

**A thesis submitted to the University of  
Gloucestershire for the degree of  
Doctor of Philosophy**

**GIVING VICTIMS A VOICE BUT NOT  
THE DIGNITY OF BEING HEARD: A  
Feminist Exploration of Victims' Voices in  
Domestic Homicide Reviews**

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September 2023**

**Word Count: 84715**

## ABSTRACT

This thesis examines Victims' Voices in Domestic Homicide Reviews (DHR), the mandatory legislated process in the UK that is designed to learn from the fatality of Intimate Partner Femicide (IPF) and Intimate Partner Suicide (IPS) by finding the trail of abuse the victim experienced and to use the learning from that journey to improve policies and procedures to prevent domestic violence and improve service responses for all victims. The Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office, 2016) recommends that the narrative of each review should articulate the abuse through the eyes of the victim by involving the victim's family and friends to provide their loved one's voice. DHRs have been described as a mechanism that can be useful to all victims of Intimate Partner Abuse (IPA) and victims who have been 'perpetually silenced' (Lodge, 2020, p.274). This research investigates if victims' voices are routinely included within DHR reports and further, how they are articulated and presented: the research asks if victims are given a voice but not the dignity of being heard. Most victims of IPF are women, and this research uses a feminist informed thematic review to interrogate the data gathered from interviewing bereaved families and analysing published DHR reports. The research confirms that there is a lack of consistency in how victims' voices are presented in DHRs and with who presents them and suggests that while victims' families may be invited to provide the victim's voice, they are not routinely afforded the dignity of being heard. The research identifies that there is inconsistency in how families are included in DHRs despite the Home Office Guidance (2016) providing the criteria (p.17); the process often takes much longer than the recommended six months (p.17), there is no uniform style in the written reports although there is a template for the layout (p.35); the learning from DHRs is often sparse, restricted and not shared, particularly with the families/co-victims. These observations are not unique and have been raised by other scholars, (see Boughton, 2022; Todd et al., 2021; Chantler et al., 2020; Robinson et al., 2018; Bridger et al., 2017; Sharp-Jeffs and Kelly, 2016) but the impact they have on families providing the victims' voices has not previously been discussed. The research considers an alternative model for conducting DHRs that will include the victims' voices and relieve CSPs from the onerous task of conducting and financing reviews into deaths due to IPF and IPS.

## DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed  .....Date ...30<sup>th</sup> September 2023.....

DOI: 10.46289/GWZV4975

## ACKNOWLEDGEMENTS

My road to this PhD was a long and solitary one and sometimes it felt like a road to nowhere, but although I travelled alone, I would not have completed this thesis without support. I was fortunate to have people who were always there for me – people who believed in me who were always ready to boost my self-confidence and, dissipate the imposter syndrome that I was wedded to throughout the process, whilst simultaneously steering me, or trying to steer me, in the right direction.

I am blessed to have an army of supporters in the guise of my family: an army that is comprised front and centre of my beautiful daughters, Clancey, Abi, Brodie, Daisy and Elspeth, and my handsome son Reuben; below them in the ranks but only just are my sons-in-law Chris, Mark, John, Wayne and Dan and my grandchildren, Finn, Fletcher, Florrie, Romilly, Rosie May, Minnie with heavenly wings, and Marnie. They have all supported and inspired me, mainly by being who they are, but most importantly by giving me their love and patience, encouraging comments such as ‘slay grandmar’, (if you know you know), and some practical stuff such as food, offers to mow the lawn, walk the dog, etc.

My other army is significantly smaller but no less powerful, and is comprised of my academic supervisors, Professor Jane Monckton Smith, and Dr Jon Hopson - they have given me the benefit of their superior wisdom and knowledge on a whole raft of things and I will be forever grateful to them, despite us locking horns occasionally. It really has been a privilege to work with and to learn from them and I hope my thesis reflects their expert guidance.

I’m also grateful to the University of Gloucestershire for giving me the opportunity to study for this PhD and to other academics who inspired me along the way - Pauline Dooley, Melanie Illic, Ros Jennings, James Derounion, Charlie Parker, Rich Hester, Matt Wood, and John Hockey.

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## **DEDICATION**

**In memory of,**

**Amelia, Dene', Eystna and Rose, Johnathan, Debra, Laura and Ella, Hollie, Marie, Keeley, Tara,  
Raneem and Khaola, Jayden, Dawn, Alice, Cherylee, Theresa, Suzanne, Tracey, Leanne, Karen,  
Katie, and Kelly,**

**and with profound gratitude to their families for providing their voices –**

**they have been heard.**

*‘We realise the importance of our voices only when we are silenced’ Malala Yousafzi*

# 1 CHAPTER ONE – INTRODUCTION TO THE THESIS

*“When we learnt, after four long years of fighting for one, that a domestic homicide review had finally been commissioned to investigate the events leading up to Katie’s death, I cried, but my tears were happy tears as I knew that at long last Katie’s voice would be heard.”*

*Julie Aunger – mother of Katie Wilding*

## 1.1 Introduction

The death of a loved one at any time of their life can be distressing and difficult to accept. When their death is unexpected and caused by a deliberately violent and purposeful act such as Intimate Partner Femicide (IPF), ‘the misogynistic killing of women by men’ (Radford and Russell, 1992, p.3), also referred to as Intimate Partner Homicide (IPH), the killing of intimate or ex-intimate partners where the majority of victims are women (Walby et al, 2017a), or suicide following a history of Intimate Partner Abuse (IPA), (hereafter referred to as IPS), the ramifications can be extremely challenging and incomprehensible for the family members and friends of the victim. If the victim is a child the aftermath of their death can be even more distressing and unfathomable (Parkes and Prigerson, 2010).

Families and friends will inevitably deal with the impact of a raft of emotional, physical, and practical issues following the violent death of a loved one (van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011; Malone, 2007; Victim Support, 2006; Armour, 2002a; Masters et al, 1987) and these experiences can profoundly affect their mental and physical health. Whilst assimilating these feelings and the circumstances of their loss into their lives and dealing with the negative effects on their health and well-being, bereaved families may also encounter several legislated processes that carry an expectation for them to participate. Although families may not be legally required to attend these events nor contribute to them, they may feel morally obliged to do so, to see justice done, or for their voice and the voice of their deceased loved one to be heard (Morris et al, 2012; Masters et al, 1987).

This thesis explores one of those processes, the Domestic Homicide Review (DHR) to appraise if victims' voices are heard within them. A DHR is a mandatory legislated process that is designed to learn from the fatality of IPF and IPS and make the future safer for other victims and to prevent further deaths. DHRs in the UK are different to death reviews in other countries as they were specifically devised to involve the bereaved family to provide the victim's voice in the investigation of the events leading up to a victim's death. Other countries do not always include families or share information with them (Bugeja et al, 2017; Dawson, 2017), in the United States for example only a handful of states involve bereaved families in death reviews and there is no uniformity to how this happens (Rowlands, 2021). The Multi-Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2016a) (hereafter referred to as The Home Office Guidance, (2016a) determines that DHRs should,

*'illuminate the past to make the future safer' (p.6), and that the 'quality and accuracy of the review is likely to be significantly enhanced by family, friends and wider community involvement.....to inform the review constructively, by allowing the review panel to get a more complete view of the lives of the victim and/or perpetrator in order to see the homicide through the eyes of the victim and/or perpetrator' (p.17),*

there is however no obligation on families to take part in DHRs as participation is optional. DHRs were introduced, to improve policy and practice by telling a victim's story and have been described as a mechanism that can be useful to all victims of IPA and victims who have been 'perpetually silenced' (Lodge, 2020, p.274).

## **1.2 Research Aims**

The overarching aims of this research are –

- To determine whether victims' voices detailing their lived experiences of domestic abuse, coercive control, and stalking are included in published Domestic Homicide Review (DHR) reports.

- To investigate whether victims' voices and experiences contribute to the learning and recommendations within Domestic Homicide Reviews (DHRs),
- To explore an alternative model that could ensure victims' voices are effectively included, gathered, and considered in all Domestic Homicide Reviews (DHRs).

### 1.3 Objectives

- Gather information from a sample of published DHR reports and from interviews with several families who have experienced the DHR process and compare the results.
- Utilize an inclusive feminist stance to approach and evaluate the research.
- Determine if victims' voices are routinely included within DH reports.
- Analyze how victims' voices are articulated and presented in DHRs and who presents them.
- Evaluate whether the learning from DHRs sheds light on the past to make the future safer for victims of domestic abuse.
- Evaluate if victims are given a voice without the dignity of being truly heard.
- Explore what alternative models there are to ensure that victims' voices are routinely considered and included in DHRs and make a significant contribution to the learning.
- Determine if there is a model that will emphasize inclusivity, transparency, accessibility and trust-building.
- Increase the learning from DHRs and reduce the frequency of Intimate Partner Femicide (IPF) and Intimate Partner Suicide (IPS) in the UK.

### 1.4 Rationale for the Research

There are several layers to the rationale for pursuing this research, the first is the anecdotal evidence provided by bereaved families that I have worked with as an independent specialist advocate, about their experiences of the DHR process. All of them had suffered the unimaginable and life-changing loss of a child in violent and irreconcilable circumstances, and they reported feeling retraumatized by

a process that was designed to bring them healing and to give them the opportunity to be heard (Home Office Guidance, 2016a, p.17). The second layer stems from awareness that victims of IPF are women, and IPA affects one in three women globally (Hague, 2021; UN Women, 2021; Monckton Smith 2019; Weil et al, 2018; Walby et al, 2017a). In tandem with this is the knowledge that historically women have been perpetually silenced and not had an opportunity to speak about the violence they experienced (Hague, 2021; Reinharz,1992) before feminism and feminist research emerged in the 1970s and placed emphasis on listening to women's voices and speaking out (Hague, 2021; Walby et al, 2017a; Ryan-Flood & Gill, 2010; French et al, 1998; Hester et al, 1996.)

The fourth layer is the focus on DHRs, a mandatory legislated process that was introduced to learn from victims' tragic experiences and prevent future deaths (Home Office Guidance, 2016a). The fifth layer is the lack of research that has explored these issues. By considering all the layers of the rationale this study will by default be unique and will contribute to the limited academic literature on victims' voices in Domestic Homicide Reviews (DHRs) and, hopefully, inspire further research.

Underpinning this multi-layered rationale is the objective to apply a feminist lens to the study as the crimes of IPF are perpetrated by men against women and result in many women dying prematurely in horrific circumstances and violence against women is very much an issue for feminists and feminist research. Women die, either by their own hands when they have a history of IPA, or by the hands of their intimate partners, or ex intimate partners, and their deaths, which are frequently not widely reported, are often routinely accepted with what could be described as feigned empathy and short-lived sympathy by governments and the public. In contrast the families of the victims are almost always left stunned and traumatised and their lives are changed forever (Cook, 2022; van Wijk et al, 2016; Armour, 2011; Casey, 2011). The DHR process was intended to assess cases utilising a locally based multi-agency panel to identify good and poor areas of practice, with the overarching aim of reducing and preventing future domestic homicide by seeing the homicide through the eyes of the victim provided by the voices of their families (Home Office Guidance, 2016a, p.17). This aim has been interpreted to mean that the voice of the victim should be heard in DHRs (Monckton-Smith,

2012, p.146) which aligns with and is a central tenet of feminist research both of which are used to address the questions in this study.

## **1.5 Are Victims' Voices being included in Domestic Homicide Reviews?**

Although the Home Office Guidance (2016a) endorses the value of involving families in DHRs as the quote below illustrates ....

*'The narrative of each review should articulate the life through the eyes of the victim (and their children) and talking to those around the victim including family, friends, neighbours, community members and professionals. This will help reviewers to understand the victim's reality; to identify any barriers the victim faced to reporting abuse and learning why any interventions did not work for them. The key is situating the review in the home, family and community of the victim and exploring everything with an open mind.'* (2016b, p. 7)

.... the bereaved families that I have worked with, reported that they were not automatically invited to take part in the reviews. Some reviews were not immediately commissioned as initial decisions that they were not needed, were often made by the Police and the Community Safety Partnerships (CSP) who are determined by the Home Office as best placed to conduct DHRs.

*'...overall responsibility for establishing a review, rests with the local CSP as they are ideally placed to initiate a DHR and review panel due to their multi-agency design and locations across England and Wales. (p.9).'*

Moreover, families reported to not being informed if a decision was made by the Community Safety Partnership (CSP), the agency charged with the responsibility for commissioning and conducting DHRs, and the police, that a DHR should *not* be commissioned. These decisions were made as it was deemed that, the death had not been a homicide, there would be nothing to learn from the death, or that the death could be attributed to natural causes and history of coercive control, abuse and stalking was either not looked for, not recognised, or ignored. In cases of IPS where the victim may have had a mental health diagnosis, or a history of drug and alcohol misuse, there was often a reluctance to accept or even to investigate that the causal factor for the victim taking her own life was the abuse she



was experiencing, with the Police and the CSP focussing on, and preferring to accept, that it was the victim's mental health or substance abuse that triggered her death.

Families reported that they did not discover that these decisions had been made until they contacted the CSP pursuing an update on progress: once informed they often refused to accept that their loved one's death was as stated by agencies because they reasoned that the agencies would not have known the victim (or the perpetrator), and would therefore not have any knowledge about or understanding of the relationship she had with her abuser or the history of coercive control, abuse and stalking she had endured. Moreover, the families recounted that on the occasions when they were invited to contribute to a DHR, they were not listened to and the information they were requested to provide was discounted. They reported that they were not kept informed of progress with the review; often they were not invited to meet with the panel or they were limited to one meeting and they did not receive the same information that other members of the review panel received. Furthermore, families felt that they were not taken seriously or respected by the agencies investigating the antecedents leading up to their loved one's death rather that they were regarded as outsiders and more of an irritant or nuisance and a hindrance to the process. Many families confirmed that because of these reasons they believed that they had been denied the opportunity not only to provide their own voice, but their loved one's voice, the victim's voice, in the DHR.

This anecdotal evidence inspired me to examine the overall experience of bereaved families in relation to victims' voices in the DHR process: to investigate and explore if families always provide the victim narrative and if not, to establish who does, and to determine if the victim's voice contributes to and influences the learning and the recommendations for future practice. I wanted to investigate if families are automatically welcomed to take part in the reviews, if they are encouraged to provide the narrative of the victims' voices as promoted by the Home Office Guidance (2016a), if they are welcomed and made to feel integral to the DHR process and if they are listened to and their accounts of the victims' lives are believed. In addition, I wanted to discover what if any barriers there may be that preclude bereaved families from fully participating in the DHR process and providing the

victims' voices. By considering these points the research by default questions if there is a hierarchy of testimony in DHRs with some narratives more readily believed and credited as factual than others.

## **1.6 The Serious Problem of Violence Against Women and Girls.**

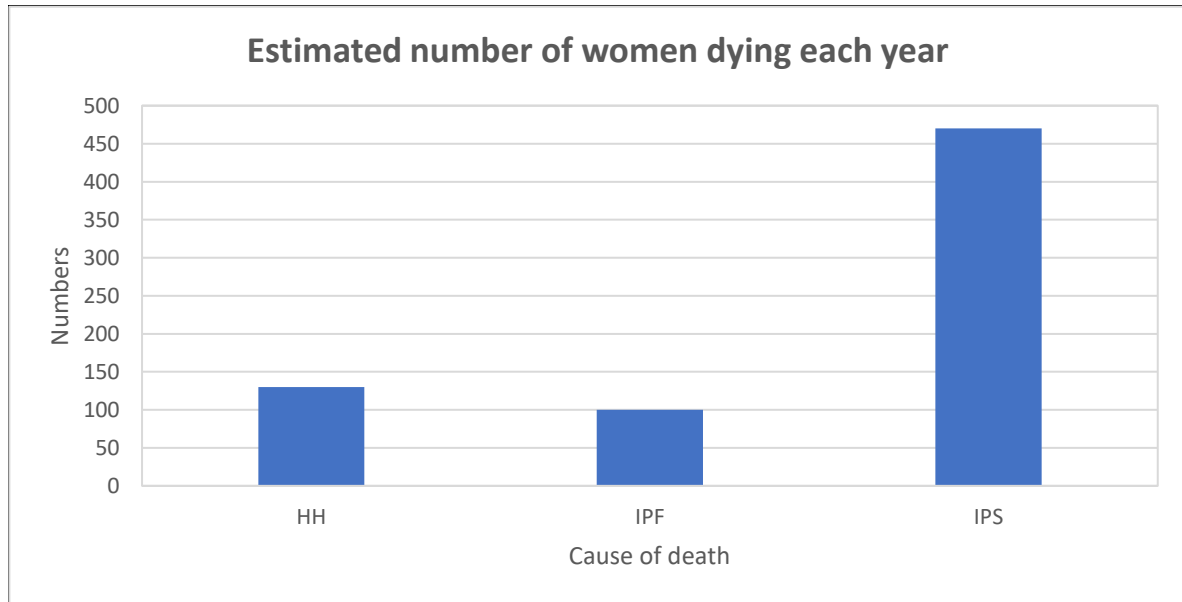
At the heart of this research is the knowledge that violence against women and girls, of which IPF and IPS form a substantial part, is an enormous problem, and is pervasive in all societies, all cultures and countries throughout the world (United Nations, 2021) with some countries more oppressive and restrictive of women's rights than others. Violence against women is a crime perpetrated mainly by men, graphically illustrated in cases of IPF where the majority of victims are women and the perpetrators are men (Hague, 2021; United Nations, 2021; Dobash and Dobash, 2015; Monckton Smith, 2014; Adams, 2007; Stark, 2009; Websdale, 1999). Violence against women and girls could be said to have always been a problem (Hague, 2021; Walby et al, 2017b) but current statistics offered by the United Nations present the startling fact that in 2020, 47,000 women and girls worldwide were killed by their intimate partners or other family members (UNODC, 2021). This equates to a woman or girl being killed by an intimate partner or someone in her family every 11 minutes, a sobering thought that reflects research on violence against women that has determined the severity of the problem and the numbers of women who will suffer violence and abuse in their lifetimes, at the hands of men they know and love as well as complete strangers. (Hague, 2021; Bates, 2020; Monckton Smith, 2019; McPhedran, 2018; Weil et al, 2018; Walby et al, 2017b; Stockle, 2013). Given the scale of the issue and the number of women dying it is relevant to this research to note that there are double if not treble the number of family members and friends left to mourn the loss of their loved ones (Casey, 2011). Families and friends who by default become co-victims who are left to provide their voice and the voice of the victims in the post-death review processes whilst simultaneously dealing with their grief and loss and their unwavering desire to uncover the truth about what happened to their loved one (Armour, 2006; Masters et al, 1987).

A survey conducted in the 1970s first identified the unquestioned statistic, of two women killed each week by a current or former intimate partner in England and Wales. The survey used data collected by the police and stored on the Home Office Homicide Index (HOHI) and analysed by the Office of National Statistics (ONS) (Dobash and Dobash, 2015). This system remains and HOHI and the ONS continue to record and analyse data on women who have been murdered. Although robust details of the original survey cannot be found, the statistic that was swiftly adopted in the 1970s has remained as the most frequently quoted for almost fifty years; few have challenged it and annual statistics produced by the ONS and other sources continue to show similar findings (Brennan, 2020; ONS, 2016). The Femicide Census does however report on IPF more accurately and in the 2020 Survey reported that one woman is killed every four days by an intimate partner or former intimate partner in the UK (Brennan, 2020). Neither system collates information on the number of women with a history of IPA who take their own lives or those who die in unexpected and unexplained circumstances: deaths that are named as hidden homicides (HH) in this research.

There is a growing body of research and academic writing to suggest that the actual number of women dying is significantly higher than one woman killed every four days, when the statistics for women who take their own lives due to IPA are included (Monckton Smith et al, 2022; Munroe and Aitken, 2018; Walby, 2004) and the unexpected, unexplained and suspicious deaths of women with a known history of IPA are also counted (Monckton Smith et al 2022, Tickle et al, 2020 ). When these statistics are aggregated together the total number of women dying could be calculated as considerably higher than the aged statistic of two women killed each week. This suggests that despite the introduction of numerous pieces of legislation and changes to policies and procedures to, address IPA, coercive control, stalking, little has changed through the years since the 1970s and could be described as having worsened. As there is much more known about the prevalence of violence against women and the numbers of women dying due to IPA, it may be more realistic to consider that the number of women dying may be as high as two per day or at the very least one per day as opposed to two per week. The following graph illustrates the estimated numbers of women dying each year due to IPF, IPS and HH,

that could support changing the mantra from 2 women dying each week to one or two women dying each day.

*Figure 1: Estimated numbers of women dying each year in the UK*



## 1.7 A Feminist Perspective

A feminist perspective as a critical standpoint provides a framework for analysing and challenging structures of gender inequality and patriarchy. It critiques systems of power that marginalize and oppress women and other gender minorities, advocating for social, political, and economic equality. This standpoint is grounded in the recognition that gender is a significant and often determining factor in shaping social experiences, identities, and opportunities. Further a feminist perspective is an approach to understanding and analysing the world that focuses on issues of gender equality, power dynamics, and the social, political, and economic experiences of women and marginalized genders (Hesse-Biber and Yaiser, 2003, Maynard and Purvis, 1994).

There are many schools of feminist thought each with their own position for improving women's status, autonomy and socioeconomic circumstances. These include but are not limited to, Liberal Feminism that focuses on achieving equality through legal and political reforms; Radical Feminism that argues that patriarchy is deeply entrenched and can only be dismantled through radical societal changes; Marxist/Socialist Feminism that links gender oppression to class exploitation; Ecofeminism that connects exploitation of women with the exploitation of nature and Postmodern and Queer Feminism that challenges categories of gender and sexuality and embraces fluidity and plurality in identities (Bindel, 2021, Hague, 2021, Ackerley and True, 2020, Tong 2019, Ackerley and True, 2010, Tong, 1989).

A feminist perspective therefore is not monolithic but comprises a diverse range of theories, movements, and critiques that aim to expose and challenge gender-based inequalities.

Whether through legal reform, economic justice, or cultural critique, feminism as a critical standpoint remains committed to building a world where all individuals, regardless of gender, have equal rights and opportunities.

## 1.8 Feminist Research

Most Feminist research 'uses gender as a lens through which to focus on social issues' and 'is grounded in a set of theoretical traditions that privilege women's issues, voices and lived experiences' (Hesse-Biber, 2014, p.3). It may be widely accepted by many that there is, and that it is ok to have, a distinctly feminist mode of enquiry, but there is no agreement on what this might mean or involve as there is no single definition of what feminist research is and no rule book on how to do it (Hesse-Biber, 2014; Letherby, 2003; Ramazanoglu and Holland, 2002; Maynard and Purvis, 1995, p.10). I believe that feminist research can be described as not just about understanding gender and power dynamics but is also about promoting social justice. Feminist researchers have used their work to advocate for policy changes, challenge oppressive systems, and improve the conditions of women and other marginalized groups. Furthermore, my understanding of the goal of feminist research is that it is

not only to generate knowledge and improve women's lives but that it strives to transform society. This premise informs the starting point for my approach to this research as it is my aspiration that the numbers of women dying due to IPH and IPS will be reduced and attention will be drawn to the fact that women have been and continue to be disadvantaged, silenced and subordinated by men and male dominated research. The gendered nature of violence against women constitutes both 'a cause and a consequence' (United Nations, 2021) of women's lack of empowerment which is a critical form of gender inequality and as such a violation of their human rights (Wiper and Lewis, 2020).

Feminism and feminist research were founded on breaking silences and demanding that victims' (women's) voices be listened to, heard, and included: an emphasis has been placed on listening to women's voices and speaking out (Ryan-Flood & Gill, 2010). It can be argued that a large majority of feminist research and findings since the 1970s, that is endorsed by a range of feminist and non-feminist academics, has come from the voices of victims, as it was only by listening to women and recording their experiences that women's lived reality has been noted and included in wider debates (Hague, 2021; McKay 2015). It can be argued that the findings from feminist research, have strived to be instrumental in making the future safer for women by listening to their voices, when the changes to legislation to protect women from men's violence and global acknowledgement of women and children's rights are considered. What is known about IPA has undoubtedly been shaped by women articulating their lived experiences of abuse and this has helped to expand understanding and to define it (Hague, 2021; Hester et al, 1996; Radford and Stanko 1996; Humm, 1992; Schechter, 1982) but despite the strong history and value of feminist academic research, there is minimal feminist writing that focusses on the efficacy of DHRs and the victims' voices within them (Boughton, 2022; Jones et al, 2019; Sheehy, 2017).

Research conducted in Canada by Sheehy (2017) reflects that it is not possible to study and measure the success of DHRs without resort to feminist knowledge and practice around male violence against women and intimate femicide (p.373). Further research by Sheehan et al (2015) has revealed the value of testimonies from families bereaved by IPF: research that reveals the distinct level of valuable insight that families can have in relation to victims' experiences; from the barriers to services they

encountered, to the controlling behaviours that the perpetrators exerted against them and the level of risk this entailed.

Feminism and feminist research are important to me but I make the choice to not compartmentalise my feminist beliefs under the banner of radical feminism, liberal feminism or any other branch of feminist ideology that exists as I find elements within all ways of thinking that I agree with and many that I do not. I make this choice as this thesis is not about me and not about feminism, although I am a lifelong feminist, I have experienced IPA and narrowly avoided IPH, and I believe that knowledge, about the experiences of families bereaved by IPH and IPS who go through the experience of DHRs, is lacking and inadequate.

It is my aspiration with this study to elucidate and illumine the reality of how the egregious acts of IPA, IPH and IPS affect people's lives – mainly women's lives - and what happens to their loved ones – the co-victims - when they contribute to the DHR process. To assist with this I am utilising a thematic analysis, wrapped in a distinct feminist mode of enquiry, to ensure that this research will be 'partisan, participative, emancipatory and will demonstrate the importance of using the voiced accounts of the personal experiences of women' (Gomm, 2009, p65 ) and will contribute to the growing swathes of research on the victimisation of women and ultimately will be impactful and play a part in halting the perpetuation of IPH, IPS and IPA, in the UK.

It is important to acknowledge that, violence against women, is not just a feminist issue as it does not solely impact on women, although it is women mainly who lose their lives. Men can be victims of IPH – one of the case studies in this research relates to a male victim – but statistics show that there are far fewer men killed by an intimate partner or ex-partner (Hope et al, 2021, UN Women, 2021) than women. Men are affected following IPF and IPS, as not only are they the perpetrator in 90% of cases (Monckton Smith, 2019), more importantly they are often the victim's father, son, brother, uncle, nephew, grandfather, grandson or close friend and their lives are irreversibly affected not only by the loss of their loved one but additionally by supporting their surviving family through the

ensuing grief and the deeper level of denial and shock that comes with murder (Cook, 2022; Connolly and Gordon, 2015; Armour, 2011).

## **1.9 The Domestic Violence Crime and Victims Act 2004**

Feminism and feminist research have influenced legislation since the nineteenth century (Ailwood et al, 2023) when a successful campaign by women saw the introduction of the Matrimonial Causes Act, 1878. This Act enabled women to instigate divorce from a violent and abusive husband and to receive maintenance for themselves and their children: thereafter in the early twentieth century the Suffragettes successfully campaigned for all men and women to be able to vote and to have a voice in the political system (Hague, 2021;). In the 1970s, Second Wave Feminists began to listen to women's voices and campaigned for laws on a range of issues to address violence against women and to give women equality with men: they set the scene for lobbying groups such as Women's Aid, The Fawcett Society, Rights of Women and End Violence Against Women (EVAW) to name just a few, who have continued to campaign for women's rights and to keep women safe. The Domestic Violence Crime and Victims Act, (DVCVA) 2004, is an example of legislation that was influenced by feminist lobbying and research and introduced the statutory requirement of DHRs following IPF or IPS. DHRs have been designed to include victims' voices, provide learning for professionals under a no blame culture so that policies and procedures can be changed, and services improved to protect other victims and prevent future deaths.

However, research by Bugeja et al (2017) looking at DHRs and other death reviews across, Australia, Canada, New Zealand, the UK and the United States, has suggested that there has been no reduction in deaths over the last decade because of the various review processes that have evolved from legislation and therefore no significant change to policies and practice. This finding could indicate that mandatory DHRs in the UK, have not effected a reduction in the number of women dying from IPF and IPS nor made the future safer for other victims: this indicates that there is a lack of sufficient learning emerging from DHRs to inform changes to policies and procedures, and influence societal understanding,



In view of this finding, it is legitimate to question why there is a lack of sufficient learning and why the key element, the bedrock of DHRs that would bring about the most change – the victims’ voices – are not being heard and learning through them is not being achieved. Further it can be queried if the current model for DHRs is the most appropriate for involving bereaved families to review the circumstances leading up to a victim’s death or should pursuit be made of alternative ways for learning. Is there an alternative model that could involve bereaved families in a more equitable and respectful way in the review of their loved ones’ deaths; are the correct voices being listened to; has the no blame culture caused a distraction that is drowning out victims’ voices and by default making the future unsafe for other victims. Anecdotal evidence from the families that I have worked with suggests that DHRs as they are currently executed are cumbersome, expensive, inordinately time-consuming, traumatising for families to participate in and lack constructive methods for sharing the learning in a positive and proactive mode. More importantly they lack uniformity of quality and appear to have little or no effect on policies and procedures to keep women safe and prevent further deaths. It is expected that the findings from this research may answer some of these questions or at least address some of the concerning issues.

## **1.10 Conclusion**

This chapter has introduced and set the scene for the research. It has laid out the research aims and objectives and the rationale for utilizing a feminist perspective to evaluate why victims’ voices in DHRs are important and how they link to violence against women and feminism and feminist thinking. Chapter Two reviews the literature on victims and co-victims of IPA and IPS who provide the victims’ voices in DHRs and how they quickly become co-victims and often suffer trauma and re-traumatisation from their engagement with the criminal justice system (CJS) and the statutory post death reviews following the death of their loved one. The chapter also discusses the alternative opportunities that are available to co-victims to provide the victims’ voices and how those voices are received and evaluated. Chapter Three reviews the triptych of literature relating to, violence against women, feminism and feminist research and legislation to combat violence against women and

illustrates how these concepts link to victims' voices in DHRs. Chapter Four details the methodological approach taken, and the methods used to elicit data from the participants and the documents gathered to address the research questions. The chapter deals with the ethical considerations required when interviewing families who have lost a loved one to IPF or IPS and the initial analysis that the thematic review revealed. Chapter Five presents the victims' voices and revisits the issue of families as co-victims of IPF, and IPS where there is a history of IPA. The chapter details the case studies used, includes testimony provided by the bereaved families and briefly describes the circumstances of the victim's death: the chapter also covers whether a DHR was undertaken and if the learning informed the recommendations and the victim's voice was heard. Chapter Six links the victims' voices to the feminist informed thematic review and the themes identified and how they address the research questions. Chapter Seven discusses the themes identified by the analysis of the published DHRs and how those findings can impact on victims' voices in DHRs and contribute to the goal of reducing and eradicating IPA, IPF and IPS. Chapter Eight returns to the research aims and objectives in relation to the findings from the thematic analysis, discusses whether an alternative model for DHRs would be beneficial and a quicker, less traumatic, and more meaningful and considerate way for families to be involved in their loved one's post death review. In addition, the chapter provides concluding thoughts on the whole study; what the research has identified that contributes to knowledge, how might things be improved, what options there are for further research and how things could be done differently.

## **2 CHAPTER TWO – VICTIMS AND CO-VICTIMS OF IPF AND IPS**

### **2.1 Introduction**

The chapter covers a range of topics relevant to victims' voices, defining who victims and co-victims are in relation to DHRs, and the issues that they experience in the aftermath of IPF and IPS, the grief and trauma they often face on losing a loved one to a deliberate and purposeful act of violence. The chapter explores the opportunities that may be available to victims to provide their voices and the voices of their loved ones that are endorsed by the Victims' Code, such as Victim Personal Statements (VPS), Pen Portraits in inquests and DHRs, and Advocacy: co-victims may need advocates to support them and to assist them with expressing their voice and the voice of their loved one.

### **2.2 Victims and Victimology.**

Feminism, feminist thought, and activism have made a significant contribution to research on women as victims of male violence and women's status in the world generally (Hague, 2021): similarly victimology as an academic discipline has benefited and had a profound impact on understanding what constitutes a victim of crime and what crimes they may or may not be a victim of (Tapley and Davies, 2020; Duggan, 2018; Walklate, 2007), particularly in relation to violence against women. There have been tensions between feminism and victimology with some academics warning of the danger of the erosion of victimology as a theoretical discipline into a humanist movement shifting the focus from scholarly research to political activism (Tapley and Davies, 2020). Despite these concerns the discipline of victimology continues and is now regarded by many as having three strands – 'research, activism and policy' (Goodey, 2005, p.94) and as such has succeeded in raising the issue of all victims of crime, not just women, onto political agendas.

### 2.2.1 The Importance of Language

Part of the struggle that ensues from feminism and victimology is evidenced by the choice of language each standpoint favours: victimologists preferring ‘victim’ and feminists favouring ‘survivor’ but also the belief by some feminists that feminism is marginalised by victimology (Thomas, 2016, p.264; Walklate, 2004, p.54,). The two schools of thought emerged from the 1970s and as they developed one of the key preferences for feminists was to use the word ‘survivor’ to describe women affected by male violence rather than ‘victim’: this was made a popular way of thinking by researchers such as Liz Kelly (1988). Kelly’s book *Surviving Sexual Violence (Feminist Perspectives)* describing women as survivors as opposed to victims, was ground-breaking and reflected reality as many thousands of women had escaped male violence and control (and still do) and had demonstrated that it was possible to triumph over the despair brought by male violence towards women and to build better lives for themselves and their children.

‘Survivor’ is the antithesis of ‘victim’ in some feminist thinking, particularly as the former connotes a vision of strength, resilience, and fortitude whereas the latter conjures up a vision of somebody who is weak, passive, vulnerable and helpless, a definition that is argued to be misogynistic and derived from patriarchy (Kelly et al, 1996). However, without exception the word excludes women who have suffered IPF and IPS as they have not survived and are victims of male violence. Feminist thinking and debate on replacing ‘victim’ with ‘survivor’ appears to be on-going with some adopting the term ‘victim-survivor’ to acknowledge that the journey from ‘victim’ to ‘survivor’ is unique as while there may be common threads running through the experiences that women who have been subjected to IPA have, it is their individual journeys from ‘victim’ to ‘survivor’ that reflect their needs, their lives, their choices and the responses they receive that best fits with a feminist ideology (Universities of Australia, 2022; Kelly et al, 1996).

Rahil Gupta (2014) suggests that the term ‘victim’ should be reclaimed by feminist politics; she argues that although ‘survivor’ is an important term that recognises the agency of women it does exclude women who have lost their lives to IPF and IPS. Further Gupta posits that the term survivor focusses on individual capacity whereas the term ‘victim’ highlights the stranglehold of the system,

and it is assumed that the system she is referring to is the patriarchal society that continues to endorse and to perpetuate abuse of women, in particular women abused by intimate partners. Feminism has not offered an alternative word for victim and tacitly endorses using both terms as needed, although it could be said to be offering a more comprehensive understanding of what being a victim means, in that the word implies that to be a victim of male violence is to have had violence perpetrated against a person deliberately by a man.

### 2.2.2 Dictionary Definitions

Formal definitions of ‘victim’ such as the Google dictionary provides three explanations; 1. states that a ‘victim’ is a person harmed, injured, or killed as a result of a crime, accident, or other event or action; 2. states that a ‘victim’ is a person who is tricked or duped and 3. states that a ‘victim’ is a person who has come to feel helpless and passive in the face of misfortune or ill-treatment. These definitions are all relevant to women who lose their lives to IPF and IPS and consequently the words ‘victim’ or ‘co-victim’ are used repeatedly throughout this thesis, but it is, where appropriate, qualified by ‘, of IPA, of IPF, of IPS where there was a history of IPA or of male violence’.

On a statutory footing the Ministry of Justice (2015, p.1) defines a victim as,

*‘a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence; a close relative of a person whose death was directly caused by a criminal offence.’*

This definition illustrates that UK legislation acknowledges that there are two types of victims: the intended primary target of a crime and secondary targets; those who suffer the consequences and repercussions of the crime perpetrated against another, in the majority but not exclusively, family members and close friends.

### 2.3 Co-victims of IPF and IPS

Families who suffer the loss of a loved one to IPF and IPS and provide the victim's voice in post death procedures are also victims (Victim Support, 2021; Morris et al, 2012; Casey, 2011; Malone, 2007; Masters et al, 1987;) and they may often find themselves with the difficult agenda of wanting their own voices heard whilst simultaneously articulating the voices of their deceased loved one. Providing a dual narrative may be a difficult task that risks one testimony getting lost or superseding the other. The testimony from bereaved family members forms a substantial part of this study: despite the family members being victims they are referred to in this study as co-victims of IPF and IPS rather than survivors, secondary victims or victims-co-victims as is mentioned in some of the available literature and research (van Wijk et al, 2017). All these terms relate to people who have been impacted by the loss of a loved one often in the most tragic circumstances. The term co-victim is used as not only does it appear to be the favoured term for many other researchers (van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011), but it is my experience that families bereaved due to IPF or IPS struggle to recover from the trauma and shock caused by the experience of losing a loved one, particularly a child, and remain overwhelmed and impacted by the ordeal: notwithstanding how far they travel through the journey of grief it could be said that their lifetime status is that of co-victim.

The literature states that most families bereaved by IPF and IPS, will find themselves, not only overwhelmed by a whole raft of emotions with both physical and psychological effects, but they will also be launched into a series of formal processes, over which they will have little or no control, with no time for preparation, and often with little knowledge as to what those processes will be, or the impact they may have (van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011; Malone, 2007; Victim Support, 2006; Armour, 2002; Masters et al, 1987). This research will establish if the families interviewed for this research had similar experiences and if their physical and mental health was impacted by their loss. A report published in 2011 in the UK, by the then Commissioner for Victims and Witnesses, Louise Casey, into the experiences of families bereaved through homicide, noted,

*‘For many bereaved families, the immediate aftermath of a death is only the beginning’ (p. 3), ‘bereaved families lose all control over their loved one as the Crown appropriates the body and determines when it can be returned for burial. Their home may become a crime scene, and in the next weeks, months and years, their loved one’s death and who was responsible for it, may become the focus of their life. Yet the bereaved family doesn’t determine or control any of this – the investigation, trial, verdict and sentence, appeal, parole process all happen around them, with the family entitled to some information and some explanation but little voice, little influence, and little power (p.6).*

The lack of control that co-victims experience following the violent death of a loved one, as Casey and others report, appears to begin immediately from the point of being told that their loved one has died and may continue throughout the post-death processes they find themselves involved with and beyond (van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011; Malone, 2007; Victim Support, 2006; Armour, 2002; Masters et al, 1987).

### **2.3.1 The Immediate Aftermath of IPF and IPS**

Much has been written about the aftermath, both immediate and long-term, of IPF and IPS (see Cook, 2022; Reed and Carabello, 2022; Bastomski and Duane, 2019; van Wijk et al, 2016; Connolly and Gordon, 2015; Messing et al, 2012; Parkes and Prigerson, 2010; Armour and Umbreit, 2007; Malone, 2007; Victim Support, 2006; Armour, 2002a; 2002b; 2003; 2006; Masters et al, 1987) and the myriad of physical and emotional experiences that may follow. Losing someone close is a natural phenomenon (Connolly and Gordon, 2015), a part of the pattern of life that is often considered normal and expected, but losing a loved one suddenly and unexpectedly to a violent death deliberately perpetrated creates a complicated mix of loss and trauma (Reed and Carabello, 2022; Cook, 2022; Bastomski and Duane, 2019; Connolly and Gordon, 2015; Armour, 2002a). When the loss involves a child, regardless of age, this is cited as the most distressing and long-lasting of all grief (Parkes and Prigerson, 2010, p.142). Most bereaved families in this study are grieving for and providing the victim’s voice for their children with the exceptions of one providing the voice for her sister and

niece, one providing the voice for her mother, one providing the voice for her sister and one brother-in-law who spoke on behalf of the whole family.

For many families, the initial shock they experience when told that their loved one has been murdered or has taken their own life, sets the scene for the plethora of traumatic events and experiences that may follow, many of which will be out of their control and may awaken a renewed vividness of the murder or suicide (Masters et al, 1987). How they are told and what they are told of the death can be so impactful that co-victims experience repeated intrusive thoughts and images of the murder that they are unable to control. They may have nightmares and be consumed by overwhelming feelings of anger and rage, feelings of fear, helplessness and inability to sleep, feelings of guilt because they weren't able to help or were powerless to prevent the murder (van Wijk, 2017; Connolly and Gordon, 2015; Malone, 2007; Armour, 2002a; Masters et al, 1987). The anger that many co-victims feel towards the perpetrator, a person who they may have known and had a relationship with, is an additional all-consuming emotion that many may find difficult to come to terms with especially if the perpetrator has taken his own life or shows no remorse and denies culpability (van Wijk, 2017; Rock, 1998; Masters et al, 1987).

### **2.3.2 The Grief and Trauma of Bereavement due to IPF and IPS**

Grief is acknowledged as a normal human emotion that people experience following a range of events involving death and loss but, grief following a violent death due to IPF or IPS, particularly a death of a child, can be complex and incongruous to the grief that follows a 'normal' death (Reed and Carabello, 2022; Bastomski and Duane, 2019; van Wijk, 2017; Malone, 2007; Armour, 2002). It is difficult to define exactly what grief is or how it affects people, as it is a unique experience for all (Kubler-Ross and Kessler, 2005) and covers a range of emotions and reactions that may include deep sorrow, anxiety, inconsolable anger and affect an individual's ability to function as they did before the loss (Armour, 2006). It is reasonable to suggest however that the magnitude of grief that co-victims experience following the violent death of a loved one may inhibit their ability to provide their own voice



let alone the voice of the victim in many of the statutory procedures they may find themselves embroiled in.

Armour (2006) suggests that the more violent a case, the less likely that co-victims can make sense of the circumstances and that internalised beliefs, norms and values held before the death about a plethora of concepts will most likely be reshaped or abandoned as they no longer make sense, and the individual will be driven by “the intense pursuit of what matters” (Armour, 2006, p. 106). Whilst there is a vast amount of literature relating to grief and trauma and there are different models of grieving that have been devised, there is no prescribed or definitive route that all co-victims of IPF and IPS will travel. Elisabeth Kubler-Ross is acknowledged as one of the first people to create a model of grief following her work with terminally ill patients, which she later adapted with David Kessler to form the five stages of grief model following death that is still widely referred to but not agreed with, by many working in the violence against women sector, including academics, medical clinicians, and bereavement charities (Messing et al, 2012).

### **2.3.3 Models of Grief**

The Five Stages of Grief Model (Kubler-Ross and Kessler, 2005) was based on Kubler-Ross’ original model of grief that identified the stages as denial, anger, bargaining, depression, and acceptance.

Kubler-Ross and Kessler acknowledge that there is no typical response to loss as there is no typical loss and grief is as individual as people’s lives (p.7). They also recognised that the stages that they described may not be experienced by everyone who suffers loss, and they may not be experienced in the order that they have written them as each person’s grief is unique to them. What they aspired to do was to provide a framework for grief to highlight the possible trajectories that grief may travel to help both individuals and professionals who may be working with bereaved families. The experience gained from this study supports Kubler-Ross and Kessler’s position as there was no ‘one-size-fits-all’ model identified from the bereaved families: each family member appeared to be on an individual journey and were not following a prescribed route with their grief, but they were all grieving and had all experienced the stages as determined by Kubler-Ross and Kessler.

Grief can induce a raft of physical and mental stress-related disorders, coping behaviours that keep co-victims in a constant and highly emotional state, and cognitive conflicts and distortions (van Wijk et al, 2017: pp. 149-152; Connolly and Gordon, 2015, pp. 497-499). These behaviours have the potential to change how co-victims perceive their self-identity, both temporarily and for a substantial period. Changes to self-identity, in relation to emotional and cognitive function is important to note, as this is most likely where people hold their ideas and beliefs about the world and how things should and should not work. Stretesky et al. (2010) outlined sense-making as a form of meaning making that focuses on understanding the death which then, contributes to post loss identity reconstruction. Armour (2002a, p. 114) expands on this definition, suggesting that sense making is also a method of coping for a co-victim who is trying to gain an understanding as to what happened and why. It is likely that co-victims are less able to make sense of the circumstances the more violent the case. Beliefs, norms, and values about a raft of concepts held before the murder or suicide will be reshaped or abandoned as they are no longer important, and the individual will be driven by 'the intense pursuit of what does matter' (Armour, 2006: p. 106) which to many bereaved families may be in connection with what happened to their loved one and how they died (Connolly and Gordon, 2015; Morris et al, 2012; Masters et al, 1987). To explore this further, Armour (2006, pp. 107-115) devised a theoretical framework that contains three stages, looking at how co-victims make meaning and sense through their actions via locating the truth, holding those responsible to account, and living to commemorate their loved-one. Armour's (2006) framework has been used by many to explain, and expand on, post-incident behaviour throughout the literature on co-victims (Stretesky et al., 2016; 2010; Gekoski et al., 2013) and it is logical to consider that it may be difficult for bereaved families to provide their voice and the victim's voice when they are struggling to make meaning of what has happened to their loved one.

#### **2.3.4 Post Traumatic Stress Disorder (PTSD)**

Post Traumatic Stress Disorder (PTSD) can be caused by prolonged grief that co-victims of IPF and IPS experience (Bastomski and Duane, 2019; van Wijk, 2017; Mastrocinque et al, 2015) following the death of a loved one. Several studies have been conducted into the effects of homicide on surviving

family members and all have shown that it is likely that co-victims will suffer from symptoms of PTSD (See - Burke et al, 2010; Asaro et al, 2005; Burke et al, 2005; Chery et al, 2005; Clements & Vigil, 2003; Amick-McMullan et al, 1989). The 2005 study conducted by Chery et al, revealed that half of the family members in their sample showed symptoms of PTSD and almost a quarter developed the full disorder. It is now widely acknowledged and accepted that co-victims of IPF and IPS often suffer extreme trauma and diagnoses of Post-Traumatic Stress Disorder (PTSD) are common. PTSD was first introduced in the 1980s and was described as an affliction of the powerless (Herman, 2015, p.35) where traumatized people feel as though their nervous systems have been disconnected from the present. The British Psychological Society (BPS) describes PTSD as a ‘disorder that people may develop in response to one or more traumatic events such as deliberate acts of interpersonal violence, severe accidents, disasters or military action’ (British Psychological Society, 2015, p.5). Further, PTSD is characterised as a condition whereby sufferers ‘re-experience symptoms’ such as specific aspects of the traumatic event in a vivid and distressing way. (BPS, 2015, p.6). People living with PTSD often describe symptoms of ‘emotional numbing’ characterised by the inability to have any feelings; detachment from other people and, withdrawal from significant activities (BPS, 2015): many of the families interviewed described this ‘emotional numbing’ as effectively silencing them and making it difficult for them or preventing them from articulating what they wanted to say about themselves and about their loved one and the way in which they died.

All the families interviewed were in the throes of grief brought about by the untimely and violent deaths of their loved ones, and many had received a diagnosis of PTSD, but they were all at different points of loss from having lost their loved one recently to having lost them several years ago. Their experiences were different as were the coping strategies they were enlisting to support themselves and enable them to live their everyday lives, but they were all grieving and in some cases their grief was almost palpable and in others it was obvious that they had perfected a coping strategy that enabled them to manage their grief and conceal it from others to protect themselves (Armour, 2006). Some families had been through several post-death processes including a criminal trial, an inquest and a DHR, some were going through the processes, and some were striving to ensure that a DHR was

commissioned to investigate the events leading up to their loved one's death whilst simultaneously being involved in their inquest.

### **2.3.5 Trauma Informed Practice**

As has been discussed, trauma is a significant factor for many bereaved families who have lost loved ones to IPF and IPS and it can have a significant negative impact on their health and wellbeing. It is important that people working with them understand this and can offer a Trauma Informed Practice (TIP). This is a practice pioneered in health and social care settings for those working with people who are traumatised that recognizes the widespread impact of trauma and seeks to create an environment that promotes healing, safety, and empowerment for individuals who have experienced trauma (Gov UK, 2022). The practice is grounded in understanding how trauma may affect a person's physical, emotional, and mental well-being, and focuses on creating conditions that prevent re-traumatization by fostering safe, supportive, empathetic and trauma-sensitive care (Ross et al, 2023, Women's Resource Centre, 2023).

Trauma-informed care is essential in addressing the unique and profound impact of gender-based violence and abuse. The principles of TIP—recognition of trauma's effects, creating safety, fostering empowerment, and avoiding re-traumatization—are especially important for women who have experienced abuse (Sperlich et al, 2021).

