



Submission to the Study on Familicide and Domestic Homicide Reviews

30th July 2019



St Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. St Patrick's Mental Health Services' vision is a society where all citizens are empowered to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field. SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – [‘Changing Minds. Changing Lives’](#), is firmly rooted in these principles and commitments.

SPMHS welcomes the opportunity to contribute to the Study on Familicide and Domestic Homicide Reviews

This submission will focus on four key areas.

1. Supporting family members of those who die in familicides
2. Supporting local communities impacted by familicide
3. Best practice in the media reporting of domestic homicide and familicide
4. Identifying potential warning signs and possible responses/actions.

Supporting family members of those who die in familicides

By its nature familicide has the greatest impact on the surviving close family members. It is therefore essential that the immediate and ongoing response to such events is shaped by compassion and support. It is recommended that:

- there is a rapid response by a group of key professionals who come together to provide a team-based approach to supporting family members. (1) The team should consist of a senior Garda, child protection professionals and mental health professionals. Additionally, given the level of media attention that arises in response to such incidents, that is often directed towards surviving family members, it would be of benefit for professional PR guidance to be offered.
- an advocate be appointed for family members. The role of the advocate should include ensuring appropriate psychological supports are put in place for family members, that the family are supported and given adequate time to consider funeral and burial arrangements, and that appropriate information is shared with family members on a timely basis.
- communication with the surviving close family be managed by a dedicated person whose role is to ensure that appropriate and accurate information is shared with the family on a timely basis.

Supporting local communities impacted by familicide

In the immediate aftermath of an incident communities need security, reassurance, simple and honest information, and to have their emotional needs addressed. In the early days people will focus on seeking factual information. Schools, and particularly the schools directly impacted will require the most support but can also be the greatest source of support for the Community. The protocols outlined by the National Office



for Suicide Prevention (2) outline a comprehensive response. It is important that these are implemented in every incident of familicide. It is recommended that:

- the HSE coordinate a community response involving mental health services, resource officers for suicide prevention, primary care professionals, suicide bereavement support services, social work, mental health promotion, clergy, Gardaí, community workers, psychologists and voluntary partners.
- school management, NEPS and youth services be engaged fully in the response.
- immediate practical help, including psychological and bereavement support be provided through a helpline
- the response plan be consistent and continuous for whatever period is required.
- the communities affected be provided with as much appropriate and accurate information as possible, in a timely manner. Communication with the community should be managed by a dedicated person.

Best Practice in the media reporting of domestic homicide and familicide

Media reporting of familicide while important needs to be factual, accurate and sensitive. The media plays an important role in empowering its audiences to understand the complexity of the issues involved in cases of domestic homicide and familicide and has a duty to ensure its reporting and the content shared on its platforms minimises harm and aids recovery. (3)

Sensationalist, uncompassionate and irresponsible media reporting of familicide distorts the reality of events and contributes to the spread of misinformation. Furthermore, wrongly identifying mental health difficulties as the sole or predominant catalyst for familicide deepens mental health stigma and prevents obtaining an accurate and full explanation of why such actions occur. (4)

It is recommended that a Code of Practice is agreed with traditional and digital media providers, including social media platforms, regarding the reporting of and commenting on domestic homicides and familicides. Clear guidelines and protocols should be set out within this Code of Practice to:

- emphasise the importance of reporting fact, providing balance and avoiding speculation, particularly about what might have motivated the perpetrator.
- ensure the media avoids the simplistic or false attribution of familicide solely to mental health difficulties.
- prevent the perpetuation of myths and stereotypes relating to mental health through the use of dramatic headlines, inappropriate language, and/or insensitive imagery and footage.
- afford dignity to the victims of domestic homicide and familicide and their loved ones and bear consideration for the emotional and mental health needs of audiences by mitigating against the overly-graphic reporting of trauma or violence.
- avoid sympathetic or impartial representations of the perpetrator which appear to idealise their family or community lives, or rationalise and diminish their actions.
- avert the publication of contents of suicide notes or messages left by perpetrators.
- exercise caution, apply ethical practice, and consider the emotional and mental health needs of contributors when approaching, conducting and/or broadcasting or publishing interviews with witnesses, relatives or other individuals.



- embed the value of viewing the reporting of domestic homicide and familicide as a learning opportunity for the public, by, for example, strengthening public understanding of early warning signs of coercive control or raising awareness of relevant support organisations and networks, including mental health services for those affected by reports.
- provide appropriate support mechanisms to deal with insensitive or inflammatory commentary and/or targeted online abuse experienced through digital or social media by relatives or friends of those directly affected by domestic homicide or familicide following media reporting.

