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**July 2014**

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Neil Gaiman

Literature Search Results

Search request date: 14th July 2014
Search completion date: 18th July 2014
Search completed by: Alison Price

Enquiry Details

Research on the benefits versus risk of placing a child (short and long term) with the paternal family, where the father has been charged with murdering the mother.

Specifically relating to emotional well-being.

Request to support a Court Case. The child previously had a close relationship with both parents and 50/50 residence.
Opening Internet Links

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If you do not have an account you can register by following the steps at: https://register.athensams.net/nhs/nhseng/

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

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Word documents
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing ‘next’ you will jump to further references.
Research

Literature Review

Uxoricide: When dad kills mum, what to do with the child?
Dr. C. J. Lennings, University of Sydney

Uxoricide means the murder of a wife by a husband, but is used in contemporary research to refer to cases where either spouse murders the other. The incidence of Uxoricide is difficult to assess. In a 2002 Australian study of domestic violence, Bradfield identified 76 men who were killed by their partners in the preceding 8 year period in Australia whilst during the same period 147 women were killed by their partners. This averages out at a rate of about 28 families a year across all Australian states. In a study of adult survivors of Uxoricide, Parker et al, indicate that of all spouse killings in the United States, 75% of the killings occurred in the conventional child bearing ages (ages 15 to 44). Hence the likelihood is that, whilst relatively rare, a substantial number of children in Australia will be survivors of Uxoricide.

This review is concerned with two practical issues. The first is attempting to assess the likely impact on a child of being exposed to the murder of a parent by the alternate parent. The second issue is that of placement. What to do with the child following the murder? (Murder is a legal term. Of the 223 deaths outlined above, not all offenders would be convicted of “murder”. More than likely many would have been convicted of manslaughter). The options facing courts are to have the child in the care of the deceased parent’s family, in the care of the perpetrator’s family (on the assumption the perpetrator is incarcerated) or in care.

REQUEST FROM LKRS

Other Research

The use of narrative in the assessment of children affected by domestic homicide: care, contact and therapeutic needs
Authors: MARRIOT Sinead, NEIL Marta, RUEGGER Maria Journal article citation: Seen and Heard, 23(4), 2013, pp.34-47. Publisher: NAGALRO Place of publication: Esher

The authors, from the Department of Child and Adolescent Mental Health at Great Ormond Street Hospital, discuss the historical and current involvement of their service with children bereaved as a result of a domestic homicide and the violent actions of a parent. They also explain the legal framework in which decisions are made and describe their approach to clinical assessment within the multidisciplinary expert witness team of child mental health professionals. Narrative techniques are used to provide sensitive explanations to children about the tragic event and also guide the assessment of family members' capacities to meet the needs of children in relation to care and contact.

Anonymised case examples are included to show how the approach is applied. (Original abstract)
Adolescents’ experiences with uxoricide.
Journal of the American Psychiatric Nurses Association, 2011, vol./is. 17/2(115-123)
Steeves, Richard H, Parker, Barbara, Laughon, Kathryn, Knopp, Andrea, Thompson,
Abstract: The purpose of this study was to describe the experiences of individuals who survived the loss of one or both parents through parental homicide or homicide/suicide as adolescents. Participants (N = 34) were aged between 12 and 19 years at the time of the death and were aged between 29 and 64 years at the time of the interview. Participants were interviewed twice and asked to tell the story of their lives. Data were analyzed in the hermeneutic phenomenological tradition using a stepwise process of developing categories and then a single complex theme. Common categories of participants’ childhoods included abuse both before and after the uxoricide and vivid memories of the homicide. As adults, most participants reported difficulties with intimate relationships, legal problems, and substance use. Integrity was an overarching theme for these participants. Among those who had integrated the story of the homicide into their adult lives, some believed that they were doing well whereas others did not. Some participants had isolated the event and considered that they were doing well as a result. These findings are limited by the convenience sample but offer a rich portrait of the lives of individuals who experienced uxoricide as adolescents. Clinicians might be advised to tread carefully if individuals report that they have isolated rather than integrated the uxoricide into their adult lives. No evidence exists in support that either stance is preferable.

Adult perspectives on growing up following uxoricide.
Journal of Interpersonal Violence, October 2007, vol./is. 22/10(1270-1284)
Steeves, Richard H, Parker, Barbara
Abstract: The purpose of this article is to provide an overview of the state of the science on uxoricide, including qualitative findings on 47 survivors. Two qualitative interviews were conducted between January 2004 and January 2005 with 47 convenience sample adult survivors of uxoricide. Data were analyzed using hermeneutic analysis. A number of themes emerge, such as later experiences with violence, including sexual abuse as a child; family difficulties in speaking about the death; the need to learn about the homicide as an adult as well as a need to reconnect with and forgive the assailant; and the importance of a caring adult to provide stability.

