. Feedback has suggested that the tools are in some respects enhancing thinking around escalating and de-escalating risk, and providing understanding of how and why risk may be escalating.

A third stage to the pilot will include training in use of the triage process, and use of the tools in assessing escalating risk across a wider number of agencies, including those organisations already involved. This stage will also be evaluated.

This early evaluation of the use of the draft tools has suggested that they can be used to design interventions to manage and intervene with perpetrators in cases of high-risk domestic abuse and stalking. Wider feedback from professionals using the tools and the principles of temporal sequencing suggest that they are using the sequence in imaginative ways. Some examples from wider feedback include the timelines being used to argue for remand where risk of serious

harm or homicide is predicted; being used to structure investigations and evidence gathering; being used to consider different interventions for each stage; being used in considering cold homicide cases. However, the introduction of what is perceived to be another level of risk assessment needs some attention, and the suggestion is that the tools are most useful for those specialising in domestic abuse, stalking and risk.

Further evaluation is needed, and the third stage will involve multiple organisations receiving training in use of the developed tools. The tools have already been developed taking account of the feedback from those presented in this report. The tools in figures 02, 03, and 04 are the earliest iteration.

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