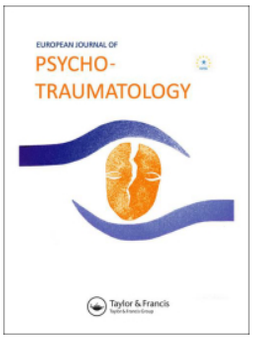

European Journal of Psychotraumatology

ISSN: 2000-8066 (Online) Journal homepage: www.tandfonline.com/journals/zept20

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To cite this article: Stefanie Horn, Gertrud Hafstad, Robyn Molyneaux, Verónica Anzil, Lasse Bartels, Eric Bui, Vicky Carmichael, Coralie Creupelandt, John Devaney, Arnaud Fernandez, Morgane Gindt , Mariana Gonçalves, Arend Groot , Ann-Christin Haag, Bianca Harper , Kathryn Joy , Nancy Kassam-Adams, Zain Kurdi, Markus A. Landolt, Lonneke I.M. Lenferink, Katherine Mautner , Frank Mullane , Ophélie Nachon , James Rowlands, Theresa Schwaiger, Konstantina Sklavou, Geert E. Smid, Mira Vasileva, Eva Zafra Aparici, Carolina Øverlien & Eva Alisic (2026) Homicide at home: setting the agenda for an international collaboration to improve support for children bereaved due to family violence, European Journal of Psychotraumatology, 17:1, 2692769, DOI: 10.1080/20008066.2026.2692769

To link to this article: https://doi.org/10.1080/20008066.2026.2692769

Published online: 14 Aug 2026.

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2026, VOL. 17, NO. 1, 2692769
https://doi.org/10.1080/20008066.2026.2692769

CLINICAL RESEARCH ARTICLE

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Homicide at home: setting the agenda for an international collaboration to improve support for children bereaved due to family violence

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ABSTRACT

Background: Bereavement due to fatal family violence (e.g. intimate partner homicide, filicide, parricide, siblicide) is a profoundly disruptive experience for children, with lifelong psychosocial consequences. Although the need for fatal family violence prevention is increasingly recognised internationally, support for bereaved children in the aftermath remains fragmented, inconsistent and largely dependent on local service availability rather than individual needs. Caregivers, often coping with their own grief, face extraordinary demands without adequate guidance or resources.

Objective: This paper seeks to draw attention to the urgent need to focus on children bereaved by fatal family violence and develop an international, collaborative agenda that places the voices of young survivors and their caregivers at the centre.

Methods: We held a workshop in Caen, Normandy, France, in 2025, to mark the launch of the international component of the five-year research programme *Homicide at Home: Minimising*

ARTICLE HISTORY

Received 16 January 2026
Revised 7 May 2026
Accepted 15 June 2026

KEYWORDS

Bereavement; children; domestic homicide; familicide; family violence; intimate partner homicide; lived experience; psychosocial impact; traumatic grief; young people

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the Impact on Young Survivors, funded by the Australian National Health and Medical Research Council. This workshop convened 33 researchers, clinicians, policymakers and advocates, including with lived experience, from 11 countries to develop a roadmap.
Results: The envisaged agenda aims to centre the perspectives of people with lived and/or caregiving experience and comprises three interconnected components: (a) identifying existing knowledge, practices and resources; (b) shaping and curating an international repository; and (c) supporting the development of new research. The description of these elements is intended as both a starting point and an invitation.
Conclusions: Fatal family violence leaves behind a significant number of children whose needs are urgent yet under-addressed. By working collectively across disciplines and countries, together with those who are the most affected, we can begin to address the long-term impact of these traumatic losses. We invite colleagues to join this initiative.

Homicidio en el hogar: estableciendo la agenda para una colaboración internacional que mejore el apoyo a los niños en duelo por violencia familiar