### **2.3.6 Media Attention**

Media attention towards IPF and IPS has been reported by bereaved families to impact upon and impede their ability to mourn the loss of their loved one (Connolly and Gordon, 2015; Malone, 2007; Armour, 2006) as the details of the death may be presented in a sensationalized and derogatory way. Co-victims may often feel socially stigmatized, which could be instrumental in silencing them (Wijk et al, 2017), because their loved one was murdered, and the circumstance of their death is covered by the media. The nature of modern media coverage is constant and can be intrusive (Rock, 1998) as

much is available on a 24-hour basis through television and social media and as Armour notes, the media can take away the privacy needed for co-victims to fully understand what has happened (Armour, 2002b, p.375). Frequently the media are powerful and if they are unable to gain direct access to families for interviews or comments, they may ignore them, printing or broadcasting information about the death, the victim and sometimes the family without consent (Connolly and Gordon, 2015; Armour, 2002b; Rock, 1998). Families may not have the experience or the confidence to give interviews or to be filmed and without appropriate support they may be unable to provide their own voice or the voice of the victim to counter the media narrative. Conversely, some families may experience little media attention where there is no mention of their loved one or the way in which they died, with the focus centred on the perpetrator and his journey through the criminal justice system. Families may be powerless to compete with a media narrative that is based on the forensic narrative provided by the police with the intention of securing a conviction rather than the truth (Monckton Smith, 2013). These narratives may prevent the reality of a victim's life and death from being discussed, effectively silencing her voice, and securing little or no redress for her family (Monckton Smith, 2014).

The intrusion of the media with often a sensationalised narrative can also influence what wider society will interpret and perceive about the victim and their family (Stretesky et al., 2010) and such intrusions and inferences can have consequences for co-victims and the positive meaning-making they will be attempting to form in the aftermath of their loved one's death. Armour suggests (2003) that the social infrastructure around co-victims needs to be cohesive, supportive, and empathetic to encourage positive meaning-making. It is well researched that the biased way in which the media present stories of IPF and IPS can influence not only peoples' opinions and thoughts about what happened but can perpetuate and support the myths about violence against women and IPA itself (Kelly and Payton, 2019; Connolly and Gordon, 2015; Monckton Smith, 2014; Post et al, 2009).

### **2.3.7 Isolation**

Isolation is a key factor in the lives of many co-victims following the death of their loved ones as lifelong friends may disappear, and others such as work colleagues or neighbours start to avoid them as they do not know what to say or are insensitive and openly voice their opinions with a victim blaming narrative, making negative judgemental comments, for example, on how the way the victim lived her life may have contributed to her death (Connolly and Gordon, 2015; Casey, 2011). Families may not just feel isolated by others but may isolate themselves as they come to terms with their loss; they may be unable to deal with the intrusion of the press or the well-meaning but difficult questions that close friends and wider family members pose to them about what happened or the detail of the death that they may not wish to think about or discuss (Armour, 2002b). The circumstances of their loss may preclude them from socialising as they once did or from carrying out their normal daily routines such as work – factors that contribute to their isolation. Isolation may exacerbate the development of physical problems such as sleeping and eating difficulties, and other symptoms such as headaches and stomach pain (Casey, 2011; Armour, 2002a) that may be linked to grief and trauma and may develop into prolonged grief which many co-victims interviewed for this study reported having been diagnosed with. Prolonged grief has been identified as a risk factor for a multitude of long-term physical and mental health conditions such as abnormal weight loss or gain, anxiety, cancer, depression, heart disease, high blood pressure and PTSD) (Bastomski and Duane, 2019; van Wijk, 2017; Mastrocinque et al, 2015; Rock ,1998).

### **2.3.8 The Criminal Justice System**

The way the CJS processes work is a factor that is known to severely disturb the grieving process of co-victims and cause their emotional difficulties to worsen (Bastomski and Duane, 2019; Manikis, 2011; Malone, 2007; Armour 2006; Riches and Dawson, 1998; Rock, 1998). Co-victims not receiving timely information and a full disclosure of how the police investigation and the criminal proceedings are progressing, as well as the patronising approach of the police and local authorities have been cited as major sources of frustration and emotional torment for co-victims (Bastomski and Duane, 2019; Armour and Umbreit, 2007; Casey, 2011; Stretesky et al., 2010; Malone, 2007). Armour (2002a)

writes that co-victims have reported to feeling particularly traumatized during the first year following the death of their loved one, determined by their efforts to cope with the impact that the crime has had on their daily lives, as well as the demands of the criminal justice and coronial processes. Masters et al (1987) reported that when co-victims attended criminal justice events such as pre-trial hearings, the actual trial, and the sentencing hearing, this necessitated them listening to a new recitation of the murder that opened the wounds of rage and grief just as they were beginning to heal (p.116). When the issues described here are taken into consideration it is not incomprehensible to perceive how they may negatively affect a co-victim's physical and mental health and impact on their ability to provide their own voice and the victim's voice in the official post-death processes.

There is substantial literature that discusses how co-victims may suffer re-victimisation and re-traumatisation by the CJS (see van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011; Manikis, 2011; Malone, 2007; Victim Support, 2006; Armour, 2006, 2002a, 2002b; Masters et al, 1987) and perusal of these texts illustrates that while families have little or no formal status in many of the proceedings, every step of the criminal justice processes matters to them and is critical for their physical and mental health and well-being. The post-mortem, the police investigation, the pre-trial hearings, the inquest, the trial itself, any appeal, and the offender's progress through custody and back into the community, if, that happens, are hugely important to families. It is part of their quest for the truth, to establish what happened to their loved one and why it happened, and to achieve justice for them by providing their voice and the voice of the victim. Bereaved families have a marked and legitimate interest in the processes surrounding the death of their loved one and feeling part of those processes and understanding events is crucial for the healing process (Casey, 2011; Masters et al, 1987).

*A unique feature of being bereaved by homicide is that at a time of terrible tragedy, of trauma and of deep emotion, as families take in the loss of someone close to them, the criminal justice system starts to move into action. And although bereaved families in no way want to stand in the way of bringing a perpetrator to justice and will most often have an overwhelmingly*

*strong desire for this to occur – the way that the system operates can leave families trembling in its wake (Casey, 2011, p.6).*

There are many events that will have great significance for co-victims but often the most important will be the criminal trial, the inquest and the DHR as these are legislated events enshrined in the law to discover the truth about the antecedents that led to the victim's death, to learn from the events to prevent further tragedies and in the case of murder to see the perpetrator adequately punished. Co-victims who experience lack of involvement with the statutory processes for investigating the death of their loved one, which effectively silences them, are reported to be dissatisfied with their treatment by the CJS and the outcome of the case. They have been found to have higher levels of depression, anxiety, and general symptoms of dissatisfaction (Amick-McMullan et al., 1989). This suggests that there may be a risk to co-victims participating in a DHR if there is a deterioration of their physical and mental health caused by the onslaught of trauma and grief that accompanies the sudden and unexpected loss of a loved one, but also if that deterioration is viewed by professionals as sufficient grounds for not including them in the procedure as they are considered to be too vulnerable or unreliable to be fully involved in the DHR: this dilemma may see them silenced on two sides.

## **2.4 Giving Victims a Voice**

The term victims' voices refers to the active inclusion and amplification of the perspectives, experiences and stories of individuals who have suffered harm, violence or injustice (Ahmed, 2017; Daly, 2002). This concept is essential in fields like criminal justice, feminist research, trauma studies, and human rights advocacy, where historically, victims' narratives have often been marginalized, silenced, or distorted. Victims' stories can be powerful tools for raising public awareness of issues such as violence against women (Ahmed, 2017; Howard, 2002). Hearing directly from those affected can evoke empathy, mobilize support, and inspire action.

The UK criminal justice system has limited opportunities for families to provide the victim's voice as it is an adversarial system with two parties, the Prosecution, and the Defence, neither of which give



the victim a voice as their interests in relation to the victim are not the same (Monckton Smith et al, 2013; Roberts and Manikis, 2011; Sanders, 2002). The prosecution frequently may wish to save time and money, and ensure conviction, by accepting a guilty plea to a lesser charge and the defence may not always raise the issues that the co-victims wish to have raised. For many years victims had no part to play in the criminal justice system: their views were not sought apart from in relation to the sort of evidence that is admissible in court (Sanders, 2002). Louise Casey (2011) noted that bereaved families do not determine or control any part of the criminal justice system,

*‘The investigation, trial, verdict and sentence, appeal, parole process all happens around them, with the family entitled to some information and some explanation but little voice, little influence and little power’ (p.6) and she called for ‘a law for victims that solely recognises their needs and sets out what the criminal justice system and others will provide for them. I believe the time has come that we can no longer rely upon charters and promises, with no real route of redress, when it comes to the treatment of victims and their families’ (p.7).*

#### **2.4.1 The Victims’ Code and the Victims’ Charter**

The Victims’ Code and the Victims’ Charter were specifically designed to give victims a voice in the CJS, and they were introduced not only for this purpose but to address the obligation that the UK had under international agreements such as the European Convention of Human Rights (ECHR). The Government published the first ‘Victims Charter’ in 1990, which set out in detail the type of service that victims of crime could expect, as part of a wider political re-centring, of punitive responses to offenders and a more victim-centred criminal justice system (Sanders, 2002; Rock, 1990,). At the time of introduction, a press release from the Home Office announced that the charter ‘sets out for the first time the rights and entitlements of victims of crime’ (Mawby and Walklate, 1994). The charter was updated in 1996, to introduce a more ‘victim friendly’ criminal justice process and this led to the creation of several victim-centred initiatives, such as the Witness Care Service and the development of a more focussed victim perspective within the probation service, the police, and the courts (Spalek, 2006, p.117).

In 2006, the Code of Practice for Victims (Victims Code) which superseded the Victims Charter was introduced, and the most recent version, updated in 2015, sets out minimum requirements for the support and protection of victims of crime (Walklate, 2016, Wedlock and Tapley, 2016). There are multiple entitlements set out in the Victims Code (see illustration below); the most significant for this study being the right to provide a Victim Personal Statement, but also other entitlements that apply at various stages whilst involved with the CJS.

The updated Victim's Code and the role of Victims Commissioner to oversee the operation of the code came from the DVCVA, 2004 the same legislation that produced the DHR, and both came into effect in 2006. The Victims' Code, applies to all criminal justice agencies, including the police, Crown Prosecution Service (CPS), Courts Service and the Probation Service and stipulates what all these agencies must do for victims and the timeframe in which they must be done (Victim Support, 2021).

While the Victims' Code puts victims at the heart of the UK justice system the strategic development to enshrine a specific law for victims, as Casey called for in 2011, has slowed and the aspiration to improve the CJS's treatment of victims further in a singular Victims Act has not materialised.

**Figure 2: The Victims' Code**



The draft Victims Bill has not yet met the standards required by the Justice Committee who have levelled criticism at the Government for not resourcing the Bill's proposals sufficiently (UK Parliament, 2022). The Victims' Commissioner in post at the time of writing this thesis, stood down in 2022 and announced that she would not continue in the role, citing criticism of the 'downgrading of victims' interests in Government's priorities' amongst other things as to why she was standing down and not seeking a second term in the role: she warned against allowing the role to lie dormant as other roles have and firmly advised that a strong independent Victims' Commissioner has never been more important (Baird, 2022). Victims' rights apply to all victims of crime not just victims/co-victims of IPA and IPF: victims are guaranteed several things that include those shown in the following image but the one that has the most significance for this research is the Victim Personal Statement (VPS) as this is an opportunity for co-victims to provide the victim's voice in several formal and informal settings. The leaflet produced by the Ministry of Justice (MoJ) *'Making a Victim Personal Statement'*, clearly explains who is defined as a victim of crime and the circumstances in which a VPS can be made.

#### **2.4.2 Victim Personal Statement (VPS)**

VPSs are enshrined in the Victims' Code and are statements written by victims of crime or co-victims, and are another tool that provides opportunities for the victim's voice to be brought into proceedings, articulating the effect a crime has had on them, whether physically, emotionally, psychologically, financially or in any other way, to the courts, generally at the end of a trial at the sentencing hearing, or at a parole hearing (O'Connell, 2016; Monckton Smith et al, 2013; Casey, 2011; Sanders, 2002). In addition, a VPS can be a vehicle for a co-victim to input their views on an offender being bailed or to inform the judge of their fears around early release with lenient licensing conditions. Moreover, a VPS can allow a co-victim to input information about their deceased loved one and the relationship they had with the perpetrator, and how the escalation of IPA and coercive and controlling behaviour within that relationship contributed to their death. A VPS is different from a witness statement which

mainly focuses on the crime and details what was said or what was heard or seen during the incident, rather than the impact the crime has had and additional information such as that described above that would be excluded from a witness statement.

Evaluation of the effectiveness of VPS appears to fall into two camps and is widely debated (Pemberton and Reynaers, 2011; Roberts, 2009): one camp is supportive of their use, and one sees them as incompatible with justice. Whereas one argument supports VPS as effective in helping victims to recover from the crime, others suggest that delivering a VPS may be counter-productive, in the sense that it may lead to secondary victimization. This duality is exemplified in conflicting statements such as ‘VPS, don’t work, can’t work’ (Sanders et al., 2001, quoted in Lens et al, 2014) and ‘VPS can work, do work’ (Chalmers et al., 2007, quoted in Lens et al, 2014): whereas Sanders et al. (2001,p. 447) argue that VPS fail in practice, and Chalmers et al. (2007, p.366) argue that VPS do have therapeutic benefits. O’Connell, (2016) subscribes to the view that co-victims have described the use of VPS as cathartic and a powerful participatory tool in criminal court sentencing, and supporters of this argument suggest that the harm suffered by victims is relevant to sentencing decisions as is an understanding of the harmful impact of the crime (Roberts and Manikis, 2011; Schuster and Proppen,2010).

Roberts and Manikis (2011) found in their study of the empirical research done into VPS, that the greater weight of findings highlighted that victims report a higher level of satisfaction with justice when they are given the opportunity to voice their views and concerns and when the presiding judge indicates that they have read their statements. Alternatively in a longitudinal study carried out by Lens et al in 2014, with the objectives of discovering if delivering a written or oral VPS contributed to the emotional recovery of co-victims, it was found that delivering a VPS had no effect on reducing people’s anger and anxiety and therefore had no therapeutic benefits: Lens et al discovered that those people who were extremely anxious or angry before delivering a VPS remained anxious and angry. (p.31). Roberts and Erez (2004) however, noted a positive outcome from giving victims a voice via VPS as reducing victims’ feelings of helplessness and loss of control. Moreover, Monckton Smith et al (2013) noted that judges had reported that while they listen to VPS and acknowledge the cathartic

role that making a statement can offer to victims, they consider this role to be more important than a statement's influence on sentencing. There has been extensive debate of the move to empower victims with some critics offering the argument that much of the move to involve victims in the CJS has been detrimental and exploited them, to further political goals and popularity (Hall, 2018).

It is interesting to read Sanders', (2002) view on VPS, as he recounts the comments of The Lord Chief Justice, Lord Taylor of Gosforth, in the case of three-year-old Jamie Bulger who was murdered by ten-year-olds, Jon Venables and Robert Thompson in 1993: a crime that temporarily focussed the eyes and the attention of the world onto the UK. Lord Taylor maintained that he had found it extremely helpful to read the family's statements on the impact of Jamie's death when deliberating over the sentence, but Sanders suggests that this was somewhat disingenuous as the sentencing tariff had already been set as low as possible to enable the boys' cases to be considered for release by the Parole Board. Sanders' comment on this is below and it resonates with this study as giving victims a voice and the dignity of being heard should go hand in hand.

*'In giving victims, a voice, but not the dignity that attaches to being heard, the UK adheres to the letter but not to the spirit of our international obligations Sanders (2002)*

Casey's review into the needs of families bereaved by homicide (2011) was an attempt to highlight the difficulties that all bereaved families face following the death of a loved one and she called for, improvements to what existed and a new law that would recognise the needs of bereaved families and set out what the CJS and other agencies will provide for them (p.7). Casey acknowledged VPS as being an opportunity to,

*'Give families the only voice they have in proceedings and a chance to put a human face to the victim who is no longer there to speak for themselves' (Casey, 2011, p.42).*

She suggested that VPS were only being used to form part of the evidence papers and were frequently only read by the judge to inform sentencing. She suggested that this undermined the purposes of them which was to provide an opportunity for families to inform those present in the court about why there was a trial (p42).

Coroners encourage bereaved families to provide what is known as a Pen Portrait about their loved ones for inquest hearings, but many families will not be offered this opportunity as inquests are generally closed following a guilty verdict at the criminal trial of the perpetrator, so the DHR will be the sole proceeding for many bereaved families where they will be able to provide the victim's voice and contribute more substantially to having their own voice heard and contribute to positive change for future practice.

### 2.4.3 Pen Portraits

In academic literature a Pen Portrait is described as an analytical technique for analysing and depicting qualitative data that researchers have employed across a variety of disciplines (Holloway and Jefferson, 2013), but in the context of this study a Pen Portrait is defined as a written description that paints a vivid picture of a person, emphasizing their personality, appearance, character traits, and sometimes their background or role in employment, their family and their community. The purpose of a Pen Portrait is to impart to the reader a clear sense of who the person was and how they engaged with the world. Pen Portraits are similar to VPS as they are both forms of descriptive writing, but they serve very different purposes. The primary aim of a Pen Portrait is to provide a holistic depiction of a person and commemorate their life, which is designed to help people understand who the victim was as an individual, and in the case of inquests and DHR reports, to understand the impact of their loss. Both VPS and Pen Portraits focus on the victim and are opportunities for co-victims to provide the victim's voice, but a VPS could be described as a more formal statement that may influence the sentencing of the perpetrator at a trial whereas a Pen Portrait provided to a coroner will not influence the outcome of the inquest. What it will provide to the coroner is background information about who the victim was, how they lived their life, who they lived with, their children, their hobbies, their pets and what they meant to the family members who have lost them: they can be both emotional and pragmatic.

The Victims' Code places victims at the heart of the Criminal Justice System (CJS) and codifies all the expectations and obligations that a victim might have of it (Walklate, 2016). The Coronial Service sits at a tangent to the CJS, and a coroner's role is to investigate all deaths where the cause is unknown, where the death is violent or unexpected, a criminal offence is suspected, the identity of the deceased is unknown or the deceased died in police custody or in prison, and is solely to find out who died, how they died, when and where they died. A coroner cannot make a finding that someone is guilty of an offence or to blame for a crime, but they can order the police to investigate or reinvestigate a death if they deem it appropriate (Ministry of Justice, 2022).

Nevertheless, allowing, and welcoming Pen Portraits where appropriate at inquests has become commonplace in recent years and this practice aligns with the Victims' Code and the concept of a VPS placing the family/deceased at the heart of the inquest. The Chief Coroner's guidance says on this topic:

*"Exceptionally, cases may also arise in which it would not be appropriate to allow the use of pen portraits. Subject to those rare exceptions, however the coroner should inform the family in advance that they will be allowed to present such material should they wish to do so. A number of recent inquests of national importance have used pen portraits to humanise the process and give dignity to the bereaved. It is a practice that can help the coroner to determine one of the four statutory questions, i.e. 'who' the deceased was." (Guidance 41, Chief Coroner's Guidance, Advice and Law Sheets, 2021)*

In my experience families are typically advised that a Pen Portrait should focus on the person who died, how their loss has affected the family, what they were like, what they liked doing and other information on how they lived their life and how they will be missed. They are also directed that their statement should not be contentious and focus on the sentiments of how much the victim is loved and missed, resonant of a VPS, rather than condemning the perpetrator. I have found that some families find it difficult to adhere to this direction and do input their feelings about the perpetrator, and what he may have done to their loved one and how he forced her to live her life, not fearing admonishment from the coroner, but in many cases, they do comply and in doing so could be said to sacrifice the

victim's voice in deference to the court. At inquests it is also becoming usual practice for a photo of the victim to be brought into the court for the duration of the proceedings and while there is no formal need or reason for this and it has not been possible to determine where or when this precedent was set, it has proven to help focus the Coroner's mind or in some cases to even change any misconceptions they may have about the victim. In a case that I worked on where a victim had died due to a drugs overdose that the family believed had been administered by the ex-partner who presented a false narrative about the victim as a habitual drug user, the coroner noted to the family that the victim did not look how he imagined – the implication probably due to the drug use allegations.

What is typically not appropriate to include in a pen portrait are accusations or opinions on anyone who may be implicated in the death, or other factual statements not related to the persona of the deceased. Although this could be relevant to the inquest and may be appropriate to be adduced through a family member, it is generally separate to the Pen Portrait and presented in the form of a standard witness statement signed off with a declaration of truth which the Coroner would then consider whether (a) it is within the scope of the inquest; (b) the most appropriate form for it to be adduced – whether the witness needs to be called or whether it could be admitted by reading under Rule 23 (*Guidance 41, Chief Coroner's Guidance, Advice and Law Sheets, 2021.*)

#### **2.4.4 Pen Portraits Contributing to the Victims' Voices in DHRs**

There is little research to provide the views of co-victims on taking part in DHRs, it is hoped that this research will contribute some, but it is acknowledged that it is important to include co-victim information in addition to a witness statement in DHRs (Home Office, 2016a). It is argued that victims' voices are crucial to establishing what happened prior to the death as co-victims have the potential to construct a less partial view than using the forensic crime narrative that provides a story of the crime constructed solely for prosecution purposes (Monckton Smith et al, 2013). A Pen Portrait in a DHR is an important course of action that bereaved families can employ to get their voice and the voice of their loved one into the review procedure and the written report. There are other opportunities open to them to ensure that they are integral to the review proceedings as they can inform the CSP of



their intentions to take part in the DHR, they can meet with both the Chair and Author of the report and the review panel, and they can comment on each draft of the review report. Co-victims can also ensure that the Terms of Reference are framed around the timescale and the events leading up to their loved one's death, keeping their loved one's experiences central to the review and participating in forming the learning and recommendations around improvements to future practice.

It is assumed that Pen Portraits in DHRs have evolved from VPS and the Victims' Code as the two things have strong similarities, but the former has most likely been influenced by their use at inquests but may have simply evolved as good practice in DHRs as they have developed since they were introduced in 2011. Pen Portraits can form a significant part of DHR reports: usually sited at the beginning of the report, they have dual functionality, to focus the reader's mind to know that they are reading about a real person who has died, by bringing attention to the detail of their life, circumstances of their death and the effect of their loss. The Home Office Guidance does not specify that a Pen Portrait written by the bereaved family should be inserted into final DHR reports but it does recommend that agencies consider inserting one when they provide the information, they have on a victim in an Individual Management Review (IMR) report (p.33). Similar to inquests, frequently a photo of the victim is presented to the DHR Panel and displayed during panel meetings to focus attention on the person who has lost their life although with most DHR meetings having moved to online since Covid 19 this practice is not always possible.

The strategies of providing a Pen Portrait and a recent photograph of the victim to a DHR are supported by The Home Office Guidance (2016a) which although does not provide a direct instruction does have the language to support these actions, see Section 6, pp17 – 19. Increasingly it has been found that families are requesting, with the growth of online meetings as an alternative to face to face meetings, that a photograph of their deceased loved one and their names rather than pseudonyms be included in the published reports as they reason that if their loved one's case has been covered by the media and the perpetrator has been imprisoned or has taken their own life there is no reason to support anonymity unless of course there are children involved. It is not mandatory for families who take part in DHRs, to provide a Pen Portrait but they can be powerful statements and

make a personal and intimate addition to a report focussed on the antecedents leading up to a victim's death. An example of one moving Pen Portrait written by a mother for her daughter is included in this writing as Appendix 1.

#### **2.4.5 The Importance of Victims' Voices in DHRs**

Victims' voices are crucial to feminist informed research on violence against women as giving victims a platform to share their experiences empowers them and allows them to reclaim the narrative about their experience which assists with healing (Pulido et al, 2021; Guthrey, 2015; Ackerley and True, 2010). A victim of IPH or IPS is silenced and she cannot provide her own voice to a review of her death (Payton et al, 2017) and she cannot be interviewed - 'dead people cannot be interviewed or observed' (Weil, 2016, p. 1130) - but families and friends can and that is why they are integral and eminently valuable to DHRs. Families often have detailed knowledge of the abuse their loved one was experiencing and frequently have access to the victim's diaries and other documents or social media accounts that statutory agencies do not have. Families and friends are frequently able to provide a detailed insight into the victim's life and her attempts to deal with the control and abuse she endured (Casey, 2011,). They may also have witnessed physical attacks and the effects of the extreme levels of restrictive coercive and controlling tactics imposed on her by the perpetrator, as well as her encounters with her GP, the police, social services, her children's school and other agencies that may have become involved in her life by default or from whom she may have sought assistance. It is therefore, argued that victims' voices in DHRs are crucial both to the effectiveness of this legislated process and its main aim which is to prevent further IPF and IPS and improve service responses for victims (Home Office, 2016a, p.4).

Without victims' voices, DHRs rely heavily on the narratives provided by statutory agencies and often the perpetrator which may be difficult for the victim's family and friends to accept, particularly if the agencies had little contact with the victim and the perpetrator presents a false or derogatory narrative about the victim to avoid or minimise punishment. Adams (2007) identified that perpetrators often denigrate their partners to raise their own status or worth which enables them amongst other things to

avoid feeling remorse. Adams also found that even when perpetrators may have wished to contribute to a balanced narrative, they were unable to do so as they could not articulate the victim's perspective as they simply did not know it: they were so entrenched in their own version of events and determined to present a distortion of reality that would disproportionately blame the victim.

#### 2.4.6 Involving Bereaved Families in DHRs

There has been little research into how families engage with DHRs (Rowlands and Cook, 2021) but the limited mount that has been done has identified the value of family input referring to their involvement in DHRs as “informal networks” (Sharp-Jeffs & Kelly, 2016, p.45). The input of informal networks is of benefit to the DHR because as discussed, families can bring information that was hitherto unknown or unavailable to the agencies involved. Further, family members' and friends' knowledge about a victim's relationship with her perpetrator is key, how she engaged with services or was not able to engage are critical to the DHR. This level of understanding is encapsulated in the Home Office Guidance (2016a) as enabling the review process to help the panel understand the decisions and choices made by the victim and to, ‘*see the homicide through the eyes of the victim and/or perpetrator*’, (Home Office, 2016a, p. 17).

DHRs are a legislated process that are commissioned with specific criteria. The Home Office advocates and actively supports that bereaved families be involved with DHRs, should they wish to do so, and be involved in the process to investigate the events leading up to their loved one's death and to contribute to the learning to prevent further tragedies.

*‘Families should be given the opportunity to be integral to reviews and should be treated as a key stakeholder’ (Section, p.17).*

The Home Office Guidance, 2016a contains a section specifically related to the benefits of involving family and friends of the victim, an extract is below.

*‘The review panel should recognise that the quality and accuracy of the review is likely to be significantly enhanced by family, friends, and wider community involvement. Families should be given the opportunity to be integral to reviews and should be treated as a key stakeholder.*

*The chair/review panel should make every effort to include the family and ensure that when approaching and interacting with the family the Panel follows best practice.’ (Section 6, p.17)*

While the first point of the guidance about family involvement quoted above is specific and clearly lays out the benefits of family involvement, the latter points underline this importance both in terms of how family involvement can raise the quality of the review to acknowledging how being part of the review improves the healing from loss, and health and well-being of families (p.17). Morris *et al* (2012), Casey, (2011) and Masters *et al*, (1987) found in research into family participation in reviews that key drivers for their participation were to find out what had happened to their loved one, and the belief that the review would promote change. Casey (2011, p.7) noted that ‘*the question of what happened and why*’ is frequently taken over by the State with access to information and influence over what is said, severely limited. The DHR in contrast, is a process where it is recommended and mandated in official guidance that the families should be integral. It could be said that the official guidance comprises quite noble aspirations and a true sense of altruism and concern for families but is this the reality of families involved with DHRs. This research looks at this aspect of DHRs and answers the question in detail using the data gathered from interviewing families about their experiences of participating in a DHR.

Recent research has provided evidence to show that families welcome the opportunity to participate in learning after IPF and IPS, including DHRs. In a study, conducted by Chantler *et al* in 2020, that looked at families’ experiences, almost half of the reviews held information indicating that families were aware of domestic abuse within the relationship. Montique’s study (2019) of DHRs in London, reported that only a fifth of the reviews they looked at, had family involvement. What can be deduced from these two studies is that while some DHRs have family involvement there are significant numbers that have no family participation. There may be several reasons for this, but without directly asking families it is impossible to provide a definitive answer, but Montique’s study recommended that multiple approaches should be made to invite families to take part in DHRs and the way that chairs invite families should also be reviewed. Montique (2019) recommended that repeated approaches should be made and the way in which the approaches are made should also be reviewed. As has been emphasised earlier in this writing families are often traumatised following the unexpected violent death of a loved one and may

be struggling to deal with their grief when invited to take part in a DHR. It would be beneficial to the process if understanding of this could be acknowledged and consideration given to amending the length of time after a death when a DHR is commissioned. Other measures that could be considered are that personal visits to families to inform them about the process and invite them to take part could be standardised: a lengthy formal letter enclosing explanatory leaflets may not be an effective method to gain family confidence and involvement.

The logic and hypothesis for family involvement in DHRs therefore appears to be grounded in two beliefs; one that identifies changes to practice that the victim's voice provided by the family might assist with, and the second the possibility of healing for the family by providing their loved one's voice in the DHR. Family participation in legislated processes is often due to them believing that the processes can achieve change bolstered by their desire to bring about change (Morris et al, 2012; Armour, 2002; Masters et al, 1987). It has been acknowledged that families are a rich source of additional information (Websdale, 2020; Sharp-Jeffs and Kelly, 2016; Casey, 2011) regarding changes to practice or systems that can add to the accounts of victim involvement with professionals held by agencies. Research has also shown that there are high rates of disclosure by victims to family and friends about their experiences of IPA (Gregory et al., 2017; Klein, 2012). Many of the participants of this research confirmed that their loved ones had disclosed to them about the level of coercive control, and IPA they were experiencing. The limited research in this area has highlighted the potential benefits to families of contributing to DHRs, such as, the opportunity to tell their story, to make sense of what happened, and being able to contribute to a process that might prevent future homicide (Monckton Smith, 2022; Sheehan et al, 2015; Monckton Smith et al 2014). For many families they may only be able to contribute to DHRs if they are supported by a specialist advocate as recommended by the Home Office (Home Office Guidance, 2016a).

## 2.5 Advocacy

Feminism and advocacy are deeply interconnected as feminism aims to challenge and dismantle systems of inequality, oppression, and discrimination based on gender, while advocacy focuses on actively working to achieve these goals through social change, policy reform, and community mobilization (Bumiller, 2008; Freedman, 2003). Feminist advocacy strives to address issues like gender-based violence, reproductive rights, pay equity, intersectional oppression, and the protection of marginalized communities. The key focus of feminist advocacy is not just about achieving legal equality but also about transforming societal norms and structures that perpetuate gender-based injustice (Freedman, 2003).

There are similarities between Feminist advocacy and advocacy for bereaved families as it can be said that they share the same goals. Advocacy for bereaved families is paramount for ensuring that they engage in the interests and the aims of the DHR process and feminist advocacy is paramount for drawing attention to issues that affect women. The extent to which families wish to contribute, and the type of support they may need or find most beneficial to enable their contribution, is not extensively researched. Masters *et al* (1987) and Morris *et al* (2012) found that the key drivers for family participation were, to find out what had happened to their loved one and believing that the review would promote change. However, participation on its own is only the beginning of the process. Ongoing participation, and the need for that ongoing participation, may be best provided as the Home Office Guidance (2016a) suggests, through specialist support and advocacy but it may be facilitated more robustly and effectively if there was greater awareness of how families can be helped to cope with the overwhelming trauma they experience accompanied by more specialism and expertise in trauma informed practice. As Louise Casey noted in 2011,

*‘It is important that families bereaved by homicide are able to access the right kind of help, at the right time and should not have to go looking for it. To be emotionally distraught and experience traumatic stress are not mental health problems but a normal human reaction to an event beyond the experience of most people’ (p.16).*

Advocacy for bereaved families is defined as a specific activity that differs in critical ways from support, advisory, or investigative activities. Advocates may speak for victims and co-victims, they may fight for their rights or position and may give an informed opinion and those with a formal advocacy role are often involved in criminal justice, legal, or other similar processes. Co-victims' ongoing participation in any of the post-death processes they find themselves faced with following the loss of their loved one may be crucial, and this can be supported and encouraged through advocacy. It has been suggested that frontline agencies such as healthcare and policing should increase contact with survivors, enhance early intervention plans, and be more proactive in taking responsibility for ensuring survivors' safety (Bracewell et al., 2022; Saxton et al., 2022; Potter, 2021; Cullen et al., 2019) and this links to the process of advocacy.

Masters *et al* (1987) and Casey (2011) both noted that in addition to the trauma that IPF is likely to involve, the practical challenges that arise may be equally traumatic as they are different to other forms of bereavement and are often ongoing and significant. The two studies were conducted almost twenty-five years apart but produced similar findings which indicates that some things do not change over time and there is an on-going need for recognition of the needs of families bereaved through homicide and a need to provide appropriate services. Masters *et al* stated in 1987,

*'There is virtually no professional literature on how families of homicide victims can best be helped to face and master the overwhelming trauma of the murder of a loved one' (p.110)*

and this remains the case although there are some information leaflets and factsheets produced by the Home Office, the Ministry of Justice, and the Coroners' Courts Support Service for families on what a DHR is and how to take part, what rights the co-victims have and what an inquest is and how it works. In addition, there is a small cohort of local and national charities that provide information and support to families and friends following a violent death but there remain minimal specialist services offering a trauma informed approach to families to help them cope with the overwhelming distress of losing a loved one to murder. Both Masters *et al* (1987) and Casey (2011) recommend that because passage through the system is often cited as being as traumatic as the bereavement itself, there is a particular need for specialist services to be available for families.

### **2.5.1 Advocacy and Violence Against Women**

The role of advocacy and violence against women was looked at in-depth in a study carried out by Sullivan and Bybee (1999) who formulated a detailed advocacy intervention of five stages that covered getting to know the victim and building trust, accessing relevant community resources, examining the effectiveness of those resources, continuing to provide support based on need and ending the support relationship in a timely and appropriate way. Sullivan and Bybee found overall that advocacy intervention increased social support for the victim, and this led to improvements in quality of life and escape from abuse (Bybee & Sullivan, 2002). In a more recent study on the role of specialist advocacy for families bereaved through domestic homicide (Monckton Smith and Haile forthcoming), the participant families were overwhelmingly supportive of a service that provides someone to speak for the families' rights, knows what those rights might be, and can have difficult conversations with professionals. The most pressing matter for families was not to have the support of someone who had experienced the death of a loved one themselves or to have emotional support, although good communication skills and empathy were seen as extremely important, they believed that it was crucial to have someone who 'knew the ropes', could argue their case, and speak with professionals to assist with providing the victim's voice. It was also said to be important that any advocate should have certain specialist knowledge, and that general advocacy would not be as useful.

Despite the Sullivan and Bybee (1999) research cited here having looked at advocacy for victims who were still alive and experiencing IPA, it is possible that advocacy for co-victims of IPF and IPS, operates on the same principles and is grounded in a comprehensive knowledge and understanding of, the post death review processes of inquests and DHRs, IPA, IPF and IPS and violence against women. Of the families interviewed for this research, the majority were supported by an advocate, some had more than one, but some declined to accept this form of support preferring to use their own voices to represent themselves and the interests of their loved one in the DHR process.



### **2.5.2 Family Engagement with Advocacy**

A study into family engagement with advocacy services carried out in 2019 concluded that co-victims' involvement with these services was relatively low, with only around a fifth of families known to have taken advantage of such support (Montique, 2019). If families do engage, they have several opportunities to provide the victim's voice and to influence the DHR and to contribute to the learning that emanates from the review. It is interesting to note that although the Home Office Guidance is comprehensive and advocates for families to be welcomed to participate in a DHR to contribute to identifying what lessons can be learned from domestic homicides and to prevent, domestic violence, future domestic homicides and improve service responses for future victims, that so few families do take part. If, as Montique's study of 2019 suggests, many bereaved families are not supported by advocates when taking part in DHRs, the absence of their voices will be noticeable in published reports. There may be a host of reasons for this lack of engagement, but it is possible that, families, do not want to involve a stranger into their lives at a time of intense grief and trauma, they may not find out about the advocacy service, they may believe in their own ability to cope with the DHR process, alternatively they may have engaged with an advocacy service but not felt comfortable with working with an advocate. There may be a host of variables as to why families do not engage with an advocacy service but there also may be ways, yet to be explored, that statutory agencies can encourage greater take up of advocacy by bereaved families to support them in their attempts to provide the deceased victims' voices and their own voices in DHRs.

## **2.6 Conclusion**

This chapter has looked at the literature relating to co-victims who achieve their status by default when their loved ones suffer IPF or take their own lives due to IPA, how they react to the grief and trauma of bereavement due to lethal violence, the physical and psychological effects of co-victimisation and how they subsequently provide the voice of their loved ones in DHRs. The chapter has also identified the consequences and effects of losing a loved one to a violent and unexpected death that overwhelm bereaved families, from the emotional and traumatic ramifications to the legal

and practical expectations. The case studies in this research are discussed in detail in Chapter Five and present the victims' voices, celebrates their lives and the reality of families' lives and experiences following IPF and IPS. Co-victims are not limited to friends and family members but in this research, it was those individuals who were uniquely placed to share their experiences of the post-death reviews they had taken part in.

The following chapter discusses the triptych of inter-related topics that are critical to this study – Violence Against Women, Feminism and Feminist Research and Legislation to Address Violence Against Women – and discusses why they are important to the study of victims' voices.

### **3 CHAPTER THREE – VICTIMS VOICES AND THE TRIPTYCH OF VIOLENCE AGAINST WOMEN, FEMINISM AND LEGISLATION**

*‘Violence matters. It wrecks lives. It causes injury and misery. Violence is both a cause and consequence of inequality. It is a violation of human rights. Violence is a detriment to health and sustainable economic development’.* (Walby et al, 2017b, p.1.)

#### **3.1 Introduction**

The rationale for this research investigating the role of victims’ voices in DHRs, was discussed in Chapter One, and the links between the interconnected subjects of violence against women, feminism and feminist research and the legislation to address violence against women that has been influenced by feminist research and listening to victims’ voices, were highlighted. This chapter discusses this triptych of inter-related topics and how they link to victims’ voices in DHRs and support the choice to adopt a feminist standpoint for conducting the research. DHRs are commissioned following the death of a victim of IPF and IPS, the acts that permanently silence victims’ voices, and this section discusses the detail of what IPF and IPS are and the nature of the violence that these acts may include. Further the section discusses what constitutes violence against women and the terminology used to describe it and explores the history and extent of this phenomenon and the links to feminism and feminist research that are relevant to this research and the theoretical element that is used therein. Further the chapter highlights the research landscape, explores several inter-related areas of interest, and emphasises the lack of research that has been done to date on the topic of victims’ voices in DHRs which this study aspires to address.

##### **3.1.1 Section 1 – Violence Against Women**

A brief history of violence against women is important to this research as it not only validates and supports the use of a feminist theoretical element in the study, but it emphasises how serious a problem violence against women is as it permeates every aspect of women’s lives throughout the

world, negatively affecting their physical, mental, sexual, and reproductive health (WHO 2021). The history can only be brief as to provide a comprehensive background would involve writing of encyclopaedic proportions which is far outside the reach of this thesis.

Much of feminist understanding of violence against women is that it is violence perpetrated by men against women because they are women and inferior to men (Schechter, 1982; Kelly, 1987, 1988; Walby, 1990; Stanley and Wise, 1993; Wilkinson and Kitzinger, 1995; Radford and Stanko, 1996; Weil, 2018; Harvey, 2019; Hague, 2021). This thinking underpins the patriarchal control standpoint although the position has been frequently challenged. The psychologist Dutton, (2006) known for his work on intimate partner violence argued that whilst it was tempting for feminists to consider violence against women as due entirely to male domination that perpetuated subordination and lack of equality, he believed this was not the case in western countries and could only be considered as relevant in societies that remained truly patriarchal. Feminist scholars such as Catherine MacKinnon (2005) and bell hooks (2000) argued that violence against women could not be reduced to individual psychological factors alone and is in fact a structural issue rooted in the broader social, cultural and political systems that uphold patriarchal power and gender inequality. They suggested that patriarchy creates and perpetuates a system where men hold power and women are marginalized.

### **3.1.2 An Age-Old Problem**

The history of violence against women is deeply intertwined with the evolution of societal structures, power dynamics, and cultural norms. It is a history that spans across time, cultures, and regions, reflecting the ways in which patriarchy—a system that privileges male dominance—has shaped attitudes, behaviours, and laws regarding women (Vallidis, 2021; Freedman, 2003). Violence against women has taken and continues to take many forms, including domestic violence, sexual violence, trafficking, female infanticide, honour-based violence amongst others.

Violence against women is not a new phenomenon as it can be traced back through time (Vallidis, 2021) and history is littered with evidence that women have been silenced and had no voice as they have

suffered violence and control at the hands of men to enforce and maintain their compliance (Rayed, 2019; Maynard, 1994). In many ways the actions that men use against, and their behaviour towards women, have not changed: throughout history women have been decreed lesser beings than men, only identified as the property of a man who had the right to abuse and kill them as they wanted (Deacy and McHardy, 2013; Martin et al, 2009); women have suffered violence from men simply because they were women.

Early Roman law determined that a wife was her husband's property and that he could beat or even kill her for certain offences. The Catholic Church endorsed the beating of wives by their husbands for many years as it was considered good for their soul – the wives' not the husbands' - and other religions had and possibly still have, similar authority to demean and discipline women. In the UK, during the 18<sup>th</sup> century men were allowed to beat their wives and children with a stick no bigger than their thumb (Dutton, 2006) and men could legally rape their wives until 1991 (Hague, 2021; Walby et al 2017a; Richardson, 1993). It may be difficult to comprehend that violence against women was not considered to be a violation of their human rights until 1993 (Hague, 2021; Rayed, 2019; Walby et al, 2017) and it may be more difficult to comprehend that in the twenty first century there are many hundreds of thousands, if not millions of women in countries around the world whose voices are silenced and who do not enjoy freedom and acknowledgement of their human rights is lacking (Amnesty International, 2022).

### **3.1.3 Scale and nature of Violence Against Women**

As feminist academics have researched the issue of violence against women, they have exposed the severity, magnitude and frequency of how IPA and IPF is perpetrated on women by men and decried the lack of effort that has been made to address the problem; they have determined that women's voices are habitually silenced and that women have not had a voice to protect them and to stop men abusing them (Hague, 2021; Walby et al, 2017; French et al, 1998; Hester et al, 1996). Feminist research has shown that IPA, and IPF are closely related and the former generally precedes the latter with women at much greater risk than men of being murdered by an intimate partner, (Monckton Smith, 2019; Dobash

and Dobash, 2015; Monckton Smith, 2014; Stark, 2009; Adams, 2007; Websdale, 1999). In addition to IPA and IPF, other forms of abuse that disproportionately affect women and are inordinately perpetrated by men have been identified: sexual violence and rape, stalking and harassment, trafficking, female genital mutilation (FGM), intimidation at work, in education or in public, forced prostitution, forced marriage and honour crime (Amnesty International, 2020) are tactics used by men to control and silence women.

The United Nations identifies violence against women as,

*‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or in private life’ - [UN Declaration on the Elimination of Violence Against Women](#)*

Globally violence against women is a major public health problem and a violation of women’s human rights (Monckton Smith,2019; McPhedran,2018; Stockl,2013): it has been accepted and acknowledged as a major issue by the United Nations General Assembly who adopted the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1979 (WHO, 2017) although there remain several countries that have not accepted it. Violence against women is ubiquitous; it affects and silences millions of women, in every country in the world, many of which have higher femicide rates than the UK (UN 2021): it is estimated that 1 in 3 women, approximately 30% of all women which equates to circa 1.3 billion women (UN 2021), will experience either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (Monckton Smith,2019; Dobash and Dobash,2015; WHO,2012) and a significant number of these women will lose their lives to IPF or IPS. It is noted that the detail cited relates to women who will experience physical and or sexual violence but does not acknowledge the number of women who will experience coercive control and stalking where there is no physical violence (Monckton Smith, 2019; Stark, 2009) only patterns of behaviour designed to silence them, subjugate them and deny them autonomy or freedom to live their lives as they wish. It may not be unreasonable to suggest that if the numbers of women who are tacitly experiencing coercive control and stalking were aggregated with the number experiencing physical and sexual abuse,

the total could possibly equate to a much larger proportion of the female population than the United Nations figures suggest.

Both the experience of injurious and non-injurious violence and coercive control, silences women, deprives them and their children of their human rights, potentially damages their physical and mental health, and traps them in poverty (Monckton Smith, 2019). The greater amount of violence and abuse that women experience however is from an intimate partner and as many as 38% of IPF are committed by a male intimate partner or ex intimate partner (Hague, 2021; Monckton Smith, 2019; 2014; Dobash and Dobash, 2015; Stark, 2009; Adams, 2007; Websdale, 1999). It is this fact that is of particular interest and importance to this research as it could be determined as incomprehensible that in the twenty-first century the magnitude and volume of IPF and IPA perpetrated by men on women is increasing and not reducing. The following sections cover in more detail the terminology used to describe violence against women and the tactics that perpetrators use to exert it.

#### **3.1.4 Intimate Partner Abuse (IPA)**

IPA is a particularly insidious crime that is omnipresent in the world and knows no boundaries of class, age, belief, ability, culture or wealth (Gov UK, 2021; Hague, 2021; Taylor and Shrive, 2021; Walby et al, 2017; WHO, 2017; Hester, 2013; Roberts, 2002; Hester et al 1996); it is pernicious and pervasive in all aspects of society and is often defended by blaming the victims for inappropriate behaviour that is seen as the cause for the circumstances that women find themselves in: all too frequently it is suggested that women are responsible their own misfortune (Taylor, 2020 ; Mumsnet, 2017).

As research into violence against women has evolved it has been classified in several different ways; feminist and non-feminist academics have conducted research examining all aspects of violence against women and have produced a plethora of studies often with conflicting hypotheses that have ignited some quite vitriolic debates (Walby and Towers, 2018; Radford and Stanko, 1996; Johnson, 1995). The most fundamental premise of feminist theory and philosophy is the assumption of an invidious gender asymmetry between men and women that needs to be overcome; many feminists believe that it is

patriarchy that perpetuates inequality, hierarchy, oppression, and silences women (Bindel, 2021; Stoller, 2005; Dobash & Dobash, 1992; Schechter, 1982). Multiple efforts have been made to define IPA and there appears to be almost universal agreement today that it consists of acts of coercion and several forms of violence and is defined by the nature of the relationship between the perpetrator and the victim. In the UK a public consultation completed by the Home Office in 2012 found that coercive control was the best framework for understanding and responding to IPA (Monckton Smith, 2019).

### 3.1.5 Coercive Control

Coercive control is acknowledged by many to be a defining factor of IPA and IPF and is enshrined in law in the UK as a criminal offence (Monckton Smith, 2019; Walby & Towers, 2018; Walby et al, 2017). Opponents to the definition of coercive control believe that substantially more robust research and analysis of data could have been done before changes to policy, practice and legislation were introduced (Walby and Towers, 2018), however Coercive Control is now defined in the law as -

*‘a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’* (Home Office, 2016).

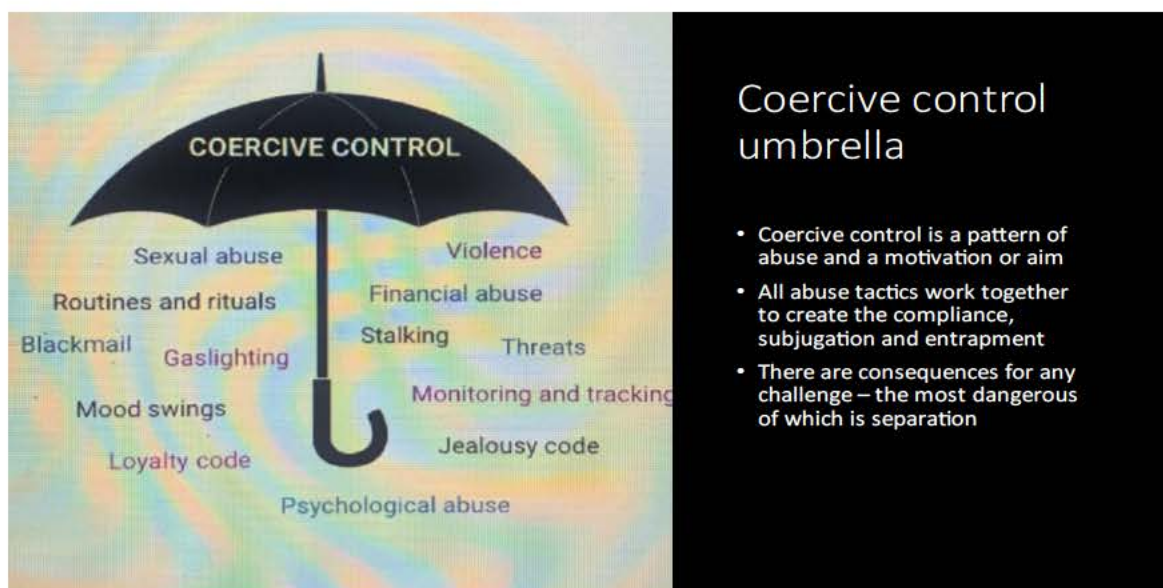
Schechter, a pioneering second wave feminist and activist researcher first identified the concept of coercive control in the 1980s as a major part of IPA; she posited that it was the use of physical violence by perpetrators that instilled fear in their victims, silenced their voices and effected their control of their intimate partners (Walby & Towers, 2018; Schechter, 1982). Johnson identified control as a key component of intimate terrorism; he suggested that ‘patriarchal/intimate terrorism is presumed to involve acts of violence that are embedded in a larger context of control tactics’, (Johnson, 1995, p.291).