Identifying potential warning signs and possible responses/actions

Every person who dies deserves to be treated with respect and care. This includes the right in an unexpected death, to have the death fully and sensitively investigated in order to identify, where possible, a cause of death and to learn lessons for the prevention of future deaths. (5) (6)

Domestic homicide and domestic violence

It is important to acknowledge the gendered nature of domestic homicides. The UN Global Study on Homicide reports that whilst men are at a higher risk of homicide generally, women account for 64% of victims murdered by intimate partners or family members. (7) The Women's Aid Femicide Report 2018 indicates that in Ireland women are more likely to be killed in their own home than in any other location. (8)

A 2016 Home Office report on Domestic Homicide Reviews in the UK highlighted as a key finding the need for improved awareness and understanding of domestic abuse and violence amongst health professionals. (9) Mental health services and maternity services have been highlighted as key health sectors to identify and respond meaningfully to domestic violence, due to the high incidence of experience of domestic violence amongst their service users. (10) Under-identification of experience of domestic violence amongst service users however has been found to be common within mental health services. (11) This underscores the importance of health professionals being appropriately equipped to identify and respond effectively to incidents of domestic violence.

With regard to domestic violence, recent research by the UK's National Rural Crime Network has highlighted important differences in experiences of and community responses to domestic violence between rural and urban areas, including that rural victims are half as likely to report their abuse as their urban counterparts and that accessing supports can be more difficult in rural communities. (12) Considering the accessibility of supports, in particular for 'hard to reach' groups, is thus crucial. Related to this, analysis of the key findings of Domestic Homicide Reviews in the UK identified the role of multi-agency collaboration and improved information-sharing as a key recommendation. (13)

Notably, a 'data bias', whereby research has tended to draw from urban cohorts, is also highlighted within National Rural Crime Network's report, which recommends "a deliberate strategy to ensure research, data and analysis is not skewed towards urban demands and is fully inclusive of rural communities". (14) With incidents of domestic homicide and familicide having often occurred in rural communities in Ireland, these recommendations bear important consideration.



Filicide and familicide

Research from Australia on filicide and familicide indicates (15) that the factors identified as being associated with victims' families include mental illness, parental separation, domestic violence, prior abuse of children, drug and alcohol addiction, location and recent migrant status from underdeveloped countries.

A review in Canada (16) indicates that 73% of paternal filicides cases had at least seven risk markers, 76% actual or pending separation, 67% prior history of domestic violence, 67% depression, 62% obsessive behaviour including stalking the victim, 57% prior threat/attempts to commit suicide, 48% escalation of violence and prior threats to kill victims. In 72% of the child deaths reviewed between 2003 to 2015 there were seven or more risk factors present and in 19% of cases there were 4-6 factors present. This review indicated that critical information regarding the risks was often held by family and friends, work colleagues and front-line workers and that children are often overlooked as potential victims.

The research indicates that filicide most likely occurs as a result of a number of factors and should not be attributed to one factor, such as a perpetrator having mental health difficulties, alone. A parent having a mental health difficulty is rarely harmful to children or partners, in and of itself. A combination of factors, in particular domestic violence and alcohol/substance misuse, creates the risk. (17, 18, 19)

Research conducted in South Africa suggests that high male proprietariness and a distorted sense of responsibility, as well as a sense of fatalism that may lead to suicidality are key factors in the familicide offender. (20)

Familicide and filicide are rare events and are therefore hard to predict and prevent. Linking research to practice, it is essential to focus on assessing what Society and its communities can do to help women and children living with domestic violence, parental separation, mental health difficulties and addictions.

It is recommended that:

- health care professionals, including mental health care professionals, are trained to adequately identify and respond to issues of domestic violence in practice, and that clear pathways for interagency collaboration and information-sharing are established.
- barriers to accessing supports, particularly for hard-to-reach groups, be an important focus from a preventative perspective.
- extensive public education and awareness campaigns on children's rights, enhancing children's welfare and on child protection be run nationally and at community level.
- extensive public education and awareness campaigns on gender equality be run at national and community levels.
- adequate child protection, parenting support and mental health services be put in place to ensure that those concerned about a child's welfare are empowered to report their concerns, that children at risk receive timely and appropriate protocol-driven assessment, that comprehensive safety planning be activated and that support



and risk management and reduction interventions be engaged in with those who are a risk to children. Training of professionals, care providers, and volunteers in these systems is essential.

- a formal review of each case of familicide be conducted and the evidence-based details and lessons learnt published in a report.

Summary

While familicide and filicide is rare in Ireland, its impact on the families involved and their communities is devastating. The life-altering impact can be exacerbated by poor management of the event and by a failure to support the surviving family members and communities affected. Anecdotal information from surviving family members of domestic homicide and familicide suggests that much can be improved in how services and media respond. International experience suggests that more can be done to prevent such incidents occurring.