Antecedentes: El duelo por violencia doméstica fatal (p. ej., homicidio íntimo, filicidio, parricidio, fratricidio) es una experiencia profundamente traumática para los niños y niñas, con consecuencias psicosociales de por vida. Si bien la necesidad de prevenir la violencia doméstica fatal es cada vez más reconocida a nivel internacional, el acompañamiento a los niños y niñas en duelo tras el suceso sigue siendo fragmentado, inconsistente y depende en gran medida de la disponibilidad de servicios locales más que de las necesidades individuales. Las personas cuidadoras, que a menudo cargan con su propio dolor, se enfrentan a demandas extraordinarias sin la orientación ni los recursos adecuados.
Objetivo: Este documento busca destacar la necesidad urgente de centrarse en los niños y niñas en duelo por violencia doméstica fatal y desarrollar una agenda internacional de colaboración que sitúe las voces de los y las jóvenes sobrevivientes y sus personas cuidadoras en el centro.
Métodos: Realizamos un taller en Caen, Normandía, Francia, en 2025, para conmemorar el lanzamiento de la dimensión internacional del programa de investigación quinquenal *Homicide at Home: Minimising the Impact on Young Survivors*, financiado por el *National Health and Medical Research Council* de Australia. Este taller reunió a 33 investigadores e investigadoras, profesionales, políticos y políticas, y activistas, incluyendo personas con experiencia vivida, de 11 países para desarrollar una hoja de ruta.
Resultados: La agenda prevista busca centrar las perspectivas de las personas con experiencia vivida y/o de cuidado, y comprende tres componentes interconectados: (a) identificar los conocimientos, las prácticas y los recursos existentes; (b) configurar y gestionar un repositorio internacional; y (c) apoyar el desarrollo de nuevas investigaciones. La descripción de estos elementos pretende ser tanto un punto de partida como una invitación.
Conclusiones: La violencia doméstica fatal deja un número significativo de niños y niñas cuyas necesidades son urgentes, pero insuficientemente atendidas. Trabajando colectivamente en diferentes disciplinas y países junto con las personas más afectadas, podemos comenzar a abordar el impacto a largo plazo de estas pérdidas traumáticas. Invitamos a colegas a unirse a esta iniciativa.

PALABRAS CLAVE
Duelo; niños; homicidio doméstico; violencia familiar; homicidio de pareja; experiencia vivida; descendencia; impacto psicosocial; duelo traumático; familicidio

HIGHLIGHTS

- Fatal violence within the family leaves behind a significant number of children whose needs are urgent yet under-addressed.
- A new international network of researchers, clinicians, policy makers and advocates, including with lived experience, has developed an agenda to facilitate exchange and collaboration.
- Colleagues interested in this initiative, which is also connected to the Global Collaboration on Traumatic Stress, are invited to join.

1. Introduction

Bereavement due to violence in the family is a uniquely disruptive experience for children, with life-long psychosocial implications. It is estimated that at least one in seven homicides globally, and more than half of all adult femicides, are committed by an intimate partner (Stöckl et al., 2013; UNODC, 2023). Many of the victims are parents, pointing to a significant and global population of children affected by intimate partner homicide, with one estimate suggesting 55,000 children worldwide are impacted each year (Alisic et al., 2015). While intimate partner homicide may be the most frequent and most researched occurrence of bereavement due to family violence (see Box 1), children can also be bereaved due to filicide (when a parent kills a sibling of the child), parricide (when a sibling kills a parent) and siblicide (when a sibling kills another sibling), among others (see e.g. Liem & Koenraadt, 2008; Box 1). Together, these violent deaths occurring within the family may pose a direct threat to children's welfare and wellbeing. As researchers, clinicians and advocates, including with lived experience, dedicated to addressing fatal family violence and its impacts on children, we are deeply concerned about the lack of systematic focus on understanding and supporting these children and their caregivers. Bringing together existing knowledge and expertise and conducting robust new research, while centring the voices of people with lived experience, are important and urgent. For this reason, we are establishing, and hope to grow, a multidisciplinary and international collaboration, with this article serving as an invitation for

participation. This paper describes the arguments for establishing such an initiative and outlines our envisaged path to foster progress in minimising the impact of fatal family violence on young survivors.

Box 1. Clarification of terms used.
When we refer to fatal '*family violence*,' we consider biological as well as non-biological family members of the children, including stepparents and stepsiblings, for example. In addition, we note that children can also be faced with bereavements due to other non-natural deaths (e.g. suicide) that are related to violence at home.
Our work focuses on improving support for those who experienced bereavement due to fatal family violence as a *child*, i.e. before the age of 18, and those who care for them, noting that support needs can arise throughout one's lifetime.
Related to the previous point, we use the term '*lived experience*' throughout the text for brevity but would like to emphasise that this often refers to both lived and living experience, as many of our interviewees and colleagues with direct experience indicate that the impacts are long-term and ongoing throughout their lives.
Regarding these impacts, we take a holistic and socio-ecological approach (see also Box 2), recognising that wellbeing cannot be understood in isolation, but rather, is embedded within an '*ecosystem of care*' (c.f. Welbourn et al., 2011), involving children and adults with lived experience as a child, caregivers and family members, clinical professionals, and their broader communities, each with distinct needs.