REQUEST FROM LKRS

Talking about talk: The experiences of boys who survived intraparental homicide.
Issues in Mental Health Nursing, August 2007, vol./is. 28/8(899-912)
Steeves, Richard, Laughon, Kathryn, Parker, Barbara, Weierbach, Florence
Abstract: This article describes the experiences of men who experienced intraparental homicide (one parent killing the other parent) when they were boys. Twenty-one men were interviewed twice and data were analyzed using a hermeneutic approach. In this article we examine a topic that emerged as a core problem for these men, specifically, how they talked (or did not talk) about the homicide. Understanding intraparental homicide may provide information to guardians and professionals about what some male children need after such an event.

REQUEST FROM LKRS
"He Killed My Mommy!" Murder or Attempted Murder of a Child's Mother.
Journal of Family Violence, August 2004, vol./is. 19/4(211-220), 0885-7482;1573-2851
Lewandowski, Linda A, McFarlane, Judith, Campbell, Jacquelyn C, Gary, Faye,
Abstract: The murder or attempted murder of a child's mother in the context of domestic violence is a significant event in a child's life and carries with it multiple additional possible stressors. Children experiencing these situations have not, to date, been well studied. This paper discusses what is currently known in the literature about these children and provides some initial descriptive sociodemographic and contextual data regarding 237 children who experienced the murder (N=146) or attempted murder (N=91) of their mother by a current or estranged intimate partner. These data are part of a 10-city study to identify the risk factors in intimate partner homicide. This descriptive study suggests the alarming prevalence of children exposed to their mothers' murders or attempted murders, the paucity of systematic interventions provided to these children, the likelihood of their exposure to prior marital violence and/or child abuse, the multiple stressors they encounter after the incident, and some of the demographic variables associated with femicide and attempted femicide. Affected children are most likely to be under the age of 10 at the time of the homicide or attempted homicide with mothers who are between the ages of 30 and 39, working but earning less than $25,000 per year....

Uxoricide: A Phenomenological Study of Adult Survivors.
Issues in Mental Health Nursing, March 2004, vol./is. 25/2(133-145)
Parker, Barbara, Steeves, Richard, Anderson, Sarah, Moran, Barbara
Abstract: The effect on children of the murder of a parent by the other parent, uxoricide, is immediate and devastating. Usually in a single act, the child loses both parents, one to death and the other to the criminal justice system. This is a report on a qualitative study, with a sample of seven adults, designed to explore the experiences of these children as they grow to adulthood. The major themes developed in the data analysis include (1) a surprising lack of anger regarding the perpetrator, (2) intimate abuse in later personal relationships, and (3) a beginning description of paths to recovery.

REQUEST FROM LKRS

Children of uxoricide: the anti-therapeutic effects of the construction of parenthood pathology in cases of family trauma
Authors: van NIJNATTEN Carolus, VAN HUIZEN Renate
Place of publication: Philadelphia, USA
When children are involved in the murder of one parent by the other, their lives are turned-upside down. They are immediately confronted with police and court interventions and by child welfare decisions. This article looks at the policy of the Dutch Child Protection Board in such cases. We consider the legal arrangements made by the Board for dealing with the child's future residence and any special needs. We also consider the ways in which social workers from the Board depict the families of uxoricide and perceive the future relationship of the child with the surviving parent.

REQUEST FROM LKRS
Outcome of children seen after one parent killed the other.
Clinical Child Psychology and Psychiatry, January 2001, vol./is. 6/1(9-22)
Kaplan, Tony, Black, Dora, Hyman, Philippa, Knox, Jill
Abstract: A postal questionnaire was sent to the referrers of 95 children (aged 19 mo-15 yrs) whose one parent had killed the other. Data on the children had been collected at assessment at least one yr before. The authors examined a number of outcome variables including placement effects, the frequency of their contact with the surviving parent, the referrer's view of the difference the intervention had made and their view on the child's adjustment over time. The authors analysed the data to determine any associations between these factors in order to understand the difficulties these children face and to aid clinical decisions.

Long-term effects of maternal death through paternal homicide evidenced from family of origin drawings.
The Arts in Psychotherapy, 2001, vol./is. 28/4(239-244), 0197-4556 (2001)
Lev-Wiesel, Rachel, Samson, Tali
Abstract: Notes that there is little evidence regarding the long-term effects of maternal death by paternal homicide; however, it is likely that the psychological consequences of this traumatic experience persist into adulthood. This article sought to investigate this issue by examining family of origin drawings among adults who experienced such a trauma in childhood. Eight women (aged 24-31 yrs) whose fathers had murdered their mothers when they were between the ages of 5-10 yrs old were asked to draw themselves and family at the age of 5. They were asked to have every figure in the drawing doing something, and to avoid using stick figures. The following indicators were analyzed: (1) The facial expression of the figures; (2) The proximity of the figures and the presence of barriers between them; and (3) Oddness (peculiarity or abnormality in the drawings). It was found that sadness and depression were indicated in all of the women's family drawings. In the majority of drawings, mother and father figures were omitted, but in the remaining 2 drawings, both parents' figures were placed far from the children's figures with barriers between them. In addition, each of the 8 drawings was characterized by some degree of oddness.

