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The Journal of Adult Prot

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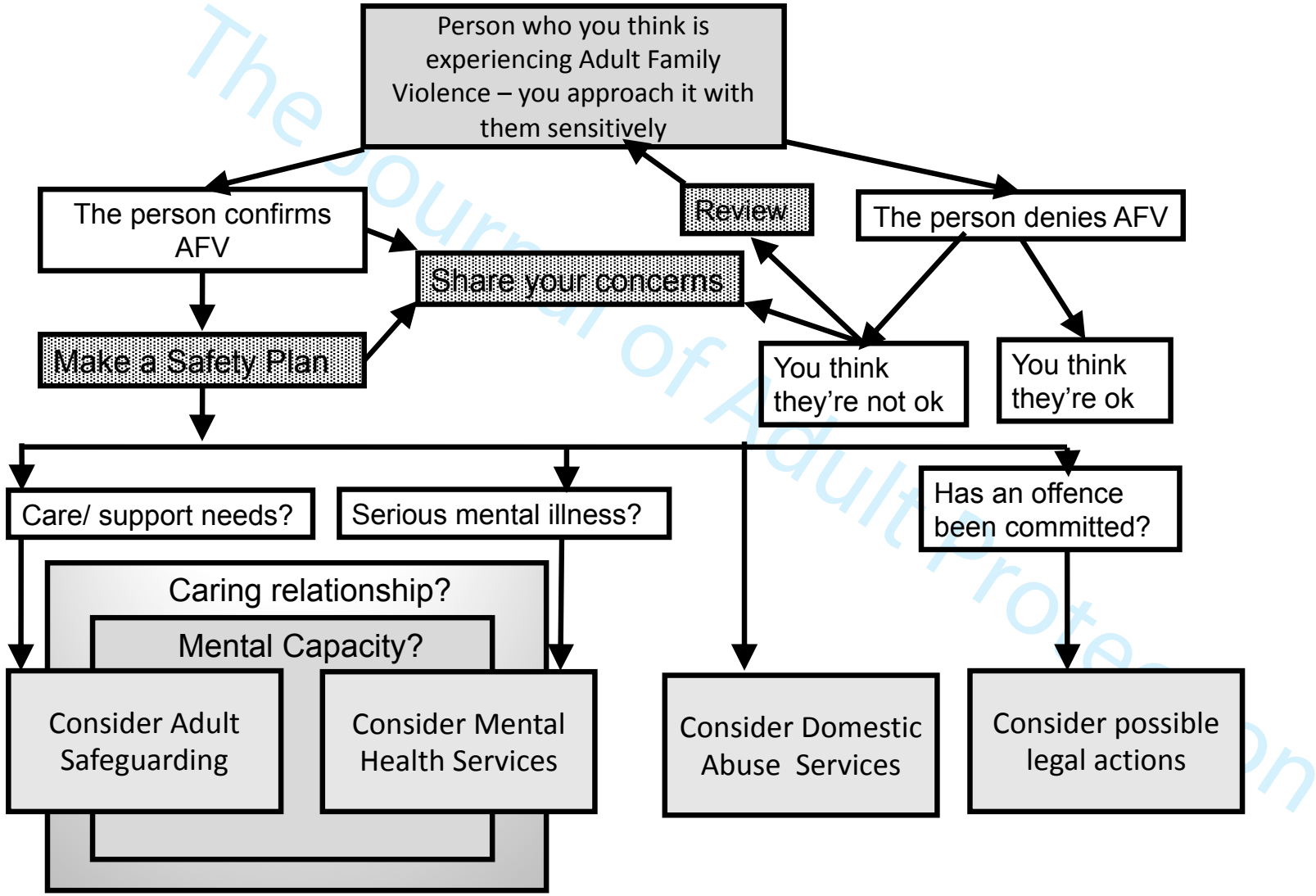
Journal:	*The Journal of Adult Protection*
Manuscript ID	JAP-11-2022-0029.R2
Manuscript Type:	Research Paper
Keywords:	Adult family homicide, adult family violence, caregiving, domestic abuse, domestic homicide, domestic homicide reviews, matricide, parricide