2. The importance of knowledge sharing in this field

2.1. Bereavement due to fatal family violence has a lasting impact

Fatal family violence often causes a sudden and profound disruption in all aspects of children's lives, including their living arrangements and primary caregivers as well as their social and educational environments. All of these have major implications for children's wellbeing, development and life trajectory. While overall, literature in this domain is limited, several key findings have been reported.

Firstly, fatal family violence can substantially impact children's daily life. A study in the USA reported that 87% of intimate partner femicide victims' underage children had to leave their home, with a variety of living arrangements as a result (Lewandowski et al., 2004). British and Dutch research suggest that many experience unstable arrangements and multiple placements, often involving conflict between family members (Harris-Hendriks et al., 2000; Alisic et al., 2018) and a loss of their sense of 'home' (Sakthiakumaran et al., 2026). The majority of children bereaved due to intimate partner homicide experience the loss of their primary caregiver and likely primary attachment figure – the person who, under normal circumstances, would have helped them cope with trauma and adversity (Aborisade et al., 2021; Gaensbauer et al., 1995). In this manner, fatal family violence is often the starting point for a cascade of losses in children's lives: since many children have to change residence and lose their home, this often involves changing schools. This, in turn, leads to the loss of friendships, hobbies, routines, and supportive relationships (e.g. with teachers). Even when children can remain at their school, the negative impact on their daily life is directly felt, with reports of experiences of stigma and strained friendships (see e.g. Frederick et al., 2024; Malmquist, 1986; Steeves et al., 2007).

Secondly, fatal family violence can have strong and long-lasting impacts on children's mental health and wellbeing. These include severe grief reactions and complex posttraumatic stress symptoms (see e.g. Harris-Hendriks et al., 2000; Kaplan et al., 2001) as well as a range of related internalising, externalising, and physical symptoms, and drops in school grades due to the distress (see Alisic et al., 2015, for a systematic review). In a Swedish nation-wide, longitudinal, nested case–control study using registry data, Lysell and colleagues (2016) showed substantially higher risk of major mental health difficulties, substance dependence and self-harm among children whose father killed their mother compared to children in the general population. Experiences in all these domains of children's lives in the aftermath of fatal family violence compound to create significant strain on children's development (Kurdi et al., 2024). Recent qualitative studies also highlight how children's developing identity is shaped by the meaning they ascribe to being kin to a perpetrator and/or victim of homicide, with this effect persisting into adulthood (see e.g. Eastwood & Alisic, 2025; Marinkovic Chavez et al., 2024; Pitcho-Prelorentzos et al., 2022).

Thirdly, fatal family violence often occurs in the context of a myriad of stressors and follows a history of family violence. (Alisic et al., 2017; Steeves et al., 2011; Vatnar et al., 2017), with children's outcomes being influenced by a range of direct and broader contextual factors, such as the resources of caregivers and their communities. Children may be exposed to the conflicts and violence in an unfiltered way, both before, during and after the homicide. They may experience death threats beforehand, witness acts of violence or even attempt to intervene while the violence is taking place. Existing research suggests that greater exposure to pre-, peri- and post homicide stressors, such as a history of family violence and conflict, violent death, as well as post-homicide stressors, such as conflicts about where children should live or difficulties in accessing clinical care, may lead to more severe symptoms (Alisic et al., 2015; Brent et al., 2012; Erükçü Akbaş & Karataş, 2022;

Hardesty et al., 2008; Kaplan et al., 2001; see also Box 2).