Stark's seminal work on Coercive Control however is an approach that suggests that physical violence is not the initial source of control but is one of several measures deployed to dominate, subordinate and silence women. His concept of coercive control has been described as a liberty crime designed to instil in the minds of victims the cost of their freedom and the consequences for attempting to attain it (Monckton Smith, 2022; Stark, 2009). Stark mentioned at a conference in the UK in 2018 where he was delivering a presentation on his research into Coercive Control, that the pattern of controlling behaviours used by perpetrators, the majority of which are non-violent, "sets in the minds of victims the price of their resistance". This quote encapsulates how effective coercive control behaviours are in reducing the autonomy and freedom of victims and maintaining the power and control of the perpetrator and the hierarchy of the relationship.

Other researchers and respected academic experts on homicide and coercive control such as

*Figure 3: Monckton Smith's Coercive Control Umbrella*



Monckton Smith have done further analysis and her research agrees with Stark's that coercive control is not only the most common type of IPA but also the most dangerous, having strong associations and links to serious harm and homicide (Monckton Smith, 2019; Stark, 2009): Monckton-Smith has presented an alternative framework exploring the way that risk escalates in cases of coercive control, rather than presenting coercive control as a tool of domestic abuse and the research echoes Stark by stating that perpetrators use a broad range of abusive and controlling tactics to silence, 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). To support the argument for how coercive control is seen as an overarching term for a range of coercive and controlling tactics and behaviours, Monckton Smith has created an illustration of an umbrella, reproduced above. This graphic whilst simplistic is an innovative and effective way for describing the complex nature of the multitude of behaviours and tactics that perpetrators employ to entrap their victims, silence them, and keep them under their control often without the over-use of physical violence.

### 3.1.6 The Homicide Timeline and the 3 Cs Cycle

Monckton Smith used her understanding of coercive control in additional research into IPA, IPF and IPS and developed The Homicide Timeline, using temporal sequencing to depict risk escalation emanating from a chronology of events and perpetrator coercive and controlling behaviours leading to the death of a victim by IPF, or IPS. Temporal Sequencing is a respected and well used method for ordering chronological events and has been used in relation to genocide (Levene, 2015), autogenic homicide (Mullen, 2004), and male confrontational homicide (Brookman, 2003). It can be argued that the 8 Stage Homicide Timeline was influenced by victims' voices as the research was produced from an extensive study that looked at almost 400 cases of IPF and data was drawn from several sources including published DHR reports and speaking to families,

*'All possible sources of information about the cases were gathered, and there were different types of data available for each case, but information came from Domestic Homicide Reviews, news and media reports, documentaries, court reporting, Hansard reports, and professional, perpetrator and family reflections and perspectives' (Monckton Smith, 2019, p.10).*

The resultant eight stage sequence that aligns with coercive control discourse clearly maps the journey to IPF in most cases explained through the controlling patterns that are central to the perpetrator's motivation. It is emphasised however that homicide is not inevitable following the trajectory of the

Homicide Timeline as interventions from agencies such as the police, health and even the perpetrator and the victim themselves may result in ending the abusive relationship and removing or dissipating the threat of homicide.

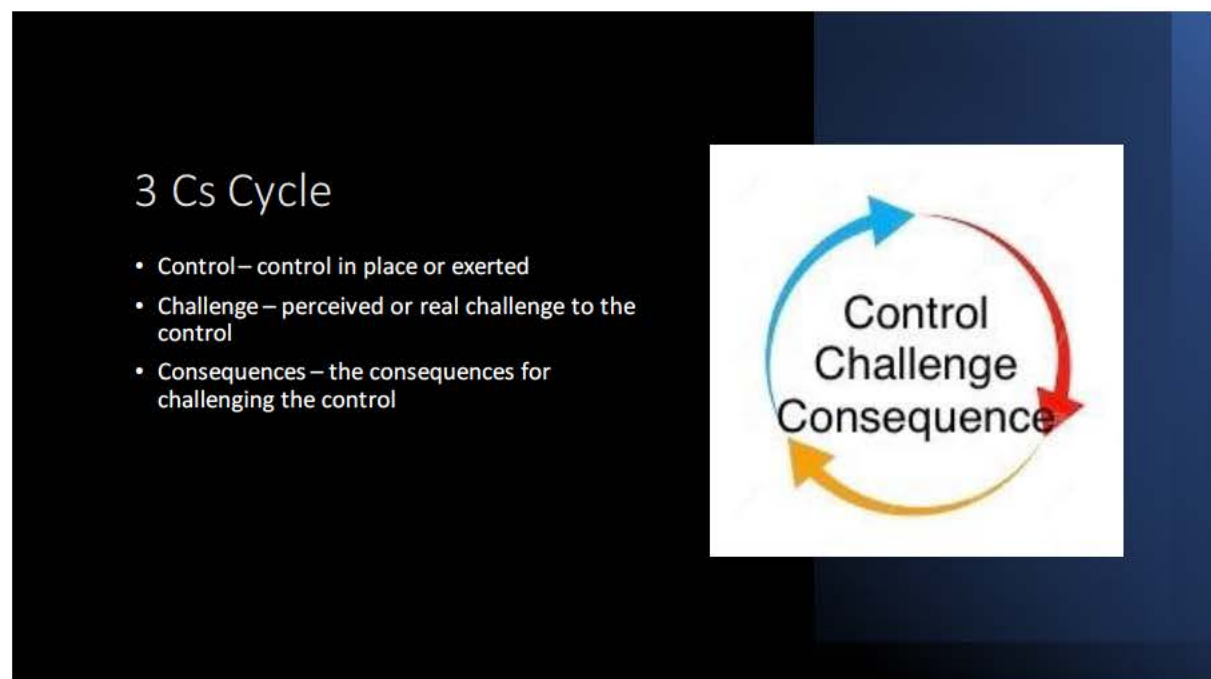
The 8 Stage Homicide Timeline is critical to this research as the presentation of coercive control as domestic abuse rather than a tactic of domestic abuse used by perpetrators, creates the opportunity for a greater understanding of victims' experiences of living with abusive partners which by default contributes to interpreting the victims' voices in DHRs. Tracking the way that risk escalates in coercive control is key to understanding why women stay with abusive and controlling men, and how the level of risk from abuse that they may suffer can silence them and escalate to IPF or IPS resulting in the need for DHRs to be commissioned. A victim blaming narrative – *Why doesn't she leave?* - is frequently applied to women living with men who abuse and control them, but it is known that leaving is incredibly dangerous for women and may result in death (Women's Aid, 2021): the Homicide Timeline illustrates the escalation in risk that many women face when leaving abusive men or when perpetrators believe that they are leaving.

A graphic that illustrates the Homicide Timeline is included in this study as Appendix 2: the framework is both complex and simplistic as it is easily understood and instantly recognised by professionals and co-victims alike and presents opportunities for intervention at each stage, as well as highlighting the complex patterns of coercive control that perpetrators use to control and silence victims.

In addition to identifying Coercive Control as a pattern of behaviours and the Eight Stages as a temporal sequence of risk, Monckton Smith's research (2019) also identified a cycle of three key themes of coercive control named as the '3 Cs Cycle' that explains how perpetrators trap women in relationships. The pattern of behaviour perpetuates the perpetrator's control, silences the victim, and maintains his hierarchical position. The '3 Cs Cycle' – (see illustration below) determines that the relationship that the perpetrator creates with his victim is founded on a set of unwritten rules to facilitate her silence and compliance and to maintain his control and his superiority in the relationship. Should the victim break those rules and challenge the perpetrator's position she will then experience

the consequences for that challenge which can encompass physical violence or the threat of violence, financial control, and the imposition of an even more restrictive set of unwritten rules for the victim to comply with which will further silence her voice whilst reinstating his control. Having experienced the consequences, the victim will return to remaining silent under the control of the perpetrator's rules and the cycle will continue until the next challenge/consequence occurs. Many of the victims of this study had unwritten rules that they lived their lives by, rules that ensured the perpetrator maintained superior status, was always prioritised, and guaranteed that the victims were not only silenced but remained under the control of the perpetrator.

*Figure 4: Monckton Smith's 3 C's Cycle*



### **3.1.7 Intimate Partner Homicide and Intimate Partner Femicide**

IPH refers to a perpetrator killing an intimate partner, either a current or ex-partner but IPF has been defined as, “the killing of women, girls and female infants and foetuses, predominantly but not always committed by men, in order to maintain individual and/or collective male dominant status, or as a reflection of the lower status of females” Ingala Smith (2018, p. 169). Hence IPF can legitimately be

applied to cases of homicide where the offender and/or the victim is male or female. Other scholars define Femicide as the intentional killing of women and girls because of their gender (Weil, 2016): to support this understanding and to support the use of a feminist informed methodology in this study the term IPF is used throughout. Women Against Violence in Europe (WAVE, 2017) defined femicide as the ‘culmination of different forms of violence against women and failure by the State to protect women from violence’ and they noted that femicide is a politically charged word used to bring awareness to the killing of women because of their gender (Weil and Naudi, 2018): femicide is the ultimate act of silencing women and taking their voices away.

The word femicide is centuries old, known to have its roots in Anglo Saxon times when it was first used to describe the act of men killing women, but the modern understanding of the word whereby it is defined as the intentional killing of women by men because they are women, was appropriated by the second wave feminist movement to politicize and challenge male violence against women (Grzyb et al, 2018). The originator of the feminist concept was Diana Russell and she initially announced her interpretation of the word in 1976 at the first International Tribunal on Crimes Against Women, and then collaborated with Jill Radford to co-edit an anthology in 1992, *Femicide: The Politics of Woman Killing*. The book is credited as the first to offer a written and explicitly feminist definition of femicide as ‘the misogynistic killing of women by men’ (Hague, 2021; Grzyb et al, 2018).

Over time the definition of femicide has changed quite markedly, Russell herself removed the word misogynistic and replaced it with ‘the killing of females by males because they are female’ a tactic she asserted was relevant as there are several occasions when men kill women that cannot be described or legitimated by misogyny (Russell, 2012). Research into femicide has expanded, and is ongoing, as researchers strive to facilitate comparative studies across countries (Corradi et al, 2018) As efforts were hampered by the lack of a uniform recognition and definition of femicide (Grzyb et al 2018), researchers looked to data on IPH as the closest definition to femicide available. The research has shown that ‘almost without exception women are at greater risk than men and the homicides of women are most frequently perpetrated by male intimate partners’ (Corradi et al (2019) p.95.).



IPF is a key focus of this research as it is the ultimate act that silences a victim's voice and provides the opportunity for co-victims to speak for them and share detail of the coercive control and domestic abuse that she may have experienced. IPF has received considerable focus within feminist theory and research (Monckton Smith, 2019; Taylor & Jasinski, 2011; Elisha et al, 2010; Dobash, Dobash, & Cavanagh, 2009; Vieraitis et al., 2008; Reckdenwald & Parker, 2008; Frye et al, 2006; Dobash & Dobash, 2004; Managanello et al, 2001; Jensen, 2001; Websdale, 1999; Johnson, 1995; Cazenave & Zahn, 1992), as it is a crime perpetrated in the majority by men: research has consistently demonstrated that men are overwhelmingly the perpetrators, and women the victims. The UN Global Homicide Report (UNODC 2019) provides evidence that overall men commit 90% of *all* homicides, but also form 80% of its victims. Conversely victim numbers in the IPF category show women as 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), and victim precipitation is common whereby the perpetrator of the abuse initiates the violence against themselves (Monckton Smith, 2019). Women are underrepresented in the category of perpetrators as they form less than ten per cent of killers (ONS 2016) although it has been found in some research investigating female perpetrated IPH where women were not responding to violence against themselves, that controlling female killers can follow a similar behavioural pattern to male killers (Monckton Smith 2022). In this research one case involves a mother who was killed by her daughter, and while the family experiences of the DHR are relevant the escalation of risk differs to that found in the other IPF.

The statistics quoted above indicate that those men who are perpetrators of domestic abuse are more likely to kill their partners and they also show that there are powerful links between IPF and IPA, and a key risk marker for those who commit IPF is a history of perpetrating domestic abuse and coercive control (Bourget *et al* 2010).

### **3.1.8 Intimate Partner Suicide**

Domestic abuse related suicide – when a victim of IPA takes her own life – determined as IPS in this research – is an act where she permanently silences herself due to feeling completely entrapped by, and with no escape from, the perpetrator: she may genuinely feel that she has no other option and

taking her own life becomes inevitable (Monckton Smith et al, 2022). The Home Office Guidance (2016a) was updated in 2016 to include commissioning DHRs for victims who had been subjected to IPA and took their own life because of the coercive control they had experienced. The guidance states,

*‘Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable.’ p.8.*

The number of DHRs to consider IPS is growing as IPS is a critical global public health concern with men more likely than women to be successful in taking their own lives (Devries et al, 2011). The World Health Organisation (WHO) estimates that approximately 800,000 people take their own lives each year (WHO 2019) but the numbers that attempt suicide each year whilst accepted as much higher, are not known. There is a plethora of studies that have investigated the links of IPA to suicide attempts in women (Monckton Smith, 2021; Munroe and Aitken, 2019; Munroe and Aitken, 2018; Rahmani et al, ,2018; Thompson et al, 2017; Chang et al, 2014; Devries et al, 2011; Pico-Alfonso et al, 2006; Meltzer et al, 2002; Stark and Flitcraft,1995), but there are limited studies and data available on women who have succeeded in taking their own lives because of IPA: IPS is a little researched subject and the full extent of these suicides among women is not known (Monckton Smith et al, 2022).

The gender breakdown of IPS is, less well researched and statistics are sparse as this detail is not routinely gathered and there is no one place where the numbers of related suicides are formally counted in England and Wales. It is well known however that men account for three-quarters of suicide deaths and have done for many years: in 2021, 4.129 men took their own lives compared to 1.454 females (ONS 2022). These figures extrapolate to 79 male deaths by suicide per week and 28 female deaths by suicide per week. Research has suggested that around one third of the number of female suicides may be related to IPA (Walby 2004; Stark and Flitcraft 1996) producing an estimated number of around nine such suicides of women each week. There are no estimations available to consider how many male

suicides are related to suffering IPA, although 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 problems, history of sexual abuse and imprisonment (Kennard 2020) but it is well known that some men who commit IPF take their own lives either immediately or shortly after killing their intimate or ex-intimate partner and sometimes their children. Relationship breakdown, and difficulties accepting those breakdowns, is often implicated in male perpetrated IPF, and in male perpetrated IPF/suicides where Logan *et al* (2019) estimate that 75% of such homicide/suicides involve an intimate partner or ex-intimate partner. They further state that intimate partner problems are a common risk factor in suicide for adult men, but victimisation is not specifically highlighted. What is not known, is what proportion of male suicide victims, where there is no homicide, may be victims of IPA. A factor that should 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: men are considered much more likely to succeed in taking their own lives as they use more violent methods (Kennard 2020).

It is likely that figures on IPS may soon be counted as coroners begin to highlight the prevalence of IPA in cases of suicide. The landmark cases of Kelly Sutton, Jessica Laverack and Justine Rees have formally recorded the reasons why these young women took their own lives and as a result it could be said that the young women have been given a voice by their bereaved families and the coroners who conducted their inquests. In July 2023, a coroner recorded a verdict of suicide for Kelly Sutton but decreed that she had been unlawfully killed by Steven Gane who was sentenced for exerting coercive and controlling behaviour towards her, following her death (BBC, 2023). Jessica Laverack also experienced IPA from her former partner, Patrick Walsh, and although he denies abusing her, the coroner at her inquest issued a Section 28, Preventing Future Deaths report to various Government Departments highlighting the failings of some agencies that led to Walsh contacting Jessica and her taking her own life because of this contact when feeling that she could not escape him (ITV, 2022). Nicholas Allen subjected his former partner, Justine Rees, and her friends to a campaign of threats and



harassment which only ended after she took her own life. He was charged, pleaded guilty and convicted of manslaughter, coercive behaviour and stalking and received a jail sentence of ten years (BBC, 2021).

A study that looked at both IPA driven suicide attempts and completed IPS was carried out by Walby in 2004. In this study Walby (pp.56) suggested that approximately 34% of all suicides by women may be partly caused by IPA but there is a scarcity of data to confirm this. Walby used ONS and data from the Samaritans available from the year 2000 and her premise is that of the total number of women who had taken their own lives in that year - 1497 - 34% of them, 509, may have been partly caused by IPA and of this total 37% ,188 had taken their lives because of IPA. In the intervening years since Walby carried out her research, knowledge and understanding of IPA and coercive control have grown significantly but there has not been further rigorous study to scrutinise Walby's findings on the number of women who make suicide attempts driven by IPA. Monckton Smith et al (2022) have posited that it is wholly reasonable to suggest that it is likely that the figure of 34%, - the number of women who made suicide attempts driven by IPA according to Walby's study (2004) - is a truer reflection of the actual number of IPS occurring now. There is a dearth of studies to support this summation and Monckton Smith et al (2022) offered the figure based on their extensive expertise and knowledge in the field of IPF and coercive control and from speaking to families bereaved due to IPS. Using the calculation of 34% of all female suicides applied to the five-year figures of 2015 to 2019, a total of 2539, Monckton Smith et al arrived at a figure of approximately ten women per week who are driven to taking their own lives due to IPA and coercive control.

### **3.1.9 Hidden Homicides**

In the context of this research, Hidden Homicide (HH) is a term applied to a sudden or unexplained death of a victim known to be experiencing IPA that is not identified as an IPF. Louise Tickle a journalist with Tortoise Media, ran an investigation in 2021 and produced a series of podcasts (Tickle et al, 2021), into the numbers of HH there may be each year in the UK and the investigation confirmed that there may be up to 130 deaths each year that are suspicious but not thoroughly

investigated. HHs may be deaths that are spuriously described as resulting from accidental drowning, falling from a building, so called ‘sex game gone wrong’ or may even be disguised as natural causes or as a suicide. There are two cases in this research that could be described as HH, both are the subject of DHRs, and suicide was adjudged as the cause of death in each case, but the families do not accept the cause of their daughters’ deaths as one perpetrator was found dead with his victim and in the other case the only narrative about the death was provided by the abuser. It is acknowledged that it may be difficult for the police to identify such deaths and limited research has been done to investigate the difficulties they may encounter. Jones (2016) carried out a study to examine influences on the decision-making process of police officers attending the scenes of sudden and unexpected deaths in England and Wales and he determined that there were several factors that influenced poor decision making that included failing to secure the scene and involve a forensic post mortem, and he recommended giving officers the tools to make better judgements and informed decisions to enable them to ‘*make a fatal call and stop people getting away with murder*’ (p.159). Jones was unable to determine that there were no missed homicides each year and he decreed that it was not unreasonable to assume that there would be some. Louise Tickle’s research on HH (Tickle et al, 2021) involved her contacting all the police forces in England and Wales asking them for information on suspicious deaths of women who had a history of IPA, and this enabled her to make the summation that at least 130 women may be victims of HH each year: this number equates to 3 suspicious deaths per police force per year and may not be far from the truth.

### **3.1.10 Counting Dead Women**

Accessing information on the number of women dying due to IPF can be difficult and is reliant on how the deaths are initially recorded. In the UK all homicides that occur in England and Wales each year are initially recorded by the police and then recorded on the Home Office Homicide Index (HOHI); homicides that occur in Scotland and in Northern Ireland are recorded separately in those countries. The Office of National Statistics (ONS) analyses the statistics from the HOHI each year but does not focus on collating the statistics of those women who are victims of IPF (ONS, 2016).

Considering the number of women who are dying it is disappointing that closer attention is not paid to recording the type of homicide they suffer.

The Counting Dead Women website was started by Karen Ingala Smith in 2012 and collates information on the number of women killed each year by men: the work ensuring that the numbers of women killed by men are noted and recorded appropriately reflects the work of Catherine MacKinnon, a radical second-wave feminist and legal scholar who wrote in 1987,

*‘Feminists have this nasty habit of counting bodies and refusing not to notice their gender’*  
(1987, p.35).

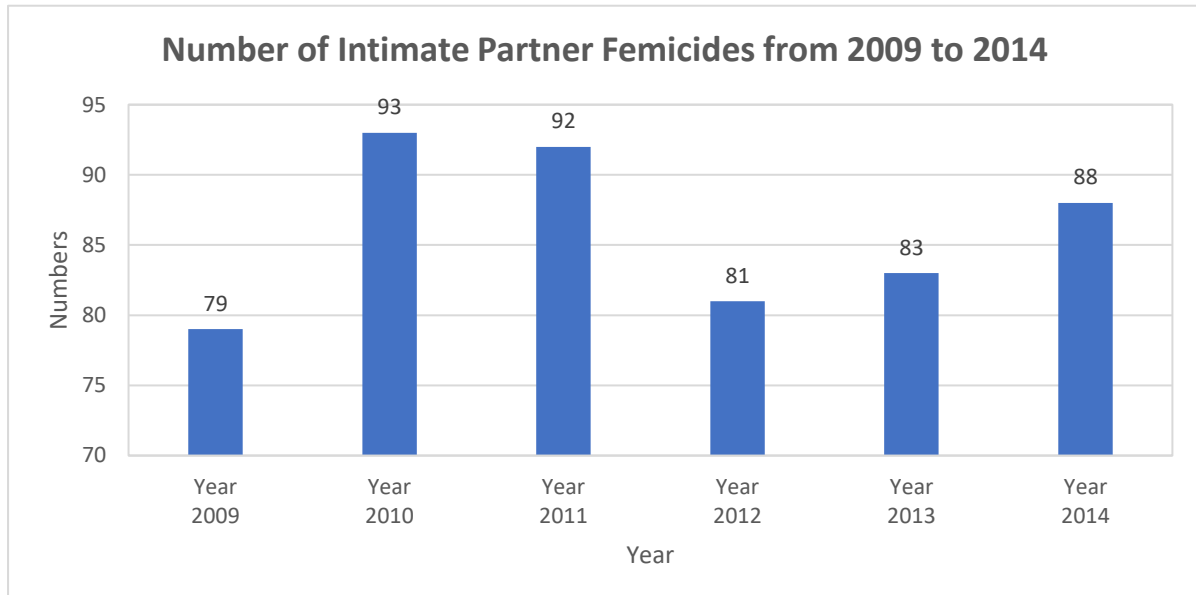
Counting Dead Women records the detail of all women killed and silenced by men and not just those killed by intimate partners, but women killed by their fathers, their sons and grandsons, other family members, friends, colleagues as well as strangers. There is always a caveat to the total numbers recorded each year as those women killed where the case remains unsolved or where there are on-going criminal proceedings are not included. Despite this the Counting Dead Women website is an important source of data on femicide that this research has utilised.

### **3.1.11 Femicide Census**

To validate and improve on the data collected by the Counting Dead Women website the Femicide Census was launched in 2015 and gathers its data by issuing Freedom of Information Act 2000 (FIO) requests on all cases of femicide to all the police forces in England and Wales in conjunction with media reports drawn from the press, radio, television, and the internet. Statistics identified in the first census, covering the years – 2009 – 2015 – showed that the average number of femicides across each year of the six-year period was 156 with approximately 98 (63%) of this total being IPF. Applying the 63% to the individual year totals gives the following figures for IPF – 2009 (79), 2010 (93), 2011 (92), 2012 (81), 2013 (83), 2014 (88). Although the figures fluctuate year on year it is accepted that this is the norm for femicide and conclusions cannot be drawn that violence against women and girls

is decreasing or reducing in any way (Brennan, 2020, Walby 2016) what can be affirmed is that considerable numbers of women are silenced by IPF each year.

**Figure 5: Number of IPH from 2009 to 2014**



### 3.1.12 Conclusion

This section has discussed violence against women and highlighted the key elements of this phenomenon that are not only relevant to this study but are also relevant to DHRs and the number of women being silenced and dying due to IPF or IPS. Much of the detail discussed is universal and applies to women throughout the world but there is also some detail that is specific to the UK. What is apparent and cannot be discounted is that the issue of violence against women, violence perpetrated by men, is one of huge proportions and the number of women dying each day is a growing concern. As will be discussed in the following sections despite substantial research having been done on this, the issue continues to escalate to unacceptable levels suggesting that the existing legislation, policies and procedures set in place to address violence against women and prevent further deaths are ineffective, and inadequate.

## Section 2 - Feminism and Feminist Informed Research

*'One of the main goals of feminist research projects is to support social justice and social transformation: these projects seek to study and to redress the many inequities and social injustices that continue to undermine and even destroy the lives of women and their families'.*

*(Hesse-Biber, 2014, p.3)*

### 3.2 Introduction

This section discusses Feminism and Feminist Informed Research and the value that victims' voices have had to research. Feminist perspectives are not a unified body of thought and it is more accurate to talk of feminisms (Humm, 1992), and as May (1993, p. 11), points out, all feminisms share several beliefs. These are that women and their contributions to society have in the main been silenced and marginalised which is reflected in traditional research practice and that norms of science conceal yet perpetuate the myth of male superiority and the desire for men to control the natural and social worlds. Other beliefs are that gender as a meaningful and significant social category has been missing from the explanations of social phenomena. Brunskell (2010, p39) argues that all social science methodologies are in debates about the concern with how we know what we know and how we make claims that knowledge is true or not true.

Feminist research has been defined as opposition to quantitative research, and some feminist researchers suggest that an orthodoxy emerged, which considered only qualitative methods, in particular in-depth interviews, to be feminist methods (Ramazanoglu and Holland, 2002; Taylor, 1998; Kelly et al, 1994). This position has been challenged, and a consensus emerged that it is the reason behind the research and how the methods are used, that makes research feminist (Taylor, 1998, Letherby, 2003). It has also been suggested by feminist researchers, that what distinguishes feminist research from other research generally, is political intent and ideology (Taylor, 1998; Maynard, 1994; Lather, 1986; Acker et al, 1983), and that research is conducted from a feminist perspective to give women a voice and aspires to contribute to the aims of that perspective. Maynard argues that the only

essential ingredient for feminist research is, its insistence on its political nature and potential to bring about change in women's lives' (1994, p.16). Ackerly and True (2010) have suggested that feminist researchers, 'seek to do research that is explicitly of value to women and that could result in actions that are beneficial to women' (2010, p. 465). Whilst women and the women's movement will not always be the focus of all feminist research (Ramazanoglu and Holland, 2002), many feminist researchers posit that it should always be for women in the political sense, as Ackerly (1983) and Maynard (1994) suggested. The motivation to employ a feminist informed thematic review to analyse the data gathered in this research, derives from the knowledge that the majority of victims of IPF are women. The desire to emphasise the victims' voices in DHRs and to produce results that will be beneficial to future victims of IPA and will contribute to reducing the number of women dying from IPF and IPS each year is also part of the motivation..

### 3.2.1 **Feminism and Feminist Informed Research**

The aim of Feminism and Feminist Informed Research as has been discussed is to give women a voice and improve their lives, elucidate bias and inequity in the way they are treated in various social settings and institutions and to fill in the gaps in knowledge about women – it has been described as research on women, by women for women (Maynard, 1995), but Stanley and Wise, (1993, p.26) also posit that,

*'Feminism encapsulates a distinctive value position, but these are truly human values, not just those of a woman's perspective'.*

Feminist researchers have also defined their research as particularly committed to transparency and reflexivity (Letherby, 2003; Naples, 2003; Ribbens and Edwards, 1998; Maynard, 1994; Reinharz, 1992). As Ackerly and True (2010) propound, "Feminists argue that all knowledge is produced in a social and political context. As such, the conditions of our research must be studied, critiqued if necessary, and certainly made explicit as part of the account of our research findings" (2010, p.465).

Feminist perspectives provide unique insight into women's lives; each have their own methodological strengths and weaknesses, but as many have pointed out, there is no need for all these perspectives to be equally correct as there will always be room for growth, improvement, reconsideration, and expansion, (Tong, 1989; Maynard, 1995). Feminist theory and approaches to research have evolved and emerged from the central tenet of feminism that believes that there is a fundamental lack of equality between the sexes and women's voices have been silenced: feminism is a social movement that advocates for women's rights and equality and campaigns against gender-based discrimination (Bindel, 2021) but it has grown to encompass much more.

Women as researchers have recorded accounts of society from their view and have used their experiences to tell the story of women's lives and to celebrate them. Tong believed that the more feminist thoughts and voices there are, the better as by refusing to amalgamate a plethora of thoughts into one unified unquestionable truth, feminism resists patriarchal dogma (Tong, 1989). Feminism and feminist research have undoubtedly altered predominant perspectives in a wide range of areas within Western society, ranging from culture to law. Feminist activists and feminist researchers have campaigned to give women a voice and to listen to them in connection with; women's legal rights and the right to vote; women's rights to abortion and reproductive rights; protection of women and girls from domestic abuse, murder, manslaughter, stalking, sexual harassment, trafficking, and rape; employment rights, including maternity leave and equal pay; and against misogyny and against other forms of gender-specific discrimination against women (Rampton, 2015).

### **3.2.2 Violence Against Women through the lens of silencing women.**

Feminist study evolved out of the feminist political and social movements of the 1960s and has developed as a distinctive school of academia with the objective of giving women a voice. It originated to counter an overt misogyny in research identified by many feminist researchers who drew on personal experience to do their own research as personal experience can be the starting point of a study providing the material from which the researcher develops questions and the source for finding people to study (Reinharz, 1992). Ann Oakley (1981) noted that starting from one's own experience

was a violation of the conventional expectations that researchers be detached, neutral and value neutral. Oakley noted that these expectations in themselves were not value neutral but simply quite often a cover for patriarchy.

It is not illogical to suggest that feminism and feminist theory can be said to be organic as they grow and change over time, considering the evidence gained from feminist research into women's lives and from using a feminist perspective to analyse and decipher the results. Moreover, as younger feminists involve themselves in the theoretical debate around women's lives, as has happened since second wave feminism evolved (Hesse-Biber, 2014; Mills, 2003; Wilkinson and Kitzinger, 1995; Ramazanoglu, 1993; McNay, 1992) they will put forward new and challenging debates of the world from their experiences, so feminism will continue to evolve; as will feminist paradigms and epistemology.

### **3.2.3 The Evolving Stages of Feminism**

First Wave Feminists were popularly known and referred to as Suffragettes, but women around the world were organising themselves in political movements from the mid nineteenth century onwards (Chidgey, 2019; Maynard, 1994; Walby, 1990) and Victorian feminists successfully campaigned for the law to give women a voice and to be changed around divorce and legal separation for women due to their husbands' violence, that resulted in the enactment of the Matrimonial Causes Act, 1878 and provided an escape for women from their violent partners (Walby, 1989). In the early 20<sup>th</sup> century through substantial lobbying and campaigning, the Suffragettes secured the vote for all women and men and raised the issue of gender equality placing it firmly in the public arena (Hannam, 1993): achieving the vote for women gave them, for the first time, a voice to participate in politics.

The World Wars that followed both of the achievements cited, the First World War of 1918 and the Second World War of 1939, could be described as having stymied the advancement of feminism and fragmented it (Hannam, 1993) although it can be argued that during the wars women were given a voice because they were needed to replace men in key roles in production, construction, farming, retail and other occupations. This activity fostered the development of second wave feminism as women became



used to being in control of their own lives and those of their children, they made decisions for themselves and became adept at working and combining family responsibilities and full-time employment, enabled to do so by vastly increased state funded day-care provision (Skelton, 1993).

It was not until the late 1960s and early 1970s that the significance of violence perpetrated by men in women's lives started to emerge (Hague, 2021; Maynard, 1994). The evolvement of Second Wave Feminism and the Women's Liberation Movement (WLM) through the rise of Consciousness Raising (CR) groups of the early 1970s, which were locally based and places where women were able to come together and talk about their lives and the issues that affected them, brought violence against women to the attention of the world and since this time the subject has been extensively researched (Hague, 2021; Sheehy 2017; Stark, 2007; Websdale, 1999; Maynard, 1995).

In the wake of second-wave feminism there was a plethora of activities and growth in the newly founded, Women's Liberation Movement (WLM,) with several strands of feminism emerging and sometimes conflicting (Hague, 2021), but broadly feminism survived as a social and a political movement for the liberation of women, that gave them a voice and aspired to establish a society that is based on equality for all people (Mackay, 2015). Feminists analysed the position of women in society and developed an understanding that the personal was political as men, controlled society and only men's voices were listened to. Prior to the establishment of the WLM, women's views were not sought, they were not given a voice or listened to, and they did not have the same freedoms as men: men and male perspectives dominated research and women were systematically silenced, not included, ignored, or written out of most traditional research (Hague, 2021; Kelly, Burton, and Regan, 1996; Spender, 1982).

Second Wave Feminism could be said to have been successful as due to the lobbying and campaigning by women, new laws such as the Equal Pay Act 1970, the Sex Discrimination Act 1975, The Domestic Violence and Matrimonial Proceedings Act 1976 were enacted, although the efficacy of these laws is questionable when women's pay at the start of the twenty-first century still does not equal that of men's in a number of occupations and women continue to be uniformly discriminated against and face inequality in every aspect of their daily lives (Hague, 2021; Bates, 2020, McCabe, 2019). Additional

laws such as the Domestic Violence Crime and Victims Act 2004, and the Human Rights Act 2015 have had minimal effect as women continue to be the principle victims of IPA and IPF (Hague, 2021; Bates, 2020; Harvey, 2019; Monckton Smith, 2019; McPhedran, 2018; Weil et al, 2018; Walby et al, 2017; Stockl, 2013), refuges and rape crisis centres are severely underfunded with many services forced to close (The Independent, 2015; Women's Aid, 2018; Coy et al, 2009) and free child-care is limited and not accessible to all women (The Guardian, 2021; The Money Whisperer, 2017:).

It can be argued that there has been a distinct erosion of the benefits gained by the campaigning and lobbying of Second Wave Feminists and the facts suggest that feminists may need to continue with their activism to regain their voices, reinstate lost ground and continue to lobby for goals not yet achieved. This may have already started with the evolution of Third Wave Feminism that is adopting a different approach to including women's voices, raising the issue of violence against women and the erosion of women's rights. Third Wave Feminism has continued from the 1990s through to 2020s growing with the voices of women critiquing traditional approaches to ignoring and belittling women although it could be said to be distancing itself from the words 'feminism and feminists' as they have been seen to be too limiting and exclusionary (Cochrane, 2014) and there are indications of a move towards a Fourth Wave Feminism although it is not clear how this movement might mutate (Rampton, 2015) and in what direction.

### **3.3 Conclusion**

This section has discussed Feminism and Feminist Research, to underline the significance and gravitas of these subjects to this research: a study looking at the effectiveness of a mechanism designed to review the events leading up to a victim's death, by including the voice of the victim to provide learning to keep women safe and prevent the future deaths of women affected by IPA.

Violence against women has a long and complex history, marked by shifting social norms, legal structures, and feminist movements that have worked to combat this violence. While significant progress has been made, particularly in the 20th and 21st centuries, violence against women remains a

pervasive global issue. Efforts to address this violence continue to evolve, focusing not just on legal reforms but also on changing cultural attitudes, addressing intersectional forms of oppression, and creating support systems for survivors. Feminism and Feminist research focusses on women and uses the narratives provided by women and women's voices to encourage and change legislation to make the future safer for women and men in all areas of life but especially when subjected to IPA.

The following section discusses in more detail the legislation that has been introduced to protect women, both globally and in the UK and looks in detail at the specific aspect of DHRs that were introduced in the Crime and Victims Act 2004. The section also briefly looks at the latest law to protect women in relation to IPA, the Domestic Violence Act 2021.

### **Section 3 – Laws and Legislated measures to give women a voice.**

*'Women's voices have been central in driving law reform on violence against women, challenging the exclusions, shapes and limits of the categories of harm that the law recognises, and calling for the acknowledgment, naming and framing of new legal wrongs.'* (Ailwood et al, 2023, p.218)

#### **3.4 Introduction**

This section of the chapter considers global laws in relation to VAWG and legislated measures in the UK that relate to DHRs and their purpose and function. The focus on IPA and VAWG has not abated but has grown to a position where many governments, international organisations and the general population now acknowledge the seriousness of the subject and have taken steps to put laws in place to protect women and to punish perpetrators. Globally it is acknowledged that IPA, IPF and IPS silence women's voices and there is a need for new legislation that will give women a voice (Ailwood et al, 2023).

##### **3.4.1 Legal Acknowledgement of Women's Rights**

In the 1993 United Nations Declaration on the Elimination of Violence against women, domestic violence was recognised as a fundamental infringement of women's human rights and at the 1995

Beijing Fourth World Conference on Women it was a major theme of the agenda (UN Women, 1995). In 2011 the UK signed the Council of Europe Istanbul Convention that is grounded in preventing and combating all violence against women and girls. The Istanbul Convention acknowledges that violence against women is a form of gender-based violence that is committed against women because they are women and silences them: it provides a comprehensive listing of forms of violence and coercion underpinned by international law such as physical violence, sexual violence including rape, forced marriage, FGM, forced abortion and forced sterilization, psychological violence, and sexual harassment (Walby et al 2017).

### **3.4.2 Legislation in the UK**

In the UK there is no offence of Domestic Violence, but there is an offence of Coercive Controlling behaviour that was introduced under the Serious Crime Act in December 2015 and carries a five-year prison term and a fine or both for perpetrators who persistently subject women to a pattern of coercive and controlling behaviour that does not always include physical abuse (Monckton Smith, 2019; Stark, 2007). The nature of Coercive Control has been discussed in detail in 3.1.5 and while it is acknowledged as a significant offence experienced mainly by women, prosecutions remain low although the numbers of offences recorded by the police are quite significant (Women's Aid, 2022).

The newly enacted Domestic Abuse Act (DAA) 2021 has enshrined the definition of domestic violence in the law, and it is the first ever statutory government definition of domestic abuse to specifically include economic abuse and controlling and coercive non-physical abuse (Home Office, 2021). The UK Government can be said to acknowledge that women are the majority of victims of IPA and that their voices are silenced by IPF and IPS, as the Home Office Guidance specifically endorses the value of victims' voices in DHRs. The definition of domestic abuse in the DAA 2021, describes it as any behaviour that includes physical or sexual abuse, is violent or threatening, controlling or coercive, includes economic abuse and psychological, emotional, or other abuse: the new law states that it does not matter if the abusive behaviour consists of a single incident or a course of conduct.

New offences of Non-Fatal Strangulation (NFS) and Non-Fatal Suffocation (NFS) came into force in June 2022 and the legislation states that abusers who strangle or stifle their partners, to silence them, or control and induce fear, will face up to 5 years in prison. This offence will disallow perpetrators using the defence that strangulation was something enjoyed and instigated by the victim – frequently referred to as a ‘sex game gone wrong’. This legislation has been used effectively and within the first few months of the offence becoming legal 174 perpetrators were charged with the offences and several were convicted and imprisoned (STUDA, 2023).

### **3.4.3 Domestic Violence Disclosure Scheme**

The Domestic Violence Disclosure Scheme (DVDS) now popularly known as Clare’s Law, has been improved under the DAA 2021, although it has been available to the police to use to protect high risk victims of IPA since 2014 when it was implemented across all police forces in England and Wales. Clare’s Law was enacted following a campaign by Michael Brown in memory of his daughter Clare, who was murdered by her ex-boyfriend George Appleton in 2009. It was found at Clare’s inquest that Appleton had a criminal record of violent behaviour towards women, which Clare had not been informed about due to a loophole in the Data Protection Act. Michael Brown believed that if his daughter had been given that information it would have saved her life, and he began a determined campaign to create a police disclosure scheme that would allow everyone the right to know when a potential partner has a history of violence: Michael’s actions and determination to achieve the disclosure scheme are another example of family activism as described by Cook 2022.

Since the introduction of the DVDS, the scheme has swiftly become established as an effective tool for domestic abuse safeguarding in England and Wales with the number of disclosures doubling from 3410 in the year ending March 2017 (ONS, 2017) to 6583 in the year ending March 2019 (ONS, 2019). Despite the use of the scheme, criticism has been levelled at it as increasing the risk from violent and controlling perpetrators for women,

*‘Laws intended to protect women from abuse seem to expose them to a greater risk of lethal violence.’* (Gauthier and Bankston, 2004, pp 116).

It has also been suggested that the DVDS places women under greater control from the state as it is expected that women on receipt of information about their partner, will end their relationships without receiving adequate resources and support to facilitate this (Hajidmatheou and Grace, 2021). Other concerns have also been expressed that patriarchal, victim-blaming police cultures will result in women being blamed or treated as lost causes if they do not act on the information they are given under the scheme and meet police expectations (Koshan and Wiegers, 2019; Greene and O’Leary, 2018; Duggan 2012).

Anecdotal evidence suggests that many women may have been told by their perpetrator of instances with former partners but as they will received the information from the perpetrator who will have presented a convincing narrative that the blame for any violence lay with the former partner or girlfriend, the new partner/girlfriend will discount what the police may disclose to them under the DVDS. This was the case with one of the victims whose family members were interviewed for this research; when told that her new partner had a conviction for abusing his ex-girlfriend the victim discounted what the police told her and told them that she knew about his past and that *“he would not be like that with her”*: she was murdered by him a short while later. While strengthening the DVDS may be welcomed by families, placing the guidance on a statutory footing will require each police force to have regard to the guidance and will strengthen the consistency of the operation of the scheme and hopefully ensure that more victims of IPA and their families are warned of the risk they face from abusive partners but supported to leave the relationship if they choose to do so.

### 3.5 Death Reviews

In Chapter One it was noted that there are several countries in the world where deaths are reviewed following IPF or IPS, and those reviews are enshrined in law and many have been in operation for several years and have the shared objective of reducing fatal and non-fatal domestic abuse (Bugeja et al, 2017). The countries that hold reviews are mainly English-speaking wealthy countries; the United States of America (USA) introduced Domestic/Family Violence Death Reviews (D/FVDRs) in 1990 following a high-profile homicide/suicide case. Canada, New Zealand, Australia followed shortly after the USA and the UK (England and Wales) introduced DHRs in 2011 (Bugeja et al, 2017). More recently Portugal has established a national fatality team with the intention of holding reviews in the future (Castanho, 2017), the Republic of Ireland is considering introducing DHRs and Northern Ireland commenced using DHRs in December 2020 (NIDirect,2020).

While many countries have established protocols and procedures for investigating domestic homicides, the UK model for DHRs has been said to be unique as it sees the role of families and victims' testimonies as integral to that process (Dawson, 2017). The Home Office Guidance states this but as this research will demonstrate, families are not routinely integrally involved with DHRs; they are not given a voice nor the same value and status as the statutory services on a DHR panel. The practice of family involvement has developed over time: the primary Home Office Guidance of 2013 was concerned with how families should be included in DHRs (Home Office, 2011, pp. 15–16), but not only was there detail lacking on the level of family involvement, but agencies were unfamiliar with how to involve them. The most recent iteration of the Home Office Guidance clarifies and strengthens the rationale for including the family in the DHR process, most notably by detailing that they should be notified of the decision as to whether to undertake a DHR (Home Office, 2016, p. 9) or not but this decision is almost always determined by the police and the CSP without consultation with the family

and there is no clarity around who should invite families to join DHRs or when they should be invited.

There is limited research available on the efficacy of domestic death reviews and there is a need for much more to be done (Bugeja et al, 2017); no large-scale studies of DHRs have been carried out to determine how effective they have been in achieving their objectives (Dawson, 2017). The academic work focussing on DHRs in the UK consists mainly of thematic analyses of the content of the published overview reports and the recommendations in those reports for future practice (Chantler et al, 2020; Stanley et al, 2019; Bridger et al, 2017). Research into the learning from DHRs has also been done by Chantler et al., 2020, Montique, 2019 , Sharp-Jeffs and Kelly, 2016, and the learning has also been used to investigate the experiences of children (Stanley, Chantler and Robbins, 2019), older people (Benbow, Bhattacharyya and Kingston, 2019), Black and minoritized victims (Chantler et al., 2022), and the ways in which victims died, including IPH (Chopra et al., 2022) and AFH (Bracewell et al., 2021).

### **3.5.1 Domestic Homicide Reviews**

DHRs are a key component of this study, and it is important to discuss their purpose, how they function in practice and how families become involved in them, to answer the research questions. DHRs were introduced in the UK under Section Nine of the Domestic Violence Crime and Victims Act (2004) but did not become mandatory until April 2011, although some areas of England and Wales did conduct informal reviews before this time (Payton, Robinson, and Brookman, 2017). DHRs are multi-agency reviews carried out to examine the circumstances, agency involvement and events leading up to a person's death. The Home Office Guidance (2016) suggests that a successful DHR should go beyond focusing on the conduct of individuals and whether procedure was followed and look beyond to question the policies of the agencies involved with the victim. Did they operate in the best interests of victims? Could an adjustment in policy or procedure have secured a better outcome for the victim? This investigative technique is sometimes referred to as professional curiosity and is a thoroughly inquisitive



approach to a review and the impact on the tone of the report and the detail in the learning can be dramatically improved by adopting this mind-set (Home Office, 2016: p. 6).

DHRs are not inquiries into how the victim died or who is culpable; that is determined by the coronial and criminal courts, respectively. Neither are DHRs specifically part of any disciplinary inquiry or process: they have primarily been conceptualised as preventative (Rowlands, 2022). Where information emerges during a DHR indicating that disciplinary action should be initiated, the established agency disciplinary procedures are normally undertaken separately to the DHR process. Alternatively, some DHRs may be conducted concurrently with (but separate to) disciplinary action (Home Office, 2016: p.7). The rationale for a DHR includes ensuring that agencies are responding appropriately to victims of domestic abuse by listening to them and offering and putting in place appropriate support mechanisms, policies and procedures, resources, and interventions with an aim to avoid future incidents of domestic homicide and violence. The review should also assess whether agencies have sufficient and robust procedures and protocols in place which are understood and adhered to by their staff. In addition to providing the criteria for how to conduct a DHR, the Home Office Guidance (2016) also emphasizes that it is important to note that reviews are not solely there to simply examine the conduct of professionals and agencies but should use the evidence they collect to illuminate the past to make the future safer and to be professionally curious, find the trail of abuse and identify which agencies had contact with the victim, perpetrator or family and which agencies were in contact with each other (Home Office, 2016, p 6).

#### **(i) Review Criteria**

The criteria for holding a DHR is clear and the Home Office Guidance, 2016, is a document issued as statutory guidance under section 9(3) of the Domestic Violence, Crime and Victims Act 2004 (the 2004 Act). The document stipulates that for a death by IPF or IPS to be considered for a DHR the relationship between the perpetrator and the victim must come under the following definition.

*The Act states: (1) In this section “domestic homicide review” means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by— (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death (Home Office, 2016, p.5).*

An observation from one of the families interviewed for this research is included below as the language of the above criteria was felt by them to be completely inappropriate and did not set the scene for a positive experience for them in the DHR process.

*‘At the outset of the DHR process the language of the guidance was a problem for us as it refers to ‘he’ when it is well known that most victims of domestic homicide are female, and the pronoun should be ‘she’ for victims and ‘he’ for perpetrators – it’s not rocket science - a simple correction would mean the world to some families’*

*Jo Piontek*

In more detail, the guidance stipulates the following (Home Office, 2016, p.6); -

- a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations, work individually and together to safeguard victims.*
- b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.*
- c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.*
- d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.*
- e) contribute to a better understanding of the nature of domestic violence and abuse; and*

*f) highlight good practice.*

## **(ii) Commissioning a DHR**

A DHR is commissioned following a death from IPF or IPS, where the death meets the above criteria, by the Community Safety Partnership (CSP) or Public Service Board (PSB) in Wales. CSPs are multi-agency panels of statutory agencies set up under Section 6 of the Crime and Disorder Act 1998, to ensure that each local authority has multiple strategies to deal with and reduce crime and disorder (Tyson and Hall, 2019); statutory agencies such as the local authority, the police, local health services, probation service and fire and rescue services comprise CSPs and have a mandate to set and reassess priorities and action plans with other CSPs and their local community.

When a death occurs that meets the criteria, a file of information is generally sent by the police to the lead officer for the CSP and a decision should be made within one month as to whether a DHR will be commissioned (Home Office, 2016, p.16): it was reported by the bereaved families that they were not consulted on this process and not invited to give their opinion as to whether holding a DHR would be beneficial to them and to the wider community. Once the decision is made the CSP will inform the Home Office of their decision and the process for selecting a panel to review the death and an independent chair and author to lead the review is commenced. If a criminal trial of the perpetrator is pending the DHR is often paused until a verdict has been reached and sentence passed before proceeding.