Figure 1: Flow chart showing possible routes to intervention and support in cases of adult family violence



Adult Family Violence coming out of the shadows

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Abstract

Purpose - We consider what is known regarding the characteristics and context of adult family violence; and what practitioners and organisations in the United Kingdom might learn from the literature.
Approach - We review literature on adult family violence and parricide and include illustrative cases from a study of domestic homicide review reports involving older adults.
Findings - Adult family violence most often involves mothers killed by their adult sons. Mental health issues, alcohol/ substance misuse, and criminality are common themes for perpetrators. Caregiving responsibilities is a theme for both victims and perpetrators. Our research identified two main categories of adult family homicide: perpetrators with major psychotic illness, and victims-perpetrators in complex relational contexts.
Practical implications - We consider how practitioners respond to situations of adult family violence and learning for policy-makers, agencies and practitioners.
Originality - This paper summarises what is known, argues that more research is needed, and suggests practical ways forward for policy-makers, relevant agencies and practitioners.

Key words Adult family homicide, adult family violence, caregiving, domestic abuse, domestic homicide, domestic homicide reviews, matricide, parricide.

Paper type Research paper

Introduction

Adult family violence is an important, though sometimes neglected, aspect of domestic abuse. The definition of domestic abuse in the Domestic Abuse Act 2021 is as follows:

"Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if— (a) A and B are each aged 16 or over and are "personally connected" to each other, and (b) the behaviour is abusive." (Domestic Abuse Act, 2021)

Two people are defined as "personally connected" if "*they are relatives*". Thus, the definition of domestic abuse encompasses abuse between intimate partners/ former intimate partners, but also includes familial abuse between people who share a familial relationship. This is important because the focus of guidance and work on domestic abuse is often on intimate partners and families with children and adolescents (Home Office, 2022a).

In setting out the case for adult family violence to have a higher profile amongst practitioners and policy-makers, we do not want to detract in any way from the importance and harm done by intimate partner violence and abuse, but rather to recognise the importance and harm done by violence and abuse between family members and to encourage its recognition and work to prevent its occurrence. Where we use the term adult family violence/ adult family homicide, we are making a distinction between violence/ homicide involving intimate partners and those where the relationship is familial rather than an intimate partnership. A previous paper has highlighted some difficulties that are, or might be, caused by using different terms (Benbow *et al.*, 2018). Parricide is an example of a potentially unclear term, in that it refers to the killing of a close family member but is also used to describe the killing of parents by their children, irrespective of the child's age. We therefore use the terms adult family violence and adult family homicide in this paper. In addition, although we also use the terms victim and perpetrator to assist with clarity, we recognise that these descriptors may be over-simplifications since an individual might be both victim and perpetrator of violence/ abuse, and that using these terms may stereotype those involved.

We draw on a narrative review of the literature that aims to identify and summarise what has previously been published, in order to identify key concepts and themes that contribute to an understanding of the complexity of adult family violence and its intersectionality. A limitation is that the review was not systematic: it is concise rather than comprehensive, focuses on the United Kingdom context, and involves subjectivity in study selection. However, a narrative review allowed for a broader scope.

What is known about Adult Family Violence and Homicide?