Box 2. Theoretical background.
Various theoretical lenses can be useful in considering a child's loss of a family member due to fatal family violence. One model conceptualises factors regarding children's mental health, social, physical and educational outcomes along a temporal continuum of *pre-, peri-, and post-trauma phases* (Alisic et al., 2015), which aligns with public health frameworks aimed at preventing or mitigating adverse outcomes through primary, secondary, and tertiary prevention (e.g. Salter & Gore, 2020). Pre-trauma factors in this model include family characteristics prior to the incident that may shape later outcomes, such as histories of violence, substance abuse and financial strain. Peri-trauma factors primarily involve direct exposure to the homicide, incorrect information provision in the direct aftermath, and chaos and unsafety at that time. Post-trauma factors encompass caregiver distress, conflict between relatives, problematic contact with the perpetrator, as well as a lack of mental health care. When these factors are taken into account, it becomes evident that children are positioned not as isolated individuals but as part of a complex social network that benefits from consideration of *socio-ecological models* to understand the interplay between individual, relational, community, and societal factors (cf. Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). Kurdi and colleagues (2024) applied Bronfenbrenner's theory to children bereaved by fatal family violence specifically, showing the complex interplay between proximal and distal processes (e.g. in England and Wales, Jade's Law, introduced through the Victims and Prisoners Act 2024, means that when one parent is convicted of killing the other parent, their parental rights are automatically restricted unless a court decides otherwise, strengthening protections for children affected by domestic homicide (UK Parliament, 2026).

2.2. Current policy priorities are incomplete

There has been a growing political interest in the prevention of family violence, recognising the profound impact that it has on communities. Various national and international conventions have been ratified, such as the Istanbul Convention and European Union Directive on Combating Violence against Women and Domestic Violence, the Violence Against Women Act in the USA, the National Plan to End Violence against Women and Children 2022–2032 in Australia, and the Protection of Women from Domestic Violence Act in India. These initiatives focus on preventing offences and supporting directly affected victims. However, very little attention is given to post-incident support for children affected by these crimes. Despite these noteworthy efforts, it is unlikely that violent deaths of adults and children in the home context will be eradicated in the near future. Since nearly every violently bereaved child is in need of therapeutic counselling at some point during their lifespan (Kurdi et al., 2024), these children and adults deserve attention. This calls for a sustained and proactive approach to mental health care, integrating prevention, early intervention, and long-term follow-up. Research involving people with lived experience paints a picture in which systematic barriers exist at every stage of the support process (cf. Enander et al., 2024), which are outlined below.

2.3. There is a paucity of child-centred services and research

Relevant agencies may not adequately consider the rights and needs of children bereaved by fatal family violence. An examination of the available aftercare options in the UK and Ireland indicates that the rights of children (UN Convention on the Rights of the Child, 1989) are generally not adequately considered by public bodies like the police, courts and social work agencies (Kurdi et al., 2024). This is particularly apparent regarding children's rights to: (1) protection from domestic violence, (2) physical and psychological recovery, (3) consideration of their perspectives, and (4) information sharing during and following legal proceedings (Kurdi et al., 2024). Regarding mental health, children and their caregivers were still frequently left to manage on their own, particularly in the mid- to long-term. This finding is consistent with other studies on domestic homicide (e.g. Alisic et al., 2023; Hardesty et al., 2008) and is at contradiction with evidence that trauma- and grief-focused interventions can improve children's mental health (cf. Boelen et al., 2021; Landolt et al., 2025; Soydas et al., 2023).

Where services and supports are available for children following fatal family violence, these are not always accessible. The actual access appears to depend on the capacity of and opportunity provided to professionals and caregivers to navigate complex and demanding healthcare and social services structures (Alisic et al., 2025; Gomersall et al., 2024). In Germany, for instance, financial assistance can be applied for through the State Office for Social Affairs by people with lived experience or their caregiver. Additionally, the child welfare system is responsible for covering the costs of accommodation following the homicide, while the healthcare system is expected to finance therapeutic support (Federal Ministry of Justice, 2025). As a consequence, caregivers are often required to navigate complex bureaucratic procedures to secure the necessary assistance for the children. In comparison to this, in France, a national protocol for the care of children witnessing a femicide or familial homicide was introduced in 2022. It requires the immediate hospitalisation of those children present at the scene in a paediatric ward, accompanied by a joint medical and psychiatric assessment, and coordination between paediatric, child psychiatric, justice and child-protection services (French Ministry of Solidarity and Health, 2022; Prieto et al., 2025). These different approaches and their subsequent effects on social, economic and legal challenges may affect child and caregiver outcomes in ways that are not currently well understood. This requires systematic empirical evaluation, with attention for equitable access and long-term psychosocial impact, including feedback from people with lived experience.