When father kills mother: guiding children through trauma and grief
Authors: HARRIS-HENDRIKS Jean, BLACK Dora, KAPLAN Tony Publisher: Publication year: 2000 Pagination: 293p.,biblog. Place of publication: London Examines the experiences of children who have lost one parent at the hands of another. Discusses children's experience of trauma and grief; therapy for children bereaved in this way; growing into adulthood; the role of the legal system; research findings; and planning services for these children.
This is available online through Google Books at:
http://books.google.co.uk/books/about/When_Father_Kills_Mother.html?id=CJAQ6lQckCIC
Working with the effects of traumatic bereavement by uxoricide (spouse killing) on young children's attachment behaviour.
Black, Dora
Abstract: Presents a clinical description of the work of the Traumatic Stress Clinic, London with children where one parent kills the other, paying special attention to the disorder of attachment which occurs in a majority of the young children. It is suggested that this arises from the combination of the extreme trauma of witnessing the homicide, the frequent changes of carer, and the relative lack of therapeutic help. Such children should be assessed early by a specialist team, and interventions to prevent or ameliorate posttraumatic stress disorder (PTSD) are usually necessary if the child has witnessed the killing or has witnessed previous substantial domestic violence. Most children will then require therapeutic attention to promote mourning, and treatment of disordered attachment.

Marital conflict by proxy after father kills mother: The family therapist as an expert witness in court.
Kaplan, Tony
Abstract: The father killing the mother leaves the children effectively without parents. The extended family from both sides will often intervene to offer a home for the children, or at least to have a say in what arrangements are made for the children and how they are to be brought up. Intensely competitive and hostile feelings between the opposing sets of relatives are commonly aroused, and the children may be caught up in a battle reminiscent of the conflict between their parents, which culminated in the death of their mother. The current author and his colleagues have, as a team, seen more than 300 children who have lost one parent at the hands of the other, and they have been involved in subsequent custody battles as expert witnesses. Based on this experience and using this context as an example, the issues for the family therapist as expert witness in adversarial court proceedings are presented. A case is described that illustrates the theoretical exposition-including the effectiveness of family therapy from the witness box.

Children who witness the homicide of a parent.
Psychiatry: Interpersonal and Biological Processes, 1994, vol./is. 57/4(287-306)
Eth, Spencer, Pynoos, Robert S
Abstract: Presents detailed information from the psychiatric evaluation of 55 children and adolescents (aged 3-17 yrs) who observed the killing of a parent by another person. A specialized, semistructured interview protocol was conducted in most cases within hours to weeks after the violent event to study the child's immediate response. Children and adolescents who had witnessed a parent's homicide years earlier also were interviewed to document the continued impact of that event. The findings contribute to an understanding of the nature of the child's experience of trauma, the salience of the issue of human accountability in acts of interpersonal violence, the influence of developmental phase on symptom expression, and the interaction of grief and trauma in childhood. A case vignette illustrates the flow of information obtained in a clinical interview with a recently traumatized child.
**Neglected victims of murder: Children's witness to parental homicide.**

Social Work, January 1994, vol./is. 39/1(28-34), 0037-8046 (Jan 1994)

Burman, Sondra, Allen-Meares, Paula

**Abstract:** Presents a case report of 2 boys (aged 4 and 8 yrs) who witnessed their mother being murdered by their father. Theories of psychosocial development and social learning guided the assessment and intervention phases. Behavioral and expressive therapeutic treatment strategies that helped the children work through the resultant anxiety and underlying grief are delineated, and family intervention practices that served to improve interaction and communication patterns are described. Discussion focuses on the potential intergenerational cycle of violence and on a sociocultural perspective of family violence within an ecological framework.