CSP decisions on whether to hold a DHR are often contentious for the family of the victim and several of the families involved in this research had to pursue the CSP involved and petition the help of the Home Office, their member of parliament and others to ensure that a DHR was commissioned. Despite having the sanction and recommendation from the Home Office Quality Assurance Panel that a DHR should be held, one family waited for 4 years before a review was commissioned. The decision coincided with a change of police representative on the local CSP panel who recognised that the circumstances of the death warranted a full investigation under the DHR guidance; prior to this the

CSP decision was that there had not been a homicide and there was nothing to learn from the young woman's death. More detail on this case is included in Chapter 5.

### **(iii) Structure of the DHR Panel**

Following the CSP's decision to commission a DHR one of the first tasks required after informing the Home Office and the bereaved family, is to appoint a panel of relevant agencies and to recruit an independent chair and author. Panel compositions are generally tailored on a case-by-case basis (Home Office, 2016, p.11) with some agencies such as the police and health agencies mandated to attend each DHR whether the agency was actively involved with the victim, her children, or the perpetrator or not. Ironically many of the agencies from the third sector that are requested to serve on a DHR panel will be those that provided or failed to provide services to the victim, 'services that are governed, managed and staffed by the same community they are providing services for' (Kumar, 2019, p. 180). The Home Office Guidance stipulates that the panel members should not have direct experience of working with the victim (p.12) and should be senior managers with authority to make and take decisions on behalf of their agency, it may be unavoidable for some of them to adhere to this due to the availability of staff: third sector agencies such as drug and alcohol services or domestic abuse services in particular may have limited staff available for working with DHR panels.

At the time of forming a DHR panel, the CSP also advertises and recruits for an Independent Chair to chair the review proceedings and to manage the process: available guidance dictates that a Chair should be an independent expert in the field of domestic abuse and/or homicide; they have the joint responsibility for the day-to-day strategic oversight and the management of a review (Home Office, 2016b: p. 12). Together with administrative assistance, the Independent Chair is tasked with bringing all the relevant agencies together, collecting all the pertinent information, creating the multi-agency narrative, and liaising with families to ensure that the victim's voice is heard and informs the review.

There is a distinct lack of detailed guidance on the role of Independent Chair (Stanley, Chantler and Robbins, 2019) and the professional skills that are best matched to the role despite the Home Office Guidance providing some information on this (p.12): there is a tacit assumption that retired senior

police officers, probation officers, local government officers are best suited to the role but as some families pointed out, the most important experience needed for a Chair, from their perspective, was a thorough understanding of IPA, coercive control and stalking, and empathy for the families and the victim. The following quotes illustrate these thoughts,

*“The DHR Chair in my opinion was really weak – his knowledge of domestic abuse was non-existent as far as I could see – he was an ex-police officer, and he should have known better, but he just determined not to get what our daughter’s life had been like”.*  
*Pete Dury*

*“...the first chair didn’t appear to know anything about domestic abuse, he was an ex-police officer, but he blamed Leighann for a lot of the things that happened to her”.*

*Michelle Wightman*

Independent chairs are seen as essential to DHRs as they are central to them running efficiently and the DHR process is ‘highly dependent’ on the independence of the role (Haines-Delmont, Bracewell and Chantler, 2022, p. 7): they are also key to facilitating the inclusion of the voice of the victim and the voice of the family into the proceedings. There is a gap in terms of adequate professional training for Independent Chairs to school them in how to run a DHR efficiently and although there have been calls for improved training (Montique, 2019), it has been suggested that the lack of quality and uniformity and the variance in standard of DHR reports may be attributable to the lack of training and the differences between independent chairs (Stanley, Chantler and Robbins, 2019).

The Home Office does provide some accessible online training modules for DHR Chairs, but this training has not been updated since March 2013 (see Home Office, 2013). One or two external agencies deliver bespoke DHR Chair training, but it is expensive, has not been independently assessed, is not mandatory only recommended, and accreditation is solely for professional development – there is no high quality formal accredited training available. This lack of uniform training undoubtedly contributes to the diverse quality of independent chairs, the DHR reports that they write, and it also accounts in part, for the variety of experiences that families and friends have when participating in DHRs. However, there is hope that this lack of training will soon be addressed as in a new document provided by the Government, *Tackling DA Action Plan* (HM Government,

2022), a range of commitments have been made to enhance DHRs that include updating the statutory guidance, introducing compulsory training for independent chairs, and bolstering the role of the QA panel. While these actions are welcomed it will remain to be seen how soon bespoke compulsory training for chairs can be developed and introduced: it may not be unreasonable to assume that the status quo with chairs and DHR reports will continue for at least twelve months or longer until such time as an end or hiatus to the current process can be planned to introduce a procedure that utilises specialist newly qualified independent chairs.

#### **(iv) Learning and Recommendations from DHRs**

Prior to publication the DHR report and executive summary are drafted by the independent chair and/or the designated author. A dominant feature of these reports is the lessons learned from the death of a victim of IPF or IPS and the recommendations for change, as this is in essence the most important part of the DHR and part of the Home Office objective of making the future safer for victims of IPA, the guidance for which states (Home Office, 2016, p.29) –

- *DHRs are a vital source of information to inform national and local policy and practice. All agencies involved have a responsibility to identify and disseminate common themes and trends across review reports, and act on any lessons identified to improve practice and safeguard victims.*
- *Publishing the DHR and completing the action plan is only the beginning of the process.*
- *To derive value from the DHR process and prevent further abuse and homicide, local areas should have governance mechanisms in place for monitoring delivery against DHR action plans.*
- *CSPs should satisfy themselves that an appropriate framework is in place.*
- *It is important to draw out key findings of DHRs and their implications for policy and practice. The following may assist the CSP, which has a leading role, in achieving maximum benefit from the DHR process:’*

Difficulties have arisen for families, researchers and other interested parties in relation to lessons learned which are areas of good or poor service identified by the DHR and recommendations that are often turned into SMART ('Specific, measurable, achievable, realistic and timely, Home Office 2016, p.22) recommendations that attempt to improve organisational practice and reduce rates of domestic abuse, IPF, and IPS (Home Office, 201, p.29). Families are frequently frustrated by the inability to trace if the recommendations they have been involved with formulating have been introduced to practice or if there is any monitoring or evaluation of their effectiveness in relation to improving services and saving lives. The learning from DHRs does cause considerable concern for families, who in many instances have taken part in the DHR specifically because they want to see change implemented (Morris et al, 2012; Masters et al, 1987) and then are unable to find out or be involved with the monitoring and evaluation of those changes. Families who had taken part in DHRs that had been completed reported their concerns for not being able to find out what had happened with regard implementation of changes either because the CSP did not know or because changes to staff roles meant that they did not know who to contact for the information. Families reported feeling inept and disregarded once the DHR had been completed and submitted to the Quality Assurance Team at the Home Office. One family member commented –

*“We might as well not exist ..... it was almost as though we were an annoyance asking for information about the changes that we wanted and had supported them to introduce. When we asked for an update, ‘it was almost like they thought ‘oh god what do they want now?’. They forget that it was agreed that we would get six monthly updates. It felt like we’d taken part in that process for nothing”.*

*Martin McGrath*

For researchers trying to find published DHRs and to get updated information on progress with action plans, it is almost impossible to acquire informal information and feels as though it is seen as confidential. This could push the determined researcher to issue Freedom of Information requests to answer their queries which then makes more work for the local authority. This dilemma may soon be resolved as the Government are investing in an online repository of all DHRs that will provide **easy**

access for all to completed and published reviews and by default the learning: this system will be available in the summer of 2023 (HM Government, 2022).

### 3.5.2 The Pemberton Review

The Pemberton Review is recognised as the first DHR that was conducted in the UK: it commenced in 2005 and was completed in 2008, and investigated the events leading up to the deaths in November 2003 of Julia Pemberton and her son William at the hands of Alan Pemberton, Julia's estranged husband and father of William (Walker et al, 2008). The Pemberton Review has been lauded as the 'gold standard' of reviews that all other reviews should strive to equal (Walker et al, 2008) and many people believe it to be the trailblazer that established DHRs across England and Wales and set the standard for in-depth, evidence-based understanding of the nature and dynamics of domestic abuse and coercive control (Monckton-Smith, 2012; Websdale, 2010).

While there is no denying that the Pemberton Review as a pilot Domestic Violence Homicide Review, later renamed as a DHR (Walker et al, 2008:p.6) was the forerunner of establishing DHRs for all IPF and IPS in the UK, it may be debatable that the 'gold standard' that may have been applied to the Pemberton Review has been maintained for the reviews carried out since: it was not the experience of many of the families interviewed for this research. Julia's family had the support of academics, Members of Parliament, the then Chief Constable of Thames Valley Police and the Attorney General to hold sway with the Home Office and convince them to hold a pilot review but many families since that time have had to fight alone for a DHR that had equally severe failings in the antecedents of the death.

It is right that the Pemberton Review was an in-depth and thorough investigation of the events leading up to the deaths of Julia and Will as the failings of statutory agencies could be said to be catastrophic and contributed to the deaths by failing to act on the information that Julia and her family disclosed to them and which subsequently was ignored, meaning that they failed to protect Julia and her children (See key dates in Walker et al, 2008: p.p. 10-12). It was this agency failure that warranted a thorough



and comprehensive investigation into the events leading up to the deaths but sadly this was not an isolated incident as in 2004 the same police force was involved with another tragedy when the lives of Vicki Horgan and her sister Emma Walton were lost when they were shot by Vicki's estranged husband Stuart Horgan; the emergency services failed to get to the scene quickly enough to treat the sisters and their mother who was also injured (BBC News, 2004). The police force investigated their actions themselves overseen by the Independent Police Complaints Commission (IPCC) now replaced by the Independent Office for Police Conduct, IOPC). It is unfortunate that a DHR could not have been commissioned to run alongside the Pemberton Review to investigate the events leading up to the sisters' deaths that were only investigated by the police as this ensured that the victims' voices were silenced and the case failed to attract attention from the media. Since the first DHR there have been many more deaths with equally tragic circumstances that have not warranted the immediate commission of a DHR or even a full police investigation, nor had influential people calling for a review to be done.

It can be argued that most current DHRs are not of the same quality as the Pemberton Review as they are not as in-depth and thorough and family participation is often not as comprehensive although the time taken to complete them is frequently on a par. The Pemberton Review took three years to complete, and the published report is almost 400 pages in length; the report is not anonymised and is published in full. It is an incredibly detailed DHR the likes of which has rarely if ever been replicated to investigate other tragic deaths, so was this 'gold standard' of enquiry carried out to appease the family or at the family's insistence. Has there been a natural or manufactured 'dumbing down' of the inquisitive approach to DHRs for other tragic deaths. While most bereaved families would want a 'gold standard' DHR as probing and comprehensive as the Pemberton Review, it may not be practical nor feasible to carry out similar length reviews for all victims, but there is an argument to support that all reviews should be as thorough as the Pemberton Review as all families deserve to have the deaths of their loved ones thoroughly investigated following a violent and unexpected death.

In the decade since the Pemberton Review there has been no overall widespread evaluation of the DHR process carried out and no real attempts have been made to improve them to ensure that the most effective model is being used to elicit key learning to inform the improvement of services for future

victims to offer them greater protection and prevent their deaths. Having said that the UK Government is launching a consultation into DHRs in July 2023, the results of which will not be known before this thesis is completed. The consultation is providing an opportunity for agencies and individuals to comment on the updated DHR statutory guidance, and key legislative changes to the DHR process. Prior to this consultation, other research into DHRs has focussed on the identification of risk factors to inform safety planning (Robinson, 2006; Richards, 2003, 2006;) and was also seen as a tool to measure performance when the police failed to manage risk (Stanko, 2008). Additionally focussing on the preventative factor of DHRs can be understood in the context of their functioning as a counting mechanism, premised on them being ‘an opportunity for information gathering’ (McPherson, 2022, p. 3). In relation to the paucity of research findings into the efficacy of DHRs, it is legitimate to ask how useful DHRs are and question what have they achieved when the number of IPF and IPS continues to increase and the learning and recommendations for change in published reports are not being shared to enable improvement to services for all victims of IPA to keep them safe: it does not appear that the past has been illuminated to make the future safer.

While minimal research has been done on DHRs, that which has been done, Boughton, (2021), Chantler et al, (2020), Stanley et al, (2019), Robinson et al, (2018), Bridger et al, (2017), suggest that the DHR process has developed a number of inconsistencies. Issues identified include, the length of time reviews are taking to complete, the variable quality of the completed reports and recommendations and the difficulties that arise when trying to access completed published reports (Chantler et al, 2020: p.491; Bridger et al, 2017: p.95). Some of the cited research has found that an appreciation by agencies of the ‘no-blame’ approach in the DHR process is not easy to understand (Boughton, 2021) and there are concerns that agencies involved in DHRs may still take a defensive position about the services they may have delivered to the victim and/or the perpetrator and be reluctant to be open about what has happened, thereby reducing the effectiveness of the process (SCIE, 2015). Boughton (2021) posits that if it is difficult to conceptualise what a ‘no-blame’ approach is, then the whole DHR process will suffer. The Home Office has carried out two studies to establish if there are common themes in the learning in DHRs and the findings show that there are issues around communication and information

sharing between agencies, record keeping, risk assessment and failure to recognise and investigate domestic abuse when reported by the victims and/or perpetrators (Home Office, 2013, 2016), but there has been no large scale evaluation of DHRs to assess if victims' voices are being listened to and contributing to making the future safer. No consideration appears to have been made around the cost involved with DHRs and if they provide value for money: no dialogue has been opened with bereaved families and CSPs on the efficiency of the system: there appears to be an innate assumption that they remain fit for purpose and will continue to be commissioned.

This section has discussed the literature on both the existing legislation to address violence against women and that yet to be initiated: it has provided a thorough look at one of the key legislative practices for learning and making the future safer for women experiencing intimate partner abuse, DHRs, that evolved from the DVCVA 2004.

### **3.5.3 Chapter Conclusion**

This chapter has discussed the triptych of the inter-related topics of Violence Against Women, Feminism and Feminist Research and Legislation to prevent Violence Against Women (VAW) to contextualise and substantiate the aim of the thesis by exploring a broad range of writing and academic texts that relate to giving victims a voice to discuss their experiences of violence in relation to IPF and IPS. The review of the literature has shown that the links between VAW, feminism and feminist research, and legislation to prevent violence against women are profound. Feminism provides the theoretical and activist framework for understanding and combating VAW, whilst feminist research offers evidence and critical analysis that informs activism, and policy and legislative change.

The history of VAW and the origins of feminism and feminist research and the value that such research has contributed to women's lives by giving them a voice and changing legislation to protect them from IPA, IPF and IPS cannot be dismissed or discounted. Feminism frames violence against women as a systemic and structural problem rooted in patriarchal norms and power imbalances and argues that gender-based violence is a tool used to maintain male dominance and control over women

which is embedded within societal structures (Hague, 2021; Vallidis, 2021; Wiper and Lewis, 2020; Gomm, 2009). The discussion has shown that feminist research prioritizes women's lived experiences by focusing on survivors' and victims' voices to provide a deeper understanding of how VAW operates and affects women's lives. Feminism and feminist research have made the personal political and driven governments and organisations to recognise the gravity of the matter and the danger that faces women throughout the world (Jenkins et al, 2019; Wigginton and Lafrance, 2019; Hese-Biber, 2014). Through grassroots activism, academic research and policy advocacy, feminist scholars have been key to advancing comprehensive legal protections for women and investigations into their deaths, but women continue to die from IPF and IPS at alarming levels. This suggests that the legislation, policies and procedures set in place to address the issue of VAW and premature deaths due to that violence are not working or do not go far enough to combat these issues. The topics discussed form the backdrop to this study and the literature justifies and explains their selection in relation to victims' voices in DHRs and making the future safer for victims.

The following chapter focuses on the methodological approach used in this research and the methods used to capture data and provide the analysis to address the research questions.

Consideration has been given to substantial ethical considerations required when interviewing families who provide the victims' voices after having lost a loved one to IPF or IPS and the initial analysis that the thematic review revealed.

## **4 CHAPTER FOUR – METHODOLOGY AND METHODS**

### **4.1 Introduction**

This chapter discusses the methodological approach and the rationale for the choice of utilising a feminist informed thematic review to generate and analyse the data gathered to answer the research questions. As mentioned in the introductory chapter the research questions seek to establish if there are victims' voices in published DHRs, how those voices are presented and how they impact on the learning and the recommendations for future practice; are the victims' voices being heard and are they contributing to the learning to make the future safer for victims of IPA. Further, one of the research aims is to consider an alternative model to ensure that victims' voices are routinely included, effectively gathered, and considered in all DHRs which will contribute to an increase in the learning from these reviews and a reduction in the frequency of IPF and suicide in the UK.

The chapter offers some insight into the tensions, synergies, and problems between feminist and non-feminist research, beginning with the ontological and epistemological positions and explains the feminist approach to data gathering and analysis that was used and that influenced the findings. Further the chapter covers the methods that were used to gather data; the document search and analysis of published DHRs and the semi-structured interviews used when speaking to bereaved families. The initial findings of the thematic analysis are listed in relation to both the review of published DHRs and the interviews with bereaved family members. The themes identified are discussed in more detail in Chapters 6 and 7.

### **4.2 Insider-Outsider, a foot in both camps, or, somewhere in between.**

At the outset of this chapter, it is important for me to declare my positionality in relation to the research as I am conducting this study in the sector in which I work and on a subject that I am familiar with and feel passionate about. I have not adopted the role of 'professional stranger' a term that sees the role of a stranger as conducive to gathering data on everyday life (Agar, 1980) but neither have I adopted an 'insider status' (Barlow, 2016; Leavy and Hesse-Biber, 2011; Hale, 2008; Gangoli, 2007;

Hodkinson, 2005; Naples, 2003) as I do not have personal experience of losing a loved one to IPF or IPS which was one of the key selection criteria for participants of this study. Insider status can be both beneficial and challenging (Westmarland and Bows, 2019) and I maintain that as such my research position is close to having an insider status due to the work I do as an independent specialist advocate, I am and have been part of the community of families bereaved by IPF and IPS for many years: I am familiar with the language, experiences and emotions that are part of losing a loved one to a deliberate and purposeful act of violence but I do not have the shared experience of the actual loss in that manner and therefore have outsider status. My position may be more in line with that of an insider-outsider researcher (Pedersen & Nikulina, 2021; Dwyer & Buckle, 2009;) as I understand the community and the issues being researched but I have no personal experience of the issues under discussion that are at the crux of the study. I am encouraged by Dwyer & Buckle (2009) who posit that one does not have to be a member of a group being studied to understand and adequately represent their experiences. They suggest that the core ingredient to robust study is not insider or outsider status, but the ability to be truthful, authentic, clear, and keenly interested in the experience of one's research participants, and to have a commitment to represent their experiences accurately and adequately. Moreover Dwyer & Buckle suggest that due to the intimacy of qualitative research, researchers are no longer able to remain true outsiders to the experiences under study and, that the role of researcher, does not qualify individuals as complete insiders: the position they support is the space in between the two (Gray, 2016) which is where I suggest my position with this study lies.

### **4.3 Feminist Ontology and Epistemology**

Grix (2010) tells us that it is fundamental to know what your belief system and theoretical perspectives are prior to embarking on any research as they will allow you to understand, explore and challenge specific phenomena in the world (Grix, p.35). Further it is acknowledged that 'the researcher will start out with certain assumptions about society and what she knows about how her chosen subject fits into the world' (Mayan, 2009, p.p. 13) and 'ultimately it is the subjective judgement of the researcher, her choices, that drives the social research process' (Baranov, 2012,

p.p.205). All of this is encouraging as are the thoughts of Hobart (2004) and Sheehy (2017) who acknowledge that frontline women's advocates are the most knowledgeable experts on women's experience of men's violence and the challenges that they face: I have been advocating for women and their children affected by IPA for a number of years and I consider that the knowledge and experience I have gained from working with them puts me in an ideal position to conduct this research using a feminist methodology.

Feminism is based on an anti-foundationalist ontology which challenges male-centred research (Grix, 2004, p.89). It suggests that we live in a world where men have defined social norms or ideologies to give them superiority over women (Bryson, 2003, p.43). Since being female has historically placed women as being less powerful than men, with their voices drowned out by men and men reluctant to listen to them, there is clearly a role for feminism in the theory of knowledge (Fricker & Hornsby, 2000, p.146). Feminists hold the view that 'a life led at the sharp end of any given set of power relations provides for critical understanding (of the social world, in the first instance) where a life cushioned by the possession of power does not' (Fricker & Hornsby, p.147). Gender and power relations are relevant in deciding an epistemological position as they may influence what is known about the world and counteract any gender bias. Stanley and Wise, (1993) describe an epistemology as a framework or theory for specifying the constitution and generation of knowledge about the social world, in other words it concerns how to understand the nature of reality and Maynard (1994, p10) describes epistemology as,

*'concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate.'*

Research into violence against women has evolved over time and has been classified in several different ways; feminist and non-feminist academics have conducted research examining all aspects of violence against women and have produced a plethora of studies often with conflicting hypotheses that have caused some quite vitriolic debates (Walby and Towers, 2018; Radford and Stanko, 1995). The most fundamental premise of feminist theory and philosophy is the assumption of an invidious gender asymmetry between men and women that needs to be overcome; feminists believe that it is patriarchy

that perpetuates inequality, hierarchy and oppression, and silences women (Stoller, 2005; Johnson 1995; Dobash & Dobash, 1992; Schechter, 1982).

#### **4.4 A Qualitative Study**

One of the biggest prevailing myths about some of the research methods that feminists use, stems from the quantitative/qualitative debate and the suggestion that feminists only ever do qualitative research by employing the semi-structured in-depth interview (Letherby, 2003). Quantitative research such as surveys and questionnaires have been and maybe still are seen as a masculine method of gathering knowledge by many feminists, based on the assumption that this method collects and measures, objective social facts via a supposedly value free form of data collected by a detached researcher. Alternatively, qualitative research methods are seen to be more valuable for gathering the knowledge that feminists wish to make available as they focus on the experiences of those being researched (Maynard, 1995) but they are frequently criticised for providing data that is 'lacking substance, science and therefore validity' (Westmarland, 2011, p.84). As the emphasis of this study is to provide detailed data on the victims' voices in DHRs as recommended by the Home Office Guidance (2016a) and the simultaneous experiences of bereaved families providing those voices and participating in DHRs, a qualitative approach is used as it is imperative to capture the thoughts, perceptions, and feelings of the participants (Miller, Copes and Hochstetler, 2015, p.3).

#### **4.5 A Feminist Informed Thematic Analysis**

A feminist informed thematic analysis is an approach to analysing qualitative data that combines the systematic, flexible approach of thematic analysis with a feminist lens. The method places the emphasis on uncovering power relations, gender dynamics and voices of marginalised or oppressed groups, often in relation to gender, race, class and sexuality (Hesse-Biber, 2014; Baranov, 2012; Mayan, 2009, Stanley and Wise, 1993). The method is grounded in feminist epistemology which as discussed values subjective situated knowledge over so-called objective or universal truths. It



acknowledges that knowledge is produced in specific social, cultural and political contexts and aims to centre the experiences of marginalized groups especially women.

There are many data analysis methods available to the qualitative researcher (Robson, 2002; Miles and Huberman, 1994) and consideration was given to several that included discourse analysis, narrative analysis, and content analysis but thematic analysis was chosen as the most suitable for this research. Thematic Analysis is a well-used method employed by academic researchers in a variety of fields for ‘identifying, analysing and reporting patterns within data’ (Braun and Clarke, 2006, p.79). The method allows the use of a wide variety of types of information in a systematic manner that increases their accuracy and /or sensitivity in understanding and interpreting observations about people, events, situations, and organisations (Boyatzis, 1998, p.5). Thematic analysis was selected as the most appropriate form of data analysis for this research due to the flexibility and freedom from theoretical constraints (Nowell et al. 2017) that fits with the feminist approach of the study. Braun and Clarke (2013, p.121) explain this as, “the search for, and examination of, patterning across language that does not require adherence to any particular theory of language, or explanatory meaning framework for human beings, experiences or practices”. While free of theoretical constraints, thematic analysis offers several practical advantages to the researcher, most importantly, it facilitates a well-structured approach to handling data, which is particularly useful when substantial amounts of information have been collected using semi-structured interviews (King, 2004).

Braun and Clarke (2006) have outlined a useful six phase approach to aid the researcher in analysing data gathered from qualitative research methods. The first phase requires the researcher to immerse themselves in the data they have gathered as a way of familiarising themselves with the content: in relation to this study, I read and re-read the published DHR reports as they were gathered and went over the contemporaneous notes of the interviews repeatedly. This ‘immersion’ happened organically regarding the published DHR reports and was over a period of several months and before a final decision was made to use a thematic analysis. Reading DHR reports is a requirement of the role of a specialist advocate working with bereaved families and through this activity familiarity with the different quality of reports has been achieved as has the ability to read reports in a methodical and

efficient way without being distracted by and drawn into the emotive content: this experience was hugely beneficial when it came to reading the DHRs that were accessed and collated by using initial data from the Counting Dead Women website.

The second phase of Braun and Clarke's approach recommends generating initial codes: a code for a feature of the data that appears interesting to the analyst and that fits with the research aims. Phase three relates to coding which Miles and Huberman (1994) say involves 'analysis, organising and sorting data in order to draw meaning from a large mass of data' or as Tuckett (2005) writes, organising the data into meaningful groups from which themes can be identified in the following phase. The fourth phase involves a broader level of analysis whereby codes are sorted into potential themes: a theme is a pattern in the data that is interesting and important in relation to the research question or questions (Maguire and Delahunt, 2017). Once the themes are identified they are modified, tested, and refined to ensure that they 'adequately capture the contours of the coded data' and that they provide 'an adequate representation' of the data set as a whole (Braun and Clarke, 2006, p.21). The fifth phase involves defining the theme and identifying the essence of what each theme is about to provide an overview of the story that each theme tells and how it relates to the research question. The sixth and final phase allows the researcher to 'tell the complicated story of the data in a way that convinces the reader of the merit and validity of your analysis' (Braun and Clarke, 2006, p.23).

Miles and Huberman (1994, p.9) also note that there are recurring features to qualitative data analysis, and they identified a sequential list, similar to Braun and Clarke's, describing the features as a 'fairly classic set of analytic moves.' Miles and Huberman's list is as follows –

- Giving codes to the initial set of materials obtained from observation, interviews, documentary analysis.
- Adding comments, reflections.
- Going through the materials, trying to identify similar phrases, patterns, themes, relationships, sequences, difference between sub-groups.

- Taking these patterns, themes, etc. out to the field to help focus the next wave of data collection.
- Gradually elaborating a small set of generalizations that cover the consistencies you discern in the data.
- Linking these generalizations to a formalized body of knowledge in the form of constructs and theories.

Both Miles and Huberman's (1994) guidance and Braun and Clark's (2006) offer the inexperienced thematic review researcher, an approach that could be described as constructed around a common-sense framework, where the steps of analysis flow from one activity to another. I found the two frameworks invaluable to my analysis of the data gathered but I did not stick rigidly to one instruction over another but referred to both and employed my own judgement as to which activity fitted best with my analysis.

Coding is a key part of thematic analysis (Braun and Clarke, 2006; Robson, 2002; Miles and Huberman, 1994) and is the start of the process towards identifying relevant elements contained within the data. Nowell et al (2017) promote the use of coding in a systematic way whereby statements are analysed and categorised into themes that represent the phenomenon of interest and Savage (2010) describes coding as a process of reflection and a way of thinking about and interacting with the data.

There is more than one way to code data and the software NVivo is a practical data analysis package that assists qualitative researchers with the analysis of copious quantities of data or rich text-based information where a deep level of analysis is required (NVivo, 2021). NVivo was not used for this research as at the outset of collecting published DHR reports I utilised a Microsoft Excel spreadsheet to record each individual report and this spreadsheet was later developed to facilitate data analysis. When the interviews were conducted another Excel spreadsheet was created to accommodate the data gathered and the coded text was copied into a relevant tab. An example of this, "we had to fight to be involved in our daughter's DHR as we were not formally invited" was a quotation from one of the

interviews and was entered on the Interviews spreadsheet under the tab for 'Invitation to join DHR'. All emerging themes were noted with specific extracts from reports and from interviews in the respective spreadsheet. Sorting through the themes created a list which was eventually entered into an additional spreadsheet where it was possible to see similarities and overlapping themes as per Braun and Clarke's (2006, pp. 92-93) phase 5: 'defining and naming themes.' Braun and Clarke define themes as 'something important about the data in relation to the research questions and presents some level of patterned responses or meaning within the data set'.

This exercise enabled me to condense and merge some of the original ideas together which created overarching themes, for example, hierarchy of testimony in DHRs where the testimony of statutory agencies and even the perpetrator, are more valued and given more validity by the panel than the testimony of the victim's family members. The finalised themes whilst listed later in this section are discussed in more detail in Chapters 6 and 7.

## 4.6 Semi-structured Interviews

The use of semi-structured interviews in this research while vaguely maligned and ridiculed as the only way that feminists do qualitative research (Westmarland, 2011; Letherby, 2003,) is an effective method that allows for the collection of in-depth qualitative data on sensitive subjects. The open-ended nature of semi-structured interviews allows for more sensitive exploration of difficult topics, offering participants the space to share their experiences in ways they find comfortable. The nature of the semi-structured interviews allowed me to avoid asking rigid questions that may have elicited monosyllabic answers and stilted responses more typical of a structured interview and allowed the interaction between the participants and myself to be more conversational. According to Galletta (2013, p.24), semi-structured interviews are,

*'Sufficiently structured to address specific topics related to the phenomenon of study, while leaving space for participants to offer new meanings to the study focus'.*

When conducting semi-structured interviews, the researcher can adopt the role of an ‘active listener’, sensitively and skilfully guiding the conversation with the use of follow up questions to elicit more detail as necessary (Wincup, 2017, p.100).

Semi-structured interviews are an excellent tool for the researcher, but they are also beneficial for participants providing them with the opportunity to talk freely and to pursue issues they feel are important (Longhurst, 2009) enabling them to tell their story in a way that allows nuances to be captured (Arksey and Knight, 1999, p.34): this was especially true in relation to the interviews with bereaved families. For those researchers who emphasise the importance of dialogue in the co-production of knowledge, the flexibility of the semi-structured interview is of substantive benefit to the research process (Leavy, 2014). In addition, the use of semi-structured interviews provides several instrumental advantages to the qualitative researcher. Given their face-to-face nature, semi-structured interviews are characterised by ‘synchronous communication in time and place’ (Opdenakker, 2006, p.1). The immediacy of the interaction means there is no considerable time delay between question and answer resulting in a more spontaneous response on behalf of the interviewee.

## **4.7 Accessing Participants**

Access to participants was negotiated through colleagues who were fellow specialist advocates working with families bereaved due to IPF and IPS. They initially provided access to families willing to take part, but some additional families that I had not directly worked with but were known to me from working in the sector, were also interviewed. Once my colleagues had provided me with the contact details for families, I sent them an email (Appendix 3) to introduce myself and the research and to inform them how I would like to proceed. My specialist advocate colleagues informed their clients about the research and those who wanted to take part agreed that their contact details could be passed to me. I believe that my positionality as somewhere in between insider and outsider status (Pedersen & Nikulina, 2021; Leavy and Hese-Biber, 2011; Dwyer & Buckle 2009) allowed easier access to bereaved families than might be available to other researchers: several of the families who

took part in the study were introduced by families that I had worked with previously. As an experienced and well-practiced specialist advocate, I am familiar with how to conduct myself with families who have lost a loved one to IPF or IPS; I understand and respect where they may be emotionally in respect of the trauma and prolonged grief they are living with and that they will perhaps always live with.

## **4.8 Participants**

The number of victims at the heart of this research is twenty-six: twenty-four were female, one was a male in a same sex relationship and one was an unborn child whose sex was not known; twenty-two families had lost a loved one and the majority of these were their daughters; two victims had been pregnant; one victim was an eleven-year-old child who was killed defending her mother; four of the families had suffered the loss of two loved ones; one family lost a sister and her daughter, and three families lost a daughter and a grandchild. The insight offered by these families who became co-victims of IPF or IPS by default and provided the victims' voices in many of the DHRs and other post death procedures, forms a substantial part of this study: their participation and their willingness to discuss the devastating loss and trauma that they had experienced was invaluable to the research and illustrates their fierce commitment to their loved ones (Armour, 2003).

Family members were interviewed who had experienced the loss of a loved one and had gone through or were waiting to go through all or some of the following processes: inquests, domestic homicide reviews, safeguarding adult reviews, mental health reviews, police investigations, criminal trials, civil court proceedings and police complaints. The only specific criteria for selection of participants was that they had lost a loved one to IPF or IPS or had lost a loved one unexpectedly and in suspicious circumstances named for the purposes of this research as Hidden Homicides and, had been through the DHR process, were going through it or were attempting to get a DHR commissioned: other specifics such as age, sex, race, ability, class were not considered essential, and data was not gathered on these classifications although by default this data was inadvertently gathered from the interviews and may be useful for future study. In total over 85 hours of interview data was collected.

Not all the families had been supported by an advocate from the outset of their journey; some had not had the opportunity to engage with one; some had chosen not to and had found their own way; some had come across an advocate by chance; some had searched the internet for advocacy support; others were allocated an advocate through the statutory processes that existed at the time of their loved one's death; some had more than one advocate. For these reasons, there were varied responses to questions about their experiences of the DHR process. Despite the diversity of experience, the families are not claimed to be representative of all bereaved families as each family's experience is unique and has no comparison in many ways. They all actively responded and declared an interest in the research request, and they had all suffered bereavement from IPF or IPS. It has been noted in Morris et al (2012) that there was some professional reluctance to involving families in their research. I did not experience this but was not reliant on anyone other than advocates for access and given their experience working with bereaved families it is perhaps not unexpected that there would be few concerns to participation for those families.

It is noteworthy that not all bereaved families have access to advocacy support (Montique, 2019) but there are several reasons why this might occur: families may not wish to have outsiders working with them, they may not welcome the intrusion of a stranger in their lives following the death of their loved one, there may simply be a clash of personalities between the family and the proposed advocate. This was explained to me by two families who took part in this study who did not work with an advocate: one reasoned that they did not have the mental capacity to engage with any additional strangers and preferred to navigate the maze of post-death procedures alone and trust their own judgement and the other explained that while they felt totally confident in their own ability to navigate the DHR process without support, they had been too polite to refuse the support and did not disengage with the advocate assigned to them. They reported that they had some concerns as to how the advocate might react if told that they were not needed so they continued with minimal contact but were disconcerted by and disliked the way in which the advocate assumed to know how they were grieving and what the loss of their loved one meant to them while continuously comparing their own loss to that of the family's.

Specialist advocacy support can be beneficial to bereaved families, but it should not be assumed that the same level of support is required by all families as each experience of grief from IPF and IPS is unique (Kubler-Ross and Kessler, 2005). It should also not be assumed that having personal experience of IPF or IPS will provide a person with the skills to help others as due to the individual nature of grief (Kubler-Ross and Kessler, 2005) many people who are bereaved through IPF and IPS will remain traumatised for the duration of their lives (Armour, 2002a) and supporting others through the DHR process could have a detrimental effect on them triggering relapses into their grief. Some families may need practical support and guidance through the statutory procedures that they find themselves involved in; some may need therapeutic support; some may need daily support, and some may need occasional support: families' needs are as diverse and as unique as their grief.

Family support through the DHR process is not extensively researched although some minimal study has been done investigating the role of advocacy in facilitating family participation (Monckton Smith et al, 2022, 2021; Montique, 2019; Morris et al, 2012; Victim Support, 2006; Masters et al, 1987). Montique's study (2019) into how London boroughs organise DHRs concluded that the involvement of advocacy services with families bereaved by IPF and IPS was low, with just under a fifth (19%) of families having had such support. This finding suggests that there is a need to explore and explicate the model of advocacy that is needed by bereaved families and to consult with families on their views of what they consider would constitute best practice in terms of specialist and expert advocacy, as current models are unregulated and lack robust accredited academic or vocational training.

All the families interviewed for this study had suffered a sudden and unexpected bereavement, most were identified as IPF or IPS, but not all, as some could be described as Hidden Homicides where there had not been a thorough police investigation into the circumstances of the death, vital evidence had been lost due to the scene of the unexpected and unexplained death not being secured when first reported and perpetrator accounts of the events leading up to the death were accepted without question. All the deaths did involve IPA, stalking and coercive control in the antecedent history.



#### **4.9 Ethical Considerations when interviewing bereaved families.**

Ethical issues and data storage were extremely important for this study, as most of the participants interviewed were bereaved family members who had suffered significant trauma, grief, and shock from losing a loved one in tragic circumstances and could be perceived as highly vulnerable. I was acutely aware of the heightened emotions and somewhat fragile dispositions of the participants as all were embroiled in the complicated and inexorable process of grieving and coming to terms with their loss, whilst travailing the statutory post-death processes, that it would have been disingenuous and disrespectful to abuse their trust and to cause them further unnecessary suffering if it could be avoided.

The study adhered to the University of Gloucestershire guidelines for conducting research, Research Ethics: A Handbook of Principles and Procedures, (UoG, 2008), and the research was approved by the University of Gloucestershire Research Ethics Committee in September 2019. The research also adhered to the British Sociological Association Statement of Ethical Practice, 2017 and was guided by the expertise of my supervisory team. The ethics statement submitted to the committee for approval included considerations around access, and the welfare of participants and the researcher.

#### **4.10 Understanding participants' welfare.**

Contact with the participants was initially made via email once they had expressed an interest in the research and given their permission for their email addresses to be sent to me. The outline of the aims and objectives of the research were sent with the initial email so that the family members could read and consider if the research was something that they wanted to be involved with. Several participants responded with additional questions about the aims and objectives in addition to questions about timing and other things that they wanted to clarify. Once each participant had confirmed that they were happy to be interviewed, follow up telephone calls were made and arrangements to visit were discussed. The initial telephone call proved invaluable as not only did it allow for an informal chat to establish a purposeful relationship, but it ensured that each family member had the opportunity to go over any doubts and queries that they may have had about what would happen once the research was complete and if their contribution would be constructive and helpful.

The interview appointments were agreed during that first phone call, dates and times that were convenient for the families for approximately four weeks following the call. The initial discussion allowed the participants to understand what their role in the research would be and to prepare for the meeting: they all had the time to collect their thoughts and think about what they wanted to discuss and what they did not want to discuss. Participants were based all over England, there were no cases located in Wales. I travelled to meet the families and spent a good part of the day with each of them, I was welcomed into their homes and offered refreshments throughout the time I was with them. Much of the information that was offered and recorded on the death of their loved ones was extremely personal and the families shared intimate emotional detail of their grief and despair during the interviews. The ease with which each family member talked to me about the loss they had suffered indicated that they do not get many opportunities or invitations to discuss their loss and most of them took the research seriously opening their conversation with the extremely graphic detail of how their loved one had died – all horrendous accounts of brutal stabbings, strangulation, and beatings where overkill and gratuitous violence featured strongly.

Some families had struggled to get support for their grief and despair from specialist trauma support agencies but were aware of the need for self-care and for accepting support from their friends, wider family members and work colleagues. I checked with them that they would be able to get support if they thought they needed it after the interviews, and I also invited them to stop the interview at any time if they felt that they were becoming overwhelmed by the process and did not wish to continue.

#### **4.11 The Interviews**

On the day of the interview, after the formalities of arriving and before the interview began, I raised the issue of confidentiality and anonymity and the consent form that had been sent to the participants via email before the visit so that they had sufficient time to read and understand the issues. I had taken copies of the forms with me, and these were duly signed with both participant and me retaining a copy for our records. Surprisingly all the families waved their right to confidentiality and wanted their loved ones' names to be used in the research and to not use a pseudonym: they also stated that

they were happy for their own names to be used in the study if the researcher felt that this detail would enhance the research. I was concerned that naming victims might cause an ethical conflict, but I was assured that this would be allowed as all the families had signed the confidentiality agreements and given me their permission. Having the desire to tell victims' stories using their lived experiences is part of feminist research (Westmarland and Bows, 2019) and I believe that naming them is a valid aspect of their lived experience. Furthermore, I was mindful of Howe's research (2014) on victims of femicide where he states that 'naming all the victims of contemporary femicide cases certainly does make the horror feel more real, even for a researcher acquainted with hundreds of such cases' (p.291). My objective of naming victims and co-victims is not with the aim of making the horror more real, although this should not be shied away from as it is a part of life for very many people but was motivated by the desire to give them and their deceased loved one a voice, to ensure they were heard and to make them more visible.

Families explained to me that wanting their loved ones' names in the research was so that they would not be forgotten and that their voices would be linked to research that is attempting to identify the learning from DHRs that will make the future safer for other victims; they desperately wanted their loved ones to not be forgotten and they did not want any other family to experience what they had experienced.

Although semi-structured interviews are generally recorded via the use of an audio recording device, in this research the interviews were recorded using contemporaneous notes which were not transcribed nor stored electronically, but the notes were locked in a filing cabinet and not shared with others. I considered that recording conversations might be too much of a distraction for the participants and would risk making them uncomfortable knowing that their intimate thoughts and feelings concerning the grief and loss they had experienced which may manifest in tears and rage as they discussed their experiences, were being recorded and could be listened to repeatedly by others outside of the interview. (Armour, 2006)

Taking notes was readily accepted by the participants and did not interrupt the interaction between us – natural silences and periods of crying allowed time for copious writing, but notes were also added

after the interviews were complete and conversations were still fresh in the mind. While I am well practised in discussing sensitive and emotive issues with bereaved families, I also ensured that I used appropriate language and allowed the families to lead the conversations on their experiences of the DHR process and express what was important to them rather than try to lead them. Patronising language such as '*I understand how you feel*' and '*that must have been awful for you*', were not used as it is inappropriate and insulting to intimate that a person who has not lost a loved one to murder can imagine how someone who has feels. The trauma and mental torture that families experience following the brutal death of a loved one can only be imagined, and undoubtedly can never be fully comprehended (Armour, 2006).

The interviews lasted on average between two and three hours each and substantial data was collected from each one. A striking feature of the interviews was that the majority of the families told me that they were always willing to discuss their loved one's death as they did not often have the opportunity or find an appropriate safe space to talk about them; they reported that friends, wider family members work colleagues and professionals were not always receptive to them speaking about their loss as they thought that they should be 'moving on' and 'getting on with their lives'. Many had been told that it 'wasn't healthy for them to dwell on their loss', when in fact they believed that thinking and talking about their loved one was cathartic and did in fact keep them well and both mentally and physically balanced: it was the reluctance of others to talk about their loved one that caused the most upset for many families.

During the research process, it is imperative to avoid psychological harm in the form of emotional distress at all costs as this has the potential to derail the interviews and weaken the value of the research (British Society of Criminology, 2015). There is potential for participants to become distressed during the interview process which should be avoided to maintain a duty of care towards the participants and to maintain the integrity of the research process and the researcher: having said that it is my experience that some outpouring of grief can be helpful and assist with rapport building with participants.

## 4.12 Rapport

Rapport building is advocated in all research interview processes (Lavrakas 2008), as well as the PEACE (Prepare and plan, Engage and explain, Account, Closure and Evaluation) model for investigative interviewing used by police, and professional interviews where sensitive information may be disclosed and discussed. Rapport is described as a sense of connection, mutual comfort, and ease of conversational coordination during an interaction (Foucault, 2010). During a high-rapport interaction, participants have intense mutual interest in and connect with one another, attach to and care about one another and are “in sync” with one another (Tickle-Degnen & Rosenthal, 1990). Although there is no universally accepted way to measure rapport, the consensus is that it is good for survey interviews and may affect the quality of the responses obtained (Cassell & Miller, 2007; Lavin & Maynard, 2001; Foucault, 2010). It seems plausible to surmise that the effect of rapport on sensitive disclosure is balanced by the sensitivity of the researcher’s questions.

## Self-Care

As was mentioned in Chapter 2, trauma has a pervasive and insidious influence on the lives of co-victims of IPH and IPS so there is an argument that the professionals working with them should be familiar with and trained in Trauma Informed Practice (TIP). TIP teaches practitioners to recognise trauma and its possible effects on clients, but it also acknowledges that professionals, while delivering care and support to people, may absorb some of that trauma. This is referred to as Vicarious Trauma (VT) a condition that may be experienced when professionals begin to develop their own trauma-based symptoms as a direct result of working and providing support to victims of trauma (Town, 2003). Literature suggests that history of trauma, social support, and years of experience are all predictors of the development of VT (Michalopoulos & Aparicio, 2012; Adams & Riggs, 2008; VanDeusen & Way, 2006).

It is important for a researcher carrying out semi-structured interviews where the subject of the interview discussions is emotive and highly challenging to consider their own vulnerability and susception to trauma and distress. I am familiar with the subject matter of my research, due to years spent working with women and children affected by IPA, coercive control and stalking and recent

interaction with families bereaved through IPF and IPS. I have been exposed to a range of challenging scenarios and examples of the consequences of men's abuse of women and children and I am aware that professionals working closely with or looking after people who are victims of trauma may be affected by their clients' trauma (Bride, 2004; Town, 2003) and develop vicarious trauma, compassion fatigue and burnout (Cummings et al, 2021; Ordway et al, 2020).

Awareness of TIP and VT, and the possible disruption this may cause to my health and well-being, has impressed upon me the value of, and necessity for, regular clinical supervision and frequent informal off-loading with trusted colleagues and friends. Practice and experience have determined and instilled in me the importance of self-preservation and the steps needed to protect myself from the reveal of horrendous accounts of gratuitous violence and abuse. I engaged in self-care practices (Reed and Towers, 2021) and used my supervisors and clinical supervision sessions as a safe space to practice 'offloading talk' (Fincham, Scourfield and Langer, 2008, p. 859). Outside of my regular clinical supervision appointments, informal supervision was sought from my academic supervisory team who provided me with exemplary support and made themselves available for unplanned telephone calls and ad hoc meetings to discuss any of the effects of the interviewing or reading as required. Thankfully, the interviews were all accomplished and completed within the last two months of 2019, before the on-set of the Covid-19 pandemic which would have caused difficulties for this research.

#### **4.13 Reflecting on the interviews**

On reflection the interviews did go extremely well and there were no unplanned issues that significantly interfered with the progress of each visit apart from one occasion where a road traffic accident delayed my arrival by about an hour. The visits and the interviews were as well planned as possible considering that each one entailed travelling a considerable distance from home: the one delay I experienced could have been multiplied many times. I was aware of the disclosures that may take place during the interviews and prepared for them by researching the individual cases to

familiarise myself with the detail of the circumstances of the death or deaths, who the perpetrator was and the outcome of any criminal trial or inquest. Other researchers may consider conducting interviews over Zoom or Teams to avoid travelling or to interview participants over the telephone to give them some semblance of privacy which may give them the confidence to discuss the same detail that was shared with me. I was fortunate that I had assistance from colleagues with attracting participants who although they were gatekeepers to the access were able to give the families the benefit of their opinion in relation to the aims of the research and with me as the researcher, and in relation to their professional relationship with me: other gatekeepers may not be so accommodating. Other researchers may find different strategies for recruiting participants and may benefit from not having experience of working with bereaved families as they may be viewed more as a 'professional stranger' (Agar, 1980) by participants. Another sample of families would most likely be different in many respects – from the nature of the death, the person who died and what relationship they had to the interviewee, where they lived, the perpetrator, if they had a specialist family advocate working with them and other variables such as if the trial and inquest had been held and the perpetrator imprisoned to name just two.

In relation to recording the interviews, it may have proved more beneficial for this research and for any further research to utilise audio recording or even virtual meetings such as Teams or Zoom which can be recorded and viewed after the interview to check body language and other nuances in behaviour or speech that may be missed when taking contemporaneous notes. Due to the events of recent years during the Covid-19 pandemic people have become accustomed to communicating over the internet and may prefer it. There would be no need for the researcher to travel to participants homes which would save expenditure on travel costs and there would be more opportunity to connect with participants if they knew that they were only required to engage in an hour or two hours' virtual meeting. Finally, it is worth noting that any additional research could be done using an alternative method for data analysis such as discourse or content analysis rather than thematic analysis and research could be done without an informed feminist approach. Future research could also be carried out on a longitudinal basis with a similar number of participants involved over the duration period of

the DHR, alternatively a quantitative study could be done involving several hundred bereaved families.

#### **4.14 Published Domestic Homicide Review Reports**

Although I considered that the most expedient and efficient way to gather data on bereaved families' experiences of contributing to a DHR would be to speak directly to a sample of them in semi structured interviews, at the outset of the study I was unsure as to how many participants would be willing to do this. Due to this I reasoned that it would be beneficial to look at a selection of published reviews to support the aims and objectives of the study in case I was unable to attract suitable participants. I decided that combining the two methods had the potential to provide a comprehensive understanding by combining firsthand experience with official records. The semi structured interviews would enable me to understand how families navigated the DHR process, how they coped with trauma and interacted with the professionals involved with their loved one death and the review of published reports would provide context to the formal structure and enhance the richness and validity of findings. Using interviews with families and published DHRs offers a powerful combination of personal experience and institutional responses to understand if victims' voices are routinely part of DHRs and if they contribute to the learning to shape future services for victims and save lives.