The limited understanding of the experiences and needs of children and caregivers may impact upon the development and provision of appropriate supports for families. The paucity of research in this area precludes the possibility of developing support measures (Alisic et al., 2015; Eastwood & Alisic, 2025). The few existing studies are mostly small in scale (many being case studies or case series), retrospective (often conducted many years after the event) or focusing on professionals' or caregivers' perspectives only, missing the direct voices of bereaved children (cf. Callaghan et al., 2017; Houghton, 2015). An attempt to review literature on child mental health after parental intimate partner homicide between 2015 and 2025 identified only 14 studies globally, with few providing detailed information on children let alone hearing from them directly (Eastwood & Alisic, 2025). However, an extensive new systematic search and review of the literature, which will also provide a quality assessment of relevant studies, is currently underway (Taccini et al., 2025).

2.4. The adults involved are feeling 'out of their depth'

Support for affected children often depends on the capacities and resources available to the caregivers and professionals involved with a child. Caregivers face exceptionally high demands when supporting a child affected by domestic homicide (Alisic et al., 2025). Often, they are dealing with their own grief, do not receive guidance in observing and responding to child traumatic stress and grief, and lack adequate financial resources or access to assistance. Caregivers have described the social and institutional support they receive after the homicide as insufficient or fragmented (Kurdi et al., 2024; Rinne-Wolf et al., 2025). Many reported being left alone to manage both practical and emotionally distressing tasks, such as cleaning the crime scene (Enander et al., 2024). Similarly, professionals (e.g. in welfare, education and health systems) who genuinely want to help can feel overwhelmed by the complex needs of the children and their caregivers. This may be compounded by a lack of staffing, guidance, and preparation for a situation that, for many professionals, may only occur once or twice in their career and thus preclude them from building expertise. The high rate of staff turnover also contributes to a further loss of expertise (e.g. DePanfilis & Zlotnik, 2008; Radey & Wilke, 2022). A study among professionals working in the children and family sector in the UK highlighted that the majority of respondents reported not having sufficient resources to support children after fatal family violence, particularly in terms of time and specialised services (Gomersall et al., 2024). Similar trends have been observed in other countries, where data also indicate that the social sector is underprepared to meet children's and caregivers' specific needs (Alisic et al., 2025). These perceptions are consistent with findings from case file analyses in the USA (Lewandowski et al., 2004), Domestic Homicide Reviews in England and Wales (Stanley et al., 2019), and qualitative interviews in various countries (e.g. Rinne-Wolf et al., 2025), all of which underline a consistent lack of long-term support for bereaved children and the adults around them.

2.5. Collaboration can lead to considerable progress

The importance of a participatory approach to improve support and to include the perspectives of bereaved children and their caregivers should continue to drive our work. Building on the United Nations Convention on the Rights of the Child (1989), this approach is in line with the arguments put forward by both young survivors and researchers (Callaghan et al., 2017; Houghton, 2015; Øverlien & Holt, 2019), who emphasise that excluding young survivors from research and policy-making – even with the intention of protection – denies them the opportunity to shape their own lives and develop a sense of self-efficacy and control. Frameworks such as the Child Rights Impact Assessment provide valuable guidance for examining whether measures adequately take children's rights into account (European Network of Ombudspersons for Children, 2023). In the preparation for this manuscript, we have involved people with lived experience as core members of our team. Lived experience perspectives have therefore been directly incorporated in group discussions and feedback, shaping the direction of this initiative. This collaborative process aims to meaningfully centre lived experience throughout our work.

There are several arguments for establishing an international collaboration to spur improvements in support for children bereaved due to fatal family violence, and their caregivers. First of all, this is a relatively small yet intense domain of work, where many of us experience a certain isolation, and we can learn from initiatives, resources and exchange within and between countries. Related to this, the current evidence base is built on studies with relatively small sample sizes in a very limited number of countries, and in many cases, the expertise – whether through lived experience, clinical practice or research – is sitting with individuals rather than collectives and institutions. Pooling knowledge, resources and (a range of) data will allow us to build a stronger evidence base and practice, and ensure that there is momentum that no longer depends on a small number of individuals. Learning from a range of different cultural and systemic contexts will allow our collective to see examples

of good practice that may be adapted elsewhere, or better understand the factors that contribute to improved experiences and outcomes for children and caregivers. Furthermore, the exchange of research protocols, ethics considerations, and templates for future data sharing while safeguarding children's and adults' privacy and safety across countries and contexts can be beneficial.