One of the challenges in learning from the literature is that wider family violence is routinely subsumed within domestic abuse and eclipsed by intimate partner violence so that the differences between the two are obscured. Westmarland uses the word *"invisibility"* to describe how child to parent violence is subsumed within a broader landscape of domestic violence (Westmarland, 2015, p. 58), and SafeLives highlight

the "*systematic invisibility"* of older adults subject to domestic violence (SafeLives, 2016, p.11) and their increased risk of adult family violence. There is a telling statement in a review of key findings in Domestic Homicide Reviews (DHRs) (Home Office, 2016, p.7):

"*Due to the small number of familial homicide DHRs and the known differences between violence perpetrated in intimate relationships and that between family members, only intimate partner homicide DHRs were included in the main analysis to avoid conflating issues within the findings."*

In addition, much of the limited evidence on the subject is derived from adult family homicides. The evidence is that adult family homicide is gendered: typically, parents (most often mothers) are killed by their sons. It is also established that there are cross-cultural differences (Holt, 2017): for example, firearms account for a considerable proportion of adult family homicides in the United States, where there is a focus on adolescents who kill parents (see for example Heide and Petee, 2007 and Miles *et al.*, 2022). We therefore concentrate here on what is known about adult family violence and homicide in the United Kingdom.

Westmarland *et al.* (2005) surveyed a 24 hour period in 2005 when a range of organisations in Bristol reported contacts with people seeking help and support for domestic abuse. Fifteen percent of reported contacts (totalling 171 people) involved familial abuse, and three percent involved both familial and intimate partner abuse. Children were the perpetrators of familial abuse in 52% of cases, but a wide range of other relationships accounted for the remaining cases, including parents, siblings, in-laws, grandchildren and adoptive parents.

Much evidence, however, is drawn from analyses of domestic homicide reviews involving family members as perpetrators. Sharp-Jeffs and Kelly (2016) analysed 32 domestic homicide review reports and found that family-related homicides/ adult family homicides were involved in a quarter of these reviews (numbering eight). In five cases sons killed their mothers. In two cases sons killed their fathers. One case involved a brother killing his brother. They note the specific terms used for each of these relational homicides, namely matricide, patricide and fratricide. A recent analysis of 124 Domestic Homicide Review reports that were quality-reviewed by the Home Office over a 12 month period found that a similar percentage involved adult family homicides, 27% (Home Office, 2022b).

A Home Office review in 2016 (Home Office, 2016) analysed 40 cases of domestic homicide, of which seven involved familial homicides and, in the familial group, all the perpetrators were men, and six were sons who killed a parent. Mental health issues were identified in all perpetrators and substance misuse was identified in six of the seven cases.

Bows (2019) investigated domestic homicide involving people aged over 60 as part of a larger study of homicide and found that older people were almost as likely to be killed by their child as by their partner.

Despite the limited research on familial homicides, there are therefore some consistent findings across the literature. Mental health issues and alcohol/ substance

misuse are common themes for perpetrators, and Sharp-Jeffs and Kelly (2016) also identify caring responsibilities (which, in respect of adult family violence, may be an issue for victim or perpetrator or both) and previous criminality. Bows (2019) found that most deaths occurred in the victim's home and that a sharp instrument was most frequently involved. A recent study by Bracewell *et al.* (2022) identified 'five interlinked precursors' in the perpetration of adult family homicide, namely mental health and alcohol/ substance misuse; criminality; childhood trauma (childhood abuse or death of a parent); 'caring' relationships; and economic issues.

Bojanić *et al.* (2020) analysed all homicides in England and Wales between 1997 and 2014 and put forward a typology of parricide (defined by them as the killing of a parent by their child). They described three 'classes' of parricide. Class 1 included severely mentally ill perpetrators, accounting for 40% of their cases, and often with a diagnosis of schizophrenia or delusional disorder. Class 2 described previously abused perpetrators, accounting for 42% of their cases, more often involving father-killing and perpetrators who had a history of alcohol or substance misuse. The remaining 18% of their cases fell into class 3, described as middle aged with affective disorder. Perpetrators in this third group were least likely to have a history of previous offences and were more likely to use a blunt instrument, strangulation or suffocation as the homicide method.

What has our research found?

We have previously published a study of 30 Domestic Homicide Review reports (Benbow *et al.*, 2019). The study found that 14 homicides involved adult family violence and 16 involved intimate partner violence. We returned to our analysis of the reports, and reflected on the cases involving adult family homicide in relation to the literature, particularly drawing on the concepts of 'precursors' (Bracewell *et al*., 2022) and 'classes' (Bojanić *et al.*, 2020) of adult family homicide.