END

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References

1. A guide to investigating child deaths, Association of Chief Police Officers UK 2014. Online: <https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Flibrary.college.police.uk%2Fdocs%2Fdocs%2FACPO-guide-to-investigating-child-deaths-2014.doc> [accessed 16 July 2019]
2. Briefing on Murder-Suicide, National Office for Suicide Prevention 2017. Online: <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-murder-suicide-dec-2017.pdf> [accessed 15 July 2019].
3. Newspaper reporting of homicide-suicide and mental illness. Flynn, S. Gask, L. and Shaw, J. BJPsych Bulletin, 2015. doi:10.1192/pb.bp.114.049676 (conducted as part of United Kingdom's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness). and World Health Organisation, 'Preventing Suicide: A Resource for Media Professionals' (2017). Online: <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf;jsessionid=7F38F7702BB87BD5F440FE3F7A84837A?sequence=1> [accessed 16 July 2019]
4. Sudden unexpected death in infancy and childhood. Multi-agency guidelines for care and investigation. The Royal College of Pathologists. 2nd Edition 2016 Online: <https://www.rcpath.org/uploads/assets/874ae50e-c754-4933-995a804e0ef728a4/sudden-unexpected-death-in-infancy-and-childhood-2e.pdf> [accessed 15 July 2019].
5. UN General Assembly, *Convention on the Rights of the Child* (Article 6), 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3 Online: https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_ga=2.64208364.2111033843.1564482971-1670516107.1564482971
6. Council of Europe (1952) *The European Convention on Human Rights* (Article 2) Strasbourg, Directorate of Information. Online: https://www.echr.coe.int/Documents/Convention_ENG.pdf
7. United Nations Office on Drugs and Crime (2019) Global Study on Homicide. (Vienna, 2019) Online: https://www.unodc.org/documents/data-and-analysis/gsh/Booklet_5.pdf
8. Women's Aid (2018) Breaking the pattern of male violence. Femicide Watch 2018. Online: https://www.womensaid.ie/download/pdf/womens_aid_femicide_watch_2018_republic_of_ireland_embargoed_231118.pdf
9. Domestic Homicide Reviews: Key findings from analysis of Domestic Homicide Reviews. December 2016, Home Office.



Online:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

10. WHO (2013) *Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines*. Geneva, WHO. Online: http://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf?sequence=1

11. Howard, L., Trevillion, K., Agnes-Davies, R. (2010) Domestic violence and mental health. *International Review of Psychiatry* 22(5): 525-34.

12. National Rural Crime Network (2019) Captive & Controlled. Domestic Abuse in Rural Areas. Online: <https://www.ruralabuse.co.uk/wp-content/uploads/2019/07/Domestic-Abuse-in-Rural-Areas-National-Rural-Crime-Network.pdf>

13. Domestic Homicide Reviews: Key findings from analysis of Domestic Homicide Reviews. December 2016, Home Office.
Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

14. National Rural Crime Network (2019, p.11) Captive & Controlled. Domestic Abuse in Rural Areas. Online: <https://www.ruralabuse.co.uk/wp-content/uploads/2019/07/Domestic-Abuse-in-Rural-Areas-National-Rural-Crime-Network.pdf>

15. Understanding Filicide in Australia. Monash-Deakin Universities Filicide Research Hub. Arias PF, Brown T, Tyson D. 2015
Submission to the Royal Commission on Family Violence (Victoria)
Online: <http://www.rcfv.com.au/getattachment/33C65A20-EB27-44AB-917C-7240A1CD7438/Monash-Filicide-Project---Monash-University> [accessed 15 July 2019].

16. David, R., Olszowy, L., Reif, K., et al (2017). Children and Domestic Homicide: Understanding the Risks. Domestic Homicide Brief (3). London, Canadian Domestic Homicide Prevention Initiative. ISBN: 978-1988412-11-5.

17. Sidebotham, P., Bailey, S., Brandon, M. et al (2016). G287 Child maltreatment fatalities: A study of English serious case reviews, 2011–14. *Archives of Disease in Childhood*. 101. A161.2-A162. 10.1136/archdischild-2016-310863.278.

18. Karlsson, L, Antfolk, J., Putkonen, H., Amon, S. et al. (2018). Familicide: A Systematic Literature Review. *Trauma Violence & Abuse*.

19. Brown T., Bricknell, S., Bryant, W. et al. Filicide offenders - Trends & issues in crime and criminal justice. ISSN: 0817-8542 Australian



Institute of Criminology. Online: <https://aic.gov.au/publications/tandi/tandi568>
[accessed 15 July 2019]

20. W. Pretorius-Heuchert, J. (1992). Familicide from a clinical-community psychology perspective. *Koers - Bulletin for Christian Scholarship*. 57. 10.4102/koers.v57i4.796.