To support bereaved children, a key objective of our work should be to make the most efficient use of any information (already) provided by children, caregivers and professionals. This aims not only to prevent repeated assessments, but also to maximise the practical knowledge that can be drawn from their contribution. International collaboration between researchers, practitioners, policy makers, and people with lived experience can help to broaden the knowledge about this group of children. In addition, the momentum of collaboration can help to bring attention to bereaved children and support advocacy for their needs. Examples of such efforts can be seen in various initiatives addressing traumatic stress and other impacts in this domain through policy engagement, training and research, such as the NGO Advocacy After Fatal Domestic Abuse (AAFDA) or the FAIR Data Workgroup of the Global Collaboration on Traumatic Stress.[1]

3. Setting the agenda: priorities and opportunities

This paper stems from a workshop held in January 2025, which marked the launch of the international component of the five-year research programme *'Homicide at Home: Minimising the Impact on Young Survivors,'* funded by the Australian National Health and Medical Research Council (NHMRC) Investigator Grant scheme. The workshop, convened in Caen, Normandy (France), brought together 33 researchers, clinicians, policymakers and advocates from 11 countries (Australia, France, Germany, Greece, the Netherlands, Norway, Portugal, Spain, Switzerland, the United Kingdom and the United States, with additional connections to Vietnam, Belgium and Sweden). The group developed a roadmap to foster international exchange of knowledge and expertise, centred on building and utilising an international repository or hub,[2] grounded in lived and caregiving experience. We view this work as both a starting point and an open invitation for broader international collaboration in this field, also hoping to move beyond our currently predominantly white, Western, and high-resource-setting perspectives.

Below, we outline our envisaged agenda of this collaboration, concluding with an invitation for involvement. We begin with the core principle of centring the perspectives of people with lived and/or caregiving experience. Building on this foundation, our agenda comprises three interconnected components, which are likely to develop iteratively and, in some cases, simultaneously: (a) identifying existing knowledge, practices, and resources; (b) shaping and curating an international repository; and (c) supporting the development of new research in this critically underexplored area (Figure 1).

3.1. Lived experience at the centre

An important step in advancing this agenda is to systematically identify what has already been learned through input from children and adults with lived experience. We plan to review and synthesise findings from previous projects and initiatives to understand what is known, as well as to identify areas where additional input is needed, particularly from underrepresented groups. Following the advocacy and other initiatives of people with lived experience, and engaging all as advisors and collaborators, can provide invaluable guidance in shaping research priorities and methodologies as well as the development of policies and training for professionals or therapy services. Our consortium is committed to ensure that the participation of individuals with lived experience remains central to every stage of the repository's development, while we are also mindful of the burden of this work (see e.g. Aroussi, 2020). We are aware that this approach requires a high degree of flexibility, and that continuous adaptation to the needs and preferences of all involved is essential. Ethical considerations regarding human rights and social justice, balancing protection and empowerment, ensuring informed consent and managing distress (Hugman et al., 2011) require ongoing reflection, conversation, and the continuous pursuit of ways to engage in a spirit of genuine reciprocity – something that is not always easily achieved within institutional contexts. Wherever possible, participation in research or in our network is appropriately compensated, both monetarily and through other forms of opportunity and/or recognition.

3.1.1 Identifying existing knowledge, practices, and resources

The starting point for our repository is the recognition of the existence of a range of experience, evidence, and ongoing work related to this topic around the globe. It would be highly valuable to systematically gather this information and make it more accessible. Our aim is to consider a wide variety of information types, including existing studies and initiatives, policy documents, and clinical or non-clinical resources or offerings. We are particularly keen to learn of, and from, existing consultations with children and individuals with lived experience, in order to understand what