**REQUEST FROM LKRS**

**Children who survive after one parent has killed the other: A research study.**


Kaplan, Tony, Hendriks, Jean Harris, Black, Dora, Blizzard, Bob

**Abstract:** (from the chapter) [describe a study of 95 1-19 yr old children] from [45] families in which one parent killed the other / the group analyzed consisted of 54 boys and 41 girls / attempt to quantify the information on the circumstances of these children and the impressions [the authors] gained from . . . clinical interviews / [the children] have suffered from the bereavement of a parent compounded by the witnessing of traumatic violence, the arrest or imprisonment or suicide of a parent who has killed, the loss of home, possessions, and neighborhood, and continuing legal insecurity / investigate the effects of these experiences on the children, taking account of their legal framework and identifying their therapeutic needs characteristics of the children and families / family structure / immediate therapeutic interventions for the child / opportunities for mourning / relationships and living arrangements after the parent's death / psychiatric symptoms and general adaptation

**Notes:** Reprinted in modified form from J. Hendricks et al, "When Father Kills Mother: Guiding Children through Trauma and Grief," London: Routledge, 1993.

**The following news item from The Independent comments on this research:**

Healing the child when one parent kills the other

Friday 19 August 1994

THE RESULTS of a study into the effects on children when one parent kills the other are to be presented at a conference of child psychiatrists next month.

Every year in England and Wales the courts convict between 40 and 50 men and a handful of women of killing their partners, leaving any children effectively orphaned.

Until recently there was no specialist knowledge or service for such bereaved children. Academic papers had considered the possibility of psychological problems, such as post-traumatic stress disorder, but not how best to treat and counsel these children; how to assess where they should live in the short and long term; how to help them grieve; how to decide on contact with the surviving parent; and ultimately how to enable them to grow up without too many emotional and psychological scars.

Last year at the Royal Free Hospital in Hampstead, north London, a special clinic opened for children who have suffered acute psychological trauma. And on 1 September at a conference of the Association of Child Psychologists and Psychiatrists in Winchester, Hampshire, Dr Dora Black, the child psychiatrist in charge of the clinic, will present the findings of the world's first study into the effects on children after one parent has killed the other. The research was conducted with other child psychiatrists involved with the clinic, Dr Jean Harris Hendricks and Dr Tony Kaplan.
Since 1986 they have seen 270 children from about 100 families; in about 12 cases the mother was the killer. The treatment tries to limit post-traumatic stress symptoms through ‘crisis intervention’ thus preventing, they hope, long-term emotional and psychological problems. The doctors help the children talk about what they saw and how they feel. The child is encouraged to draw a picture or tell a story about the traumatic experience. ‘Families’ of dolls are also used to help re-enact the scene.

In their book When Father Kills Mother: Guiding Children through Trauma and Grief, the doctors draw up basic principles for dealing with the impact on children and the aftermath.

In their study of the first 100 children, one notable finding was that 40 per cent of the children were under five at the time of the killing. This is consistent with other reports that marital satisfaction is at its lowest when there is a child under five in the house, and the more children under five the greater the risk of clinical depression in the mother. Other common factors were previous violence and wife battering, alcoholism leading to violence and jealousy.

In their latest follow-up survey of the original 100 children, the findings showed a remarkable apparent recovery in many. Asked how many children had suffered further emotional, behaviour or psychosomatic problems, (such as stomach pains, asthma and anorexia nervosa) the responder said the majority showed no outward signs of such problems. About 30 per cent showed signs of suffering emotional problems, 26 per cent behaviour problems and 3 per cent psychosomatic problems.

Asked about the effectiveness of the doctors’ brief intervention, the respondents estimated that 18 children had improved significantly, 16 had improved marginally, 17 were the same, one was worse and in 9 cases the outcome was not known. The child who deteriorated was believed to have reacted badly to the intensive debriefing conducted by the doctors.

Explaining the results, Dr Kaplan said the estimates of emotional problems had probably been underestimated because the children themselves were not asked how they felt. However, he said: ‘Some children are remarkably resilient and are able to overcome extreme adversity while others will receive a quality of care which will confer that resilience on them . . . The most important factor is the quality of care they receive after the loss.’


**Father kills mother: Post-traumatic stress disorder in the children.**
Psychotherapy and Psychosomatics, 1992, vol./is. 57/4(152-157)
Black, Dora, Harris-Hendriks, Jean, Kaplan, Tony

**Abstract:** Summarizes data on children whose father killed their mother and formulates principles for practice. All children orphaned by the death of one parent at the other’s hands should be assessed as soon as possible in a child psychiatry department. An immediate crisis intervention may be needed if they witnessed the killing to prevent posttraumatic stress disorder (PTSD). Bereavement counseling is helpful in most cases. Placement, access and custody, and compensation issues need to be considered as do seeing the body, attending the funeral, and dealing with family conflict.
**Children surviving parental murder.**  
The British Journal of Psychiatry, June 1989, vol./is. 154/(889)  
McCune, Noel, Donnelly, Patricia  
**Abstract:** Argues that the child psychiatric team has an important role in intervention for children surviving after the father has killed the mother. The case of a 12-yr-old girl is presented in which the psychological stresses of being placed with maternal grandparents who failed to resolve their grief and anger probably contributed heavily to the development of Gilles de la Tourette syndrome. In the case of 3 children aged 4, 7, and 9 yrs, intervention at an early stage after placement with maternal relatives helped to resolve their feelings at the anniversary of the family tragedy.

