STANDING TOGETHER
against domestic abuse

Adult Family Violence (AFV) Briefing Sheet

Adult Family Violence: Research and Practice Context

The UK government currently[1] defines domestic abuse as 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or *family members* regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional' (Home Office, 2013; emphases added).

Adult Family Violence (AFV) thus falls within this definition and the remit of its associated legislative instruments, governmental policy, and professional guidance and practice.

It has been recognised, however, that there is a dearth of research into AFV (Sharp-Jeffs and Kelly, 2016). Thus, the inclusion of AFV (and abuse of parents by adult children in particular) in this definition has two important implications:

- On the one hand, the lack of research means that most of the existing practice guidance and tools in responding to domestic abuse are *geared towards intimate partner violence* (IPV) and potentially unsuitable for dealing with AFV. Indeed, although the DASH RIC tool is expected to be used by police officers for assessing risk in all domestic abuse incidents, with the non-police version widely used by Independent Domestic Violence Advisors (IDVAs), domestic abuse services, and a range of frontline professionals, it has been recognised that the evidence base of the DASH is primarily built around dynamics of intimate partner violence. Some risk factors therefore are not relevant to AFV (such as coercive controlling behaviours and abuse over child contact).

- On the other hand, as has been noted by a number of critics of the current definition of domestic abuse, so long as AFV continues to be subsumed under the heading of domestic abuse in definition and policy, despite the fact that the most of the practice guidance and tools are geared towards IPV, this has 'almost certainly contributed to its *invisibility* and the relative lack of research attention and therefore theoretical development' (Westmarland, 2015, p. 58; emphases added).

Adult Family Violence and Risk: Current Knowledge Base

In absence of research into its dynamics, the current knowledge base on AFV has been built around findings from Domestic Homicide Reviews (DHRs). Analysis of 32 DHRs chaired by Standing Together Against Domestic Violence (Sharp-Jeffs and Kelly, 2016) was instrumental in highlighting some distinctive features of homicide committed by family members. It showed that 26% of all domestic homicides involved adult family members, the vast majority of which adult children killing their parents. This finding is consistent with the most recent research into all DHRs conducted in

[1] The Domestic Abuse Bill 2019 will create a cross-government statutory definition of domestic abuse based on the existing definition. It is expected to specify the relationship between the abuser and the abused as "personally connected", thereby encompassing family members (Home Office, 2019)

London from 2011 to 2019 which shows that adult family homicides made up 25% of all cases (Standing Together, 2019, in press).

Between April 2014 and March 2017, the Home Office Domestic Homicide Index recorded 400 domestic homicides, of which 114 were adult family homicides (28% of all domestic homicides) (Office for National Statistics, 2018b). It is therefore safe to say that ***at least a quarter of domestic homicides involve family members*** and thus deserve much more attention.

Some key features relating to ***dynamics*** and ***risk factors*** have consistently emerged from Adult Family Homicides and will be particularly relevant when considering ADFV:

1. **Gender**
   Similar to IPV, AFV is gendered both in terms of victimisation and perpetration, albeit with a more pronounced gender split in the latter (at least 90% of perpetrators of adult family homicides are men). Mothers and sisters continue to be the main victims of fatal violence from their sons and brothers.

2. **Mental health issues**
   Mental health issues are the most common feature of the majority of perpetrators of AFV, including depression, self-harm, psychosis and paranoid schizophrenia.

3. **Substance misuse issues**
   Drug and alcohol issues are a common feature of the majority of perpetrators of AFV.

4. **Caring relationships and responsibilities**
   Linked to the 2 issues above, caring relationships and responsibilities are a salient feature in the vast majority of AFV cases. They manifest themselves in a number of different ways:
   - Victims are parents (principally mothers) caring for mentally unwell or substance dependent adult children (principally sons), mostly in an informal capacity
   - Victims are elderly, vulnerable parents with care and support needs who are being cared for by their adult children
   - Victims and perpetrators are adult children involved in the care of a vulnerable parent. Thus, although the vulnerable parent is not the direct victim of AFV, issues relating to caring responsibilities are a crucial feature in the background of the family relationship

   We cannot therefore ignore the strong relationship between the gendered dynamics of AFV and the wider cultural context of gender expectations surrounding caring roles and responsibilities.

5. **Instability, dependence, and social isolation**
   Research into Adult Family Homicides has shown a high degree of ***instability*** in the lives of those who committed the murders: inability to sustain employment due to mental health and associated issues, lack of stable, long-term relationships, high degree of transience due to lack of housing options or difficulties in sustaining independent living; breakdown of intimate relationships; work-related stress etc. This in turn increased their ***financial and emotional dependence*** on their parents and other family members, which was evident in the fact most of the adult children were living with their parents. ***Social isolation*** was an additional poignant feature in the lives of perpetrators.

6. **Lack of a clearly defined 'primary' victim**
   Abusive behaviours most often take place within a ***wider context of family violence,*** with the perpetrator offending against other family members and siblings in particular, as well as displaying patterns of threatening behaviour towards intimate partners. Therefore, ***risk***

needs to be considered for all family members living in the home. As an example, responding to an incident involving two brothers or a brother and a sister, officers should always take into account other family members, especially if elderly or vulnerable parents are present. Inversely, it is quite common for parents to be relied on to provide bail addresses for perpetrators of IPV. Their safety and any risk concerns (such as mental health, substance misuse, and history of criminality) should be fully considered.

7. **Absence of 'visible' high risk and lack of engagement**

Due to complex family relationships, caring responsibilities, and perceived support needs of the perpetrators, as well as lack of suitable options, family members affected by abusive behaviours are often *less likely to engage* in support with police, prosecution, or IDVA. They are *more likely to minimise* their safety concerns and *less able to formally articulate* their experience as 'abuse'. This could in turn *reinforce assumptions* made by key professionals, such as police and CPS, about their level of risk, thereby increasing the isolation of the victims and barriers to their help-seeking and access to support.

Additionally, as not all questions on the DASH RIC are fit-for-purpose in cases of AFV, there is a real risk of officers being reluctant to ask them altogether or dismissing these cases as mere family dispute or 'siblings having a fight'. Analysis of Standing Together's Adult Family Homicides found that risk assessments had only been completed with 1/3 of victims.

Adult Family Violence and Risk: Key Take-Aways

- ➔ Never equate the victim(s)' lack of engagement with an absence of risk
- ➔ Consider all the key risk factors mentioned above (mental health, substance misuse, caring relationships, history of violence towards partners and other family members, and various aspects of instability) when assessing risk
- ➔ Look beyond the 'primary' victim in the incident for risk to other family members, especially if there is a vulnerable adult in the family
- ➔ Always consider risk and safety when bailing perpetrators of IPV to their parents' address
- ➔ Always offer the support of an IDVA
- ➔ Always consider an Adult Safeguarding referral, and provide information on mental health and substance misuse support