The task of collating published DHRs proved to be fraught with difficulty due to a variety of practical, methodological, ethical and institutional challenges some of which will be described in the following sections. Access to a full range of published DHR reports is simply not possible as many are not made public for a variety of reasons and at the time of writing there was no central repository that stores these documents and makes them available. I employed similar research methods to other scholars (Chantler et al., 2020; Chopra et al., 2022) in that once I had the name of the victim and the area where the death occurred, I referred to the CSP website to identify the DHR. I utilised the Counting Dead Women website for the names of victims of intimate partner fatalities and then tracked media stories to ascertain the local authority CSP that had conducted the review and published it on their website. I found that it is often not possible to find a particular DHR as many use pseudonyms



for the victim and perpetrator and some are not published due to issues of confidentiality put in place to protect the victim's children and family. I did not resort to using Freedom of Information (FOI) requests (Benbow, Bhattacharyya and Kingston, 2019) to trace copies of review reports as I considered this to be too lengthy a process for the small sample that I required for the study.

#### 4.15 Access

As previously mentioned, the Home Office has recently announced that an online repository will shortly be provided that will hold all the published DHR reports and allow people to access them appropriately (Home Office, 2022). Until this new facility becomes available, and possibly afterwards, the Counting Dead Women website is an excellent source of information that attempts to include all women killed by men each year, making it an extraordinarily rich source of freely available data.

Counting Dead Women records the detail of all women killed by men and not just those killed by intimate partners, but women killed by their fathers, their sons and grandsons, other family members, friends, colleagues as well as strangers. There is always a caveat to the total numbers recorded as those women killed where the case remains unsolved or where there are on-going criminal proceedings are not included. Without the Counting Dead Women website, it would have taken much longer to gather cases for this study; as cases were tracked to where they were published on local authority/CSP websites, more cases published by the same authority became accessible. There may be many researchers who research into IPF and who are grateful to Karen Ingala Smith for the painstaking work she has done in trawling the internet and other media reports to gather the information on women who have been killed by men. The Counting Dead Women website is an incredibly important source of data on femicide that informs not only individual research projects but also informs the Femicide Census that is produced annually and validates and improves the data gathered on women killed by men, and has the potential to inform legislation and influence changes to policies and procedures.

#### **4.16 Themes identified in the Reports.**

The themes identified in the published DHRs and from the interviews with the bereaved families were sought in connection with the research aims and objectives which are repeated below.

##### **Research Aims**

The overarching aims of this research are –

- To determine whether victims' voices detailing their lived experiences of domestic abuse, coercive control, and stalking are included in published Domestic Homicide Review (DHR) reports.
- To investigate whether victims' voices and experiences contribute to the learning and recommendations within Domestic Homicide Reviews (DHRs),
- To explore an alternative model that could ensure victims' voices are effectively included, gathered, and considered in all Domestic Homicide Reviews (DHRs).

##### **Objectives**

- Gather information from a sample of published DHR reports and from interviews with several families who have experienced the DHR process and compare the results.
- Utilize an inclusive feminist stance to approach and evaluate the research.
- Determine if victims' voices are routinely included within DH reports.
- Analyze how victims' voices are articulated and presented in DHRs and who presents them.
- Evaluate whether the learning from DHRs sheds light on the past to make the future safer for victims of domestic abuse.
- Evaluate if victims are given a voice without the dignity of being truly heard.
- Explore what alternative models there are to ensure that victims' voices are routinely considered and included in DHRs and make a significant contribution to the learning.
- Determine if there is a model that will emphasize inclusivity, transparency, accessibility and trust-building.

- Increase the learning from DHRs and reduce the frequency of Intimate Partner Femicide (IPF) and Intimate Partner Suicide (IPS) in the UK.

Before I started collating published reports I like other scholars, prepared a template (Stanley, Chantler and Robbins, 2019) to guide the data collection: the template was designed around the research aims and objectives that were used in the conversations with bereaved families, and with the specific detail that the research questions required.

Whilst the Home Office Guidance provides a template for the structure of DHR reports (p,35), the reports that I gathered for this research had not all used that template and produced uniform documents: similarly, the quality of the reports in terms of writing style and presentation differed greatly. The implication here is that some DHRs are compiled and written in a way that may misrepresent the victim's voice and the circumstances and events leading up to her death because of the chair/author's interpretation bias and understanding of not only the Home Office Guidance but of IPA, IPF and IPS.

Due to the use of pseudonyms or anonymisation of people's names using single letters, such as Mrs A, or simply A, that occurs in many published DHR reports, it is not always possible to verify much of the information by media checks or internet searches. The Counting Dead Women website generally names victims, whose stories are then traceable by media searches through to the CSP that commissioned DHRs, and this often leads to additional cases. Some cases that were found on the CSP website were anonymised and it was not possible to trace the identity of the victim and this lack of reality disadvantaged the research.

Another aspect of DHRs that it was difficult to deduce by simply reading the reports, was if families had been truly involved and integral to the process, because although the Home Office Guidance allows for the inclusion of the detail of family and friend involvement it is not possible to fully gauge the level of that involvement nor is it possible to affirm that they had been given the opportunity to provide the victim's voice simply by reading a completed report. Families may have been involved

with a DHR but struggled to be heard; they may have been involved but reluctant to speak; they may have been involved but their comments ignored; they may have been involved and listened to. but their comments misinterpreted by the Chair – there are a host of variables relating to family engagement with DHRs that can be deduced by reading a report.

The themes identified in the published DHR reports are as follows,

- Anonymity
- Absence of families and victims' voices,
- Victim blaming language,
- Hierarchy of testimony
- Inconsistency in style and quality

#### **4.17 Themes identified from participants.**

Interviewing the bereaved families produced more detailed data than from the collation of published reports. The benefits of semi-structured interviews have been widely discussed in this writing, but to reiterate, semi-structured interviewing is a positive method that gives the researcher flexibility that is not permitted when undertaking a structured interview, but still allows a researcher to keep the conversation focussed on the research aims and questions unlike unstructured interviewing (Haines-Delmont et al., 2022, pp. 2-3; Clarke et al., 2021, p. 426; Pitt et al, 2020, p. 3; Noaks and Wincup, 2004, p. 81). This helps to guide the interviewer, and the flexibility gives interviewees the space and time to expand upon their answers in as much (or as little) detail as they want (Clarke et al., 2021, p. 426; Westmarland, 2011, p. 17,). During the interviews for this research the participants took the opportunity to fully explain their answers to the research questions and gave detailed answers: this may be because as they had explained to me, they do not get many opportunities to talk freely about their loved one and were taking advantage to do so as they felt comfortable and relaxed. Substantial amounts of data were gathered from the interviews, more than required to answer the research

questions, which will facilitate further research into the experiences of bereaved families/co-victims of IPF and IPS in the future.

It is pertinent to repeat that all the family members who were interviewed were in the throes of grief due to losing their loved ones in a violent and traumatising way, but they were not all at the same point on their journey. It is reasonable to say that Armour's theoretical framework (2006) was relevant to all their lives in that they had struggled, or were continuing to struggle with, making sense of what had happened, holding the perpetrator to account and living to commemorate their loved ones. The latter dominated their thoughts but I believe all three aspects of Armour's framework provided the impetus for them wanting to be involved in the DHR process. The process helped or was helping with making sense of what happened, confirmed for them the perpetrator's culpability and offered an opportunity to commemorate and memorialize their loved one.

The themes from the interviews with bereaved families are as follows; -

- Self-Silencing
- Joining DHRs
- Providing the 'Trail of Abuse'
- Feeling Integral to the Process
- Experience of Advocacy
- Providing the victim's voice through Pen Portraits,
- Anonymity
- Participating in the Monitoring and Evaluation

#### **4.18 Reflection on using a Feminist Informed Thematic Review.**

Employing a Feminist Informed Thematic Review was an appropriate choice for analysing the data that was gathered but it is accepted that it has limitations, especially in respect of the data being analysed subjectively. Other methods of analysis may have produced more significant results such as a feminist discourse analysis or a Foucauldian Discourse Analysis. Although I worked through the

stages identified by Braun and Clarke (2006) and Miles and Huberman (1994), the codes and overarching themes that have been identified from the data, was enhanced by my prior knowledge of issues that are frequently raised by families bereaved by IPF and IPS. Another researcher analysing the same data using a Thematic Analysis, would perhaps produce completely different codes and themes especially if a feminist informed approach was not taken.

Consideration was given to analysing the data using a Foucauldian Discourse Analysis (FDA), but this was not pursued due to the complexities of the intricacies of the method and the philosophy of Foucault. Further in-depth study could be done, using Foucault's philosophical approach, as Carrabine (2001) has produced a ten-step process for carrying out FDA which is similar to Braun and Clarke's (2006) and Miles and Huberman's (1994) staged process for Thematic Analysis, particularly around the initial stage of the researcher immersing themselves in the data to ensure that they are familiar with every aspect of it. The topic of victims' voices in DHR reports remains a relevant one and one which deserves further in-depth investigation on several levels and using a variety of analytical methods.

#### **4.19 Conclusion**

This chapter has presented a discussion of the methodological approach to the study and the methods used to collect data. The feminist ontological and epistemological positions have been discussed as has the nature of knowledge relevant to feminist research. The chapter also includes detail of the benefits of qualitative research methods and the rationale for using a feminist informed thematic review to analyse the data gathered. Ethical considerations have been discussed in relation to the participants of the research, the storage of data as well as ethical considerations for the researcher.

There is extensive coverage in the chapter of the benefits of using semi-structured interviews and how they were arranged and recorded and how participants were engaged for the study and contributed to the gathering of data. There is also detail on how published DHR reports were collated and analysed.

Finally, the chapter includes some reflection on the use of the methodological approach and the methods, and how the study could be done differently and provide different findings.

The following chapter presents a descriptive account of each of the case studies used and includes the voices of the victims and co-victims of IPF and IPS. All but one of these cases, followed the pattern of escalating risk described in Monckton Smith's 8 Stage Timelines for Homicide and Suicide. The chapter also explores the issues that presented for families as co-victims of IPF and IPS and whether there were DHRs held to review the events leading up to the victims' deaths. It is pertinent to note here that the cases used in this study and the families who have taken part have provided unique insight into how bereaved families are treated following IPF and IPS, and how their loved ones' deaths contribute to learning to make the future safer for other victims: there is little other study looking for the victims' voices in DHRs.

## **5 CHAPTER FIVE – CASE STUDIES AND CO-VICTIMS OF IPF AND IPS**

### **5.1 Introduction**

This chapter contains the victims' voices gathered in this research, in the form of descriptive accounts of the cases of victims of IPF and IPS, and the family members who were interviewed to gain insight of their experiences of providing the victim's voice in the DHR process: family members who became co-victims by default when their loved ones died. The detail is taken from the interviews and the published DHRs where available, and each case is recorded as succinctly as possible although some cases required extended writing to detail the level of violence and control that the victims experienced. All the cases are accounts of coercive control and unnecessary violence that may make uncomfortable reading, but they reflect the reality of IPF and IPA that is routinely seen in DHRs and identified through the victims' voices. Each case explores who the victim was, how they lived their lives, how they died, who the perpetrator was, what punishment they received, if there was a DHR to investigate the events leading up to the death, if the family were part of that review and their thoughts on the process: if they believed that they had provided the victim's voice, contributed to the learning and received the dignity of being heard.

The detail of these cases has been included as it is essential to the study. I believe that by centring the accounts of the victims' lives and deaths and the experiences of their families in a feminist informed study, their experiences are validated. Further the research is empowering and provides a better understanding of the nature and severity of gendered violence and reinforces the need for systemic change.

### **5.2 Victims and Co-Victims of IPF and IPS**

Victims of IPF are mainly women. The UN Global Homicide Report (UNODC 2019) provides evidence, that overall men commit 90% of *all* homicides, but they also form 80% of its victims. In the case of IPF however the victim numbers are reversed, and 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), and victim precipitation whereby the perpetrator of abuse initiates the violence against themselves is common. Women form less than ten percent of killers (ONS 2016).

All but one victim in this study were women; most had either been killed by men or had taken their own lives due to having experienced IPA; three deaths are referred to as Hidden Homicides as the deaths were considered by the families to be unexplained and suspicious; one victim was killed by a woman and one victim was a male who had died from a drug overdose whilst in a relationship with a man. In total twenty-two families had lost a loved one and the majority of these were their daughters; two victims had been pregnant; one victim was an eleven-year-old child who was killed defending her mother; one of the victims was a woman who was killed by her daughter, four of the families had suffered the loss of two loved ones; one family lost a sister and her daughter, and three families lost a daughter and a grandchild.

Many of the IPFs involved gratuitous violence and ‘overkill’ – defined as inflicting more harm than necessary to cause death or where additional injuries are inflicted post death (Beauregard and Martineau, 2013) that resulted in many cases with the mutilation of the victim’s face and body. Ten of the victims were stabbed to death, some repeatedly slashed, and some almost decapitated by vicious attacks to their necks. Other victims were either strangled or beaten to death by their perpetrator and left to die alone, a fact that the bereaved families found the most tortuous to contend with. Two victims were buried in shallow graves to conceal their bodies with one later being dug up and moved in a suitcase to a different location. The deaths were all extremely violent and brutal which caused the families of the victims, considerable distress, and anguish in addition to the shock and trauma of the sudden bereavement.

### 5.3 Case Studies

The following detail on the case studies was obtained mainly from the bereaved family members who often provided a copy of the published DHR, where the reviews were completed, and gave their permission that their names and those of their loved ones could be used in this writing: some also provided photographs or links to photographs of their loved ones. The DHRs that are completed, published and available are included in the Reference list under the name of the victim.

Two cases have been anonymised with pseudonyms due to on-going legal procedures that could be put in jeopardy by using the victims' names, but what has been written on those cases has been taken from the published DHRs and from the interviews with the family members. Having their loved ones and their stories identified in this study was extremely important for the families as they appeared to be united in their desire that their loved ones' voice should be heard in this study as they did not believe that they had always been listened to when they were alive or, and in some cases, that their voices were not included or were indistinguishable in the DHR.

When discussing the case studies and the bereaved families it is constructive to revisit the subject of anonymity and confidentiality in relation to the semi-structured interviews that were carried out and the data that was gathered. As has been discussed in Chapter Four, semi-structured interviews provide researchers with the opportunity to generate in-depth, qualitative data regarding a particular subject of interest (Hesse-Biber, 2014). It is possible that when discussing IPF or IPS, participants may be drawn into discussions that trigger emotional responses as they recall the death of a loved one and specific detail about their experiences of the DHR investigating the events leading up to that death. I was not expecting that the participants would want their loved ones named, as I was expecting requests for guarantees of confidentiality and anonymity as a prerequisite to their involvement in the research due to the sensitive nature of the information they would disclose. Before the interviews commenced all the participants were advised of the steps taken to ensure the information, they would provide would remain confidential and not shared with anyone. They were also informed that, if they wished, their contributions to the research study could be anonymised with pseudonyms of their choice as could the names of their loved ones. Unanimously the participants agreed to waive their right to anonymity and

consented to have their names and the names of their loved ones included in the thesis. It was only after reflecting on the status of two cases, that in consultation with the family members it was agreed to anonymise the victim's name and their names.

Several of the cases had received extensive media coverage both local and national and specific detail was checked with these sources: much of what is written about each case in this study has already been reported in the media. Coverage was found on all the cases using internet searches, apart from the deaths where the victims had taken their own lives.

**Table 1: Victims and Interviewees**

| <b>Name of Victim</b>          | <b>Interviewee's Relationship to the Victim</b> | <b>Year Death</b> | <b>Cause of Death</b>       | <b>Criminal Charge</b> | <b>DHR</b> |
|--------------------------------|-------------------------------------------------|-------------------|-----------------------------|------------------------|------------|
| Amelia Arnold                  | Father                                          | 2016              | Beating/strangulation       | Yes                    | Yes        |
| Dene Barrett                   | Mother                                          | 2017              | Suicide                     | No                     | Yes        |
| Eystna and Rose Blunnie        | Mother and Father                               | 2012              | Beating                     | Yes                    | Yes        |
| Johnathan Butler               | Mother                                          | 2015              | Drug Overdose (Unexplained) | No                     | Yes        |
| Debra Courtenay                | Mother                                          | 2018              | Suicide                     | No                     | Yes        |
| Ella Dalby and Laura Mortimer  | Grandmother and Aunt                            | 2018              | Stabbing                    | Yes                    | Yes        |
| Hollie Gazzard                 | Father                                          | 2014              | Stabbing                    | Yes                    | Yes        |
| Marie Hothersall               | Daughter                                        | 2013              | Beating                     | Yes                    | Yes        |
| Keeley McGrath                 | Mother and Father                               | 2018              | Beating                     | Yes                    | Yes        |
| Tara Newbold                   | Mother and Step-Father                          | 2016              | Beating                     | Yes                    | Yes        |
| Raneem Oudeh and Khaola Saleem | Aunt                                            | 2018              | Stabbing                    | Yes                    | Yes        |
| Jayden Parkinson               | Mother                                          | 2014              | Beating/strangulation       | Yes                    | Yes        |
| Dawn Rhodes                    | Mother and Sister                               | 2016              | Stabbing                    | Acquittal              | Yes        |
| Alice Ruggles                  | Mother                                          | 2016              | Stabbing                    | Yes                    | Yes        |
| Cherylee Shennan               | Mother                                          | 2014              | Stabbing                    | Yes                    | Yes        |
| Theresa Smith                  | Mother                                          | 2017              | Suicide                     | No                     | Yes        |
| Suzanne Van Hagan              | Mother and Father                               | 2013              | Strangulation               | No                     | Yes        |
| Tracey Walters                 | Brother-in-law                                  | 2014              | Road Traffic Accident       | Yes                    | Yes        |
| Leanne Wightman                | Father and Stepmother                           | 2016              | Stabbing                    | Yes                    | Yes        |
| Karen Wilde                    | Husband                                         | 2014              | Stabbing                    | Yes                    | Yes        |

|               |                   |      |                                |     |     |
|---------------|-------------------|------|--------------------------------|-----|-----|
|               |                   |      |                                |     |     |
| Katie Wilding | Mother            | 2016 | Drug Overdose<br>(Unexplained) | No  | Yes |
| Kelly Worgan  | Mother and Father | 2018 | Strangulation                  | Yes | Yes |

Some cases received greater amounts of press coverage than others and at different stages of the case, so the articles retrieved through internet searches were generally helpful with information, such as dates, of the murders, the trials, and sentencing hearings and, the interviews with family members clarified important detail that was either unavailable in the press articles or reported in a nuanced, biased, or ambiguous way. Information from the personal accounts of family members clarified much of the press reporting and substantiated the facts. The table above details the case studies; the victims and the family members who were interviewed, the year of the death, the nature of the death, if there had been a criminal charge against the perpetrator and if a DHR had been commissioned.

### 5.3.1 Amelia Arnold



Amelia Arnold was a 19-year-old young woman who was killed in November 2012 by 22-year-old Jack Wall who hit her over the head with a dumbbell eight times; he used such force that he cracked her skull and rendered her unconscious, he also broke several of her fingers as she used her hands to try and protect her head. To ensure that she was dead Wall stuffed a sock in Amelia's mouth and strangled her. He then tied her up and enlisted the assistance of his uncle to move her body to some woods where he buried her in a shallow grave. Wall was found guilty of murder in 2013 and sentenced to life imprisonment with a minimum tariff of nineteen years before parole and a sentence of four and a half years to run concurrently for obstructing the coroner. Amelia had been in a relationship with Wall for two years and it is believed that he had always been abusive and controlling towards her, but she only disclosed this in September 2012.

A DHR was commissioned in December 2012 and Amelia's family took part. Amelia's father Laurence believes that the local authority and the police should have done more to help Amelia especially as they had access to Wall's records and were aware of his drug use and his propensity for violence. Laurence was involved with the DHR but relied heavily on an advocate who understood how the process worked as he had such a disappointing and traumatic experience with the Family

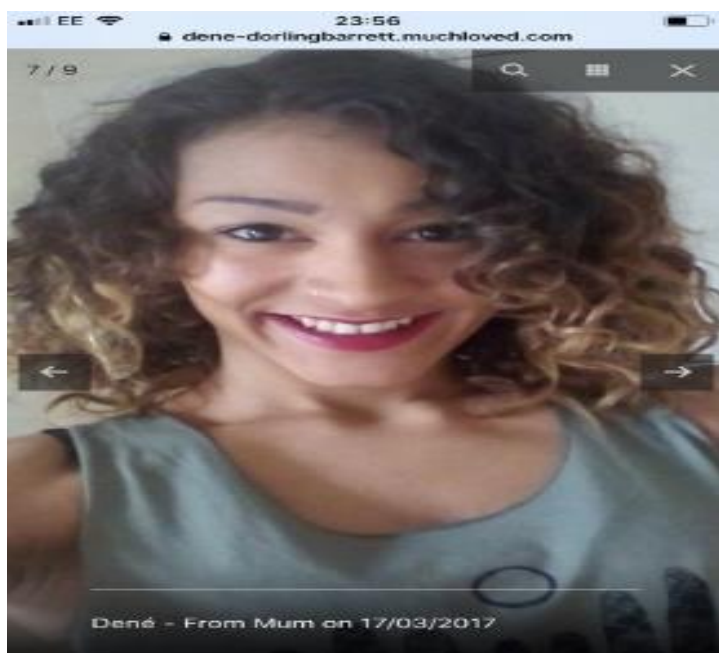
Liaison Officer (FLO) initially allocated to him by the police. He did not feel confident that he was listened to or that Amelia's voice is in the DHR; he remains hopeful that the learning from the DHR will make a difference to future victims as he wants Amelia's death to not have been for nothing.

*“Amelia meant the world to me, and I miss her so much, we all do, but I find that people rarely want to talk to me about her or the way in which she died. People close to me seem to think that I should be getting over ‘it’ by now and I see them recoil in visual discomfort if Amelia’s name comes up. This was the same feeling that I had when the DHR was taking place – professionals were uncomfortable around me and didn’t want to mention her name or discuss the terrible way in which she died. If I hadn’t had (ADVOCATE) working with me and leading me through everything I don’t know if I would have stayed involved with the DHR”.*

### **5.3.2 Dené Barrett**

Dené was 22 years of age when she took her own life in February 2017. She had been in a relationship with a man who abused her and who made counter allegations of abuse against her from the age of 17 years: he was the father of her young child who was conceived quite early on in their relationship. Dené ended the relationship in 2015 but continued to be abused by the father of her child over child contact and anything else that he could do to destabilise her.

Dené was a vulnerable young woman who experienced emotional and other mental health difficulties throughout her life, resulting in self-harm and suicidal ideation: she was referred to the local Child and Adult Mental Health Team Services (CAMHS) in her early teens. Dené had low self-esteem and always thought she was a burden to people and her doubt and self-deprecating thoughts spread into the relationships she had with people that always seemed to let her down. Her mother describes Dené



as having a huge, warm, and compassionate heart that she offered up all too readily and often to her own detriment.

A DHR was not immediately commissioned to investigate the events leading up to Dené's death – it took six months for a decision to be made which was distressing for her family as they believe that the IPA and controlling behaviour Dené had experienced in previous months contributed to her death and should have been apparent to all agencies. Dené's family took part in the DHR supported by an advocate, but they always felt that they weren't integral to the process and that many of the agencies would have been relieved had they not been involved. They feel that they struggled to be heard by the DHR Chair and the Panel, but they did their best to input Dené's voice, but have left the process believing that the narrative provided by the statutory agencies superseded their own and that Dené's voice was drowned out. They strongly believe that the coercive control and abuse Dené experienced was causal to her taking her own life and that her mental health difficulties whilst heavily focussed on in the DHR were exacerbated by the abuse and were not primary reasons for her tragic death. Dené's mother is disillusioned about her experience of the DHR process as the following quote illustrates,

*"The whole system stinks so they should scrap it and start again – the legislation doesn't reflect modern society and it allows the professionals to cover their asses instead of doing a good job. It's*



*my experience that they don't want to learn from a victim's death – they didn't care about Dene taking her own life and they didn't make the link to how the abuse she suffered had anything to do with causing it. I'm not confident that anybody has learned anything from my daughter's death."*

### 5.3.3 Eystna and Rose Blunnie



Eystna Blunnie was a 20-year-old young woman who was days away from delivering her unborn daughter Rose, when they were beaten to death in June 2012 by Eystna's ex-boyfriend and Rose's father, 24-year-old Tony McLernon. McLernon lured Eystna to meet him in the early hours of the morning by telling her that he had a surprise for her: she went to meet him as she desperately wanted him to be part of their daughter's life even if they were not together. When she met him in the street near her home, McLernon forced her to the ground and repeatedly kicked and stamped on her. When arrested, McLernon denied beating Eystna and denied murder; he fabricated a story that two strangers picked an argument with Eystna after he had left her and that he ran back to find her injured. He was not believed, and the jury found him guilty – he received a life sentence of 27 years before parole. When sentencing him the judge noted that the crime was in fact a double murder as Rose had been so close to being born.



A DHR was commissioned for Eystna and Rose and Eystna's parents did take part but described themselves as at their lowest point when they attended the first meeting: they felt incapable of proceeding with the review unsupported so accepted an offer of advocacy. They had had a bad experience with the initial support they were offered; they felt that they had been badly let down by the agencies involved and were reluctant and hesitant to engage with others. Thereafter with the support of their advocate they went from strength to strength and were successful in convincing the coroner to reopen the inquest so that a full investigation into the circumstances of their daughter and their granddaughter's deaths could be investigated. They argued with the NHS about attaining an acknowledgement that Rose had existed and had been deprived of life. Kevin and Sue Blunnie firmly believe that had mistakes not been made by the police and prosecutors in relation to an earlier incident of violence that McLernon perpetrated on Eystna, and he had been arrested and prosecuted, their daughter and granddaughter would still be alive.

The DHR names Eystna and Rose as the victims and this was, endorsed by the then Home Secretary, the Rt Hon Theresa May, MP, and was an unprecedented act to have an unborn child named as a victim in this way. This is a tribute to Eystna and Rose and they will always be remembered for this fact alone. In relation to the learning and the recommendations in the DHR for improvements to practice, Mr and Mrs Blunnie do not truly know if this had made any difference and if other victims' lives have been saved but they hope in memory of Eystna and Rose's that it has. Mr Blunnie summed up his feelings about the DHR process in the following quote,

*"To be honest the whole DHR experience is a blur to us – we couldn't have got through it without (ADVOCATE) as there was too much else going on to think about it. (ADVOCATE) knew what needed to be done and we had to trust them as we didn't know – they did a lot of work for us for which we will always be grateful. I am really happy that Eystna and Rose are named in the report because in my opinion that in itself is learning for anyone who reads it".*

#### 5.3.4 Johnathan Butler



Johnathan was 21 years old when he died in May 2015 in a motorway service station. Initially his death was deemed to be non-suspicious, but a later post-mortem toxicology report found that his death had been unnatural and was in fact due to an overdose of drugs. When the background of Johnathan's case was reviewed by the police it was referred to the CSP and they decided to hold a joint DHR and a Drug Related Death Review (DRDR) as days prior to his death there had been a referral to the local Multi Agency Risk Assessment Conference (MARAC): Johnathan had reported to the police that he had been subjected to domestic abuse by the man with whom he had been living for approximately six months.

Johnathan was described by his former teacher and his mother as an exceptionally bright and intelligent young man who had experienced mental health difficulties, depression, and anxiety, for many years before slipping into drug addiction in his late teens. Originally from the Republic of Ireland Johnathan came to the UK to find work and to get help with his drug addiction. This proved difficult for him to achieve as he was unable to find secure employment, but he did engage on a methadone programme to address his heroin addiction and regularly attended appointments with drug charities. Despite his efforts Johnathan ended up as homeless and eventually advertised himself on

social media, and this is where he met the much older man who it is alleged coercively controlled and abused him: the man that he was with on the day he died.

Johnathan's mother stayed connected with him as much as was possible as she believed that he was vulnerable, but this was a struggle when he was homeless and had limited access to a telephone. This changed initially when Johnathan began living with the older man as she was able to speak to Johnathan regularly and to know what was going on in his life, but this was short lived as contact with him was reduced after a few weeks and Johnathan could only contact her when the older man was not around. She learned that the older man controlled every aspect of Johnathan's life including the quantity and type of drugs he took, and he was frequently violent towards him. In a sneaked call to his mother a few days before he died, Johnathan told her that he intended to leave and was planning to do this in a couple of days' time.

Johnathan's voice is in the joint DHR and DRDR – provided by his mother and the headteacher of his school in Ireland – but the joint review is heavily focussed on Johnathan's lifestyle, his sexuality and his drug taking, rather than the abuse and control he suffered from the man with whom he had been living and was trying to leave. The review was unable to determine who had bought the drugs that Johnathan took to cause the cardiac arrest: his mother noted that Johnathan had no income and little freedom, and she was disappointed that this detail was not investigated.

When asked if she felt that the learning from the joint review would save future victims like Johnathan, his mother said,

*“To be honest, I’m not sure but obviously I hope it will. I wonder if the right people will read it or will even see it. I have nothing to compare the report with and I’m still not really clear how they (the agencies) worked before Johnathan’s death – I don’t know if they really tried to work with him and I’ll probably never know now will I? Will Johnathan mean enough to any of them for them to care about the next Johnathan, if you know what I mean – who knows? I will always feel totally disappointed, that the person who knows more about Johnathan’s death than anyone else has said nothing and is untouched by it and continues to live his life as free as a bird.”*

### 5.3.5 Debra Courtenay



Debra was a 46-year-old woman who died in October 2018, her death is recorded as suicide, but her mother was disappointed with this verdict as she believed her daughter's death to be a homicide or at least manslaughter. The precise circumstances of Debra's death are not known; the only version of events available are those of a man who was with Debra when she died and who had a long criminal history for domestic violence, sexual offences such as rape, offences including alcohol, drug-taking, shoplifting and deception: Debra had accused him of stealing from her, reported him to the police for beating her and coercively controlling her as well as destroying her property which was verified by photographic evidence. He alleged that Debra and he had made a joint suicide pact. He reported that they both injected themselves with heroin that he had purchased with Debra's money earlier in the day, and that he prepared and put into syringes: while the dose proved fatal to Debra, it did not kill him.

Although Debra was vulnerable, she did not have a history of attempts to take her own life. She became extremely anxious and depressed following the death of her father and often felt as though the clinicians treating her did not listen to her or understand her concerns. On one occasion, several years

before she met the man that was with her when she died, Debra having become frustrated and depressed by the lack of understanding shown to her by mental health practitioners, over the side effects of a particular drug she was taking, took an overdose of tablets, but her mother believes that this was not a resolute decision to take her own life but more a cry for help.

A DHR was held ten months after Debra's death due in part to Debra's mother supported by an advocate continually requesting that one be held. Unfortunately, Debra's mental health needs obscured the recognition by the panel of the IPA and coercive control she suffered and there was a reluctance to acknowledge this as causal to her death.

Debra's mother was fully involved with the DHR and did her best to ensure that Debra's voice was heard throughout it, but the review, whilst acknowledging that Debra had suffered IPA and coercive control, placed equal weight on her mental health difficulties as contributing to her death. Debra's mother met with some of the DHR panel accompanied by her advocate and attempted to explain to them how Debra had been coerced and controlled and physically abused by the man who was found with her when she died but the panel were not convinced that the IPA was the cause for Debra taking her own life, and remained influenced that her mental health difficulties were more responsible than the abuse.

At Debra's inquest the coroner recorded suicide and heroin intoxication as the cause of her death but named the man present when she died in the public record and recorded that he had subjected Debra to coercive control before her death. The family were exhausted and retraumatised by the post death procedures that they had taken part in and decided against urging the police to pursue the man for possible charges of assisting a suicide, but they remain convinced that Debra would not have taken her life willingly and would have had to have been coerced into it. Debra's mother summarised her feelings about the DHR and the Inquest with the following words,

*"I tried so hard before and since Debra's death to get people to listen to me and to understand how my daughter's life changed once she met him (perpetrator), but none of them really did. My advocate completely understood and agreed with me, and I think that the Chair of the DHR and the Coroner*

*listened to me, and they got it, but at the end of the day Debra didn't matter enough to either of them did she and she is forgotten now isn't she? I don't know who reads DHR reports, and I won't have a clue if people change their practice – nobody will tell me will they? I feel like I've wasted too much time on these things and made no difference and I don't have the strength to do anymore chasing."*

### **5.3.6 Laura Mortimer and Ella Dalby**



Laura was a 31-year-old successful businesswoman and mother of three young girls, when she and her 11-year-old daughter Ella, an aspiring and talented dancer, were murdered by Christopher Boon, Laura's estranged husband and Ella's stepfather, in May 2018. Laura had told Boon that their marriage was over, and she wanted a divorce after discovering that he had been having an affair earlier in the year, but due to financial constraints they remained living in the same house whilst it was sold. Boon attacked Laura in the kitchen of their home when she returned home after an evening out with friends. Ella was woken by shouting and her mother screaming and after settling her two younger siblings who had also woken, she went downstairs and tried to defend her mother who was being stabbed by Boon. Laura and Ella were killed: Ella was stabbed twenty-four times and Laura was stabbed eighteen times in the attack that Boon conducted against them. Both Laura and Ella sustained multiple stab wounds to their heads, faces, necks, shoulders, and hands which were so severe and

caused such disfigurement, that their coffins had to be closed and family members were prevented from viewing their bodies to say their goodbyes.

At the trial where he was sentenced to twenty-nine years with no parole before end of sentence, the judge, Mrs Justice May noted in her closing remarks to Boon, *‘... in retrospect there were danger signs: in 2010 you were convicted of assaulting your then partner when she told you that the relationship was over. There was an episode on Boxing Day (2018) when Laura ran to neighbours telling them you had assaulted her. When one of Laura’s friends reported to her that they had seen you out, you called her telling her that she and her family should “watch their backs”. The same friend saw you punch a hole through a wall in temper. By all accounts you were never kind to Ella, often referring to your 11-year-old stepdaughter as a “cunt”.*

A combined DHR and Serious Case Review were held, and Laura and Ella’s family were invited to take part and did so willingly, but they did experience some negative reactions to them attending a panel meeting and asking questions of the agencies involved. They were also falsely accused, of breaching confidentiality by sharing detail of the DHR report with outside agencies; an allegation that was unfounded. Both instances retraumatised the family and tainted their experience of being part of the DHR, but they believe that they made sure that Laura and Ella’s voices were in the report although it was noted that while she was alive Ella had no voice as she was not listened to but treated as though she was a badly behaved child rather than given an opportunity to talk about how unhappy she was at home due to Christopher Boon’s behaviour.

Laura’s mother/Ella’s grandmother summed up her experience of the DHR in the following quote,

*“I’m glad that we took part in the DHR because I wanted Laura and Ella’s voices to be heard and I want things to change so that it doesn’t happen to any other family – that’s all I want really. I don’t want any other family to have to live through what we lived through because it was just awful. I was very unhappy when I was accused of giving the report away – so say breaking confidentiality – it took me right back to the way I felt when I was first told that Boon had killed Laura and Ella – totally devastated. Apart from this I think that the Chair and most of the panel did listen to us and allowed us*



*to put Laura and Ella's voices in the report. I'm also confident that the DHR Coordinator will keep us updated on progress with the changes to practice that the DHR founded and I'm looking forward to working with her to spread awareness around the county."*

### 5.3.7 **Hollie Gazzard**



Hollie was a 20-year-old young woman who is described by her family as a wonderful person full of life with many plans for the future when she was murdered and taken away from them by her ex-boyfriend, Asher Maslin. Maslin stabbed Hollie fourteen times at the hair salon where she worked, in front of her distressed work colleagues and customers in February 2014.

Hollie first met Maslin in February 2013 and they started a relationship, but her family did not believe that the relationship was serious as Hollie had plans to travel having secured employment with a cruise ship to provide hairdressing for passengers and was due to leave for London to begin her training in March 2013. Hollie's relationship with Maslin was dominated, by his coercive and controlling behaviour, he was often volatile due to his violent temper.



Hollie's family describe her as fearful of Maslin and wanting to end the relationship for good as his behaviour appeared to be escalating. She arranged to meet him in a public place, and she told him that the relationship was over, but he did not accept it; he threw a glass of water in her face and stole her bank card. Following this meeting, Maslin sold some of his possessions and purchased a large knife and then proceeded to walk around the streets close to Hollie's place of work before entering the salon and stabbing her 14 times. Maslin ran off but was later taken to the police by a family member, he was arrested and at the criminal trial found guilty of murder and sentenced to twenty-four years in prison.

A DHR was held shortly after Hollie's death and investigations revealed that Maslin had a history of violent and disruptive behaviour going back to his childhood. Hollie's family took part in the review and were grateful to all the agencies involved for their honesty and candour in identifying mistakes and lack of judgement in dealing with Maslin and failing to protect Hollie. The family tried to present her voice in the review process but while Hollie was the victim of the review there is an undeniable greater focus on the perpetrator in the report.

Hollie's father Nick commented on the DHR as follows,

*"Hollie's death and the brutal way she was killed shocked and traumatised us as a family and we really wanted to be part of the DHR and to make a difference so that no other family would go through what we went through and are continuing to go through. We had no experience of what a DHR was, but we did our best to speak to the Independent Chair and to ensure that the report on Hollie's death was accurate and that agencies recognised the mistakes they'd made and owned up to them. We continue to work alongside a lot of the agencies that were involved with the DHR in an effort to raise awareness in Hollie's name – it's a huge job and the more of us that are involved the better."*

### 5.3.8 Marie Hothersall

Marie was an eighty-three-year-old, mother of six children who describe her as a loving caring mum who looked after them and her husband all her life. Marie had been married for fifty-five years before her life was ended abruptly and tragically after being severely beaten by one of her daughters who left her lying on the floor in the early hours of the day after her 83<sup>rd</sup> birthday. Marie was taken to hospital the next day and died from her injuries several weeks later in September 2013.

Marie had suffered with memory loss since 2009 but her condition which had developed into vascular dementia, diagnosed in 2011, had deteriorated in the previous six months to a stage where she often failed to recognise her children but was hugely dependent on them and her husband for the care., Marie was not known to be aggressive but could be anxious when her husband was not present, and she had hit out at some family members although she had little or no strength to harm anyone.

On the day before the attack, she had been taken out to lunch by the daughter that attacked her as it was her 83<sup>rd</sup> birthday. Her husband was busy assisting another member of the family to move house and was not able to return home that evening, so her daughter was staying overnight with her. Carers were due the following day to attend and provide care by assisting Marie to shower, dress and have breakfast. When the carers arrived in the morning they had to wait for several minutes before the door was opened and they were greeted by Marie's daughter who they noted smelled strongly of alcohol. They called for an ambulance and the paramedics subsequently informed the police who arrested and charged Marie's daughter with attempted murder.

Marie was badly bruised all over her head, body and hands and she had a broken femur. When she died in September 2013, the local CSP commissioned a DHR, and the family were invited to take part. Due to the circumstances of Marie's death the siblings were divided in their views over what they had learned had happened and their thoughts on their sister and they became estranged because of this.

The trial and the DHR discovered that the sister who had beaten her mother so severely was an alcoholic and had been drinking heavily for many years. Police had knowledge of her behaviour but

none of her siblings knew and were shocked to discover the extent of her drinking. Marie's daughter was charged with murder when Marie died but she pleaded guilty to manslaughter and received a sentence of two years: as she had served six months on remand she was released after approximately two months and directed to serve nine months on licence.

The verdict and sentence split the family with some not able to forgive their sister for their mother's death. The DHR is complex as it has input from all six children and their father with some siblings believing that their sister was treated exceedingly leniently and others forgiving her for her crime. The DHR focusses on the perpetrator and her problem with alcohol and does not focus on Marie and her considerable health difficulties and vulnerability to abuse but there are some good recommendations for care agencies and GPs in relation to risk assessments for vulnerable people when delivering services.

One lone daughter stood up for her mother's voice in the review, but she feels that she was almost silenced by her siblings who did not agree with her or her views about her sister and does not truly feel that the learning from the DHR will have any influence on services for future victims. Marie's daughter Pauline was left desolate following her mother's tragic death and she shared her thoughts on her experience of the DHR in the following way,

*"I am so sad for my mum because her life ended in such a horrible way after looking after us all those years and I feel that no justice has been served. The DHR that was meant to look at the events leading up to Mum's death concentrates on my sister, the person who killed her and it took two years to be completed. I took part along with others in the family because I wanted, and I still want, justice for my Mum – unfortunately I know I'll be waiting until hell freezes over - I don't think anyone will have learnt from her death and I doubt very many people will have read the report."*

### 5.3.9 Keeley McGrath

Keeley was a 30-year-old young woman: she had five children that she loved unconditionally: her family describe her as ‘a wonderful mother’. Two of Keeley’s children were from a previous relationship and three were with her partner Anthony Davis, who beat her and stabbed her to death, in December 2018. Davis was a violent and controlling man for most of the time that he was with Keeley: he ruled her life and the lives of their children and the ages of the children - who were born close together with Keeley having suffered miscarriages in between the births - suggest that he was attempting to keep her pregnant as a way of controlling her life.



When Davis discovered that Keeley had had a brief relationship with another man, he unleashed excessive violence on her causing forty-eight separate injuries. The cause of Keeley’s death was recorded as ‘inflicted trauma’, but this does not accurately describe the

level of abuse she endured during the attack. Forensic evidence indicated that Davis dragged Keeley around their house, injuring her with a belt and a pair of scissors; he cut and beat intimate parts of her body in a degrading and demeaning manner, and continued to beat her relentlessly until she died. When he realized she was dead he failed to immediately summon the emergency services or to make any attempt to revive Keeley, prioritizing his time devising a campaign of evasive action and lies to hide his crime and absolve himself of any responsibility for her death. He took the two younger children to nursery later that morning; he texted Keeley's parents and others suggesting that Keeley had harmed herself before concerned friends of Keeley's arrived at the house and he was left with no other choice than to call for an ambulance. When paramedics arrived at the scene, Davis told them that Keeley had fallen down the stairs, but as these professionals noticed that Keeley's injuries were not consistent with Davis's account of how she sustained them, they called the police and Davis was arrested later that day. He was subsequently charged with murder, found guilty and sentenced to 24 years imprisonment.

The CSP were notified of Keeley's death in January 2019 and commissioned a joint DHR and Serious Case Review (CSR) in February 2019. Keeley's parents took part in the review supported by an advocate and were shocked and saddened to discover that Keeley had been a repeat victim of IPA for most of her adult life but had not informed them nor asked for their help in coping with the abuse she experienced.

Keeley's parents wanted to be fully involved with the DHR and met with the Independent Chair several times but were not invited to meet the panel. This may have been due to the distance between the location of the CSP and where Keeley's parents live but a remote meeting was not considered or offered. Subsequently they do not feel as if they were as fully involved with the DHR as they might have been or expected to have been. They did write a

pen portrait about Keeley for the report but had to agree to a pseudonym being used for her called for by the CSP to protect Keeley's children and ex partners. At the point when the report was submitted to the Home Office Quality Assurance Panel, Covid 19 had enveloped the UK and communication between the CSP and Keeley's parents broke down, in part due to their advocate being ill with Covid for several months and in part due to the confusion caused by the virus and agencies establishing alternative ways of working through the pandemic. Keeley's stepfather was frustrated at not being contacted when the report was finally completed as he and his wife were neither informed nor sent a copy of the final report – when asked the agencies used the excuse of not distributing the report for the sake of Keeley's children but as Keeley's parents have two of the youngest children living with them it seemed a little disingenuous to them that they should not have received a copy. Due to this, they were not informed about how the action plan would be monitored to ensure that the changes to practice that were recommended in the learning were taking place and had produced change. Keeley's stepfather felt strongly that he and his wife had been duped into being part of the DHR to investigate the events leading up to Keeley's death as a tick-box exercise that would show the CSP in a good light and that the CSP were not truly interested in them as a family or Keeley as a victim.

Martin remarked,

*'How can a process, which is supposed to inform, reflect, and educate, be best served by restricting its audience? I'm afraid that we have somewhat lost faith in this process. If we thought that it would take three and a half years to produce a report that would be thrown in a drawer and hidden from the people for whom it had the utmost importance, and the learning forgotten, we would never have agreed to be involved in the process.'*

*Martin McGrath*

### 5.3.10 Tara Newbold

Tara was a 28-year-old woman who had three children. She was attacked in October 2016, by her long-term ‘on off’ partner Duane Ballin, who was the father of her children; she died in her home and in the presence of her three-year-old child who was running around and playing while her father beat her mother relentlessly: a scene she was able to recall for the police investigation. There is confusion for the family around Tara’s cause of death as although a pathologist attributed it to cocaine toxicity, her mother and stepfather believe that she did not and would not have taken a fatal dose of cocaine,



willingly and must have been forced to take it by Ballin, after he had subjected her to a beating that lasted for over eight hours. Tara was found to have 37 external injuries and 6 internal injuries to her body that included, extensive bruising to her body including bruises to her face, left breast, front of her upper abdomen, inner and outer aspects of her legs, inner and outer aspects of her arms, front and back of her left shoulder, back of her right hand and fingers and the back of her left wrist and fingers, her back and buttocks: she had abrasions to her face; full thickness lacerations to her forehead, top of her head, back of head and bruising underlying the scalp injuries: a torn upper frenulum: five fractured ribs and a punctured lung.

Due to the post-mortem results, the police decided to charge Ballin with Grievous Bodily Harm (GBH) with Intent rather than murder as they thought that this would be easier to get a conviction with as it carries a lengthy sentence, something that her mother and stepfather strongly disagreed with: they believe that Ballin should have been charged with murder. Ballin pleaded not guilty to this charge, but at his trial in February 2018, he was found guilty. He was sentenced to 15 years imprisonment with a further licence period of three years.

The local CSP did not immediately commission a DHR until Tara's mother and stepfather supported by an advocate contacted them in September 2017 to enquire when they intended to hold one. The CSP eventually commissioned a DHR in October 2017, but the report produced in 2018 was deemed by the family to be of poor quality and lacking specific detail which was exacerbated by their relationship with the Independent Chair breaking down. After appealing to the Home Office, the family were successful in getting a second DHR commissioned with an Independent Chair and the second report recorded all their views that had been ignored in the previous version. The family's diligence and commitment to Tara's DHR ensured that the report was as truthful and as honest an account of the events leading up to Tara's death as could be achieved. Although the final report was not published until 2023 – seven years after Tara's death – the family believe that what has been produced is of good quality although they are less sure that the learning will contribute to making the future safer for other victims of intimate partner abuse.

Tara's stepfather, Pete Dury, has commented that,

*“The general feeling that we had about the DHR process was one of frustration and disappointment along with, what was the point? The timescales these reviews take creates a situation where all bodies involved say things have improved since the death, but if they keep happening, they can't have. We feel that the report went as far as we could expect given the legal circumstances created by the police, but we still feel that the point of focussing on individuals rather than on a couple's relationship was still not given as much significance as it should have. Whilst police forces look at incidences between couples rather than an overall pattern of an individual perpetrator's behaviour, perpetrators will continue to get away with abuse and murder. And with the process of simply putting a completed*



*report on a local authority website begs the question of who will even see the report never mind learn anything from it.”*

#### 5.3.11 Khaola Saleem and Raneem Oudeh



Khaola Saleem and her daughter Raneem Oudeh were both stabbed to death outside Khawla's home in August 2018 by Raneem's estranged husband Janbaz Tarin. Raneem had separated from Tarin and taken out a non-molestation order against him as he had repeatedly abused her throughout the brief time they had been married. Raneem discovered shortly after marrying Tarin that he was already married and had a wife and children in Afghanistan where he came from and that he had lied to her about his age and was older than she thought. Raneem later told her family that Tarin had forced her to marry him by threatening to harm her family if she did not: he also told her that if she ever tried to divorce him, he would kill her and her family.

Raneem called the police many times over Tarin's abusive behaviour and threats to kill and she eventually left him when he stole money from her to return to Afghanistan to see his wife. A non-molestation order was served on Tarin, and he became aware that Raneem was serious and intended to end their marriage, but the police did not receive their copy of the order as it had been sent in the post and had not been processed onto their system. On the night of the murders Raneem and Khaola went to meet friends, but Tarin followed them and confronted Raneem slapping her and Khaola before

leaving and making a threat to kill gesture at them. Raneem called the police, and she repeatedly told them that she had a non-molestation order against Tarin, and that he had already slapped and punched both her and her mother earlier in the evening. The call handler told her to go to Khaola's house and lock the door: she was told to call the police again if Tarin showed up. A while later as Raneem and Khaola were walking towards Khawla's house Tarin attacked and killed them. Khaola was killed defending her daughter. Tarin was captured by police four days later and eventually sentenced to 32 years for the murders of Raneem and Khaola.

The local CSP commissioned a DHR to investigate the events leading up to the deaths of Raneem and Khaola and family members were invited to take part: Khaola's sister/Raneem's aunt, Nour, was elected as the family spokesperson and worked with an advocate to provide the victims' voices in the DHR. Due to the distraction of the inquest and the restrictions caused by the Covid pandemic, contact between the family and the DHR Chair broke down and the family were not formally invited to meet with the DHR panel and did not see the final copy of the report before it was submitted to the Home Office QA Panel despite the advocate emailing the Chair and the CSP several times for updates.