**Father kills mother: Issues and problems encountered by a child psychiatric team.**  
The British Journal of Psychiatry, November 1988, vol./is. 153/(624-630)  
Black, Dora, Kaplan, Tony  
**Abstract:** Suggests that the child whose mother is killed by his/her father has to cope with the trauma of violence, the grief associated with the loss of both parents simultaneously, dislocation and insecurity regarding where and with whom he/she will live, stigma, secrecy, and often massive conflicts of loyalty. These issues and how they affected the 28 children (aged 1.5-14 yrs) of 14 families in which the father had killed the mother are examined. Recommendations for practice based on this clinical experience are proposed.

**Double loss**  
Authors: ISAACS Stephen, HICKSMAN Sally  
Journal article citation: Community Care, 16.4.87, 1987, pp.22-24. Publisher: Reed Business Information  
One parent murdering another leaves a child with one dead parent and one imprisoned parent, and can cause problems for social workers.
Helping children who have witnessed family homicide
Child safeguarding, Children, Family support, Mental Health, 2011
By Julie Griffiths
Surprisingly little attention is paid to the children of families where one parent is murdered by the other.

There was a time when domestic violence was a taboo subject, even among doctors and social workers. Fortunately, those days have passed. But Diane Yates, domestic abuse trainer and consultant, believes another taboo has taken its place—domestic homicide where one parent is murdered by the other. It can have a devastating effect on children but most receive little, if any, help.

Yates has contacted every safeguarding board in the country and found a universal absence of guidance or policies for social workers on what to do following a domestic homicide.

It may be that, during budget cuts, the numbers of children affected are thought to be too few to warrant such policies, but Yates points out this is guesswork at present.

“The trouble is that there is no recording of it. So we have no way of knowing the scale of the problem.”

She says familial homicide affects about three children each week. This is based on the fact that two women every week are killed by their former or current partner (Home Office homicide statistics, 1998) and the birth rate is 1.5 children per woman.

For the 150 or so children who lose a parent each year at the hands of their other parent, it is a life-changing event.

In a court in Devon last summer, Louis Shorthouse, 21, stood accused of assault. The court was told that as a boy of eight in 1997, Shorthouse had witnessed his father Stephen Eastel stab his mother Tanya Shorthouse up to 50 times in a frenzied attack. As his father served a life sentence for murder, Shorthouse’s upbringing comprised of being passed from grandparents to foster homes.

Research shows that his story is common and children who have experienced domestic homicide suffer problems for many years after the event. Doctors Barbara Parker and Richard Steeves, researchers from the University of Virginia’s School of Nursing, studied adults who lived through the homicide of one parent by the other.

The 86 adults they talked to reported that, as children, they were told to move on from the incident and were discouraged from talking about it. Many of them had problems with relationships as adults. Other studies have shown these children are also more likely to become either victim or perpetrator of domestic violence themselves in adulthood and suffer from substance abuse.

It is familiar territory for Yates who experienced domestic homicide herself as a child. In 1978, when she was 10, her father killed her mother. The impact of the killing in her
adult life manifested itself through alcohol, solvent abuse, abusive relationships, and being a victim of domestic violence.

Of course, there are also difficulties facing children in the immediate aftermath of a domestic killing. Yates says she is typical in that she suffered from feelings of guilt and anxiety, nightmares and poor concentration.

She initially stayed with her maternal grandparents but this did not help.

“I didn't want to burden my grandparents who had lost a daughter and were traumatised. I knew they were drinking and taking Valium. I couldn't talk about how worried I was about my dad and my fear that he would commit suicide because they said they would never forgive him for what he had done,” she says.

Yates then went to live with her father’s sister before returning to live with her dad when he was released from prison. She struggled to cope at each stage because each situation brought new difficulties. This experience proves, Yates says, the vital role of social workers in such cases who can act as independent and objective advocates for the child at a time when a family is suffering intense turmoil.

Yet the lack of policies at councils means that frontline practitioners are left to muddle through a complex and sensitive situation even though domestic homicide demands a different approach to many other problems.

For example, while established wisdom dictates that a child should always be placed with a family member where possible or appropriate, studies have shown that in domestic homicide this is not necessarily the best course of action.

“It’s better for children to be placed with people outside the family. A foster carer won’t be traumatised or bitter,” Yates says.

She recommends social workers talk to children, rather than the adults, following domestic homicide. The family are not necessarily going to see the value of social worker involvement but are also too traumatised to be able to deal with a child’s difficulties objectively.