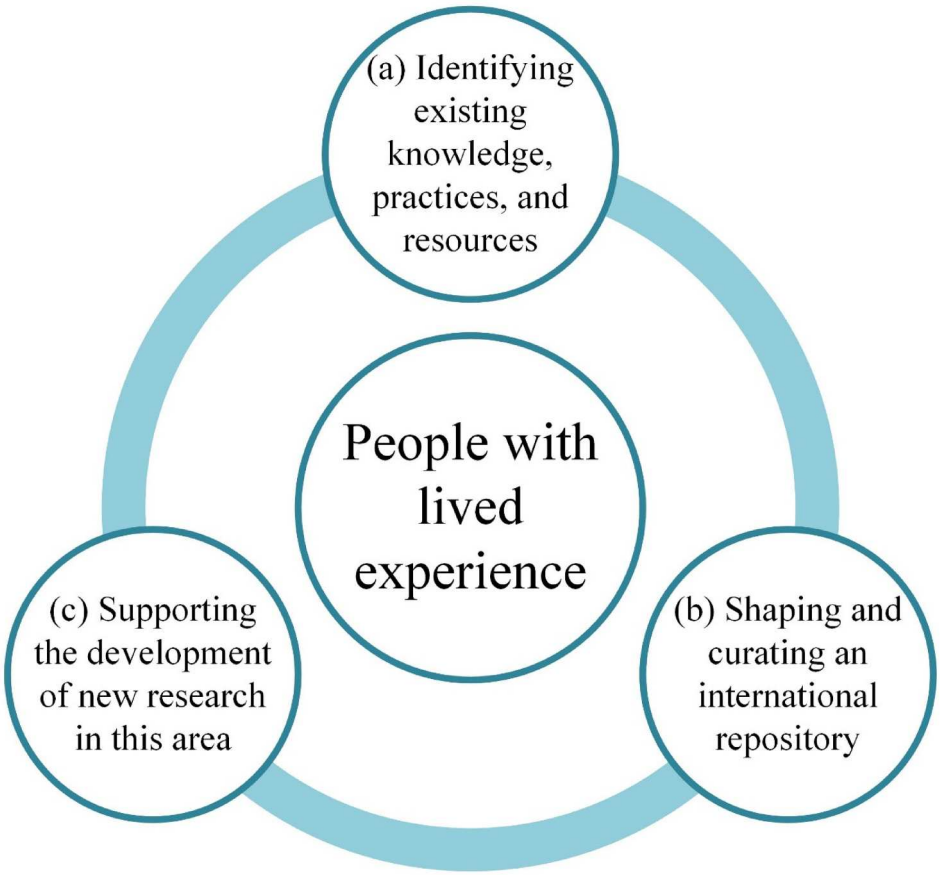

Figure 1. Components of the envisaged collaborative agenda.

insights have already been gained. Valuable materials may also include publicly available testimonials or stories by people with lived experience, as these could provide helpful insights for other bereaved children, their caregivers and practitioners, and help reduce feelings of isolation and stigmatisation.

Toward this end, we have developed a survey to collect information about existing resources and expertise. We anticipate learning of a range of materials and types of resources, and will evaluate how the collected information can be synthesised and made accessible to the international community (acknowledging that certain materials cannot be made publicly accessible, but information about their existence can be). We also intend to explore opportunities for harmonising and combining existing datasets, with the goal of facilitating broader analyses.

3.1.2 Shaping and curating an international repository

Once there is a developing insight into 'what's out there,' we intend to build a library, index or other type of 'vessel' that will facilitate researchers, clinicians and other service providers, policy makers, advocates, people with lived experience and any other individuals for whom this topic has personal or professional significance, to find information and resources. We are planning a repository that will contain or point to relevant information for different types of audiences, including, but not limited to, bereaved young people seeking educational resources, researchers looking to connect with networks, and practitioners searching for clinical guidelines.

In shaping the repository, we are guided by the FAIR and CARE data principles. FAIR Data principles (Wilkinson et al., 2016) aim to ensure that data are **F**indable, **A**ccessible, **I**nteroperable, and **R**eusable. We work in a highly sensitive field, where the methods and context of data sharing must be carefully considered. For example, there are many ways that data can be made findable and accessible in an ethically responsible manner, without being publicly shared or 'open' (Kassam-Adams et al., 2025; Kassam-Adams & Olff, 2020). Data are interoperable and reusable when they are managed and documented in a way that allows future users to understand how data were collected and the meaning of each field or variable. This enables cross-study comparisons or new analyses, enhancing the utility of the data and honouring the contributions of research participants.[3] In our approach, we aim to apply the FAIR principles to all resources in our repository, such as treatment guidelines or policies. We also align ourselves with the CARE principles (**C**ollective Benefit, **A**uthority to Control, **R**esponsibility, and **E**thics), which were

initially developed to protect the rights and interests of Indigenous Peoples in the context of data sharing (Carroll et al., 2020). CARE principles emphasise that data sharing must actively promote equity, social justice, and respect for the people represented by the data. These principles can be adapted to the context of data sharing (i.e., defining 'data' broadly, as pieces of information) in the field of fatal family violence. We aim to collaboratively address considerations, such as the safety measures required to protect children (and adults) when sharing their stories or accessing resources. In this context, we will explore what a feasible, accessible platform can look like in terms of language, format and medium, as well as ownership and governance, over the medium and long-term.