When contact was re-established, the family were able to respond to the points that the Home Office had raised in their evaluation of the report and to provide a pen-picture about Raneem and Khaola to be inserted into the final draft of the report. The report is not yet published but the family have requested that a photograph of Raneem and Khaola be inserted on the front cover of the report, their names used throughout the report and not pseudonyms and that Tarin be referred to as the perpetrator. The family were able to provide the victims' voices in the DHR and to contribute to proposing changes to policies and practice be made to ensure that the future for victims is made safer and they have offered to work with the police and the CSP to monitor the action plan to ensure that the changes are working.

Nour had the following to say about the report that was produced at the end of the DHR process,

*"Having a report of a domestic homicide review should be a great source of understanding and learning, however, looking at this report of Khaola and Raneem, it feels like a repeat of the outcome of the inquest and I don't know how much it can be used to prevent future deaths and I worry that it*

*will be looked at as a great resource for study and will not change things that went wrong. I do feel we as a family weren't informed about the progress of the report enough and that it took too long to complete. I've offered my support to help with the learning that has come from the review, but it remains to be seen if they want me to be involved."*

#### 5.3.12 **Jayden Parkinson**



Jayden was a 17-year-old teenager who was strangled to death by 22-year-old Ben Blakeley in December 2013. Blakeley then concealed Jayden's body in a shallow grave before moving it and re-burying it in the grave of one of his family members. Jayden and Blakeley had been in a relationship but were not together in December 2013 as she had left him due to his abusive and controlling behaviour: he repeatedly beat her and used sadistic and threatening methods to control her and to isolate her from her family and friends. She was living in a youth hostel as due to Blakeley's influence and the threats he had made to her mother and the effects that his abuse and control had on her relationship with her mother, Jayden didn't feel able to live at home.

Jayden met Blakeley when she was 15 years old and he was 20 years old, and Jayden's mother believes that Blakeley initially groomed her daughter by regularly giving her drugs as he was an established user of cocaine and cannabis, but he also used threatening behaviour and coercive control

to ensure that Jayden prioritised him and his needs and ignored her family and friends: despite the abuse Jayden was besotted with Blakeley for many months until she made the decision to leave him.

Having left Blakeley, Jayden discovered that she was pregnant, and she telephoned both Blakeley and her mother to tell them her news. Blakeley's response was that the child wasn't his and that if Jayden went ahead with the pregnancy, he would throw her off a bridge to kill her and the baby. Jayden agreed to meet Blakeley as she wanted him to be in the child's life but when they met, he strangled her and left her body hidden before returning with a suitcase and moving it to a graveyard where his uncle had been buried. He enlisted the help of his younger brother to assist him moving Jayden's body and re-burying her and he was later charged with perverting the course of justice, whereas Blakeley was charged with murder and received a 20-year sentence.

A decision was made to hold a joint SCR/DHR review. Jayden's family found the joint review to be a confusing exercise and would have preferred to have separate reviews so that they could more easily understand why each review was required. They found that by having the joint review there was a heavy emphasis suggesting that Jayden's mother was responsible for Jayden's behaviour and what happened to her, with little or no understanding of the emotional effects on both of them that living with IPA had caused. The family believe that by focussing on Jayden's childhood and that of her abuser and her abuser's brother, the joint report was dominated by the social care concerns and minimised and detracted from the domestic homicide and the IPA and control that Jayden suffered from Blakeley and that ultimately took her life.

The family took part in the review and met with the Chair to share their knowledge about Jayden and her relationship with Blakeley, but they did not feel that they were integral to the review as they were not invited to consider the Terms of Reference and were not invited to meet the panel. When the draft report was completed, the family were not allowed to have an electronic copy and were given a few hours to read a paper copy that they were not permitted to keep. The family feel overall that they were treated as though they were not important to the review and that they were looked down on by the professional agencies as somehow responsible for allowing Jayden to be in a relationship with

Blakeley. Jayden's mother, Sam Shrewsbury, believes that she was looked down on and treated as unimportant by the DHR/SCR panel as the statement below illustrates,

*"I only read that awful report once and I was blamed in it and so was our Jayden – it f\*\*king incensed me especially only being given 4 hours max to read it. Nothing has changed since in my honest opinion – not the police or social workers. As far as they were concerned Jayden was a pain in the arse runaway and I was a mental junkie mother – nothing more nothing less. There was no acknowledgement that she and I lived through abuse from family and from him and no-one listened to us."*

#### 5.3.13 Dawn Rhodes



Dawn was a much-loved daughter, sister, and mother of two children who was killed in June 2016, due to what her estranged husband described as an act where he was defending himself from an attack made by Dawn: he was charged with murder but acquitted. The post-mortem report found that Dawn had sustained incised open wounds to both hands, a 13.5cm long deep incised injury to her throat that had severed her carotid artery and jugular vein and completely severed her windpipe and oesophagus, resulting in massive blood loss. Dawn's estranged husband admitted to causing the wounds but said

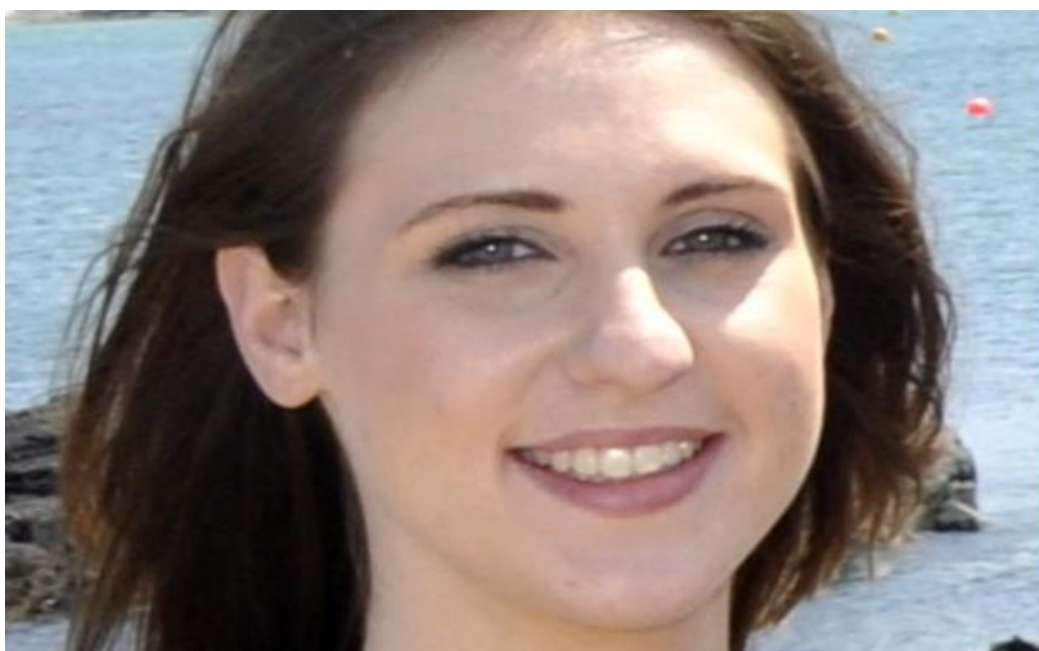
that he had acted in self- defence when Dawn attacked him. He said that she approached him holding a knife with which she had cut her eldest child on the arm before cutting him on the head and shoulder. He said he took the knife from her and lashed out to defend himself cutting her throat in the process. During the trial it was suggested by the prosecution barrister that the wound was one that had been inflicted from behind while Dawn was being restrained but Dawn's estranged husband maintained that he attacked Dawn while facing her and he was believed by the jury. Dawn had experienced coercive control and IPA from her husband for most of their marriage but when she began a relationship with another man the abuse and the control escalated leaving Dawn frightened of her estranged husband and unwilling to be alone with him.

A joint SCR and DHR was held to examine the events leading up to Dawn's death and agency responses and support given to Dawn and her family leading up to her death in June 2016. Dawn's mother and sister were invited to take part in the review and met with the Independent Chair and the Panel to discuss the information they thought should be considered as part of the review. Both mother and sister were deeply affected by Dawn's death and the acquittal of her estranged husband from the charge of murdering Dawn. They tried to ensure that Dawn's voice is in the report but feel that it does not record the truth about Dawn's relationship with her estranged husband and negatively and incorrectly portrays Dawn as an abuser when she was in fact the victim of IPA throughout her marriage. When asked for their thoughts on the experience of the trials and the DHR, Dawn's sister Kirsty remarked,

*"The DHR was not healing for Mum and I – it just felt like something hanging over us – to be completed. I don't believe that the Chair and the panel members knew enough about coercive control which was reflected by a comment they made in the DHR that said, 'knowledge of coercive controlling behaviour is in its infancy', how can you write a report on what you don't understand? My sister came out of it looking and sounding like a perpetrator of domestic abuse – victim blaming was rife. The only learning I see is how to use victim blaming to detract from the duty of care that was owed to my sister. I don't know if learning from the report will make a difference."*

#### 5.3.14 Alice Ruggles

Alice Ruggles was a 24-year-old young woman much loved by her parents, her siblings, and her many friends, when she was killed by her 25-year-old ex-boyfriend Trimaan Dhillon known as Harry Dhillon, in October 2016. Dhillon had driven to the ground floor flat where Alice was living in Gateshead, from the army base where he was stationed in Edinburgh, he had broken into the flat through a rear window and laid in wait for Alice to return from work. When Alice returned, he cornered her in the bathroom where she had attempted to escape from him by locking the door, and after kicking the door in he attacked her and slit her throat: the attack was particularly vicious as it is



believed that he placed his knee on Alice's back and pulled her head back by her hair and then slit her throat at least six times. It is believed that Alice fought with Dhillon as in total she suffered twenty-four injuries many of which were defensive wounds, but that he overpowered her which as he was almost a foot taller than her and three stone heavier is not surprising. Dhillon left Alice as she was dying and drove back to his barracks without calling the police or paramedics. When he was eventually arrested, he maintained that he knew nothing about what had happened, but he was charged with murder and during the trial where he pleaded not guilty, he maintained that Alice had tried to kill him and had fatally injured herself in the process.



A DHR was commissioned in October 2016 and a scoping exercise was carried out in November 2016 before the review was paused for the duration of the criminal trial which was completed in April 2017. The case gathered a lot of media attention as an ITV film crew were working with the Northumbria Police Homicide Team filming for a programme called ‘An Hour to Catch a Killer’ on the night that Alice was killed to emphasise the importance of the ‘golden hour’ a principle outlined in the British Police Murder Investigation Manual that describes how the decisions detectives make during that first hour impact on whether or not they catch the killer: the crew were able to film the investigation from the moment that the 999 call came in and valuable footage was gathered around Dhillon’s arrest and subsequent interviews.

Alice’s family were invited to be part of the DHR and although they disagreed with much of what was written about Alice and her actions to report Dhillon for stalking her, they did meet with the Independent Chair and the panel, and their comments and questions are recorded in the report. They report feeling fully involved with the DHR but disappointed that Dhillon has not accepted responsibility for killing Alice and still maintains his innocence supported by his family. The family agreed with all the recommendations in the report that include the call for the Home Office to consider a national stalking definition so that in the future there can be no confusion and there will be consistent understanding and practice, but they would like to see this expanded to the development of a national register for stalking offenders.

Alice’s mother Sue described the family’s experience of the DHR as:

*“We had an horrendous experience of being woken up in the middle of the night by police officers to tell us that Alice was dead and that was the first of many harrowing experiences for us. We were quite unprepared for what would follow after that – Dhillon pleading not guilty and being unrepentant was another shock, but when we came to the DHR we were fortunate to be supported by an advocate who was able to lead us through the process and to ensure that Alice’s voice is heard throughout.”*



### 5.3.15 Cherylee Roberts

Cherylee is described by her family as a precious and much-loved mother, daughter, stepdaughter, sister, and aunt when she was attacked and killed by Paul O'Hara in March 2014. Cherylee was a fun-loving person who was also caring and easy to get along with: she worked hard and ran two businesses. O'Hara and Cherylee met when he started work at her shop in April 2013; after a few weeks they began a relationship and by November 2013 he had broken her nose and blackened her eye in an unprovoked attack that she explained away to her family as being caused by her falling down the stairs. A month later she was attacked by O'Hara again, and again she explained her injuries away with her own clumsiness. When Cherylee first met O'Hara, she was not aware that he had been released from prison in April 2012 after serving 14 years of a life sentence for the murder of an ex-girlfriend.



She did however know that he was being supervised by the probation service and she was aware that he could be recalled to prison should he commit any other offence or break the

terms of his parole: her family believe that it was because of this that Cherylee was reluctant to report the injuries that O'Hara inflicted on her.

The circumstances of how O'Hara killed Cherylee, demonstrate his complete disregard for the police as he killed her in front of two police officers who had been called to her address to investigate a report of domestic violence. O'Hara pulled out a hammer and launched a vicious attack on Cherylee in front of the officers. He then attacked the police officers and chased Cherylee into the street where he stabbed her several times, killing her. O'Hara was arrested and charged with murder and was sentenced to a whole life term in June 2014.

Cherylee's family were devastated when they lost Cherylee, but they became extremely angry when they learnt about O'Hara's past and that he had murdered an ex-girlfriend. They attended the trial and the inquest as they were determined to see justice done for Cherylee. They also took part in the DHR, but they reported that they were so shocked by Cherylee's death that they began to run out of energy as all the statutory post death reviews were unknown to them and they were unsure of what they needed to know or to do. They were relieved when they were introduced to an advocate who knew what needed to be done for the DHR and accompanied them to meet the independent Chair and the panel and tried to ensure that Cherylee was central to the review.

Cherylee's mother, Betty Roberts, commented that,

*"We didn't know what a DHR was – we didn't know what an inquest was either really – so (ADVOCATE) helped us with both. I didn't know what to make of anything at the time as I was still in shock and missing Cherylee so much and I was full of hate for O'Hara. I couldn't believe that he had murdered an ex-girlfriend before and been let out to do it again – I still don't understand it. I'm afraid to say that I left things to (ADVOCATE) as she knew what she was doing and what needed to be done and I didn't have a clue. I think we are all grateful to*

*her because we couldn't have done it without her and without the people, she introduced us to and who worked on our behalf. I he there has been learning from Cherylee's death, but I don't know how quickly she will be forgotten – we will never forget her and never forget what went wrong but will anyone else?"*

#### **5.3.16 Theresa Smith**

Theresa was a 34-year-old young woman who took her own life in 2017. Theresa was married to a man she had known since childhood having met him at school, and they had travelled to the UK in the early 2000s. When they first came to the UK they came as friends and were not married - they became a couple some years later. Theresa had encountered a traumatic situation in her home country that had influenced her move to the UK: she witnessed a neighbour being robbed and then shot and was forced to flee from the scene in fear for her life chased by the robbers. This incident had a profound effect on Theresa and troubled her for several years until she was eventually diagnosed with PTSD because of it. Thereafter Theresa did experience quite poor mental health and substance misuse – self medicating her distress with alcohol and prescribed drugs.

Theresa made a couple of attempts to take her own life in the months leading up to her successful attempt in November 2017; one by taking an overdose of tablets she obtained from the internet and the second by attempting to hang herself in the garage of her home. She was already having regular contact with her GP during this time and was also referred to mental health services and the police. She disclosed that she was experiencing domestic abuse from her husband but was reluctant and fearful to either leave him or to report him to the police. During the period from September 2016 to the date of her death in November 2017, Theresa contacted the local domestic abuse charity 177 times and was referred to MARAC three times; she also had a similar number of appointments, if not more, with her GP.

Following Theresa's death, a decision to commission a DHR was made within a month and enquiries were made to establish if a Mental Health Review should also be opened but NHS England informed the CSP that the circumstances of Theresa's death did not meet the criteria for such a review.

Theresa's family were invited to be part of the review and were shocked to discover the detail about the domestic abuse that their daughter had been suffering, believing that she had been experiencing mental health difficulties not abuse. It was a traumatic and upsetting discovery for them as the alleged abuser was living with them at the time. Once alerted to the facts the family, in particular Theresa's mother, was able to assist the DHR Panel and the Independent Chair by providing copies of Theresa's diaries as well as providing other information pertinent to the review that not only documented the abuse but also Theresa's efforts to leave her abuser. Theresa's mother and the Independent Chair worked closely together to ensure that Theresa's voice was in the final draft of the report and Theresa's mother was grateful to the process for bringing to her attention the abuse her daughter suffered.

Theresa's mother summed up her experience of the DHR process with the following quote,

*"It came as a complete shock to us to find out through the DHR that Theresa was being abused by that piece of shit that she was married to – I can't get over how he hoodwinked us and pretended to miss her. I will be forever grateful to the DHR Chair for involving us as much as he did and for educating me about domestic violence and controlling behaviour – he truly listened to everything I said to him. Once I knew that I could be involved I made it my business to do what I could because this was about my daughter."*

### **5.3.17 Suzanne van Hagan**

Suzanne Van Hagan was 34 years old and a much-loved daughter, sister, and mother when she was died in 2013. She was found dead with the abusive partner that she had been trying to leave, John Warton in February 2013: their bodies were discovered by Suzanne's nine-year-old child who rang the police. Once she became involved with Warton, he isolated Suzanne from her family and friends, and it came to their attention that he was a regular drug user and regularly physically abusing her.

When Suzanne and Warton were found dead, the family discovered that she had been intending to leave as there were suitcases in the hall packed with Suzanne's and her child's clothes, she had just done a week's shopping but there was no food in the house, her passport was on the driveway outside the house and her car was full of petrol. Initially the police believed that the two deaths were murder/suicide as there were strangulation marks on Suzanne's neck, but a few days later the post-mortem results changed their opinion as both Suzanne and Warton were found to have drugs in their system. Warton had several different drugs and alcohol in his system, but Suzanne had a high concentration of just one drug that her family believe she was forced to take. Even though Suzanne had bruising on her neck and face as well as other injuries to her arms and legs, the police decided that the case was one of a drug overdose.



The pathologist had put forward three possible causes of death that included pressure to the neck, drug toxicity or the most plausible as they saw it, a combination of the two but the police discounted the possibility that Suzanne had been murdered. In a press release that the police issued in relation to Suzanne's death they said that her and Warton's deaths were due to an accidental overdose of drugs taken during a sex game, despite knowing the history of the relationship which was well documented as one of domestic abuse perpetrated by a violent paranoid schizophrenic.

Thereafter the family experienced several setbacks as they tried to ascertain the truth about what had happened to their daughter, as they were determined to not give up. Having announced that the police believed that Suzanne's death was an accidental drug overdose during a sex game, they continued to upset Suzanne's family with some disparaging remarks about their daughter that included 'You didn't know your sister in the end, and she was a drug user' as well as 'Your sister had two legs and she should have used them'.

Due to the position taken by the police Suzanne's family suffered acute distress and many injustices that they were forced to battle through –Suzanne's mother had to delay her retirement and the stress of the case is thought to have led to Suzanne's father suffering a heart attack which left him bedbound for two years.

The CSP commissioned a DHR which to date remains unpublished and the family supported by an advocate who has supported them through the inquest and other things related to Suzanne's death, have taken part, and provided as much information as they can to the Chair. The reason for the delay on publication is not known and has not been announced publicly but Suzanne's father, Les van Hagan, believes that it should not be published until they can be sure that everything in the report is truthful and the recommendations for improvement to practice are agreed.

Les has said,

*"We have been treated appallingly throughout this entire process, but not only have we suffered so much injustice so has Suzanne and her child. We've had short notice meetings dumped on us and then even shorter notice cancellation of meetings – it's been a nightmare. Nothing has gone right since the police announced the reason, they believed Suzanne died and we will not forgive them for that. We might have had an apology from the police for what they got wrong, but we're not finished yet. They will never know how their poor ill-informed judgement affected us all - they messed it up from the start they couldn't or didn't want to see that Suzanne had been murdered - they suggested that she was part of a sex game gone wrong and that as she had two good legs she could have walked. Can you imagine how that made us feel? Then we get to the inquest, they gave their report to the coroner and that was it, like that was the whole truth. We had to fight to even get the coroner to listen to us and look at the evidence but even then, it took ages, and she would only look at part of it. It wasn't until (ADVOCATE) got involved with us and helped us that we felt supported and felt that we could turn this around. We will be forever grateful for (ADVOCATE'S) help as I don't think we could have got this far without them."*

### 5.3.18 Tracey Walters



Tracey Walters was a 48-year-old woman who was adored by her children, her mother, her sister, and her brother-in-law; she was killed by her second husband Ian Walters who was 51 years old, in a staged traffic accident. Walters deliberately drove at high speed off the M1 motorway into a tree, injuring both himself and Tracey: Tracey died of her injuries two days after the crash in March 2014. The couple were returning from a 'make or break' holiday in the Yorkshire Dales which they had cut short due to irreconcilable differences and with Tracey telling Walters that she wanted a divorce. At his trial Walters pleaded not guilty and claimed to have no memory of the crash but Tracey had been texting her family since early morning on the day of the crash and she had told them that they were returning early because he had assaulted her again and that when she got back she wanted him to be arrested: she also told her family that he was driving at excessive speed and was volatile.

Sentencing Walters at his trial, to life imprisonment with a minimum term of seventeen years, the judge described him as a narcissistic, self-centred, self-absorbed bully who had risked his own life to deliberately kill Tracey and the judge also commented that Walters had demonstrated no remorse for what he had done and no regret for any aspect of his behaviour. Walters continued to protest his innocence and appealed his sentence claiming he had no memory of the crash, but the appeal was dismissed as there was clear evidence on CCTV and from witnesses that he had deliberately driven off the motorway and into trees: the police also established that the vehicle was sound and did not have any mechanical faults.



The CSP commissioned a DHR in June 2014 and the family took part with Dave Smart, Tracey's brother-in-law as the family spokesperson: nine members of the family took part. The family met with the Chair and with the panel but were only given a paper copy of the final report as the CSP were aware that the family intended to begin legal proceedings against some of the agencies involved and a decision was taken that they should not be given an electronic copy of the report.

Dave Smart's comments on the DHR are below:

*"As a family we were left mentally and physically exhausted after the trial where we had to listen to that idiot try to get people to believe that he was not guilty because he had no memory of the crash! We could have walked away after that but in memory of Tracey we had to stay involved with the DHR as she would have done the same for any one of us. We got on well with the Chair and everyone on the panel was polite and treated us respectfully but there was just that underlying something that they didn't trust us because they thought we were going to sue them and that's not what a DHR is about is it? I'm not sure that Tracey's voice is in the report because there's some parts where it sounds like she's being blamed for what happened to her. Will the learning be effective? It depends on who reads the report and what they do with the knowledge. I hope that Tracey didn't die for nothing – but I'm sure that it is only us who care."*

### **5.3.19 Leighann Wightman**

Leighann was a much-loved daughter, stepdaughter, sister, and mother who was stabbed and killed in October 2011 by her ex-partner Andrew Kemp: Leighann was 24 years old when she was killed: her child was five years old. Leighann is described by her family as a kind, loving, caring and bubbly young woman who always saw the good in people and trusted that they were always truthful.

Although Leighann was outgoing, she was also vulnerable: as a child, she had delayed speech development and was diagnosed with severe dyslexia which continued to affect her self-confidence as



she became an adult.

Kemp was described by Leighann's family as a violent bully and at the age of 48 years old he was twice her age when he killed her, Kemp had a criminal history, going back to a first offence at the age of thirteen of theft and arson, and he soon progressed to offences of murder, rape, and violence against women. At the age of thirty-six he raped a young woman while her two-year-old child was in the house and was sentenced to nine years imprisonment of which he only served half but as his sentence exceeded thirty months he was placed on the Violent and Sex Offender Register (VISOR) for life. On leaving prison he was managed by the Probation Service as a category one MAPPA offender but despite this he continued to threaten and abuse women. When Kemp met Leighann, he exerted the same coercive control and violence against her that he had used on other women: it appears that the agencies were unaware that Kemp was skilled at using power, control, and manipulation to ensure that Leighann would be compliant with his wishes. They were also unaware that he controlled her phone, he controlled her friendships, and he used threats to force her to retract or withdraw allegations. Their relationship lasted for approximately three years and Kemp was violent and controlling for most of that time until realising that he had lost control of Leighann he finally stabbed her to death: in June 2012 he was sentenced to a minimum of 22 years imprisonment.

Leeanne's family took part in the DHR which was complex from the outset as her mother and father were divorced and each had new partners, so communication between them was difficult despite the circumstances of their loss. Leighann's stepmother and her father were interviewed for this research. A DHR was initially commissioned in 2011 and approved by the Home Office in August 2014 but on publication both parents and their partners disagreed with some of the detail particularly as there were

discrepancies and omissions between the DHR and an earlier complaints investigation carried out by the police.

The Independent Police Complaints Commission (IPPC now known as the IOPC) reviewed the police involvement in the case, but the family remained dissatisfied with the outcome and asked for the DHR to be re-examined. The Home Office agreed that the DHR panel should be reconvened with a different independent chair.

Leighann's father and stepmother, Andy, and Michelle Wightman, described feeling at times completely overwhelmed by their experience of the DHR as they were not informed about the decision to hold a second review. The reason for this was not resolved, and they were suspicious of the new chair's explanation that she had tried to contact them by phone and not been successful. Michelle reports that she actively sought information about the DHR but came up against a wall of silence each time: it took her over a year to ascertain who the new chair was and to become involved in the second review. It was difficult for her not to believe that it was because of the acrimonious nature of the relationship between Leighann's parents that had caused this.

Andy and Michelle's thoughts on the DHR process are below,

*"Not being immediately informed that a second DHR was to take place, and to only get involved when the final report was being written made us feel so helpless and unwanted, not only for the review but that our input about Leighann's life was insignificant. When we eventually met the new Chair and the panel, we were met with an extremely negative attitude that we believe was based on unreliable information. We do not think that Leighann's voice was represented in a positive light and if it hadn't been for our advocate helping us to make changes reflecting who Leighann really was and what she had experienced, it would have been a poor report. We were determined that the memory of Leighann should not be defined by how she died but by who she was and what she meant to her family. We hope that the learning in the DHR will help future victims, but we have no way of knowing if that will happen and from our experience, we think it is unlikely that anyone will tell us."*

### 5.3.20 Karen Wild

Karen Wild was a dearly loved wife, mother and daughter who was stabbed to death by her 22-year-old son Lian, on the 30<sup>th</sup> January 2014. Karen was found by paramedics in her home with serious stab wounds but despite their best efforts she was pronounced dead shortly after their arrival. Karen's son, Lian, was arrested shortly after, and he was charged with the murder of his mother.

Karen's husband Ian who was at work when his wife was attacked, described his wife as a devoted and loving mother whose children meant the world to her: he said that the loving memory of Karen would help him and the rest of the family to move forward in the future. He remembers being told of his wife's death in a phone call as he was driving home that evening – something that he found shocking as no thought seemed to have been given as to how he would continue his journey after receiving such news. Karen's mother described Karen as an incredibly determined person with a clever sense of humour, who she would miss so much as she had lost her best friend.

Lian although charged with murder pleaded guilty to a charge of manslaughter on the grounds of diminished responsibility and was detained indefinitely under a hospital order in a secure mental health hospital. This case was devastating for Karen's family and although a DHR was commissioned the findings were not made public and the report was not published.



Karen's husband was involved with the DHR and described the process as extremely intrusive and accusatory; pointing the finger at Karen and her parenting style and omitting to look at the services offered to Lian or the lack of assistance to Karen. He was full of praise for the advocates that assisted him through the process, in particular the Victim Support Homicide Worker who helped with everything from the paperwork to the specialist knowledge of the DHR process.

Ian described his thoughts on the DHR as follows,

*"In a situation like this you are extremely vulnerable when you have no prior knowledge of the purpose or the process of a DHR. I consider myself to be reasonably articulate and well educated and I can fight my corner when I need to, but I needed someone by my side for this – someone who knew what they were doing and could guide me. I found the review challenging, and I found that one of the problems is that everyone brings their own baggage to the party and has their own axe to grind. Will anyone learn from Karen's death? I doubt it as no-one is going to read the report so how will that inform changes to practice? I tried with my advocates to make sure that Karen's voice was in the report but there isn't much of her in it, there is more of Karen being blamed than anything else."*

### 5.3.21 Katie Wilding



Katie Wilding was a young twenty-one-year-old woman who was found dead next to her ex-partner, Mitchell Richardson in November 2016. Approximately four weeks before they were found dead, Richardson had been found guilty of two counts of assault by beating of Katie, criminal damage and resisting arrest; he was due to be sentenced for these crimes in late November 2016. Katie was a petite 5'2" weighing approximately 6 stone and Richardson was 6'4" and over 15 stone; and at 33 years old he was 12 years older than Katie. Richardson was a regular user of steroids, cocaine and other drugs and he had a criminal history of violence against other men and women that he kept hidden from Katie when they first met.

Richardson was being electronically monitored when they first met and was wearing a tag on his ankle as punishment for a violent crime against another man who he had found with an ex-girlfriend. He was forced to tell Katie about the tag when he asked if he could move into her flat after just two weeks of knowing her, because he said he was being evicted from his own flat. Katie vouched for Richardson and supported him in getting the tag removed early as it was preventing him from gaining employment.

Katie and Richardson's relationship was initially happy but within weeks of Richardson perceiving that Katie was fully committed to him, he became aggressive, controlling, and violent towards her

especially if she ever failed to prioritise him and his well-being. Richardson's behaviour swiftly changed from an attentive lover to an aggressive bully, but Katie always blamed herself for upsetting him rather than seeing him for what he was. Richardson regularly attacked Katie and damaged their flat and the police were called on several occasions until Richardson beat Katie so severely that he was arrested and charged with assaulting her: Katie's case was assessed as high risk and referred to MARAC.

Richardson was found guilty of assaulting Katie and was awaiting sentence when he and Katie were found dead from the ingestion of a mixture of cocaine and morphine: a few weeks before this Richardson had told Katie's mother that he could kill Katie with drugs, and no-one would know. Richardson's family told people on social media that the couple had died in a Romeo and Juliet styled suicide pact and they repeated this opinion at the inquest, but Katie's family refute it and believe that Richardson killed Katie just as he had predicted that he could: he had what could be described as an expert knowledge of illegal drugs and the effects they could have on people and he would have known the dosage to give Katie that would have had been detrimental to her life. Katie's family believe that Richardson knew that he had lost Katie as she had ended the relationship with him, and he feared being sentenced to prison, so he had decided to kill himself and Katie as his ultimate act of control.

Katie's family were not told about DHRs and did not find out about them until 2018 when supported by an independent advocate they approached the CSP to request that they commission a DHR to investigate the events leading up to Katie's death. The CSP refused as they said that Katie's death was not a homicide and did not meet the criteria for a DHR: they also said that they did not consider that there was anything that could be learnt from Katie's death. The family continued to press for a DHR and enlisted the help of their local MP, the Home Secretary and experts on coercive control and homicide but the CSP refused to change their minds. The Home Office urged the CSP to review their decision and encouraged them to commission a DHR, but the CSP still held their position that Katie's death was not a homicide and did not meet the criteria for a DHR. Eventually they bowed to pressure from the Home Office and the local Police and Crime Commissioner and a DHR was commissioned in 2020 – four years after Katie's death. At the time of writing the DHR is not complete, but Katie's



family are full involved with the process and there are plans for them to meet with the panel: they are determined that after fighting so hard and for such a long time that there will be learning from Katie's death and that agencies will improve their services to prevent future deaths of any women affected by intimate partner abuse. Katie's mother recalls her experience in the quote below,

*"Getting the CSP to agree that Katie not only deserved a DHR, but her case fulfilled all the criteria for one took over four years. Those four years were filled with victim blaming language towards Katie and patronising language towards me. I hope that the DHR and the changes/recommendations that we hope to highlight actually help to save other Katies."*

#### 5.3.22 **Kelly Worgan**

Kelly Worgan was a 33-year-old young woman, who was adored by her two children, her parents, and her sister. Kelly was strangled to death by her husband George Worgan, in November 2018; Worgan fled the scene but was captured by police later that day. He stood trial and was convicted of Kelly's murder and sentenced to life imprisonment of 12 years to be served before parole can be considered.





The trial heard that there was no known domestic abuse between the couple although it was acknowledged that they were experiencing extreme financial difficulties, most of which were attributable to Worgan, and that there were problems between Kelly and members of Worgan's family. Kelly's parents and sister suggested that if Kelly had been experiencing IPA, she would have been unlikely to disclose it to them as she would not have wanted to worry them and would have felt that she could manage things on her own. Kelly was known by her family to always deal with any difficulties she faced without asking for help and taking anything and everything in her stride: she had a strong independent and self-effacing nature and did not enjoy drawing attention to herself.

Initially the CSP decided not to hold a DHR as they believed that there would be minimal learning from Kelly's death, but they reviewed their decision when an advocate supporting Kelly's family contacted them to ask why they were not commissioning a DHR. After reconsideration the CSP informed the family that the initial decision not to undertake a DHR was because it was felt that learning from the case was like another that they had recently undertaken. They apologised to Kelly's family for this and commissioned a DHR that commenced in May 2019- 6 months after Kelly's death. Kelly's family expressed the view that they feel that the initial decision made by the CSP was poor and insulting to their daughter as there is always learning from the death of a victim of IPF as it is the ultimate price that women pay for abuse in their lives.

Kelly's family took part in the DHR as they were determined to get answers to their questions as to why Kelly died and to contribute to the learning to ensure that no other families should experience the pain of losing a loved one to IPF in the same way that they had. They were disappointed to find that there was little interaction between Kelly and other agencies about any IPA she may have experienced even though she did make frequent visits to the GP and had visited walk-in clinics and the Accident and Emergency Department of the local hospital to report injuries sustained in the home and to discuss her children: Kelly was not asked about the possibility of IPA being the source of her injuries and she was not asked any general questions about her domestic life.

Kelly's family did fully engage with the DHR process and met with the panel and the Independent Chair and Author several times, but they never really felt integral to the proceedings. They report feeling that

there was a conspiracy against them as they asked too many probing questions which made the professionals uncomfortable. They were extremely disappointed that there was not enough learning coming from the report that would help future victims although as they did not see the action plan, despite requesting to see it repeatedly, they could not be sure and there have been no approaches to them to assist with the evaluation of any changes that are put in place. Kelly's family did not feel that they had been integral to the review as although they provided information on their daughter that the agencies should have known they felt that their input was such that they were defending their daughter's character and reputation rather than assisting with exploring why and how she died.

Kelly's dad, Paul, described how the family felt in the following words,

*'The effect for the whole family after the way we were treated by all the agencies from the police to the local authority was horrible - we all felt as though we were being patronised - patted on the head - there, there - un-bloody-believable. It was bloody obvious that they didn't care that we had lost a precious daughter and sister. If they had had their way, there wouldn't have been any investigation into Kelly's death especially as George pleaded guilty. Now that the DHR is over I wonder what it was all for as we're still none the wiser about why Kelly died – he's (perpetrator) got away with it as far as I'm concerned. I am disgusted that the police failed to prevent information on Kelly's death circulating on social media because their officers were discussing it at the scene with the windows open so that anybody outside could hear – we know they did from the people who put it in Facebook. And I'm disgusted that instead of apologising for their behaviour I've had to chase the Chief Constable and my MP to make them do it'.*

## **5.4 Conclusion**

This chapter has provided the victims' voices through descriptive accounts of each of the cases and some of the comments made by their families on their thoughts and experiences of the DHR process. The purpose of this chapter is to provide an insight into the circumstances surrounding victims' deaths due to IPF or IPS and to highlight some of the issues that their co-victims experienced with the statutory DHR process. Each case is unique, but it is possible to see some common traits running

through all of them, as can also be seen in the families' experiences. All but two of the cases fit with Monckton Smith's 8 Stage Homicide Timeline particularly in relation to the escalation of risk that the perpetrators' behaviours posed and the level of control that they exerted over their victims.

The following chapter investigates the research findings in detail by drawing from the research interviews and the detail gathered from the published DHR reports to answer the research questions.

The analysis of the key themes identified in both the research interviews and the published DHR reports produce the findings that can evidence the value of victims' voices in DHRs.

## **6 CHAPTER SIX – THE VOICES OF BEREAVED FAMILIES**

### **6.1 Themes identified from the interviews with bereaved families.**

The thematic review of the data gathered from the interviews with the bereaved family members identified several themes in relation to the aims of this research. The aims and objectives for pursuing this research were discussed in Chapter One but are worthy of mention at the start of this chapter to clarify the issues that were under discussion with the families. The purpose of the study was to examine the overall experience of bereaved families in relation to victims' voices in the DHR process: to investigate and explore if they always provide the victim narrative and if not, to establish who does, and to explore if the victim narrative contributes to and influences the learning and the recommendations for future practice. Further the study aspired to investigate if families are automatically welcomed to take part in the reviews, if they are encouraged to provide the narrative of the victims' voices as promoted by the Home Office Guidance, if they are welcomed and made to feel integral to the DHR process and if they are listened to and their accounts of the victims' lives are believed. In addition, the study wanted to discover what if any barriers there may be that preclude bereaved families from fully participating in the DHR process and providing the victims' voices.

The discussion of the themes gathered from speaking to the families that address the points above are detailed in the following sections and are evidenced by direct quotes and paraphrasing of the conversations with the victims' families. The title of this thesis poses a question about giving victims a voice in the DHR process and the dignity of being heard, and it is my intention as a qualitative researcher employing a feminist informed thematic review methodology to ensure that the voices of the participants are considered as it is one of the primary goals of feminist research to provide a space (Himes1992).

An analogy can be drawn between many of the themes identified from speaking to families with issues that dominate much of current feminist thinking. The themes include, coercive control, self-silencing, isolation that arises from being excluded from mainstream debates, and not being listened to, these are all issues raised by feminism in its various guises and ideologies in recognition of

women's position in society: a society where men hold power and dominate roles of leadership, moral authority and social privilege and are positioned as the default authority. Many of the responses cited in this chapter can be more easily appreciated and comprehended when consideration is given to the fact that all the participants were consumed by their grief and dealing with a raft of emotions. This is not to demean their responses but to applaud them as grief is a complex and multifaceted emotional experience that varies widely among individuals based on their personal circumstances, cultural contexts, and relationships to the deceased (Connelly and Gordon, 2015; Morris et al, 2012; Armour, 2006, 2002a; Master et al, 1987): the participants responses reflected this.

## 6.2 A Continuum of Coercive Control

There were many instances where the families reported to me that they encountered barriers to providing their loved one's voices in the DHR process and felt that their voices were silenced which by default silenced the victims' voices. These will be discussed in detail, but it was noticeable that many of the accounts of their experiences of the DHR process paralleled the elements of coercive control as proffered by Stark and other scholars (Monckton Smith, 2019; Stark and Hester, 2019; Walby et al, 2017a) a continuum of coercive control that could be said to trap families in their relationship with the statutory agencies that control the DHR process and silence them. The significant difference with this model of coercive control however is that it starts from a point of fatal violence and does not end with it, but families reported feeling trapped and controlled by the whole process and in fear of walking away from the process if they wished their loved one's voice to be heard – Kirsty Spencer's observations illustrate this,

*“We wanted the DHR published and by not capitulating – it felt like a gun to our heads. I'm still angry about it and will remain so.”.*

similarly, several families recounted that once involved with the process they did not feel able to leave as they did not have enough information about DHRs, and they were unsure of what their rights would be should they choose to leave. Paul Holder's comment explains how he felt,

*“I knew nothing about the process and as our advocate had chased the CSP to hold a DHR, I felt I couldn’t leave”.*

Families reported feeling subjugated by the statutory agencies as they were not afforded the same status as other panel members and felt mistrusted, expendable, and insignificant when information was kept from them, or different levels of information were given to them. Michelle Wightman describes this,

*“We weren’t privy to all the information, probably because we were the other side of a divided family .... the report was being written without our input and this made us feel so helpless, useless, and silenced not only by the review, but the panel who chose to ignore us and treat us as insignificant”.*

The whole process could be said to hold families to hostage with many afraid to cause any friction for fear that they would be excluded. Gemma Barret describes how she felt,

*“We did everything they asked us to do because we didn’t want to give them an excuse to get rid of us – not that I would have gone without a fight - but it wasn’t a two-way street because they didn’t do anything for us, and it always felt like they mistrusted us”.*

Families described having no choice and no space for action, Sam Shrewsbury describes her experience of reading the final report,

*“They would only give us a paper copy of the report and a couple of hours to read it in Victim Support’s offices – I only got half-way through it because I’m not used to reading reports – they wouldn’t allow me to take it home as they thought I’d give it to the press”.*

Manipulating compliance was also mentioned by some families, Peter Dury remembers,

*“They wanted me to stop trying to get his drug dealing investigated as they said that it would hold up the review”.*

Jan Courtenay was encouraged to stop pursuing questions about the drugs that her daughter was prescribed,

*“When I met with the mental health people, they told me that there was no information on the side effects of one of the drugs that Debra was on and that investigating it would hold up the review”.*

Families related that they often encountered a hierarchy of relationships in the DHR with the statutory agencies assuming superiority over families and there being a tacit understanding that the victims’ voices provided by the family were less valuable than those provided by the professionals. Jo Piontek said,

*“When we met with them (the DHR panel) they were annoyed that I kept asking them questions – they didn’t want to listen to us - one woman didn’t like us being there and kept referring to what she had written in the report as though it was set in stone and there was no need for further explanation”.*

Julie Aunger had a series of meetings with the CSP in her quest to get a DHR commissioned for her daughter,

*“They repeatedly told me that Katie’s case did not meet the criteria for a DHR – their mantra was ‘it’s not a homicide’ – and I was told that they knew best and that their legal team had confirmed it inferring that I was wrong, and that I had no right to question them”.*

It is right that the DHR process is ordered and controlled but instruction for this is included in The Home Office Guidance (2016a) which also emphasises the value of including families in the process and it is unfortunate that many families reported feeling the negative aspect of that control and were unable to speak out.

### **6.3 Self-Silencing**

Self-silencing was identified as something that most of the participants of this research imposed on themselves at various time before and after the death of their loved one. In feminist ideology self-silencing refers to the tendency for women to suppress their thoughts, feelings, and needs to maintain

relationships, avoid conflict, or conform to societal expectations. This concept has been studied extensively in feminist psychology and sociology, particularly in the context of gendered socialization, where women are often encouraged to prioritize others' needs over their own.

A theory of self-silencing as proffered by Jack (1991) describes the act of silencing oneself as a conscious decision to suppress one's voice and put the voices of others to the fore with the intention of not upsetting them and preserving a relationship with them. Jack's research found that self-silencing is mainly experienced by women and refers to the fact that women care more about the wishes, expectations and needs of others in their close relationships. In a collaborative study Jack and Dill (1992) devised a Silencing the Self Scale (STSS), a thirty-one-item measure of the extent to which women silence certain feelings, thoughts, and actions to create and maintain safe, intimate relationships. Other research has looked at the effects on women of self-silencing and the links to depression (Maji and Dixit, 2019) but as the phenomenon has become established, research has broadened out to apply the theory of self-silencing to both genders in a variety of settings (Patrick et al, 2019). Researchers such as Baeza et al, (2022) have identified that self-silencing has psychological and sociocultural dimensions that may result in negative health consequences for both men and women and when this is considered in relation to the fact that many bereaved families may already be affected by health difficulties brought on by the trauma and grief that emanates from the loss of a loved one to a violent and purposeful act such as IPF and IPS, (Connolly and Gordon, 2015) the consequences of both may be intensified and difficult to navigate.

Most of the participants of this study had elected to self-silence on several occasions for a variety of reasons. In discussions with them, it became apparent that there were instances when they silenced themselves in deference to others, most frequently before the homicide or suicide had occurred and before their loved one's relationship with the perpetrator had intensified and the coercive control and abuse were known about and had become significant problems.

Julie Aunger described her first encounter with Mitchell Richardson as,



*'I'd heard about this man that had swept Katie off her feet but on meeting him I was concerned by his behaviour, but I didn't want to lose contact or alienate Katie, so I tried to make a joke of it (his behaviour) and made a mental note to keep a close watch on what he did.'*

Julie did keep a close watch on Richardson and was able to give the police, the coroner, the CSP and eventually the Chair and the DHR Panel a detailed account of the abuse that Katie had experienced. Julie used her voice to provide Katie's voice but her initial approach to meeting Richardson where she did not mention her concerns about his behaviour to Katie, is an example of where she silenced herself because she feared upsetting her daughter and losing her relationship who had said that she was, "*the happiest she'd ever been*". Julie explained that whilst she was initially suspicious that Richardson was violent and controlling towards her daughter, she did not have irrefutable evidence to support this until much later into their relationship, and she did not want to be responsible for saying anything at that time that may have ended the relationship as she believed that her daughter might blame her and become upset and lose contact. Silencing herself proved to be an effective strategy for Julie as Katie did eventually share information with her that confirmed that she was experiencing abuse and control from and was frightened of Richardson, and this enabled Julie to support her and assist her with leaving him.

Julie was not the only family member, who silenced themselves for the sake of their relationship with their loved one and did not discuss the abuse they were concerned they may be experiencing. Jo Piontek whose sister and niece were killed by Christopher Boon, felt instinctively that he was abusive and searched social media for information about him. Jo recalls,

*"I knew that Boon was a wrong-un, I didn't trust him, but I knew how Laura felt about him and decided to find out what I could before approaching her. He always said that he and Laura met on Facebook, but we know now that he stalked her on Facebook to become her 'friend'. As soon as he was with her, he isolated her from us as much as he could, and we rarely saw her without him only on family birthdays because at Christmas and her birthday he would take her away on expensive holidays".*

Jo chose to be silent about her suspicions about the abuse and did not approach her sister for almost the same reasons as she did not want to lose contact with her nor upset her, she wanted to be close enough to observe Boon's behaviour and to protect her sister if needed. Julie and Jo's approach to maintaining their relationships with their loved ones are clear examples of self-silencing as described by Jack (1991).

Although Jo chose not to discuss her suspicions about Boon with her sister, she did approach the police to try and find out more about his history under the Domestic Violence Disclosure Scheme (DVDS) or Clare's Law as it is popularly known. Due to the criteria for disclosure the police were unable to tell her anything even though Boon had a significant history of abusing women and a conviction for assaulting and threatening the life of an ex-girlfriend, and her mother in the presence of her two young children when she ended her relationship with him.

The subject of the Domestic Violence Disclosure Scheme (DVDS) was raised in several family accounts, with families having regrets that they had not been able to find out about perpetrators' violent pasts earlier on in their daughters' relationships. It was disappointing for them that the DVDS did not assist them with finding the truth about the people that their loved ones were in relationships with, people who often had a criminal history of abuse with men and women, and this resulted in them feeling silenced, and their concerns negated. Jo Piontek was discouraged by the response she received from the police after Boon first attacked her sister when she was told that they were not able to tell her anything under the DVDS as she was a third party.

*"If they had told me about his attack on an ex-girlfriend and threatening to kill her and her mother in front of her two young children, I would have done more to get Laura away from him although, I know now that the police did tell Laura, but she refused to believe that he would be like that with her."*

Sue Ruggles was disappointed that the police had not been able to tell Alice about Harry Dhillon's record,

*“We didn’t find out until much later that Dhillon had a Restraining Order taken out against him for assaulting an ex-girlfriend – if the police had joined the dots and told Alice it might have made a difference – it would definitely have helped us as a family if we’d known.”*

At the time that Alice was in a relationship with Dhillon, Sue and her family knew little about domestic abuse, coercive control and stalking and they did not involve themselves with Alice’s relationship with Dhillon as they did not consider him to be a threat to her. They reasoned that she was able to manage the relationship and to end it at her discretion without them interfering, but had they known about Dhillon’s abuse of an ex- girlfriend and the restraining order that was placed on him for his actions, they believe that they would have been more proactive and used their voices to encourage Alice to end the relationship and to urge the police to protect her from Dhillon. It could also be said that Alice silenced herself due to self-doubt as she was reluctant to immediately report Dhillon to the police as she was unsure if she was over-reacting to his behaviour: she had no knowledge of or previous experience of being stalked and harassed. Alice’s self-doubt and uncertainty silenced her for some time before she eventually took the advice offered by her friends and contacted the police about Dhillon’s behaviour. This resulted in a Police Identification Notice (PIN) being issued against Dhillon which he breached almost immediately, and which Alice reported. If Alice had had the knowledge and confidence to ask about Dhillon’s previous offending and had the police thought to check his record when he breached the PIN, Dhillon may have been stopped from stalking and the police may have better protected Alice from Dhillon’s obsessive and unwanted attention. The experiences that families had where knowledge of the perpetrator’s previous abuse from the DVDS may have helped them protect their loved ones and prevent their death is an example of where a legislated scheme that acknowledges the importance of knowing about the history of an offender effectively silences co-victims’ voices when they are not given the information that may have been shared with their loved one.

Families also reported other occasions when they silenced themselves, as they did not always feel that they could talk about their loved ones or the way they died following the death, the trial, the inquest and the DHR as there was a tacit expectation from friends and other family members that they should

be back to normal and ‘over it’. Families silenced themselves as they did not want to upset close friends and family and felt that what they said would not be received well. This was discovered when interviewing the families and the realisation that families welcome the opportunity to talk including discussing the graphic detail of their loved one’s death as this was something they felt was important but something they were rarely encouraged to do.