The Reports included in our study (Benbow *et al.*, 2019) were identified by submitting freedom of information requests to English Local Authorities in order to identify Domestic Homicide Reviews where victim, perpetrator, or both were aged over 60. Collected Reports and/ or Executive Summaries were thematically analysed to identify key themes. Thematic analysis was used in order to identify recurring themes and patterns in the reports (for more details see Benbow *et al.*, 2019). Of the 14 reports that involved familial violence, nine were homicides involving mothers killed by their adult sons and three involved fathers killed by adult sons. The remaining two involved grandparent-victims (one grand-mother and one grandfather) killed by grandsons (a step-grandson relationship is included here). The women victims ranged in age from 63 to 87 with a mean age of 74 and the men victims ranged in age from 60 to 91 with a mean age of 72. The perpetrators in our series ranged in age from 19 to 49, with a mean age of 37. We highlighted caring as an important theme and noted that both caring and being cared-for are potentially stressful experiences.

We identified two main groups/ categories of adult family homicide: perpetrators with major psychotic illnesses (similar to Bojanić *et al.*'s (2020) type 1 class) and homicides taking place in complex relational contexts (with similarities to Bojanić *et*

al.'s (2020) type 2 class). We illustrate each of the two groups with a case selected to highlight features that may be characteristic.

Perpetrators with major psychotic illnesses

In half of the deaths (n=7) the main factor identified was that the perpetrator had a major psychotic illness, although it had not been diagnosed prior to the homicide in two cases, and in two cases uncertainty was noted about whether or not the psychotic illness was drug-induced. In four cases there had been previous violence towards a family member. In four of the seven cases the parent-victim was providing care/ support to the perpetrator and in a fifth the perpetrator had moved to live with his parent-victim shortly before the homicide. Another perpetrator had moved nearer his mother-victim stating that he was her carer. In the cases involving grandsons, they were not providing care for the grandparent. Drug/ alcohol misuse featured in three of the seven cases.

Illustrative case involving a perpetrator with a major psychotic illness

A son aged 43 killed his mother aged 76. The son was known to mental health services and had a history of previous episodes of mental ill-health involving psychotic episodes that were thought to be drug-induced. He was also known to substance misuse services with a long history of illicit drug use. On one occasion in the past, he had attempted to strangle his sister. His criminal history included attempted robbery, possession of an offensive weapon, criminal damage and drug offences. His mother was found in the course of the review to have a history of recurrent minor injuries.

Approximately two months before the murder the son stopped his anti-psychotic medication and approximately one month before he moved to live with his mother.

Approximately one day before the murder he apparently had a seizure and was found on the pavement near his home. An ambulance was called and, when his mother arrived, the crew described him as angry and aggressive towards her. She told them she was frightened of him and that he had the potential to hurt her.

One the day of the murder the son was found, threatening, distressed and expressing psychotic ideas in a public place and detained under the Mental Health Act. Subsequently his mother was found dead at home with stab wounds.

The son was found guilty of manslaughter with diminished responsibility and sentenced to a Hospital Order under the Mental Health Act. The Judge is said to have regarded the mental illness as the primary component of the offence.

Complex relational contexts

The other seven deaths took place in complex relational contexts. Mental health problems (not involving psychosis) were a feature in six of the seven cases: two perpetrators were described as having a personality disorder, two as having mental health problems and two as misusing alcohol and/or substances. Only one perpetrator had no known identified mental health problems but his history illustrated complexity: he had been aware of domestic abuse between his parents, had a history of engaging in intimate partner violence himself, and of criminality, and had been estranged from his father (the victim) for many years before moving in with his

father shortly before the homicide. Only one of the seven perpetrators was not known to have experienced domestic abuse: two had experienced domestic abuse between their parents; four had been involved in intimate partner domestic abuse; one had been abusive towards the parent who was later killed; and two perpetrators had experienced abuse themselves in childhood. Criminality was an issue for all perpetrators in this group. In five cases the perpetrator was in a caring relationship with the victim but sometimes it was not clear who was caring for whom or whether the relationship was co-dependent. Financial issues featured in four cases, involving perpetrators demanding money from family members. In two cases there was evidence of coercion and control in the relationship between perpetrator and victim.