A comprehensive assessment of children following domestic homicide should also take advice from colleagues in domestic violence teams, mental health and bereavement counsellors. Emotional support to ensure children understand that they are not to blame is important as is more practical information on financial rights, such as suing the perpetrator.

Yates warns that children may not behave as one might expect given the complexities of domestic murder and the individual circumstances surrounding it. Children may not feel able to access support immediately but signposting other services that a child might find helpful is useful all the same.

“As I was growing up, I felt different to everyone else because no one had been through what I had”, she says. “That feeling of isolation, that no one understands, is terrible.”
Strategies
Social workers helping a child after a domestic homicide should remember:

● The family may not want social worker involvement but may still need it.
● Encourage the child to keep mementoes and photos of the parent who has died – these can go missing in the chaos of the aftermath of a homicide.
● Talk to children about how they are feeling rather than asking adults how a child is feeling.
● Get advice from mental health services, domestic violence and bereavement services – although they do not necessarily need to be involved.
● Consider foster care rather than putting a child with immediate family as they can more objectively focus on the child’s needs rather than a family member who is dealing with their own shock, grief and trauma.

Warning signs
Signs that may indicate a child is struggling to cope include:

● An insistence that everything is fine – this might suggest that a child is in denial.
● Playing make-believe games where the outcomes are death.
● Going into carer mode for adults who are looking after them.
● Older children may begin smoking or drinking and get involved in petty crime and promiscuity.
● Children may show signs of post-traumatic stress disorder, especially if they witnessed the murder.
● Feelings of guilt: children can feel they have been complicit in the domestic abuse or that they were to blame because they were unable to stop it.
● Feelings of shame and isolation: children are unlikely to know anyone else affected by domestic murder and feel ashamed it has happened to their family.
● Be aware that a child may still feel love and forgiveness for the perpetrator.
● Be aware the child may also feel fear and anxiety they will also lose the surviving parent to a prison sentence.

Source: Diane Yates, domestic abuse consultant

www.communitycare.co.uk/2011/01/07/helping-children-who-have-witnessed-family-homicide/
Coping When Mother Kills Father
September 01, 2001
Alcohol Abuse, By Dora Black, MD

In the United Kingdom, where homicide rates are lower than in the United States, 40 to 50 families each year will be devastated by the death of one parent at the hands of the other (Harris-Hendriks et al., 1993). As a result of intra-familial homicide, children lose not only both parents (one by death and the other by imprisonment) but often their homes, school, friends, possessions and self-esteem. Our interest in the plight of these children began as a result of our work with bereaved children and an increasing awareness of the lack of specialist resources for children suffering a traumatic bereavement. A specialist Children's Traumatic Stress Team was set up at the Traumatic Stress Clinic in London and has been a National Referral Centre for Post Traumatic Stress Disorder for some years. Over half the children seen at the clinic are referred as a result of intra-familial homicide. The team has now seen over 500 children where one parent has killed the other. Among other such resources, When Father Kills Mother: Guiding Children Through Trauma and Grief provides detailed documentation of cases where the father killed the mother (FKM) (Harris-Hendriks et al., 2000, 1993). Although there is a chapter within this book on the much less common phenomenon of mother kills father (MKF), a literature search did not reveal any further specific studies of the children in MKF cases. Women appear to be much less violent than men, as reflected in the families we studied. We found only 22 families, with 44 children altogether, where the mother killed the father (Harris-Hendriks et al., 2000). Our study of MKF cases is based on the material drawn from this clinical sample and therefore may not be representative of all cases that occur. The children in the study were referred to the team at different intervals after bereavement. Some children were referred for medico-legal assessment long after the critical incident and others for immediate post-trauma intervention. To obtain follow-up data, a questionnaire was administered by telephone to a social worker with current knowledge of the child's functioning. Follow-up information included questions about current and past placements, contact with the mother and relatives, contact with other mental health services and present functioning of the child with regard to health, school, and symptoms of posttraumatic stress disorder (PTSD) or other psychiatric disorders. Follow-up information was obtained on 21 of the 44 children. The sample, while too small to enable us to draw any firm conclusions, reflects the total group of mothers who kill fathers in England and Wales. It is also difficult, due to small numbers, to be conclusive about the similarities and differences between FKM children and MKF children, although all the children had suffered significant emotional harm. However, some interesting points are worth highlighting.

www.psychiatrictimes.com/articles/coping-when-mother-kills-father
Court Judgements and Related Guidance

Guidance for local authorities, family practitioners and the family courts to provide a framework for dealing with cases where one parent is killed by another.
In the Matter of A and B [2010] EWHC 3824

In October 2007 the mother of A (born in 2005) and B (born in 2006) was killed by the father. In September 2008 the father was convicted of the mother's manslaughter due to her provocation.