As Laurence Arnold discussed,

*“....it’s been great to talk about Amelia today as no-one ever wants to talk to me about her anymore ... they don’t seem to understand that I need to talk about her as she is still part of my life... they seem to think that I should have got over losing her by now and be moving on ...where the f\*\*k am I supposed to move on to?”*

Similarly, Gemma Barrett said of her daughter Dene,

*“I do get incredibly sad and angry sometimes when I think about her – but it doesn’t make me want to stop talking about her although lots of people appear to think that I should have got used to her not being around. As I see it there has been no justice for her yet so I will keep talking every opportunity I get”*

Sam Shrewsbury said,

*“People don’t want me to but I’m always going to talk about Jayden and let people know what a great kid she was – I need to talk about her for my mental health, that’s why I do all this press stuff so that everyone will know her story and not forget what happened”.*

Hilary Stinchcombe told me,

*“I can’t tell you how much I love and miss Laura and Ella, and it really helps me by talking about them even if some people expect me to be over their deaths by now – I don’t want them to be forgotten and I don’t want anyone else to go through what we’ve been through as a family.”*

Julie Aunger talked about her daughter Katie,

*“Katie was my blond-haired, blue-eyed little girl and I love talking about her and reliving the happy memories of her life with us – she should never have died, I don’t ever want to reach a point where I’ve stopped talking about her.”*

Recalling happy memories could be said to be cathartic for many bereaved families, as they talked easily about their loss ensuring that a clear vision was retained about who their loved one was and how much they meant to their family. They took the opportunity to talk, as the quotes illustrate, and they recognised that they frequently silenced themselves in deference to their friends and wider family but were also silenced by professionals such as the police, the DHR Chair and the Panel who they believed did not want them to talk about their loved one and the graphic nature of their death. Talking about death and listening to accounts of death, are often uncomfortable subjects for people (Co-op, 2018) and it may be that families, friends, and professionals struggle with how to approach the subject of a violent death from IPF or IPS with a bereaved family and prefer to stay silent rather than offend or upset them. While these reasons for self-silencing are understandable, self-silencing in the context of domestic abuse is damaging as it perpetuates the myth that IPA is a private matter not to be discussed or reported on and encourages women to keep it hidden (Monckton Smith et al, 2014).

## **6.4 Joining DHRS**

Finding out about DHRs and being invited to join the process was part of the semi-structured interview questions that were posed to bereaved families, how they were invited or not invited to join the process, and their responses provide some understanding of their experiences that mirror research done by others as detailed in the literature (van Wijk, 2017; Connolly and Gordon, 2015; Malone, 2007; Armour, 2002a; Masters et al, 1987). How they were asked frequently influenced their involvement or non-involvement in the DHR process.

It is relevant here to note that there has been some debate within Feminist ideology on women being excluded from debates and not feeling integral to processes, that focuses on the critique of patriarchal systems that marginalize women's voices while emphasizing the necessity of women's involvement for

the full functioning of democratic, social and political processes. Scholars such as Judith Butler (1999) and Nancy Fraser (2013) have critiqued the masculinization of public spheres and debates and highlighted that the standards of discourse are often set by men and serve male interests. Further, feminists such as Carol Pateman (1990) have argued that exclusion from debates is a form of power maintenance by dominant groups (of men or led by men) which preserves existing hierarchies and marginalizes alternative perspectives that excludes women from participating in formal debates that shape public life. This could be said to be relevant to the experience of bereaved families whose access to DHRs is managed and controlled by the agencies that commission and operate the reviews.

The importance of bereaved families' contribution and the information they can provide on the victims is directly linked to the stated purpose of the DHR in the 2017a; 2017b; Home Office, 2016a). The Home Office Guidance (2016a) stipulates that bereaved families should be integral to the process (p. 51), and that the narrative in the Overview Report should reflect life through the victim's eyes (p9). It is therefore in the interests of the aims of the DHR process that families engage with it. The extent to which families wish to contribute, and the type of support they may need or find most beneficial to enable their contribution, is not extensively researched. It was found by Morris *et al* (2012), Casey (2011) and Masters *et al* (1987), that key drivers for family participation were to find out what had happened to their loved one and believing that the review would promote change. To engage with the process and contribute with their voice and the voice of their loved ones, bereaved families need to be better informed about the process and invited to join it as if they are not, their voices are automatically silenced, they will not be heard, and the DHR will lack comprehensive knowledge of the abuse and the victim's voice.

Many families perceived the DHR process, to be as important as the police investigation or inquest, with some articulating that the DHR should routinely inform the inquest. It was also regarded in some cases as part of what Cook (2022) refers to as family activism, by this it is meant that the DHR was felt to reveal what happened in context and was a process that families often felt revealed more opportunities for change than other investigations or inquests. This was especially the case where families felt they had not been listened to, or that there was little understanding of domestic abuse

during a police investigation or an inquest. In some cases, it was felt that the DHR was the best or only way to reveal the ‘truth’ and to have the victim’s voice and the voice of the bereaved family heard.

Families believed that by being involved with the DHR they would be in a two way process as noted by Morris et al, 2012 and Masters et al, 1987; a process that would enable them to discover more information about what happened and to be part of effecting positive change for future victims of domestic abuse whilst simultaneously providing information about their loved one’s life with the perpetrator to enhance the review. Although the Home Office Guidance (2016a) recommends that bereaved families should be involved in DHRs there is no suggestion could be said to be relevant or how families should be invited to join the process. The guidance explicitly details how families should be informed about the CSP’s decision to commission a DHR,

*‘The CSP should ..... inform the victim's family, in writing, of its decision (p.9),*

but it does not detail that the CSP should invite the family to be part of the review. The guidance clearly states the benefits of including families in DHRs and intimates that the responsibility for inviting families to join the process lies with the Independent Chair,

*‘families should be given the opportunity to be integral to reviews and should be treated as a key stakeholder’ ..... ‘the chair and review panel can help establish a positive experience for family and friends by offering clear communication about the process from the outset and throughout the review’ ...when meeting with family members, friends and others, the chair should...meet with family members and others at the earliest opportunity.. ensure initial contact is made in person’ (p.18).*

but this was not the experience of the families interviewed. The lack of a clear uniform invitation for families has been noted in other research (Montique, 2019) and for the participants in this research it was a source of uncertainty and caused confusion for many who were not represented by a specialist advocate at the outset, and this carried a risk of alienating the family and losing their participation and the victim’s voice at the beginning of the process. Families described feeling a sense of entitlement to

be part of any investigation into the events leading up to their loved one's death and were clearly affronted to not be directly approached to take part,

Sam Shrewsbury recalled,

*".... they were putting a microscope to my daughter's life and making God knows what assumptions about how she lived her life and what type of mother I am – I wasn't 'invited' to take part - I was eventually 'summoned' - they said that I should be part of the review, and they wrote that I was, but that wasn't my reality as I never felt included".*

Hilary Stinchcombe noted,

*"I don't remember being invited to join the DHR – it just sort of happened".*

Michelle Wightman said,

*"We didn't receive an invite, because we were part of a divided family, they either didn't know about us or thought that we weren't interested, but we were."*

Martin McGrath reported,

*"We were sent a letter saying that a DHR was going to take place and a leaflet about what a DHR is but then nothing for months ... it wasn't until we emailed the CSP to ask about progress that the chair contacted us. I often wonder what would have happened if we hadn't bothered to ask".*

This gap in the guidance may be the reason many families as found by Montique (2019) do not take part in DHRS because they are not invited to do so in a timely and thoughtful manner: this omission effectively silences families' and victims' voices which is to the detriment of the DHR. Montique's recommendation that CSPs should consider more carefully how they ask families to join a DHR and the number of times they ask them, is echoed by the following quote from a family whose voices could have been lost.



*“We knew nothing about DHRs and probably would have let it all go over our heads if it hadn’t been for our advocate – thank God she knew what she was doing because we didn’t have a clue - it could have gone ahead without us as we didn’t know any different - we didn’t even know what a DHR was or that one had to be held until she told us- nobody told us before she did, and we were never formally invited to take part.”* *Paul Holder*

Not all families had been formally invited to be part of the review process, much less to be integral to it. Many of those who were working with an advocate were grateful for their expertise and knowledge about the DHR process, as Paul quoted above, they did not know the purpose for holding a DHR nor that it is a mandatory procedure. Some families were invited to join the DHR by formal letters sent by the independent chair of the DHR or the CSP, others were informed that there would be a DHR by the Family Liaison Officer (FLO) allocated to them by the police, or the Senior Investigating Officer (SIO) the police officer leading the investigation into their loved one’s death or an advocate that had either been assigned to them or who they had found independently. Other families reported being so traumatised that they could not remember how they had found out about the DHR, who had informed them or how they had been informed, and those working with advocates were particularly grateful to them for the support they gave on this. As the literature demonstrates, (see Reed and Carabello, 2022; Bastomski and Duane, 2019; van Wijk, 2017; Malone, 2007; Armour, 2002) the grief and trauma experienced following the unexpected loss by the violent and purposeful act of IPF and IPS may directly or inadvertently contribute to silencing victims’ voices and prevent bereaved families from participating in DHR investigations: families affected in such ways may need someone to work with them and speak for them such as a specialist advocate to enable their voices and the voices of their loved ones to be heard.

The following quotes illustrate this,

*“We didn’t know what a DHR was – we didn’t know what an inquest was either really – so (ADVOCATE) helped us with both. I didn’t know what to make of anything at the time as I was still in shock and missing Cherylee so much and I was full of hate for O’Hara.”*

*Betty Roberts*

*“We found out about the DHR when we were at the inquest – the Chair introduced himself and told us that the review was running – nobody had told us before - the DHR had been going for about six months when we found out. I don’t remember being officially invited – I remember the Chair saying that it might be good idea for us to be part of it.”*

*Martina Butler*

*“We weren’t invited to join the DHR, because they weren’t going to commission one until we got in touch with them – once we’d contacted them, we made sure that we stayed involved with the process, but we never received an official invite.”*

*Pete Dury*

## **6.5 Providing the ‘Trail of Abuse’.**

The Home Office Guidance (2016a) suggests that to make the future safer, a DHR should find the ‘trail of abuse’ to identify which agencies had contact with the victim, perpetrator or family and which agencies were in contact with each other (p.6). Further the guidance stipulates that a DHR should look at relevant historical abuse and whether the victim or perpetrator accessed support within the community and whether there were any barriers to accessing support. Families may have substantial knowledge about the relationship between the perpetrator and their loved one and the abuse they suffered (Monckton Smith et al, 2021; Rowlands and Cook, 2021; Sharp Jeffs and Kelly, 2016), but this cannot be assumed in all cases as some families may think they know little especially if the perpetrator had used isolation of the victim as a tactic to maintain control of her and to keep her apart from her family and friends (Stark and Hester, 2019). However, this information alone can be useful for the DHR as it identifies that the victim may have been subjected to coercive control despite the family believing that they had little knowledge of any abuse that was happening in their loved one’s life.

Detailing the history of abuse and providing the victim’s voice in a DHR invoked strong feelings and a mix of opinions for some families about the perpetrator who killed or caused the death of their loved ones; a spectrum of dislike from instinctive and immediate, to warming to him at the initial meeting

and growing to completely dislike him as the relationship progressed. Not all families had met the perpetrator, but some had known them for many years and talked about how shocked they were at the killing but not surprised when they considered how he had behaved. The majority of the accounts of abuse (82%, n=18) provided detail about the perpetrator's history and his coercive and controlling behaviour throughout the relationship, and were textbook illustrations of Monckton Smith's 8 Stage Homicide Timeline (2019): perpetrators invariably had a history of abuse of former partners and other men, some criminal; the early relationship with the victim had often proceeded extremely quickly with declarations of undying love and moving in together within weeks being common; having moved in, perpetrators soon progressed to extreme controlling behaviour sometimes with physical abuse; this in many cases culminated in the victim leaving the relationship or threatening to leave which then gave rise to the perpetrator escalating his control, threatening to kill the victim and or himself, planning and then carrying out his threats and finally killing the victim. Many families recognised Monckton Smith's 8 Stage Homicide Timeline as a clear description of their loved one's relationship with their perpetrator and experience of IPA and their accounts were clear examples of how families can use the concept of the 8 Stages to provide the victim's voice and the trail of abuse in DHRs and influence the recommendations to prevent future homicides.

Claire McGrath said,

*"I realised that Keeley's life and death fitted with the 8 Stages as soon as I read about it".*

Julie Aunger noted,

*"The Eight Stages clearly illustrates what Katie's life was like with Richardson".*

similarly, Hilary Stinchcombe noted,

*"Laura's life with Boon was the Eight Stages – if the police had known about it and recognised the danger that Laura was in, they might have intervened, and Laura and Ella may not have died".*

Nick Gazzard remarked,

*“Hollie’s relationship with Maslin followed the 8 Stages and if any of us had known about this theory we could have done more to protect her, and Hollie may not have died”.*

Michelle Wightman noted,

*“I didn’t realise it at the time but looking back I can see how Kemp’s abuse and control of Leighann fits with the 8 Stages”*

## **6.6 Feeling Integral to the Process**

Feminist debate on inclusion emphasises that women’s exclusion from formal debates and decision making processes effectively silences their voices and ensures that their perspectives are unheard (Crossman, 2021; Harvey, 2019; Ackerley and True, 2010; hooks 2000). The same can be said of bereaved families as feeling integral to the DHR and being welcomed into the process to share their accounts of loss and to provide the victim’s voice to the review, was not something that the families considered was their reality. Many believed that the way they were received was a deliberate attempt to silence them and to ignore their accounts of the victim’s voice. Some likened the experience as something done to them, over which they had no control, rather than something they felt intrinsic to. Morris *et al* (2012) concluded in their research that families benefit most from the case review process when they build good relationships with professionals, and their contribution links to changes and improvements to help prevent future similar scenarios. Poor communication skills and a lack of empathy generally had a negative effect on family experiences, as Paul Holder recalls,

*“We met the panel at the beginning of the DHR because that’s what the Chair wanted but I knew as soon as I walked in that room that most of them didn’t have a clue about what had happened to Kelly, and they felt uncomfortable with having to meet us. It was a difficult meeting because everyone was watching what they were saying and to be honest I couldn’t wait to get out – it didn’t serve any purpose as far as I’m concerned. I don’t think they really wanted us involved because I asked too many questions about what the police didn’t do.”*

Paul's comment shows that there was uncertainty for him and his family at their first meeting with the panel but there may also have been uncertainty and lack of experience for the panel members: this uncertainty may have silenced the voices on both sides. Some panel members may not have had prior experience of being involved with a DHR and therefore would have had minimal experience of what was expected of them when meeting with a bereaved family: they may never have met a family bereaved by IPF or IPS previously. The Home Office Guidance provides an explicit expectation that panel members should be senior members of statutory agencies and the panel must be comprised to include experts in domestic abuse, but having expertise in IPA may not include experience of meeting families bereaved by IPF and IPS.

*'The review panel must include some or all individuals from the statutory agencies listed under section 9 of the 2004 Act. Consideration must also be given to including voluntary and community sector organisations who may have valuable information on the victim and/or perpetrator and, as circumstances determine, may be able to represent the perspective of the victim and/or perpetrator. The review panel must also include specialist or local domestic violence and abuse service representation. In essence, the review panel composition needs to be sufficiently configured to bring relevant expertise in relation to the particular circumstances of the case as they will see the dynamics of the relationship through a different lens (p.11).'*

The desired construct of a panel may be unachievable for many CSPs as they may have minimal resources and personnel to draw on from statutory agencies and local domestic violence and abuse services in their area, which are generally run in the charitable sector, may be even more limited in the availability of suitably qualified staff who can be released for DHR purposes. Consequently, in my experience, it is not uncommon for the same people to be panel members for multiple reviews in an area that experiences a high volume of IPF and IPS. This is not a satisfactory situation as involvement in multiple DHRs has the potential to deplete a panel member's ability, to fulfil the requirements of their day job, to maintain the information on each individual case and to remember the families involved in each case.

Families who experience good relationships with the independent Chair of the DHR did not always have positive experiences of meeting the panel. Jan Courtenay had what she described as “a great relationship” with the independent Chair of the DHR that was commissioned following her daughter’s death by IPS. Although the CSP had been pursued to hold a review, Jan was happy to be integral to it and worked closely with the Chair to help with reviewing the circumstances of Debra’s death and to provide her daughter’s voice to the report. Talking about her experience of feeling integral to the review and meeting the panel, Jan recalls,

*“I went into the review process wanting the truth about what happened to Debra to have some impact on the learning, and I was happy to work closely with the Chair and tell him about Debra’s life before she met Davies. I didn’t meet the whole panel though as by the time a meeting was arranged several of them had gone back to their other roles or simply couldn’t make it, but I know that those who were there didn’t listen to me and they didn’t want to listen to me, as I wasn’t going to accept that Mental Health Services hadn’t let my daughter down. The abuse and control that Debra suffered was totally ignored and her mental health was seen as the reason she died. They (the panel) spent the whole time trying to convince me that they were right, and I was wrong – I don’t know why I wasted my time. They made me feel like they thought I was lying – they wouldn’t have been bothered if I hadn’t been involved and they’d never met me.”*

Jan’s comment clearly describes how she felt she was silenced and ignored by the DHR panel which was regrettable and a missed opportunity to possibly improve the review report and the recommendations for future practice, as she had considerable knowledge on her daughter’s mental health difficulties and on her relationship with the man who had abused and controlled her and with whom she was found when she died. Jan was supported by an advocate and as mentioned, had an excellent relationship with the independent chair who ensured that her daughter’s voice and detail of the abuse she suffered were woven through the review report, but she wanted to receive assurance from the professionals on the panel that there would be learning from the recommendations particularly around the links between mental health, domestic abuse and coercive control, but there

was a reluctance to do this which left Jan feeling ignored and silenced and unimportant to the DHR process.

Michelle Wightman had a similar experience when she and her husband who was the victim's father wanted to be involved with the DHR,

*"I knew when we met them (the panel) that they were uncomfortable – I don't know if that was because they didn't know about us as they had been dealing with the other side of the family, but I suspect it was. I remember that the woman from social services couldn't even look at us – she didn't raise her eyes up once and she was obviously relieved when we left – which we did before they did so we knew they would be talking about us as well."*

It could be argued that Michelle's and her husband's status as father and stepmother, should not have made any difference to them being welcomed and treated as integral to the DHR, but as the breakdown of the victim's parents' relationship had been acrimonious, this unfortunately was allowed to influence how each parent became involved with the DHR and how their testimonies about the victim were received. Michelle believes that the Chair and the panel focussed too heavily on past relationships and did not pay enough attention to the victim's voice they could provide.

Michelle's comment below highlights an additional way in which she believes that obstacles to her involvement with the DHR and providing the victim's voice were subtly put in place.

*"They (the DHR Panel) knew that we both work but they expected us to take time off to fit in with their schedule for meetings rather than arrange meetings at times that were convenient for us – we had to use our annual leave but none of them did. It took them long enough to tell us about the DHR so we felt we had to go along with how they were running it or we wouldn't have had any chance to input about Leighann's life – I don't think they ever wanted us to be part of the DHR though and it certainly didn't feel like we were wanted because they didn't appear to listen to what we told them about Leighann".*

Michelle raises a valid point around timings of meetings, as inevitably DHRs run to the professionals' timetable rather than one that will acknowledge the lives of families. For bereaved

families to be integral to a DHR their availability for meetings will need to be taken into consideration when meetings are scheduled. It may not be possible for families to attend meetings during weekdays without, taking annual leave from their employment even if the meetings are online – they may have taken all the compassionate leave that their employer allows them and therefore they may not be able to attend without taking time off unpaid ; they may need to find childcare especially if they have taken on the responsibility for their grandchildren; they may have to travel long distances or move other appointments to ensure their attendance at meetings. It is accepted that it may be as difficult for multi-agency DHR panels to convene meetings outside of their normal working times, for the unsocial hours of evenings or weekends, as it is for families to attend meetings within their timescale, but with compromise on both sides it may be possible and will show some consideration and acknowledgement towards families that their voices are important to the procedure. If the Home Office and CSPs are committed to including bereaved families and making them and their voices integral to DHRs they could consider the practicalities involved for families when attending meetings and if meeting times are immovable, they could perhaps consider making a payment to families for any out-of-pocket expenses so that they can attend.

Other issues raised by families, that they felt precluded them from being integral to the review process and effectively silenced their voices, were their relationships with panel members and the Chair of the DHR, believing that they were listened to by both and receiving the same information as the panel about their loved one, the perpetrator and the interactions that agencies may have had with them. Not being treated on an equal basis and not having key information shared with them whilst knowing that often highly personal and intimate information about them and their loved one may be discussed, was detrimental for families and had a negative impact on them and affected their participation in the DHR: how a poor relationship could impact on them feeling integral to the review process and prevented them from providing the victim's voice is demonstrated from the comment provided by Pete Dury,

*‘We felt manipulated by the Chair especially when he tried to convince us that he’d done things that we knew he hadn’t. He didn’t arrange a meeting for us with the panel, he didn’t*



*let us see a copy of or comment on the draft report and he didn't follow up on the information we gave him about the inquest and Ballin's other girlfriends.'*

Similarly, Jo Piontek's quote explains how she felt that she and the rest of her family had not been listened to and the detail on her sister and her niece had been misinterpreted and misrepresented,

*"...they (the panel) kept getting it wrong with a lot of the detail – we told them repeatedly how many times Laura and Ella had been stabbed – they got it wrong in so many versions of the report – they kept saying that Laura was drunk but she had been out for a meal and had a glass of wine - she was not drunk – we kept pointing out the errors and they kept getting it wrong – why would we have had any faith in them".*

These experiences illustrate how families felt that the DHR process had failed them and their loved one and silenced their voices, they did not consider that their role had been integral to the process: it is a clear demonstration of what Stauffer (2015) describes as the injustice of not being heard.

## **6.7 Experience of Advocacy**

Advocacy was raised as an issue by most of the families and there were three areas of support that were thought to be crucial:

- (i) That the advocate had specialist and expert knowledge of the formal review and other processes after homicide, including police investigations and complaints, criminal trials, DHRs and other learning reviews, and coronial processes.
- (ii) That the advocate had specialist knowledge of domestic abuse, domestic homicide, coercive control and stalking and the evidence base for this knowledge.
- (iii) That the advocate had excellent communication skills and empathy.

It was found that when one of these three skill sets were missing, the experience of the formal processes could be negative and there was potential this could cause more distress or trauma. It is a key finding

that expert knowledge of domestic abuse and domestic homicide, and an ability and willingness to clearly advocate for, rather than merely support, the family was essential. The families were overwhelmingly supportive of a service that provides someone to speak for the families' rights, knows what those rights might be, and is able to have difficult conversations with professionals. The most pressing matter for families was not to have emotional support, although effective communication skills and empathy were seen as extremely important, it was about having someone who knew the ropes, and could argue their case, and attend important meetings with them. In this language the families are articulating their need for advocacy rather than support, and this came across clearly. Their comments also support that the advocate should have certain specialist knowledge, and that general advocacy would not be useful. Nearly all families articulated two areas of specialist knowledge – the processes and domestic abuse.

Approximately 86% (n= 19) of the families interviewed had an advocate for the duration of the DHR, 1 family (4.5%) did not work with an advocate for any of the post death procedures and 2 families (9%) did not have an advocate for the DHR but engaged with one for follow up work; one family found an advocate following the publication of the review and another found an advocate to support them at the inquest. The advocates were from different agencies that included the Victim Support Homicide Service and other smaller charities.

Most families had positive experiences of using advocacy support and cited that they were not only helped with the practicality of the DHR process but were supported with financial and emotional issues as well as help with accessing legal support and issues such as Special Guardianship Orders (SGO). Gemma Barrett who continues to strive for acknowledgement that her daughter Dene' would not have taken her own life had it not been for the control and abuse she experienced from her ex-boyfriend was full of praise for her advocate,

*'My advocate was amazing she really supported me through some dark times – she never judged me – she never told me what to do – she stood by me and continues to stand by me. If it was not for her knowledge and experience of the DHR process it is likely that I wouldn't have been able to speak for my child - everything would have been done and dusted and put*

*away in a box. I know a bit more now than I did before, but I knew nothing in the beginning and I'm really grateful for her help.'*

On a similar note, Les Van Hagan reflected,

*'Ann and I will be forever grateful to our advocate, because without them we wouldn't be where we are now, we couldn't have gone through everything we've gone through without their support – I can't speak highly enough of them.'*

Similarly, Kevin Blunnie, and his wife Sue said,

*'When the DHR started we were at our lowest point, and we couldn't have got through it without our advocate – we owe them so much.'*

Families whose loved ones' deaths had not been determined as homicide accessed advocates through searching for advocacy on the internet and referring themselves. Peter and Julie Dury referred themselves to an advocacy service as their daughter's death had not been classified as murder or manslaughter, but the perpetrator had been charged with grievous bodily harm. Peter said,

*"We felt from the outset that there was a cover up and this was reflected in the way that no-one told us about advocacy or put us in touch with anybody who might be on our side.... we didn't know about DHRs until we researched it on the internet .... and we only came across our advocate by pure chance....as soon as we met them, they explained everything to us and contacted the CSP about commissioning one for Tara."*

Julie Aunger was equally grateful to her advocate having the practical knowledge to support her,

*"I found out about DHRs simply by talking to someone locally who worked for women's services – Katie's death wasn't considered to be a homicide, so no-one had told us about DHRs - I then searched the internet and found an advocacy service to support me. When I met my advocate, I told her all about what had happened to Katie .... I went on and on for ages and ages and when I'd finished, she simply said, 'I believe you', which was music to*

*my ears.... I was so relieved that I cried because it was the first time that I'd been listened to and believed."*

The families' comments support the findings of Casey (2011) and the Home Office Guidance (2016a) that specialist and expert advocacy, should be available to bereaved families. It was found that the three key skills mentioned above were crucial in considering advocacy to be specialist and expert and provide the most effective and positive service. It was clear that specialist knowledge of domestic abuse, coercive control and stalking and the associated evidence base or research were considered the most important in the interviews and considered the best framework for revealing what happened and promoting change. Specialist knowledge of formal review and other processes was important, but the families also felt that advocacy, that is having someone on their side who was aware of their rights and would be willing to speak up for them by providing their voice and the voice of their deceased loved one was also crucial. Families felt strongly that each process had adversarial elements and that 'standing up for the victim' was sometimes a battle that required a specialist and expert advocate.

Poor communication created problems and sometimes added to distress, especially if there was rudeness or a lack of recognition of the traumatic nature of homicide and suicide. This has been found in previous research into experiences of victims and the Criminal Justice System (see van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Manikis, 2011; Casey, 2011; Malone, 2007; Victim Support, 2006; Armour, 2006; 2002a; 2002b; Masters et al, 1987). In addition, failure to keep the family informed and follow up with them created additional problems. Specialist and expert advocacy was, in this study, overwhelmingly well received, and especially where the three skill sets were in evidence. It cannot be assumed that all professionals have this specialist knowledge in all agencies, but the problems that may be caused by this could be alleviated through the expert knowledge and skills of the advocate. Where there was good knowledge of domestic abuse, excellent communication skills, and knowledge of the formal process, along with an advocacy approach, rather than merely a supportive approach, families reported they felt there were better outcomes, better participation from them, and better learning for the future.

Les Van Hagan, commented,

*“It wasn't until (ADVOCATE) got involved with us that the police considered that Suzanne's death was actually a domestic homicide - they were going to, and were in the process of, writing her off as a drug related death. (ADVOCATE) contacted the coroner to tell him about the DHR.”*

Kirsty Spencer described her experience,

*“The knock-on effect for the whole family after the way we were treated by all the agencies from the police to the local authority was horrible - we felt as though we were being patronised - patted on the head - there, there - un-bloody-believable. It was bloody obvious that they didn't give a shit that we had lost a precious daughter and sister.”*

There is little doubt from the data gathered for this research, that families benefit from the service of advocates as they negotiate the complicated path of DHRs. It would be disingenuous to suggest that these journeys were in any way easy or enjoyable, but they were made more tolerable when, the families were supported by an advocate. The conclusion that families bereaved by IPF or IPS need specialist and expert advocates to support them through this process is an easy one to make as those who had engaged with advocates had appreciated their service and gained confidence in their own ability to deal with demanding situations involved with the death of their loved ones and providing their voices in DHRs.

## **6.8 Pen Portraits**

Whilst some of the families interviewed for this study had completed a VPS, not all had been offered the opportunity to write one, especially when there had not been a trial, such as in the cases of victims who had taken their own lives, deaths that were not considered to be homicide or when the perpetrator had taken his own life. Families that had provided a VPS appeared to be pleased that they had had the opportunity to do so concurring with the findings from research (Lens et al, 2014; Roberts and Manikis, 2011; Chalmers et al., 2007; Roberts and Erez, 2004) and those that had not been given the opportunity thus far were looking forward to providing a Pen Portrait for the inquest or for the DHR.

Approximately 73% (n=16) of the families provided Pen Portraits for the DHR reports but all of them took part in the DHR process. Pen Portraits were seen as especially important by families as they believed it was imperative for them to write something that would give people who read the DHR a sense of who their loved one was, what her loss meant to them and the injustice they felt. Accusations have been made against family involvement and Pen Portraits in particular as being used as an emotional aspect that may put in jeopardy the direct influence that families may have in the DHR process (Pemberton and Reynaers, 2011; Roberts, 2009), but it can be said that the emotional input sets the scene of the gravity of the crime that has been committed and accentuates the knowledge of the victim that the families have and can bring to the investigation. DHR panel members and chairs may have difficulty in understanding grief and trauma and may be embarrassed by outpouring of emotions, but a better understanding of these things will inevitably improve the quality of the DHR overall.

All families who took part in the DHR even though they did not write a Pen Portrait, took part with the purpose of providing the victim's voice to the proceedings, and to better understand what had happened, why it had happened and to ensure that such crimes were not repeated – all reasons that have previously been found in other research into family participation in the CJS (Morris *et al* (2012); Casey, (2011); Masters *et al*, (1987). In addition, they wanted the panel and the chair to understand everything about their loved one and the relationship they had with the perpetrator. Many were able to give information about the victim that statutory agencies did not know such as social media accounts, diaries, photographs, friends, and the detail of their life and this tallies with research that has also identified that families can provide a rich source of additional information (Websdale, 2020) to DHRs. Other studies have been done that demonstrate significant rates of disclosure by victims to family and friends about the experience of IPA (Gregory *et al.*, 2017; Sharp-Jeffs & Kelly, 2016; Klein, 2012); a fact that was endorsed by the study carried out by Sheehan *et al*, (2015) who interviewed family and close friends bereaved due to IPF and became aware that they had detailed information about the coercive and controlling behaviour their loved ones had experienced, the escalating levels of risk they were facing and the barriers they encountered to seeking help and support.

The families interviewed for this study often knew things about the perpetrator and his past relationships and the detail of the coercive and controlling behaviour that he exerted over the victim and any children in the household. Nour Norris informed the police, the IOPC, the inquest and the DHR panel about the history of Janbaz Tarin who killed her sister Khaola Saleem and her niece Raneem Oudeh, as little was known of his marriage to a woman in Afghanistan nor the four children that he had fathered with her. Without Nour's information it may have been assumed that he had just had an Islamic marriage to Raneem and did not have a history of coercive and controlling behaviour, nor that he gambled heavily and stole money from Raneem to finance his gambling and to pay for regular trips to Afghanistan. Nour has provided the victims' voices in this case and has done so not only in memory of her sister and her niece but because she wants to raise awareness to other women that they do not have to live with abusive men. The DHR report of this case is not yet published but Nour talked about her commitment to her sister and her niece,

*"It is very important for me to speak about my sister and my niece and provide their voices in all the formal enquiries that are being held – they were innocent victims who paid with their lives – I don't want this to happen to anyone else so I will keep speaking."*

While all families had the intentions of being part of the DHR to provide the victims' voices many feel they were let down with the reality when what they said was not believed or side-lined by the chair and the panel.

Gemma Barrett summed up her experience of trying to provide her daughter's voice in the DHR,

*'Even though I wrote a piece about Dené for the DHR I don't think her voice is in the report – I tried but they (the panel) had already made up their mind about her and nothing I said was going to replace what they thought.'*

Claire McGrath noted,

*'We tried to make sure that Keeley's voice was in the report, but it's not published so who's going to see it – as far as I'm concerned it was a tick-box exercise really over which we had no control.'*

Laurence Arnold said,

*‘My advocate did a great job, but I don’t think Amelia’s voice is in the final report – I like to think it is but if I’m honest I know it isn’t.’*

Other families’ experiences of providing the victim’s voice in the DHR have not been as successful although some of them inspired by their voices not being listened to or included in the DHR have gone on to provide their loved one’s voice through activism (Cook, 2022) such as forming charitable trusts – Jayden’s Gift and The Hollie Gazzard Trust - also raising awareness through filming their loved one’s story (see for example, Netflix, *My Lover My Killer*, *When Missing Turns to Murder*, ITV Social Media Murders and many others). Other families contribute to local awareness raising events sometime supported by the CSP and others take up public speaking to keep their loved one’s voice known.

## **6.9 Anonymity in DHRs**

Feminism and anonymity intersect in significant ways, especially regarding how anonymity can be a tool for both protection and empowerment, as well as a barrier to recognition and agency. Anonymity in feminist contexts often relates to issues of privacy, safety, voice, and the need to challenge systemic oppression without personal exposure to retaliation or violence (Doucet et al, 2006; Reinharz, 1992). It can be crucial for survivors of gender-based violence, marginalized groups, and activists working in hostile environments. However, anonymity also has implications for erasure, silencing, and challenges to accountability in feminist activism (Bumiller, 2008). While it is acknowledged that there is an argument that anonymity protects marginalized groups from exploitation and harm, many bereaved families want their loved one’s name made public together with the injustice they felt had been done to them, to ensure that their loved ones were memorialised and linked to any effective change to services that would protect future victims of IPA.



Anonymity of the victim in the final report was a huge concern for several of the families that were interviewed, with many reporting that they were denied the opportunity for their loved one to be named in the DHR, despite their best efforts and the efforts of their advocate to convince the chair and the panel that it was what they wanted and that it would assist with sharing the learning and would allow the victim's voice to be heard.

One family reported,

*"I wanted Dawn's name in the DHR as did my Mum, but we were shut down at every turn. DHR chair kept telling us it was to do with safeguarding – what a load of bollox! We wanted the DHR published and by not capitulating it felt like a gun to our heads. When I found out that other DHRs were using victims' names I felt f\*\*\*king angry all over again".*

*Kirsty Spencer*

Another family noted,

*We were told that there was no other option – the report had to be anonymised because of the children – we didn't question it – it was only later that we found out that other people had used their daughters' names and we realised that Keeley could have been named.*

*Claire McGrath*

The mother of Jayden Parkinson who took part in the joint Serious Case Review and Domestic Homicide Review into Jayden's death wanted Jayden's name used in the report but felt she was coerced to agree to the use of Child J instead. The report records that Jayden's mother was consulted on this, but she recalls,

*"I didn't have a choice, they told me that we had to use Child J – I didn't want that, but they wouldn't move on it. I had no other option - couldn't use Jayden's name – I didn't agree to Child J, I stopped asking. I didn't have an advocate at the time, and I didn't realise that I could have challenged them on it and get Jayden named. The case had been all over the TV and the papers so I didn't understand, and I still don't why we couldn't use Jayden's name in that report".*

*Samantha Shrewsbury*

Ian Wild commented,

*“I don’t understand their (the CSP) logic – because if they are not intending to publish the review, why couldn’t they use Karen’s name. As far as I’m concerned, they’ve not only covered up her death they’ve erased her from everything – the only true record of her death is the newspaper report. Anonymity for Karen hasn’t given her dignity it’s taken it away.”*

The subject of anonymising DHR reports evoked strong feelings for most of the bereaved families who had not succeeded in ensuring that their loved ones’ names were included in the report. They believed that the learning would be more effective if people could connect the DHR report to a person whose story may have been featured in the media. As Martin McGrath remarked,

*“Our daughter was a real person – we didn’t want her hidden behind a name that would mean nothing to anyone – we wanted her name used and we wanted the report published but we got neither of these things – which in my view is reprehensible because Keeley did nothing wrong, she was the victim – but that seems to have been forgotten.”*

## **6.10 Participating in the Monitoring and Evaluation**

Being involved with the monitoring and evaluation of the learning and recommendations that come from a DHR, was another extremely important factor to the families interviewed, but many had not been invited to be part of that task. When discussing the recommendations in the reports and if the families believe that the victim’s voice had contributed to the learning, families held a variety of views: some believed that the recommendations were clearly framed around improving services to victims of IPA because of the learning gathered from their loved one’s death, others considered that the recommendations in their loved one’s DHR would not evoke change. The disparity of views is illustrated by the following quotes,

*“We are pleased with the recommendations from Laura and Ella’s DHR as we believe that the CSP will ensure that all professionals in the county will be trained to recognise coercive*

*control and the way risk escalates in relationships. We are also glad that the importance of children's voices has been recognised."* Hilary Stinchcombe

*"I don't believe that things will change just because you decide to train people on recognising coercive control and domestic abuse. From looking at other DHRs I can see that training has been mentioned in most of them, but people are still dying so training's not the answer is it?"* Pete Dury

As this study has discussed, the reason that many families decide to become involved with a DHR is the question of 'what happened and why' and the desire to make changes to policies and practice to prevent repetition: Morris et al (2012) and Masters et al (1987) both found that this question was a key driver for family participation in formal reviews after homicide and Casey (2011) noted that this question is frequently appropriated by the State making it imperative that families take part if they can.

Unfortunately, some families had received negative responses from the CSP when they enquired about progress of improvements: one family were incensed to find that due to a change in staff, they and their enquiry were not recognised and the person they spoke to knew nothing of their loved one's death. Such was their outrage at the response they received they were considering pursuing an official complaint – their comment is copied here.

*"How can a process, which is supposed to inform, reflect, and educate, be best served by restricting its audience? I'm afraid that we have somewhat lost faith in this process. If we thought that it would take three and a half years to produce a report that would be thrown in a drawer and hidden from the people for whom it had the utmost importance, and the learning forgotten, we would never have agreed to be involved in the process."*

*Martin McGrath*

It is important in this context to recognise the role of family activism after homicide. In some cases, it may be felt by families that the State does not hold itself to account and cannot always be relied upon to do so. Cook (2022, p.17) notes that families have 'taken the lead in reopening criminal

investigations, promoting state accountability, and pointing to failures and inequities in the criminal justice system’ and that family activism can ‘offer an insight into how ‘personal troubles’ might be communicated to trigger a public response and policy reform’. Family activism in cases of homicide can come in many forms, and the DHR process is, in some cases, a form of activism if families must fight for State accountability. There are many examples where such activism has changed professional narratives and created positive change: for example, the campaigning of Baroness Lawrence of Clarendon OBE, after the murder of her son Stephen, instigated a public enquiry that revealed what was named institutional racism within the Metropolitan Police (Macpherson 1999), similarly the campaigning of the mother of Sarah Payne, an eight year old little girl who was murdered by a known paedophile, resulted in new child protection legislation, the Child Sex Offenders Disclosure Scheme (CSODS) popularly known as Sarah’s Law (BBC, 2010), and Carole Gould has successfully campaigned for longer sentences for teenage offenders who kill, and a new law has come into effect known as Ellie’s Law (BBC, 2022).

For families who have taken part in a DHR with the hope of achieving change it is vital for them to be involved with the installation, monitoring, and evaluation of changes to practice recommended in the review, especially if those changes are recommended to be introduced nationally. The experiences of the families however were not as they thought they would be, because as many of them told me, their expectations of being involved with change had not materialised: in total 100% (n=22) families had informed the CSP that they were willing to take part in evaluation of change and would be willing to be part of awareness raising training and campaigning, none had been approached or contacted to discuss how this could take place. Consequently, several families had attempted to influence change by doing their own work, some doing their own awareness raising campaigns and starting charities such as Jayden’s Gift, The Alice Ruggles Trust, and the Hollie Gazzard Trust, evidencing that families can speak for and about their deceased loved ones through activism following bereavement (Cook, 2022).

## 6.11 Conclusion

The interviews with the families revealed that generally they did not believe that they had been given the dignity of being listened to and they were demoralized by the statutory processes in place following the death of their loved one, on many levels; many were saddened by their experience of being ignored by the CSP and having to pursue them to be involved with the DHR; generally they were disappointed that they had not been treated in a meaningful and respectful way throughout the procedure; they felt that information was kept from them; they were not listened to; they felt patronised by the professionals involved in their loved-one's case; they were made to feel uncomfortable in their presence when they were invited to participate; they believed that what they had to say was minimised, undermined, treated as unimportant or as family bias; they were often not kept up to date with the progress of the police investigation or the trial, the inquest or the DHR; many felt as traumatised by the post death procedures as they had been by receiving the initial notification that their loved one had been killed.

Some families expressed regret that they were not able to provide the voice of their loved one in the DHR report even though they did their best to ensure that the report recorded the circumstances from the victim's perspective – they felt unable to challenge the statutory agencies who many believed dictated the narrative of events through the hierarchy of testimony that they maintained. It has been asserted that families have no automatic status in DHRs (Rowlands and Cook, 2021) and while their involvement is recommended in the Home Office Guidance (2016a), families reported their experience of when they did challenge or attempt to challenge the narrative of the DHR they were not successful, coming up against, as they saw it, more powerful agencies such as the police and social services who made definitive decisions. Subsequently, several of the bereaved families felt that there had been little or no learning from their loved one's death and minimal if any change in services for victims of IPA: they believed that the future for victims of IPA was not going to be safer and that nothing positive had come from the death of their loved ones. The overall feeling was that the statutory processes had impacted on the families in such a negative way that their voices and the voices of their loved ones had been silenced: their grief and trauma were impacted and compounded

directly from the experience with little or nothing positive to ameliorate the effects of their traumatic loss.

This chapter has discussed the themes that were identified from the data gathered from the interviews with the bereaved families and has highlighted their experiences of providing their loved ones' voices in the DHR process. The chapter also acknowledges the barriers that families considered precluded them from effective involvement, not only with the process but with the learning and recommendations. Discussion and analysis of these issues in relation to the research aims and objectives are explored and expanded on in Chapter Eight. The following chapter discusses the themes that were gathered from the published DHR reports in relation to the research questions.

## **7 CHAPTER SEVEN – THEMES IDENTIFIED IN PUBLISHED DHR REPORTS**

### **Themes Identified in the Published DHRs.**

The starting point for gathering published DHRs was the Counting Dead Women website, a search mechanism used by some other researchers (Chopra et al., 2022; Rowlands, 2022; Chantler et al., 2020; Monckton Smith, 2019) and reports were randomly selected with the only criteria for the sample being that the reports were published. The collation of the reports was deliberately random; reports were not all retrieved on the same day or using the data from one specific year: this was an exercise that was carried out relatively slowly over several months. Women's names were gathered from different years from the Counting Dead Women website. Having the names allowed media searches to find the area where the death had taken place and this led to CSP websites and local authority or local safeguarding board websites, where other DHRs were published. Searching on CSP websites was sometimes difficult as they were found to be complicated to navigate with almost no direct access to published reports: in some cases, the DHR was more swiftly retrieved using internet searches but in other cases as has been found by other researchers, the published reports could not be found (Bridger et al., 2017). The hypothesis behind the random sampling was that as the Home Office Guidance (2016a) provides clear directions for how DHR reports should be both organised and written, and DHRs all have the same purpose to learn from IPF and IPS, that all published reports would have similar content and be uniform in their construction. Published DHRs were not discounted if they covered the deaths of men or were accounts of deaths perpetrated by family members of other members of the same household, often referred to as Adult Family Homicide (AFH). In total twenty-five published DHRs were gathered of which one related to the death of a male victim, two related to the deaths of mothers killed by their sons, one related to the death of a daughter killed by her father with the remaining twenty-one related to women killed by their intimate or ex-intimate partners: no DHRs relating to the victim taking her own life were found with this random sampling. The reports were not all carried out in the same year and the year of publication was often sometime after the date of the death: reports spanned several years from 2017 through to 2022. The reports were selected with

the specific objective of addressing the research questions: measuring if the victims' voices were included within them and if those voices were provided by the bereaved family, the perpetrator, or statutory agencies.

It was difficult to deduce by simply reading the DHR reports, if families had been truly involved and integral to the process of the review, because although the Home Office Guidance (2016a) allows for the inclusion of the detail of family and friend involvement in DHR reports (p.17), it may not always be possible to fully gauge the level of that involvement nor to affirm that families had been given the opportunity to provide the victim's voice simply by reading a completed report. Families may have been involved with a DHR but struggled to be heard; they may have been involved but reluctant to speak; they may have been involved but their comments ignored; they may have been involved but not listened to, they may have been listened to but their comments misinterpreted by the Chair – there are a host of variables relating to family engagement with DHRs that cannot be deduced by reading a report.

This fact is a good reminder that documents written by others are not perfect resources for research and DHR reports particularly are not produced for research, they are created for different purposes (Chopra et al., 2022; Clark et al., 2021; Chantler et al., 2020; Barlow, 2016). The data collected from the published DHRs was informed and supported by prior knowledge of how DHR reports should be constructed. There were some examples of reports retrieved through the random selection that demonstrated a high level of family involvement in which the victims' voices echo throughout: interestingly some of these reports were of high-profile cases, that had received extensive media coverage, often with the agreement of surviving family members' and where anonymity was declined, and the victims were named. The broad themes identified from the data gathered are discussed below and illustrated by quotes from the published reports.

## **7.1 Anonymity**

The subject of anonymity featured in both the interviews with bereaved families as has been discussed in Chapter Six and in the analysis of published DHR reports. While this chapter is reporting on the



data gathered from examining published DHRs it is relevant to note that as the subject of anonymity was a significant issue for the families interviewed for this study it would not be unreasonable to assume that anonymity may be equally notable in the published reports. Limited data was gathered from the reports that were anonymised and it was felt that more information on the co-victims' experience of the DHR process would be beneficial: more knowledge of the case, the victim and the circumstances surrounding the death, would have been helpful although this was not feasible. As many published DHR reports are anonymised, particularly with a single letter for the victim such as A, Miss or Mrs A, other single letters for the perpetrator such as Mr B and others for other people featured in the report such as Ms D or Mr D, the appearance of the report can be confusing and difficult to read which makes it a difficult task to obtain a good understanding about the victim as the anonymity draws away from personal detail. Reports using single letter anonymity apart from being difficult to read, often appear to be more clinical and detached from the victim and have more focus on the perpetrator. The Home Office Guidance (2016a) recommends the use of pseudonyms, of the families' choice, rather than single letters as *'this humanises the review and allows the reader to more easily follow the narrative'* (p.18) but perhaps it is not unreasonable to suggest that it would not be extreme to question the necessity for anonymity, apart from when there is a need to protect children or other family members who may be vulnerable and may be placed in danger, if the report is published. In most cases of IPF and in some cases of IPS, the names of the victim, the perpetrator and the detail of the death will have been featured in varying degrees in the press and on social media and it is difficult to understand why there is such close adherence to anonymity and confidentiality by CSPs and why anonymity and pseudonyms continue to be supported by the Home Office. The issue of anonymity in feminist research has been discussed as a dichotomy for feminists as while they strive to give women a voice, they are faced with the dilemma of respecting women's wishes to remain nameless. As Rebecca Gordon (2019, p.514) cites,

*'Assuring anonymity can be empowering for women and girls participating in research, allowing individuals to share their experiences freely without concerns about attribution and its consequences. On the other hand, if research ethics require anonymity, this can actually deny research respondents the right to be heard and operate as a form of silencing'.*

I acknowledge the feminist thinking around anonymity, but I also support giving women a choice and not dictating to them as all women should have free will to make their own decisions, but as this is not feasible for the victims of DHRs the decision to name the victim and the detail of the abuse she endured should lie with her family and friends. I agree with Karen Ingala Smith (2017) who suggests that to not include a woman's name in a DHR is to write her out of the narrative of her death and to expose her to victim blaming assertions about her life and her behaviour: it is akin to silencing the victim and preventing her voice from being heard.