3.1.3 Supporting the development of new research in this area

Research regarding children bereaved by family violence has so far been conducted in only a handful of countries – mostly Western and high-income – and very few studies have genuinely included the perspectives of people with lived experience. Several areas that would benefit from further attention are the impacts of placement decisions, contact with the family member who committed the homicide, family dynamics, and support systems, including peer support. Qualitative interviews with children and adults with lived experience, caregivers, and professionals from various settings are needed to deepen our understanding of lived experience, support needs, and available opportunities. Longitudinal studies with multiple points of engagement would be particularly valuable in capturing the evolving challenges and coping strategies of affected families, while international comparisons can help identify opportunities to transfer best practices across contexts. The international network could facilitate data pooling and provide essential resources – including harmonised measures, examples of study documentation, and templates to support data sharing and archiving (in line with the FAIR and CARE principles mentioned above). Consensus-building approaches, such as international Delphi studies, could also help refine priorities, shape research questions, and identify the most suitable methodologies to overcome current challenges, including those associated with (fortunately) relatively low local prevalence of fatal family violence cases. Finally, homicide prevention – and thus the reduction of the number of affected children – remains a crucial area of work. This includes evaluating risk assessment tools, developing early intervention strategies, and promoting effective public policy initiatives. While the domain of homicide prevention is not the primary focus of our collective, it is likely that supportive connections between international colleagues working in impact reduction will also facilitate (further) connections and exchange between colleagues working in the domain of prevention.

4. A call to action

Children, caregivers and even professionals are often left to cope with the aftermath of fatal family violence on their own. There is an urgent need for greater knowledge and support in this domain. While there are already important, yet small pockets of activity, it is our aim to combine our collective resources and efforts, and invite colleagues to join us. Our eventual goal is to ensure that colleagues who initiate work in this field in the future, wherever they are in the world, can build upon an established network and shared resources, rather than having to reinvent the wheel. Ultimately, we seek to ensure that collaboration translates into concrete outcomes – such as shared tools, evidence-informed practices, and improved support systems for children and families affected by fatal family violence. We invite colleagues with relevant expertise through research, professional practice, policy, or lived-experience, or who intend to work in this field in the near future, to join us.[4] Combining the expertise and experience of many will enable us to achieve meaningful progress for children and families affected by fatal family violence.

Notes

1. See https://aafda.org.uk/ and https://www.global-psychotrauma.net/fair.
2. We refer to this resource as a 'repository' in the remainder of this paper, although its shape, location and other characteristics are yet to be defined.
3. For more about the application of FAIR principles in sensitive trauma and grief research, (see e.g. O'Neil et al., 2025; Sadeh et al., 2023; as well as https://www.global-psychotrauma.net/fair).
4. To connect with this initiative, please refer to the *Homicide at Home: Minimising the Impact on Young Survivors* project's information on the website of the Global Collaboration on Traumatic Stress network, available via https://www.global-psychotrauma.net/grief.

Acknowledgements

In addition to our co-authors with lived experience of loss due to fatal family violence and/or caring for children in its aftermath, several ad-hoc advisors with lived experience have contributed to this article and the reflections that formed its basis, for which we are deeply grateful. We would like to specifically thank Veronica and David French for their written feedback. The project 'Homicide at Home: Minimising the Impact on Young Survivors,' including this paper and the workshop that formed its basis, is supported by the Australian National Health and Medical Research Council (NHMRC; Investigator Grant #2033679, PI: Alisic). Additional support for the workshop was provided by the

Centre Hospitalier Universitaire (CHU) de Caen and the University of Caen. Individual travel support funding was made available through the Erasmus+ Programme of the European Union and the European Union Next Generation EU/ PRTR, through the Ministerio de Ciencia, Innovación y Universidades and the Agencia Estatal de Investigación in Spain, and through institutional support by the French National Center for Resources and Resilience (Centre national de ressources et de résilience, Cn2r). Finally, we would like to thank our colleagues Bérengère Guillery and Céline Coquet for their valuable contributions during the workshop.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

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