Following the mother's death the children were cared for by the father's parents. Local Authority X became involved and undertook an initial assessment. There was difficulty arranging contact with the maternal side of the family. The paternal grandparents applied to the family courts for a residence order in December 2007. The maternal grandparents were joined as parties to these proceedings. The local authority involvement transferred to Local Authority Y (the LA) (the local authority were there children were now living).

Within the private law proceedings a r9.5 Guardian was appointed and a number of s7 reports prepared. In October 2008 (over a year after the mother's death), expert evidence recommended that the LA issue care proceedings as the future of the children could not be properly determined by grieving grandparents in private law proceedings. The LA issued proceedings in December 2008. A number of further expert evidence was commissioned in the public law proceedings.

A final hearing took place in February/March 2010. By this time work had been done with the maternal and paternal families which had reduced the acrimony on both sides. Both maternal and paternal grandparents sought care of the children. The court decided that the children should remain with their paternal grandparents who provided excellent day-to-day care but have extensive contact with their maternal relatives. The court made injunctions (against the father) to support the placement and special guardianship orders to both sets of grandparents to confer parental responsibility on both.

The guidance offered by the court is "intended to provide a framework to avoid compounding the very significant harm which the children involved in such cases have already suffered by poor case management and unnecessary delay".

The guidance includes the following:

• Threshold criteria will be met in cases where one parent has killed the other.
• The LA should give immediate consideration to the issue of care proceedings and, in any event, appoint a social worker to the affected children.
• It is not appropriate to leave the extended family to resolve matters through private law proceedings.
• Once proceedings are issued a guardian should be appointed at the earliest opportunity and the case transferred to the High Court.
• Consideration should be given to joint listing of case management hearings in the family and any concurrent criminal proceedings.
• Professionals involved should seek advice from an appropriate child and family psychiatrist or clinical psychologist.
• The children should be referred for therapeutic help. This should be carefully considered if there are concurrent criminal proceedings where the child may be a witness.
• Each case should be considered on its facts. There is no presumption that the family of the perpetrator are excluded as carers for the children. Adult psychological or psychiatric assessment should be considered when assessing all the circumstances.

Application by maternal grandmother for adoption orders in respect of two children aged 9 and 3, following the murder of the mother by the father
N v B & Ors [2013] EWHC 820 (Fam)

The father had pleaded guilty to the murder of the mother and the rape of a maternal aunt (who was 16 years old at the time). He was sentenced in October 2010 to life in prison with a minimum term of 14 years before being eligible for release. However there was some prospect of him being able to have home visits in 2020. By that time the two children would be 16 and 11 respectively.

The maternal grandparents initially applied for residence orders. Following their separation in February 2011 the maternal grandmother applied on her own for a special guardianship order and, subsequently for an adoption order.

The father agreed to a special guardianship order but opposed an adoption order. He would also have agreed to a s.91(14) order. He sought an order for defined indirect contact with the children. The grandmother did not object to once yearly indirect contact but sought that this be recorded in a recital to the order rather than being the subject of a defined order.

Theis J summarised the legal principles applicable to adoption applications. The paramount consideration of the court was the welfare of the child throughout his life, in accordance with section 1 Adoption and Children Act 2002 ('ACA 2002'). The court must consider which order will better serve the welfare of the particular child (per Wall LJ Re S (Adoption Order or Special Guardianship) [2007] EWCA Civ 54 at para 47 (iii)). There was no presumption in favour of one order or the other, each case turns on its own facts. In accordance with ss 47 and 52 ACA 2002 in considering an adoption order the court needed to consider whether the welfare of the child required the consent of the father to be dispensed with.

She found on the facts of this case, in line with the views of the local authority and guardian, that the children's best interests would be met by an adoption order. The grandmother needed to be relieved of the burden of sharing parental responsibility with her daughter's murderer and from the prospect of him being able to seek information from the children's schools etc. She found the father was likely to put his own needs before the children and that, given his controlling personality, he would seek to involve himself in the children's lives and he would be able to seek contact with them, which would undermine their stability. Permanence and long term safeguarding could only be achieved by an adoption. She recognised this would skew, from a legal point of view, family relationship (as the parents were first cousins and the paternal grandfather was the grandmother's brother, it would, for example, make the paternal grandfather the
paternal uncle). However she was satisfied that the children knew the reality of their family relationships.

She found in relation to contact that it was sufficient to record the grandmother's agreement to indirect contact in a recital and that an express order would have been inappropriate.