Illustrative case involving a complex relational context
This case involves a son aged 32 who killed his father aged 60. The father was known to have cancer and was described as a heavy drinker. There was a history of the father's involvement in domestic abuse towards the son's mother, and references to periods of depression and a chaotic lifestyle. He had been estranged from his son for some years, but had recently renewed contact. Seven days prior to the murder his son moved in to live with him.

The son had a history of involvement in domestic-related offences with different partners, together with prior substance misuse. He had police contact in relation to acts of violence against persons and property, and received a suspended sentence on assault charges approximately nine days prior to the murder. After moving in with his father he was said to be asking his father for money.

On the evening of the murder both son and father had been drinking and arrived home separately. The son's step-sister witnessed her step-brother attack her father without provocation in the house. She called 999, but when police and ambulance crew arrived the father was found, having been dragged out of the house in the course of the assault, with severe head injuries from which he had died. The son was charged with murder and sentenced to life imprisonment.

How might practitioners faced with adult family violence respond?

There are some over-arching actions that are helpful when faced by someone who is experiencing, and at further risk of, adult family violence:

1. Document concerns and actions

2. Consider drawing up a safety plan with the adult at risk if possible, including talking with them about who might be available to support them. There are useful templates available online that can assist in safety planning, and, although many are aimed at intimate partner violence, they can be adapted for people at risk of adult family violence (for example Norfolk County Council, n/d). Areas that need to be considered will include safety during an abusive incident; safety when planning to leave an abuser; and safety at home (see Independent Domestic Abuse Services, 2022).

3. If possible, share concerns; perhaps with a relevant manager, supervisor or colleague/ experienced practitioner. Are there other people already involved with this

individual who might be able to help the adult-at-risk of further adult family violence? If the adult-at-risk is reluctant for other people to be involved, it might be necessary initially to do this anonymously, depending on the level of concern/ risk.

4. Consider what complicating issues might be present. There are some important issues that should always be considered: these are caregiving; mental capacity in respect of any necessary decision; coercion; and economic issues. Is the perpetrator and/ or victim a carer? Sometimes a carer self-identifies and caring is ambiguous, or victim and perpetrator are mutually dependent. Are there questions about decisional capacity with respect to either individual? Is the adult-at-risk subject to coercion or control? In older adults coercion may, for example, involve threats by an adult son or daughter to harm themselves, or to deny the parent access to grandchildren, or to stop providing essential care. There may also be complicating economic issues; for example, a parent may have given their house to an adult child and fear losing their home if they fail to comply with the adult child's demands.

Figure 1 presents a flow chart that sets out possible routes to support/ intervention for someone in a situation where that individual is at risk of violence/ abuse from a family member.

Domestic abuse services

Domestic abuse services, statutory and non-statutory, are available to support those involved in adult family violence. Organisational arrangements vary by locality. This includes access to Independent Domestic Violence Advisors for those at high risk of harm. An offer of referral to specialist support services is one of the National Institute of Health and Care Excellence's (2016) quality standards in relation to domestic abuse.

Legal actions

There may be legal actions available. A Domestic Violence Protection Notice can be issued by the police to a perpetrator when officers attend an incident of domestic abuse, and followed by an application to a magistrates' court for a Domestic Violence Protection Order (Home Office, 2020). The Order can prevent the perpetrator of domestic abuse from having contact with the victim for up to 28 days. The aim is to give those involved respite from the situation.