Some of the DHRs retrieved were not anonymised, an example is one commissioned by the Safer Lincolnshire Partnership, to investigate the killing of Claire and Charlotte Hart by Claire's estranged husband and Charlotte's father, Lance Hart. Claire's surviving sons Luke and Ryan Hart, used the tragic deaths to raise awareness of coercive control and as a product of their openness and honesty they have become award winning domestic abuse advocates, authors and international keynote speakers. The following quote taken from the DHR into Claire and Charlotte's deaths encapsulates the young men's feelings about not anonymising the report,

*'..... Luke Hart and Ryan Hart have specifically asked that the story of their mother, sister and their experiences of family life is not only heard but is understood. In support of this, as stated above, they do not wish to be anonymised. Their wish is for the facts of what their home life was like, for many years, culminating in the events of July 2016, to be opened to as wide an audience as is possible in the hope that others whom, may be experiencing a similar pattern of behaviour, can seek support and speak out having learned of their experiences (Wate,2016, pp 7-8)*

This case received extensive media coverage and undoubtedly was effective in raising awareness of coercive control without the day-to-day use of violence, as much of the popular press featured articles about the case and television programmes were made featuring Luke and Ryan and allowing them to tell their story. The victims' voices run throughout this DHR, and it is clear from the author's comments that Luke and Ryan provided these voices. Whether the learning from the review has been

successful can only be surmised but as the report is not anonymised and is freely available on Safer Lincolnshire's website and through Google searches, it is likely that it has been seen by many individuals and organisations and shared with more than just statutory agencies, but it is not as simplistic to affirm that the learning has contributed to making the future safer for other victims of coercive control in Lincolnshire or in the wider UK. Contact was made with Luke and Ryan through their website, to ask if they had been invited to take part in the monitoring and evaluation and they responded to say that it had never been suggested to them and that since the completion and publication of the DHR they had had no contact with the CSP.

Whilst some families may welcome anonymity for a variety of reasons only two of the families interviewed wanted it but many accepted it as though it were a *fait accompli* and could not be challenged: it would no doubt be empowering for all bereaved families and enhance their experience of the DHR if they could be offered a choice to name their loved one or to use a pseudonym rather than to be dictated to and given no other choice other than what the Home Office, the CSP or the Chair decreed. The first DHR, the Pemberton Review, set the precedent for naming the victims, although the authors of the report provided the following caveat to suggest that the review should not be viewed as a template for other DHRs.

*'We consider that the Pemberton review should be regarded as an exception to the model set out in the Draft Guidance rather than as a template for future Domestic Homicide Reviews'.*  
(Walker et al, 2008, p.9).

Anonymity does not appear to have been discussed within the Pemberton Review as it is not mentioned within the report although some of Julia's family and other individuals involved in the case are not named and the involvement of the family is strictly and rigidly detailed.

## 7.2 Absence of families and victims' voices

A strong indicator of the absence of families in the DHR process, is the absence of a Pen Portrait about the victim and although the report may state that the family took part, the evidence of the report often suggests that their participation was minimal. There may be several reasons why this is so, some suggestions follow but these are just examples as there may be other issues that are known only to the families who were involved with the reviews that precluded them from writing a Pen Portrait. It is possible that families had not been asked to write a Pen Portrait as the Chair and the CSP did not know that this was an option for them; families may have not wanted to write one; they may have been so traumatised by grief and loss for their loved one that they were unable to write one and did not have an advocate to assist them; they may have chosen not to engage, they may not have wanted to say anything, they may have felt intimidated by the formality of the process, they may not have been given the opportunity to say anything or what they said was interpreted or misinterpreted by the chair. One case that illustrates the reluctance to provide a Pen Portrait and presents reasons for this, is taken from an anonymised DHR that is repeated here without the pseudonyms to further protect the identity of the family.

*'Her family declined to share background information about her. This was for two reasons: they wanted the DHR process to remain focused on the perpetrator and his actions .... the second reason they gave was because she was a very private person and did not regularly and freely share personal information about herself ..... they wanted to continue to respect her privacy as they had done when she was alive.'*

Approximately 60% (n=15) of the published DHRs did not include a Pen Portrait and there are no reasons given for this in the report although some did contain factual detail about the victim that appears to have been written by the Chair. The remaining 40% (n=10) of the published DHRs did have Pen Portraits within them but there was no uniformity to their style or the position they were placed in the reports, some were placed on the opening page, some were included under a specific section on family involvement, some were buried in random sections of the reports, and some were included in the Appendix. Although Pen Portraits are supported by the Home Office Guidance (p.7)

there is no instruction or direction on how they should be written and no suggested length or theme. It would perhaps be a mistake to regulate the length and content of a Pen Portrait as doing so would not only take away choice from families but would have the capacity to silence their voices, invoke anxiety for them especially if they are not used to writing and put pressure on them to complete a task, they feel uncomfortable with and perhaps unqualified to carry out.

### **7.3 Victim blaming language.**

Victim blaming language refers to statements or attitudes that shift responsibility for a crime or harmful event, such as sexual assault, domestic violence, or harassment, onto the victim rather than the perpetrator. This type of language perpetuates harmful stereotypes, reinforces societal stigma, and discourages survivors from coming forward to seek justice or support. Victim blaming often suggests that the victim could have avoided something if they had acted differently, placing responsibility on them instead of the perpetrator, excluding or justifying the perpetrator's behaviour or making the victim seem complicit in the event (Taylor, 2021; Boyle, 2019; Fileborn, 2017).

Feminist scholars have posited that victim blaming language is pernicious and damaging to the reputation and credibility of many victims (Taylor, 2021) wherever it is used, but particularly in DHRs as these accounts of deaths are often victim-blaming (Buxton-Namisnyk and Butler, 2019; Lloyd and Ramon, 2017; Monckton-Smith, 2012). The use of victim blaming narratives provided by statutory agencies and perpetrators, are often used as an alternative to the narratives provided by family members and friends, but they silence victims' voices – both the deceased victim and the bereaved family.

Victim blaming narratives and victim blaming language (Suglura and Smith, 2020; Taylor, 2020; Pennington, 2014; French et al, 1998), are frequently cited as reasons that women are attacked. '*Why didn't she leave?*', '*Why didn't she cooperate with the police?*', '*Why did she go back to him?*', '*Why didn't she support a prosecution?*', '*Why didn't she think about her children?*' are examples of victim blaming language often levied at women who experience IPA, or die due to IPF, rarely do we hear a

counter narrative that holds the perpetrator to account, and asks '*Why did he do that?*', '*Why doesn't he stop?*', '*Why didn't he leave?*', '*Why didn't he think about his children?*', all of which suggest that the abuser should change *his* behaviour, but by not questioning it and by frequently not holding him to account for his actions, this tacitly endorses the abusive behaviours, justifies them and perpetuates them to continue unchallenged: victim blaming language effectively silences victims' voices.

Victim blaming language identified in the published DHRs varied from overt statements such as, '*she failed to report the abuse*', to, more nuanced and biased writing that suggested that the victim was somehow to blame for her own death. The weight given to anonymising reports and the clinical nature of using single letter anonymisation as discussed above, results in some reports using the word 'woman' to describe the victim which has the effect of allowing nuanced inferences and victim blaming language about the victim within the DHR.

In the published DHR reports victim blaming language was apparent in approximately 20% of the total (n=5) and was used to describe a range of actions and behaviours of the victim, from engaging with services,

*'She regularly declined services, failed to attend specialist appointments and declined routine home visits that were offered to her'; 'when interventions, advice and support were offered it wasn't taken .... although the review cannot ascertain why she did not engage with those services'; to 'she repeatedly refused to discuss the abuse with her GP'.*

Statements such as this, appear to illustrate non-compliance of the victim without exploring the reasons motivating such behaviour, which may have been due to the coercive control that she was experiencing. Other statements attacking the victim's character were noted as,

*'... her recollection of events was poor most probably due to the depressant effect of the drugs she was taking for her mental health'; and 'she was considered unreliable as she frequently changed her story about what happened'.*

Similar statements include,

*'...she had been married on four occasions and divorced three times. She had six children to her first three marriages, but none to her fourth, ... it was during a period of separation from her fourth husband that she met and commenced a relationship with Adult A. They met in a public house, ... none of her children were living with her .... she experienced physical health and medical conditions .... she took an intentional overdose of medication because of emotional problems caused by physical health and family issues.'*

This detail taken from an anonymised report, uses victim blaming language to suggest some quite negative facts about the victim who had been killed by a man who had killed a previous partner, served a 'life sentence' but been poorly managed by the probation service and the police on his release from prison. As he had died in prison while awaiting trial for the murder of this victim, an event that would have been thoroughly investigated with a police investigation and an Article 2 Inquest, the report appears to go to great lengths to review his previous crime and sentence and the parole board supported release that enabled him to meet the victim: the victim's voice is lost. The report records minimal involvement with the DHR by the victim's family although they were supported by an advocate, and it may have been the chair's choice not to include their comments although there is an extensive Pen Portrait written by several members of her family – this may have been their only contribution but while it details how much they love and miss the victim it tells the reader little about her life or the abuse she experienced.

Another example of unnecessary victim blaming language,

*'She had lived on benefits for most of her adult life and she regularly used food banks'; 'her life was chaotic'; 'she was frequently angry as her moods fluctuated between depression and elation'*

records the victim in a negative light as if her lifestyle was responsible for her death and not the perpetrator. These examples could be said to be unwarranted, unnecessary, and negative attacks on victims who have lost their lives due to the violent actions of perpetrators: the detail could a) have been written in a more considerate and less defamatory manner, or b) could have been explored with the

family members and others to provide the victim's voice and more information about the victim's health and well-being in relation to their relationships with the perpetrators.

#### **7.4 Hierarchy of testimony.**

Hierarchy of testimony refers to how different people's voices, experiences and knowledge are valued or marginalised based on their social identity, particularly with respect to gender, race, class and other intersecting forms of oppression. Feminist theorists critique traditional hierarchies of testimony because they frequently silence marginalized groups which are often dominated by women. Families bereaved by IPH and IPS could be described as a marginalised group as they are relatively few in number but in line with Fricker's philosophy on epistemic injustice (2009) appear to be systematically disbelieved, silenced with their knowledge devalued because of their social identity.

Hierarchy of testimony where professional narratives provided for DHRs, and other statutory procedures appear to be favoured over the narrative of the victim's voice provided by co-victims was evidenced in the published reports and was also mentioned by some of the families interviewed. The literature has shown that it is often believed by families that the police investigation of their loved one's death heavily influenced all following procedures such as the inquest and the DHR with the family testimony minimised (Boughton, 2021, Rowlands and Cook, 2021): Robinson et al, (2019) noted that where family involvement is located within an advocacy model there are reports that the family's voice can have lesser status. There appears to be a tacit understanding that the testimony of the police supersedes that of any other agency, and this is evidenced in the published reports. The problem of placing testimonies in a hierarchy is addressed in the Home Office statutory guidance (2016a, p.17) and it is stated that the review panel should be '*aware of the risk of ascribing a hierarchy of testimony regarding the weight they give to statutory sector, voluntary sector and family and friends contribution*'. It is distressing for families when their testimony is minimised, misinterpreted, or disregarded, and agencies narratives are taken as true without exception. A feature in some of the reports used in this study was for the family comments to be included as separate from



the body of the text written by the chair and taken from the reports provided by the statutory agencies. Extracts in some cases were highlighted by font type and colour and while the underlying message could be said to identify and support the victim's voice, the message could equally be said to support the hierarchy of testimony as there should be no need to include separate comments if families have been treated as equal and integral to the DHR process and their voices and the voices of their loved ones have been listened to, heard and included in the report as suggested in the Home Office Guidance. There is more to hierarchy of testimony than just narratives of what happened to the victim however as the statutory agencies such as the police and social services in all proceedings inevitably have more power than families: at inquests for example statutory agencies inevitably have a whole team of legal supporters to empower them and to give weight to the evidence or testimony that they will provide, families in many cases will not have a team of legal supporters as they generally cannot afford to engage such support. Boughton (2021) suggested there is also some evidence to indicate that the DHR process is not being applied equally across different local authorities and CSPs in relation to co-victim involvement and this reinforces a hierarchy of testimony.

## **7.5 Inconsistency in style and quality.**

The Home Office Guidance (2016a) provides clear direction on how a DHR report should be written and the key elements that should be contained within it; there is a template provided for the report (p.35) and the guidance is clear that the template should be followed (p.21). Further the guidance details that the overview report should bring together and draw overall conclusions from the information and analysis contained in the IMRs provided by the agencies, but it fails to add that it is important to include the information provided by the bereaved families. The key aim of DHRs is to learn from and reduce deaths but there is restricted dissemination of the learning and recommendations from DHRs due in part to the lack of an easily accessible repository of all the reviews carried out, but this may also be due to a lack of communication within and between agencies as discovered by Sanders-McDonagh and Neville (2014) in the research they conducted into DHRs in the West Midlands. The learning from DHRs is valuable as it has the potential to provide a wealth of

information to support changes to practice and policies that will not only improve safeguarding for victims but may prevent IPA generally.

The Home Office has commissioned three reports into the themes emerging from completed DHRs (Home Office, 2013c, 2016b; Potter, 2022) but they have been reported to be of limited value (HM Inspectorate of Constabulary, 2014; Neville and Sanders-McDonagh, 2014) and there have been suggestions made that the potential of learning from DHRs has been neglected (Rowlands, 2022a). Despite the clarity provided by the guidance there was a great disparity in the way the published DHRs were written, how they were constructed and the quality of the learning and the recommendations. One DHR had a bizarre recommendation of recognising bite marks as a form of domestic abuse which was completely out of context with the review, but the majority of the reviews (85% n=22) included recommendations for agencies to share information on victims and perpetrators and at least one recommendation in relation to training; training on coercive control and domestic abuse awareness being the most common although there were other recommendations in relation to safeguarding, understanding Multi Agency Risk Assessment Conferences (MARACs) and Multi Agency Public Protection Arrangements (MAPPA) and applying for Legal Aid included. Inevitably training is a common feature in recommendations from DHRs (Jones et al, 2019; Potter, 2022; Montique, 2019) but there is no way of measuring if the training is carried out and evaluated. The recommendation and use of training in reviews does however contribute to prevention by enabling an understanding of patterns in domestic homicide, including risk factors (Messing et al., 2022). There is an official level of measuring the quality of DHR reports, the Home Office QA Panel, who read all submitted reports to check that the reviews have followed, the Home Office Guidance (2016a), and the Terms of Reference set by the individual panels. The functions of the QA Panel cover a range of issues that includes monitoring the learning of each report and having an oversight of national recommendations and liaison across government that includes identifying any national training needs as well as monitoring and communicating the impact of the DHR system (Home Office, 2016a). The QA panel is convened by the Home Office and includes representatives from statutory organisations and non-governmental organisations (NGOs) with expertise in domestic abuse

(Home Office, 2016a). The QA panel's primary role is to quality assure DHR reports; upon receipt of a DHR report, the QA panel, having scrutinised it will either approve publication or will request amendments. When the latter is requested, the QA panel can either ask for the report to be re-submitted or approve publication once the amendments have been made.

There has been minimal evaluation on the effectiveness of the DHR process, particularly from the perspective of bereaved families, and no evaluation of the QA Panel, which is currently dealing with a backlog of cases and taking up to eight months or longer to review an individual report. Criticism has been made of the QA Panel (Boughton, 2022; Rowlands, 2020) and will undoubtedly continue as the backlog continues to rise, but with the increase in DHRs being commissioned there is concern that families will be forced to wait even longer for the reviews to go through the quality assessment process unless the panel increases their capacity to scrutinise reports, or more than one panel is convened to help with the backlog. One observation that can be easily made about the published DHR reports that were used in this study is that they had all been through the QA Panel process but were of disparate levels of quality, this may be due in part to the subjective judgements of individual panel members, although the assessment is meant to be a panel decision, or as the reports were assessed in a range of years, that panel membership had changed.

There are some unknowns around the QA Panel and how it is constructed; information is not freely available on who the members are or the organisations they represent, - the Home Office simply states that they are experts - what their level of expertise is, what training they have had to carry out quality assurance and if they are paid for their service are unknown. The Government have committed to improving the role of the QA Panel in the Tackling DA Action Plan (HM Government, 2022) and a consultation has been circulated to gather opinions on the proposal to amend the name of DHRs to reflect the range of deaths that fall within the scope of a review and to ensure that reviews take place when a death occurs or appears to have resulted from domestic abuse as defined in the Domestic Abuse Act 2021 (Gov.uk, 2023).

## 7.6 Conclusion

It was established in the search of published DHRs, that victims' voices are in some DHRs, but they are not uniformly included in all and there are good and bad examples of how they are presented. The reports that featured the victims' names such as those of the Pemberton Review (Walker, 2008) and Claire and Charlotte Hart (Wate, 2018) are examples of how DHRs can focus on, the victim, the antecedents of the death, provide plausible and practical recommendations for future practice and be shared widely to disseminate the learning. The victims' voices flow throughout both the above reports and are enhanced by the fact that the real names and not pseudonyms are used, which makes the report more readable and easier to understand. These reports do not stand alone as there are other reports that feature the name of the victim but generally the published DHR reports reviewed were anonymised which was found to be detrimental and a hindrance to defining who provided the victim's voice and if those voices were listened to, if they influenced the learning and contributed to making the future safer. Different results on this may have been produced if it had been possible to gather more published reports and conduct a quantitative analysis to count the participation of families providing pen portraits and to count the reports where it was stated that families had been involved. Similarly quantitative analysis may have been more productive for determining the numbers of reports that were anonymised by using pseudonyms, and the number of reports using single letter anonymisation: quality of presentation could have been more easily assessed as could quality of the learning and recommendations.

It is not possible to confirm that the future is safer from the data gathered from the published reports but, as has been mentioned in the literature the number of women dying due to IPF, IPS and Hidden Homicides is increasing not decreasing (Hague, 2021; Bates, 2020; Monckton Smith, 2019; McPhedran, 2018; Weil et al, 2018; Walby et al, 2017b; Stockle, 2013) and it is therefore unwise to say that DHRs are making the future safer as it is not unreasonable to suggest that they are not. As they are currently employed, the reviews take too long to complete, they do not all involve or take seriously co-victims who wish to provide the victim's voice, the quality of the reports and the

recommendations is diverse, and the learning is often not shared particularly if the report is not published.

This chapter has detailed the themes identified in reviewing published DHR reports and illustrated how there are several issues that could be addressed to enhance the victims' voices and learn from their experiences to make the future safer. The following chapter discusses the findings of the research and makes recommendations for improvement to DHRs that can change the experiences of bereaved families and generate action to bring about change.

## 8 CHAPTER EIGHT – ARE VICTIMS’ VOICES BEING HEARD?

### 8.1 Introduction

The title of this thesis, ‘Giving victims a voice but not the dignity of being heard’, relates to DHRs and refers in part to the Home Office Guidance 2016a, that states,

*‘Families should be given the opportunity to be integral to reviews and should be treated as a key stakeholder ... to inform the review constructively, by allowing the review panel to get a more complete view of the lives of the victim and/or perpetrator in order to see the homicide through the eyes of the victim and/or perpetrator’ (p.17).*

The research has, explored the reality of the experiences of bereaved families with DHRs, to establish if they considered they had provided the victims’ voices, if they felt they had contributed to the learning, and if they believed that the learning would influence changes to practice to make the future safer for future victims. The research has also explored if the families believed that their voice and the iteration of their loved one’s life were given the dignity of being heard by the statutory services involved in the DHR panel. Furthermore, the research has investigated how victims’ voices are presented, how they are articulated and by whom, by using data gathered from published DHRs and from interviewing bereaved families. This chapter discusses the findings from the thematic analysis and analyses them in the context of the research questions.

Little is known about co-victims’ practical experiences of the DHR process (Montique, 2019) although as was discussed in Chapter 2 much is known about the psychological and physical health effects of the loss of a loved one to a violent and unexpected death and the ensuing grief and trauma that co-victims may be experiencing when they encounter post death procedures such as DHRs that carry an expectation for them to be involved (van Wijk, 2017; Connolly and Gordon, 2015; Morris et al, 2012; Casey, 2011; Malone, 2007; Victim Support, 2006; Armour, 2002; Masters et al, 1987). The practice of involving families in DHRs is increasingly recognised as valuable (Rowlands and Cook, 2021) although challenging, in respect of confidentiality (Boughton, 2021) and the emotional impact

on families who have suffered the loss of a loved one and may have been traumatised by the CJS (Casey, 2011, Armour, 2002b) and may be further traumatised by the review itself (Jaffe et al., 2013). Although the prospect of re-traumatisation is well researched (Bastonski and Duane, 2019; Manikis, 2011; Malone, 2007; Armour 2006; Riches and Dawson, 1998; Rock, 1998) it has not halted support of family involvement in DHRs. Websdale (2012, p.27) has suggested that being involved with death reviews is beneficial for all as it can bring families closer to the State and the community, to “embody a potentially subversive democratic ethic that prioritizes community safety and security”. It is hoped that the findings from this research will add to the growing knowledge of co-victims and post death experiences and pave the way for more detailed study.

## **8.2 Findings in relation to the aims and objectives of this study**

The research has shown that most families interviewed for this study were very willing to be involved in the DHR process but felt that several issues prevented them from feeling valued, accepted, respected, appreciated or believed. Families raised the issues of feeling controlled and coerced, unable to speak freely, tacitly excluded from the process and not feeling listened to nor integral or valued. These experiences mirror those of women as raised by feminist scholars who have identified that women are routinely ignored, not included in public debates that shape public life, silenced by exclusion and devalued (Fricker, 2007; hooks, 2000; hooks; Spivak, 1999). The main finding of this study is that victims’ voices are largely being ignored, despite the Home Office Guidance (2016a) advocating for their inclusion. While some victims are being heard, the majority are not. The detail of the findings is discussed in the following sections.

### **8.2.1 Victims Voices in DHRs**

The initial aim of this research was to determine whether victims' voices detailing their lived experiences of domestic abuse, coercive control, and stalking are included in published Domestic Homicide Review (DHR) reports. The research has found that victims’ voices were in several of the

DHRs that the co-victims took part in, but as many of the reports were not personalised with the name of the victim and relied on pseudonyms or other forms of anonymity, the families felt that this detracted from the purpose of a DHR and automatically silenced them: they also felt that the voices of their loved ones were silenced and this diminished the focus on their experiences of IPA. Families reported feeling silenced and powerless to change things, feeling forced or coerced into accepting anonymity and not being permitted to challenge the decisions. Anonymising reports and the reasons for anonymity confused families, particularly when their case may have been through a public trial and an inquest, and the victim and the perpetrator had been named in media coverage that had also published the graphic and often sensationalized detail of the case: they remained puzzled by the CSP insisting on and the Home Office support for anonymising a DHR report and in some cases were unable to come to terms with that decision. Families were comfortable with anonymity that was the choice of a bereaved family or that protected children and other vulnerable members of a victim's family, but they failed to understand what benefit there was to anonymising a report where the details of the case and the names of the victim and the perpetrator may have been widely discussed and printed in the media and there were no children or family members who would be endangered by using real names.

Bereaved families participate in a DHR to learn from the facts surrounding the death of their loved ones (Morris et al, 2012; Casey, 2011; Masters et al, 1987), so entitlement to be involved with the process that includes, providing the victims' voices, deliberating over and being part of making recommendations for learning and improvement to practice to make the future safer and thereafter monitoring if the recommendations for change to services, policies and procedures that evolve from the review are effective, could perhaps be more specifically detailed in the Home Office Guidance (2016a). There could be a role description for families who become involved with the DHR process so that they are aware of how they can participate and contribute in a meaningful and equitable way. Additionally, families need assurance, that if something implemented, such as changes to policies and procedures derived from the recommendations from a review, fail to be effective, they will be



informed and included in making further changes promptly and without time-consuming and unnecessary dialogue and debate.

### **8.2.2 The Reality of participating in DHRs for Bereaved Families**

Being integral to the DHR process was not the reality for many co-victims: even those who managed to negotiate the procedure with an advocate to try to ensure that their loved one's voice was heard, and the reality of their life was included in the report, did not describe their experience as an effortless journey. Many of the family testimonies that have been heard in this research recall turbulent journeys from start to finish with few reporting trouble-free encounters with the process. Similarly, the published DHR reports evidence that there were only a few families who it appeared were integral to the review and had secured their loved one's names and the reality of their life and death within the writing. Families reported feeling, silenced, trapped, and subjugated with their compliance manipulated and their choices reduced under the weight of a hierarchy of testimony in the DHR process. They recounted having to struggle to maintain the focus on their loved one as statutory agencies attempted to blur and obfuscate the reality of their loved one's death. These feelings are akin to the feelings that many of their loved ones would have experienced when living with the consequences of the coercive and controlling behaviour that the perpetrators may have meted out to them. As mentioned in Chapter Six there is an interesting parallel that can be drawn between the coercive control experiences encountered by the victims of IPF and IPS during their lives, with the controlling experiences that co-victims may experience when attempting to provide their voice and the victim's voice in the DHR process.

Whilst there is evidence to suggest that feminist research has listened to victims' voices and produced findings that have contributed to legislation to make the future safer for women from men's violence and control (Ailwood et al, 2023; Hague, 2021; ), there is little evidence to suggest that victims' voices in DHRs as they are currently conducted, are being listened to and contributing to the learning to make the future safer (Boughton, 2021;; Rowlands and Cook,2021; Jones et al, 2019; Sheehy,

2017). The statement in the Home Office Guidance (2016a, p.6) that suggests that '*illuminating the past makes the future safer*' is aspirational, but in practice DHRs appear to be closer to silencing the victims' voices than they are to celebrating them and learning from them.

The experiences of the co-victims suggest that overall, they were disappointed and dissatisfied with their experiences of being involved with the DHR process, and while they may have been confident that they did their best to ensure that their loved one's voice was included, they were often perplexed and frustrated with the outcome of their involvement. Families were disconcerted at not being included in the subsequent monitoring and evaluation of any changes that may have been put in place. Many were left feeling confused and retraumatised by the process that was purposed to assist with healing as detailed in the Home Office Guidance (2016a, p.17) and the majority did not believe that their voices and the voices of the victims had been heard. Families reported feeling left not knowing what the DHR had achieved in terms of introducing the recommendations to practice and making the future safer.

### **8.2.3 Do victims' voices contribute to the learning in DHRs**

Based on the data gathered for this research both the interviews with bereaved families and the published reviews, it can be asserted that the voices of the victims are not routinely included in DHRs and do not contribute to the learning. When there is evidence of the victim's voice in a report whilst many are articulated by the victim's family there are equal numbers of reports that appear to have no family involvement and the victim narrative is provided either by the Chair using information provided by the police or is absent. Similar statements can be made in relation to the learning and recommendations as there was little evidence apart from the dominant common themes for sharing information and training in the recommendations in DHRs as noted by other researchers (Montique, 2019; Jones et al., 2019; Potter, 2022), that the victims' voices had contributed to the learning and were illuminating the past to make the future safer for other victims. As the findings indicate most bereaved families did not feel that they had been listened to or that they had made a positive contribution to the

review, coupled with the failings of the DHR process as noted in this research and recorded by others (Haines-Delmont, Bracewell and Chantler, 2022; Rowlands, 2022; Boughton, 2021; Montique, 2019; Watt, 2010): an alternative model for DHRs is put forward for consideration. An alternative model may more effectively include bereaved families who provide the victims' voices and consider the detail and reality of their lives to inform future practice is discussed with the hope that it will be more successful, increase the learning from DHRs, and reduce the frequency of IPF and IPS in the UK.

Previous examination and critical analysis of DHRs has concluded that the process has failings and is far from perfect. Boughton (2022) has questioned if the aims of the DHR are stymied by the ambition to align DHRs with a no-blame approach whilst advocating for the inclusion of co-victims and their narratives: she questions if these aims are compatible or if they are two opposing dimensions that are poles apart. Co-victims remarked that they felt exasperated by the intransigence of some statutory agencies who they believed were wary of the family's involvement: co-victims surmised that the agencies feared being sued due to the actions or inactions of their staff or the failings of their policies and procedures. While one or two families had pursued or were pursuing compensation through legal channels, they considered they had been left with no other option and felt manipulated into that position due to the inflexibility and stubbornness of the agencies involved, particularly when a simple apology would have sufficed. It can only be surmised that despite the no blame ethos of DHRs, to apologise is to admit liability and agencies refrain from this to protect themselves.

DHRs have been part of UK legislation for dealing with violence against women and girls for over a decade and it is legitimate to question what they have achieved in this time and what are the benefits to maintaining the process: the answers adduced from this research is that they appear to have achieved little or nothing and there are no concrete benefits either to families or to society. Families remain dissatisfied with and distrustful of the process, the numbers of women affected by IPF and IPS continue to grow causing more expenditure of time and resources to local authorities and as the learning is not shared adequately there are no widespread changes to policies and procedures or even the law that will benefit society or future victims. It appears that, little is being learnt from listening to victims' voices in DHRs and co-victims are not afforded the dignity of being heard when providing those voices.

Victims' voices from the multiple deaths from IPF and IPS each year in the UK are potential instruments of change that can transform and contribute to the reformation of services for future victims and keep them safe. Victims' voices may provide multifarious opportunities for change to future practice but as the participants of this study have illustrated no matter who presents victims voices at DHRs they are not being used as either single or collective instruments of change and women and children are continuing to die due to men's violence and lack of control.

### **8.3 An Alternative Model**

One of the objectives of this research was to consider an alternative model for DHRs that would ensure that victims' and co-victims' voices are effectively included, gathered, and considered, and would contribute to an increase in the learning from DHRs and a reduction in the frequency of IPF and IPS in the UK. The research question asks if there is an alternative model that could be considered to involve bereaved families in the review of their loved ones' deaths; a model that would ensure that the correct voices are listened to; that maintains the no blame culture and does not cause a distraction that will drown out victims' voices and will provide learning to make the future safe for other victims. As mentioned in the introductory chapter anecdotal evidence provided by families, I have worked with suggest that DHRs as they are currently executed are cumbersome, expensive, inordinately time-consuming, traumatising for families to participate in and lack constructive methods for sharing the learning in a positive and proactive model. More importantly they lack uniformity of quality and substance and appear to have little or no effect on policies and procedures to improve practice and keep women safe and prevent further deaths: the interviews with bereaved families and analysis of published reports has produced similar findings suggesting that there is good reason to consider an alternative model for investigating the events leading up to a victim's death from IPF or IPS.

Whilst the findings are encouraging as they reflect the anecdotal experiences reported to me, and they also reflect some of the findings from other research (Jones et al., 2019; Potter, 2022; Montique, 2019) they are simultaneously disappointing as they indicate that families are not being treated as

integral to DHRs and therefore not contributing to the learning and making the future safer. Before promoting a different approach and/or a new model, it is logical and practical, to thoroughly evaluate the existing system and appraise what works well and what can be improved for both parties - the statutory agencies and bereaved families. With any evaluation it may be productive to examine what purpose DHRs are serving and who is benefiting from them: are CSPs the most appropriate body to conduct and administer DHRs: are DHRs the correct procedure to elicit information on IPF, IPS and IPA to improve services for victims; do bereaved families benefit from the experience of being integral to the DHR process: is the process fit for purpose and give value for money: does any part of the learning from these reviews inform legislation. Many of the co-victims identified several issues that from their perspective, need to be addressed and reformed, not least how family members are approached and invited to be part of the review into their loved one's death and how all pertinent information to the DHR is shared with them. In addition, they questioned what value can be gained and who benefits from, anonymising a report and the extraordinary length of time that DHRs take to be completed and published: some families cynically suggested that the statutory agencies may consider that the more time that is taken with a review may persuade co-victims to lose interest, not pursue involvement and walk away from the process. Other things raised by co-victims that caused them concern and frequently disappointed them, were the level of quality and uniformity in the final reports and the knowledge that the learning from individual DHRs is not shared nationally to inform best practice throughout the UK: some suggested that as IPF and IPS are global issues there should be no boundaries to sharing recommendations to improve practice. Whilst this study has acknowledged that the UK Government has plans to introduce a repository where all published DHRs will be stored and will be available for anyone wishing to access them, by default any reviews that are not published will be absent and the learning will not be shared. It is perhaps the unpublished reports that will contain the most learning.

While reviewing the circumstances of deaths from IPF and IPS and identifying the learning for changes to policies and practice to make future victims safer and reduce deaths is a worthwhile and beneficial activity (Monckton Smith et al, 2014), the current model for carrying this out, does not

appear to be achieving this and any learning that comes from DHRs takes an inordinate amount of time to complete which by default, makes any changes to practice slow to achieve, As has been explained in Chapter Three, the Home Office charge local authority CSPs with the responsibility for administering, financing and commissioning DHRs: as the number of DHRs continue to rise to address the increase of IPF and IPS, the pressure on CSPs and the Home Office QA Panel will increase, which may add to the length of time it takes for reports to be completed and published. The DHR process is not without its critics: there have been criticisms of the local commissioning of DHRs as it has been suggested that this may give rise to variations with practice and how they are implemented (Haines-Delmont, Bracewell and Chantler, 2022; Boughton, 2021; Montique, 2019; Payton, Robinson and Brookman, 2017), The variation in practice within individual DHRs that includes how independent chairs are trained and appointed and the construct of the DHR panel have also been highlighted. The Home Office Guidance (2016a, p. 29) states that, “*DHRs are a vital source of information to inform national and local policy and practice*”, but published research is indicating that DHRs do not always record the whole story. It has been found throughout most of the completed research that the quality, content, and structure of DHRs is variable, and therefore inconsistent (Todd et al., 2021, p. 95; Chantler et al., 2020, p. 491; Bridger et al., 2017, p. 102; Home Office, 2016a, p.8; Sharp-Jeffs and Kelly, 2016: p. 21). Bridger et al. (2017, p. 95) found that this lack of minimum standards has resulted in poor completion rates and obstructed access to reports.

These observations suggest that there is no identifiable benchmark or standard for Review Chairs or DHR Panels and little to support what an adequate DHR should look like, even though each report should be quality assessed by the Home Office QA Panel. It has been cited that one of the most time-consuming activities that has been impactful to the DHR process (Boughton, 2021, Rowlands, 2021) is the convening of the multi-agency panel meetings as all members will undoubtedly have conflicting priorities in their diaries created by their full-time roles, making it difficult for panels to plan and agree dates for DHR meetings which protracts the whole procedure and increases the time taken to complete reviews .

For these reasons I believe that it would be beneficial to consider an alternative model that will replace local commissioning and relieve CSPs of the responsibility of organising and financing DHRs. There may be several models that could be explored to replace the current one but a model that will produce better experiences for bereaved families and for professionals could be based on the inspection model as practised by the Office for Standards in Education (OFSTED) and the Care Quality Commission (CQC). This is not to suggest that DHRs should be subject to inspection, simply that the process follows the model where teams of suitably qualified but independent professional people, who are not locally based and who could be referred to as the Review Team, have mandated authority to investigate the events leading up to a victim's death in place of the CSP, the independent chair and a multi-agency panel. This model may require substantial planning and funding but ultimately it may be quicker to administer and gain results if the statutory agencies who are currently legally required to contribute to DHRs retain a mandatory function to provide the information they hold on victims and perpetrators to the Review Team. It would be the responsibility of the team of experts to analyse the events leading up to the deaths and find the trail of abuse and make recommendations for learning. The teams would liaise with and include bereaved families in their investigations on the same level as professionals for the duration of the review. Families would be treated as integral to the reviews with equal respect and status as the statutory agencies, and their voices and the voices of their loved ones would be heard. Reports and recommendations for change to future practice could be prepared and submitted to the Home Office by the Review Teams, for validation, either by the QA Panel or a different panel of independent experts, and the learning would be shared via the online portal mentioned in Chapter Three, that is currently being commissioned.

This model could be configured so that independent chairs and multi-agency panel meetings are not required or the latter are only convened after the learning and recommendations become available and there is a need to consider how changes to policies and procedures across all agencies will be introduced and shared in the locality. By using such a model, the Review Teams would liaise directly with individuals holding key information which would be a more efficient use of time and other resources to gather all the relevant facts of the case. The Review Teams would analyse the learning

around a framework such as Monckton Smith’s Homicide or Suicide Timelines that follow the escalation of risk for victims of coercive control, domestic abuse, and stalking, and make recommendations for change to future practice that incorporates the learning from the victims’ voices with national standards based around the Home Office Guidance (2016a). This model is proposed as an alternative because the current system appears to be failing to deliver positive outcomes. Despite more than a decade of investigations into deaths from IPF and IPS, intended to trace abuse, amplify victims’ voices, and inform safer future practices, the goals outlined in the Home Office Guidance remain unfulfilled. Deaths have not decreased—rather, they are rising. The system is slow in identifying and disseminating lessons learned, victims’ voices remain largely unheard, and there is minimal impact on improving current practices or making the future safer.

#### **8.4 Where next for DHRs**

It is imperative that investigations into the deaths of women from intimate partner homicide (IPH) and intimate partner suicide (IPS) continue, as these deaths provide critical insights into the patterns of violence against women, while informing strategies for preventing future deaths, and ensuring justice for victims. Such investigations are key to understanding how systemic gender inequalities and power imbalances enable IPA. Thorough investigations help bring justice and accountability, raise public awareness, and drive policy reform by providing vital data for legal and public health interventions.

However, the current model for Domestic Homicide Reviews (DHRs) has become increasingly inefficient and overwhelmed; it has no benefits for the bereaved families, no benefits for the public, no benefits for the professional agencies and no benefit for Government. The delays in completing reviews, combined with the high cost and resource burden on CSPs, make it clear that this model is not fit for purpose in addressing the escalating crisis of deaths of women from IPH and IPS. CSPs, which are responsible for



coordinating DHRs, are struggling to keep up with the growing volume of IPH and IPS cases, leading to backlogs and incomplete reviews.

Furthermore, many agencies that are required to participate in DHRs—such as police, healthcare, and social services—are overwhelmed by the increasing number of deaths and the workload required to attend review meetings and contribute to the review process. This has placed strain on already under-resourced agencies, reducing the effectiveness of DHRs and delaying critical insights that could prevent future deaths.

To address these challenges, significant investment in funding and a reorganization of the DHR process are needed. Streamlining the process, increasing resources for both CSPs and partner agencies, and improving the coordination of reviews are necessary steps to ensure that DHRs can fulfil their intended purpose: preventing further deaths by identifying patterns of abuse and systemic failures. These reforms will also require a firm commitment from the Government to tackle the growing issue of men's violence against women, ensuring that every death is thoroughly investigated and used to inform preventative measures that save lives. The continued development and success of DHRs depends heavily on the political will to confront and combat violence against women.

## 8.5 The data identified with this research

This thesis has provided original empirical data, albeit in quite limited amounts, on co-victims' experiences of presenting the voices of their deceased loved ones and receiving the dignity of being heard, in DHRs: it is known that there is minimal data and previous research on this phenomenon (Boughton, 2021; Jones et al, 2019; Sheehy, 2017). As has been validated, the narrative that families can provide for the victims' voices in DHRs is important as they can bring information unknown to statutory agencies, not only on the life of the victim but on her relationship with the perpetrator and sometimes on his past relationships and history of violence (Websdale, 2020; Sharp-Jeffs and Kelly,

2016; Casey, 2011). Research has also shown the value of family testimony as there are high rates of disclosure by victims to family and friends about their experiences of IPA (Gregory et al., 2017; Klein, 2012): many of the participants of this research confirmed that their loved ones had disclosed to them about the level of coercive control, and IPA they were experiencing. Co-victims may have information that is crucial to the investigation of the antecedents leading up to their loved one's death, information that was hitherto unknown and that is contrary to that held by statutory agencies and that may have been voiced by the perpetrator.

Extensive research has identified that poor treatment by statutory agencies and legislated processes within the criminal justice system, significantly affect families bereaved by IPH and IPS and exacerbates their feelings of secondary victimisation and confirms their status as co-victims (Bastonski and Duane, 2019; Jaffe et al, 2017; van Wijk et al, 2016; Casey, 2011; Malone, 2007; Armour, 2006; Armour, 2002; Armour, 2002a; Masters et al, 1987). This research has by default questioned the legitimacy and practicality of one of those processes, the DHR, and the lack of sufficient learning emerging from the use of the current model whereby information about victims' lives, and deaths, is gathered but fails to contribute to changes to practice that will make the future safer for future victims. The rationale behind DHRs is profound and logical as there are always lessons to be learnt from IPF and IPS and it is always possible to make changes (Boughton, 2022), but there are drawbacks with the current model as it does take an inordinate amount of time to complete a review, despite the Home Office Guidance (2016a), suggesting that the process should be completed within six months (p.16). There is also a distinct lack of consistency in several aspects of how DHRs progress; there is inconsistency in how families are included in DHRs despite the Home Office Guidance (2016a) providing the criteria; there is no uniform style in the written reports although there is a template for the layout (p.35); the learning is often sparse, restricted, and not shared, particularly with the families. These observations are not unique and have been raised by other scholars, (see Boughton, 2022; Todd et al., 2021; Chantler et al., 2020; Robinson et al., 2018; Bridger et al., 2017; Sharp-Jeffs and Kelly, 2016). It is difficult to surmise how positive changes to make the future safer

will progress if the learning from victims' deaths is not shared with all those attempting to improve the safety of women and girls and protect them from IPF, IPS and IPA.

## **8.6 Further Research**

There are boundless opportunities for further research on bereaved families' experiences of the DHR process as the findings from this study, as mentioned at the outset of this writing, cannot be extrapolated to provide a fully comprehensive nor representative perspective of all families bereaved by IPF and IPS. The findings however are worthy of further scrutiny, perhaps using a qualitative longitudinal study alternative methods of analysis could be used to garner original empirical data on families' experiences and the study could add to the growing emergence of literature on co-victims' expertise and understanding of IPF and IPS (see Cook 2022; Rowlands and Cook 2021; Dawson 2017; Bugeja et al 2015; Lewis 2014).

## **8.7 Thank you to the participants.**

In the closing stages of this research, it is important to return to the victims of IPF, IPS and HH who are the focus of this study, and to express my sincere thanks and emphasise how grateful I am to the families who agreed to take part. Without them I would not have gained the insight into their lived reality following the untimely, unexpected and violent deaths of their loved ones and neither would I have been able to investigate the factuality of their experiences of providing the victims' voices in the DHR process which is at the crux of this study. I am indebted to them for affording me their time and for openly sharing their stories, and I hope that I have correctly captured their thoughts and the voices of their loved ones; without them this thesis would not have been possible. I am aware that I am in a privileged position, as I can walk away from this research and turn my attention to new possibilities for study, although what I have learned will stay with me forever: the families forever is the loss of their loved one.

## 8.8 Remembering the Victims

The families' forever is a sobering thought, but so too is the fact that from the inception of this study through to completion (part-time basis over seven years) using the average numbers of IPF taken from the Counting Dead Women website, and calculating quite conservative estimates of IPS and Hidden Homicides as hypothesised by Monckton Smith et al (2021) and Louise Tickle et al (2021) it may be that almost five thousand women, have died in the UK in the time period and more will die tomorrow. Women who may have survived had there been changes to services to protect them, had their voices been listened to whilst they were alive and had the voices of previous victims and their families been provided with the dignity of being heard and included in the learning of the DHRs conducted to investigate their loved ones' deaths. This research validates why there is an urgent need to invest in and improve the DHR process for reviewing the deaths of victims by IPH, IPS and HH, to ensure that bereaved families' voices and victims' voices are listened to, and services enhanced to make the future safer; it is fitting that the final words of this thesis are from a victim,

*“The DHR mirrored the narrative of the police – Dawn was labelled as an abuser by agencies only because of their ignorance and inadequate comprehension of the dynamics of abuse - a false narrative was presented and unfortunately that was the only one that was heard.”*

*Kirsty Spencer sister of Dawn Rhodes*

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## GLOSSARY

|       |                                                        |
|-------|--------------------------------------------------------|
| AFH   | Adult Family Homicide                                  |
| CJS   | Criminal Justice System                                |
| CSP   | Community Safety Partnership                           |
| DA    | Domestic Abuse                                         |
| DAA   | Domestic Abuse Act 2021                                |
| DARDR | Domestic Abuse Related Death Review                    |
| DARVO | Deny, Attack, Reverse Victim and Offender              |
| DHR   | Domestic Homicide Review                               |
| DV    | Domestic Violence                                      |
| DVCVA | Domestic Violence Crime and Victims Act 2004           |
| DVFR  | Domestic Violence Fatality Review                      |
| HH    | Hidden Homicide                                        |
| HOHI  | Home Office Homicide Index                             |
| HOQAP | Home Office Quality Assurance Panel                    |
| IDVA  | Independent Domestic Violence Advisor                  |
| IPA   | Intimate Partner Abuse                                 |
| IPF   | Intimate Partner Femicide                              |
| IPH   | Intimate Partner Homicide                              |
| IPS   | Intimate Partner Suicide                               |
| MAPPA | Multi-Agency Public Protection Arrangements            |
| MARAC | Multi-Agency Risk Assessment Conference                |
| NGO   | Non-Governmental Organisation                          |
| NHS   | National Health Service                                |
| ONS   | Office of National Statistics                          |
| PIN   | Police Information Number                              |
| SMART | Specific, Measurable, Achievable, Relevant, and Timely |

|                          |                                                                                  |
|--------------------------|----------------------------------------------------------------------------------|
| The Home Office Guidance | The Multi-Agency Statutory Guidance for the conduct of Domestic Homicide Reviews |
| ToR                      | Terms of Reference                                                               |
| UK                       | United Kingdom                                                                   |
| UNODC                    | United Nations Office for Drugs and Crime                                        |
| US                       | United States                                                                    |
| VAWG                     | Violence Against Women and Girls                                                 |
| VPS                      | Victim Personal Statement                                                        |
| VSHW                     | Victim Support Homicide Worker                                                   |



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## APPENDIX ONE

### A Tribute to my Daughter.

An important part of dealing with the death of a loved one is to honour their memory in a special way, so this is a heartfelt tribute to my very special daughter.

Losing a child is a parent's worst nightmare, the way in which we lost ..... was even harder. We are unable to put into words the level of loss, the deep sadness, emptiness, and disbelief we felt and still do.

The family are broken, and every significant occasion is bittersweet because there is a deep void because she isn't there. Even the Sunflowers and Daffodils she loved so much seem dull and the Robins always seem to be singing a sad song.

The first moment I set eyes on my little girl, I felt immeasurable joy and pride. I knew my life would never be the same. The bond was instant and beyond anything I could have ever imagined. I knew I was truly blessed, suddenly life had a totally different meaning.

As she grew from that baby in my arms I could protect to womanhood, outside influences were strong, we hoped she would remember what we had taught her and right from wrong. We knew it would be hard to let go, we thought we would always be there to catch her if she fell.

She grew to be a beautiful, strong minded, creative young woman. She was wise beyond her years. I never imagined my life would be without her, her laugh and smile would melt the hardest of hearts. She had a quirky sense of humour and was fun to be with. These attributes are what we remember the most. It is what got me through some very difficult times, she made my life worthwhile. Our life wouldn't have been such a fun journey without her by our sides. We still cherish every moment we had with her.

She left behind her ray of sunshine, and she will always live on in her, especially the quirky sense of humour and the love of music and dance.

Things like this make you realise how fragile and precious life is.

So in the words of Ozzy Osbourne, our song, which now has a totally different meaning.

"I still hear her last goodbye"

"I wish we could go back and change the years"

"I've lost the best friend I ever had"

Good night my darling

You will live forever in our hearts. X x x x X

## APPENDIX TWO



## APPENDIX THREE

### Copy of participant email

Dear

*I am emailing you to follow up contact made to you by my colleagues (Names Deleted) earlier this year asking if you would be willing to participate in the research I am doing for my PhD. I apologise for the delay in contacting you but this has been due to academic administration beyond my control.*

*I am aware that following the tragic loss of ...INSERT NAME..., you and your family took part in the domestic homicide review into the circumstances and events leading up to their death,*

*The main aims of my research are to gather data on; the experience of the DHR process that victims' families have had, and within that the extent to which they were able to contribute to the review; why families do or do not contribute and what families think would encourage participation or make the process as positive and effective as it could be. If you would like to receive more detail about the research, please let me know.*

*I am gathering data by interviewing family members from a sample of families who have experienced the DHR process. To ensure anonymity and confidentiality, all people, places, cases, case information, dates and organisations involved will be anonymised and given pseudonyms where appropriate so that identities and information cannot be recognised. What is disclosed within interviews and observations will be confidential, and should you want to disclose anything whilst not in an interview situation then this can be arranged.*

*I would like to meet with you to discuss your experiences of the domestic homicide review process at a venue that you are comfortable with and where you will feel safe to discuss the detail. I will be happy to travel to your home or I can meet at any other location that you decide you feel comfortable with as long as that location provides a satisfactory level of privacy and confidentiality. If meeting face to face is not convenient, I will be happy to communicate via Skype or Facetime or any other preferred medium. I will spend as much time talking to you as is required but this will most probably not be less than two hours so that all the detail can be covered.*

*During the interviews, I would like your permission to take contemporaneous notes to record our conversation. If you feel uncomfortable at any time during the conversation and things are discussed that you do not wish to be recorded just let me know. All the information gathered will only be accessible through myself and will be kept securely in a locked cabinet and anonymised throughout the research*

*process – thereafter the notes will be shredded. I will be happy to share the final draft paper where your input features, with you to ensure accuracy and provide any factual amendments if necessary.*

*My study has been approved by the University of Gloucestershire Natural and Social Sciences School Research Ethics Panel but please note that you can remove yourself from taking part at any point up to where the data is being analysed.*

*Once I hear back from you and receive your agreement to take part in the research, I will telephone you to arrange a mutually agreeable date and time for us to meet.*

*I do hope that you will take part in this research as your contribution will be extremely valuable,*

*Best wishes,*

*Sue Haile* [REDACTED]

*N.B. You can also contact the Chair of the University Research Ethics Committee [Email address deleted] as an independent point of contact to discuss any aspect of the research.*