When a crime has been committed, but the complainant/ victim of domestic abuse does not support prosecution, then a so-called victimless prosecution or evidence-led prosecution may be pursued if there is other evidence to support prosecution; for example, forensic evidence, witness statements, or other corroborating evidence regarding injuries sustained (HM Crown Prosecution Inspectorate, 2020).

Victims of adult family violence may be able to apply for a non-molestation order or an occupation order (Home Office, 2021).

Adult safeguarding

Another possible route to help is adult safeguarding. Section 42 of the Care Act (2014) states that a local authority *must make (or cause to be made)* an enquiry when an adult at risk:

(a)has needs for care and support (whether or not the authority is meeting any of those needs),
(b)is experiencing, or is at risk of, abuse or neglect, and
(c)as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Mental health services

It is known that mental health problems and alcohol/ substance misuse are relatively common amongst perpetrators of adult family homicide and therefore mental health services and/or substance misuse services (statutory and/or non-statutory) are likely to be involved with perpetrators of adult family violence. The connection with mental health problems has been reported in a number of other countries across the world, including Brazil (Valença *et al.*, 2021), Canada (Bourget *et al.*, 2007), Italy (Catanesi *et al.*, 2015), and Turkey (Sahin *et al.*, 2016). From a United Kingdom perspective, Chantler *et al.* (2020) noted that:

'*mental health settings offer an opportunity for intervention to prevent domestic homicide'***.** (p. 485)

and, from Brazil, Valença *et al.* (2021) made the same point. Thus, mental health and/or substance misuse services offer another route to possible help. However, the adult-at-risk may have caring responsibilities for the family member perpetrating the violence/ abuse and it is important to be mindful of this quotation from a domestic homicide review report included in our series (Benbow *et al.*, 2019):

"Where a family member has been violent to other family members, it is highly risky for them to challenge the abusive member and inappropriate for a professional to put them in a position of responsibility for him getting the help that professionals have identified that he needs."

Miles *et al.* (2022) have argued the need to distinguish between matricides and patricides and, in a subset of 21 reviews from a total of 57 parricide case studies from between 2002 and 2017 within one large police force area in England identified what they called 'parental proximity', a high number of cases with dependent caring relationships between parent-victim and perpetrators with serious mental illness. This was the case in ten matricides where the mother-victims were primary carers for their sons, but were isolated and marginalised in their son's care. They note how the mothers' needs were disregarded and risk to them was not assessed – describing this as a double bind of '*responsibilization and marginalization'* in the care of an adult-child with serious mental illness. In addition, the combined effect of unemployed adult-children and retired parents may exacerbate isolation and parental proximity (Bracewell *et al.*, 2021). These findings highlight the need to recognise risk to parent-carers and to work collaboratively with them in relation to their adult-child's care.

Conclusions

Adult family violence and homicide has until recently been over-shadowed by intimate partner violence and homicide, but the evidence currently available suggests that it has distinctive features which have implications for practitioners and

services and we argue that it should have a higher profile. More research in the area is needed, and training in domestic abuse needs to address the risk factors, relational and contextual characteristics of adult family homicide.

Perpetrators' mental illness is a key factor and has implications for training of those working with adults with serious mental illness; for the risk assessment of carers, particularly mothers caring for adult-sons; and for the ways that carers are involved and supported by those providing services. Carers' assessments might offer an opportunity to identify adult family violence.

For policy-makers tasks include raising awareness of adult family violence across a range of agencies and to consider early preventive interventions. The group of adult family homicides that we describe here as taking place in complex relational contexts have long histories of trauma, often going back to the childhood of those who later become perpetrators, and involvement with a range of agencies, raising questions about early intervention.

For practitioners working with people who are subject to adult family violence/ abuse, there are important over-arching actions including documenting concerns; considering safety planning with the victim; and sharing concerns with colleagues and/or supervisors, and with other relevant agencies and practitioners where possible. There are four main routes to access help, and these are not mutually exclusive.

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