Theis J also lamented the delay in the case being brought to a conclusion, which had been caused in the main by the local authority not having filed reports on time. She endorsed the guidance on cases where one parent murders the other provided by Hogg J in Re A and B [2010] EWHC 3824 (Fam), in particular paragraph 2 which provides:

"The local authority should give immediate consideration to the issue of proceedings and, whether it considers it appropriate or inappropriate to issue proceedings immediately, it should appoint a social worker specifically for the affected sibling group who should offer immediate practical help and keep the decision under constant review in conjunction with the local authority's legal department."

She also emphasised the importance in this type of case of judicial continuity and effective case management, something which had not been achieved in this case, which had been a "shocking example of how a case got lost in the system". The delay had been harmful to the children.

THE FULL JUDGEMENT CAN BE VIEWED AT:
www.familylawweek.co.uk/site.aspx?i=ed115442
The following information is commentary posted on a Blog – Suesspicious Minds which focuses on the law of child protection. It is not an academic resource but as it addressed this question, I have included it for information.

Guidance to Local Authorities where one parent murders the other
A third of female homicide victims are killed by their current or former partner.

In such a case, what ought the Local Authority to do about it?
The High Court addressed the issue in Re N v B and Others 2013 Application by maternal grandmother for adoption orders in respect of two children aged 9 and 3, following the murder of the mother by the father

www.familylawweek.co.uk/site.aspx?i=ed115442

The Court analysed the issues to be taken into account when making such a decision very carefully

22. The paramount consideration of the court when considering this issue is the welfare of the child throughout his life, in accordance with section 1 Adoption and Children Act 2002 (‘ACA 2002’). The court must consider which order will better serve the welfare of the particular child (per Wall LJ Re S (Adoption Order or Special Guardianship) [2007] EWCA Civ 54 at para 47 (iii)). There is no presumption in favour of one order or the other, each case turns on its own facts. In accordance with ss 47 and 52 ACA 2002 in considering an adoption order the court needs to consider whether the welfare of the child requires the consent of the father to be dispensed with.

23. One of the relevant considerations in this case is whether an adoption order would skew the family relationships in the grandmother’s home. The grandmother’s brother is the father’s father; the children’s parents were first cousins. The children live with the grandmother and maternal aunts and uncles. They have contact with another maternal aunt who lives nearby with her husband and son, and their great maternal aunts who also live nearby. In the event of an adoption order their maternal grandmother would become their adoptive mother. Their aunts and uncles would become their legal half siblings. The paternal grandfather would become their paternal uncle and the father their first cousin. Following the death of the mother the grandmother has severed all contact with her brother and his family.

Local Authorities would need to be alert to cases where a parent murders the other, to ensure that they seize themselves of the matter and provide services and support to help meet the children’s needs at this dreadful time.

The full commentary is online at:
Commentary on these judgements:

Court endorses guidance for local authorities where one parent murders the other

Theis J stresses the need for urgency and judicial continuity

Mrs Justice Theis has endorsed the guidance given by Mrs Justice Hogg, in Re A and B [2010] EWHC 3824 (Fam), in cases where one parent murders the other. In N v B [2013] EWHC 820 Fam) at para 35 Theis J reiterates the comments of Hogg J in the earlier case where she said:

"The local authority should give immediate consideration to the issue of proceedings and, whether it considers it appropriate or inappropriate to issue proceedings immediately, it should appoint a social worker specifically for the affected sibling group who should offer immediate practical help and keep the decision under constant review in conjunction with the local authority's legal department."

Theis J lamented the delay in the case being brought to a conclusion, which had been caused in the main by the local authority not having filed reports on time. She also emphasised the importance in this type of case of judicial continuity and effective case management, something which had not been achieved in this case, which had been a "shocking example of how a case got lost in the system". The delay had been harmful to the children.

In this case the father had pleaded guilty to the murder of the mother and the rape of a maternal aunt (who was 16 years old at the time). He was sentenced in October 2010 to life in prison with a minimum term of 14 years before being eligible for release. However there was some prospect of him being able to have home visits in 2020. By that time the two children would be 16 and 11 respectively.

The maternal grandparents initially applied for residence orders. Following their separation in February 2011 the maternal grandmother applied on her own for a special guardianship order and, subsequently for an adoption order.

The father agreed to a special guardianship order but opposed an adoption order. He would also have agreed to a s.91(14) order. He sought an order for defined indirect contact with the children. The grandmother did not object to once yearly indirect contact but sought that this be recorded in a recital to the order rather than being the subject of a defined order.

Theis J found on the facts of this case, in line with the views of the local authority and guardian, that the children's best interests would be met by an adoption order. She found in relation to contact that it was sufficient to record the grandmother's agreement to indirect contact in a recital and that an express order would have been inappropriate.

www.familylawweek.co.uk/site.aspx?id=ed115517
London Borough of Waltham Forest v F and Others [2014] EWFC 13
15 JUL 2014 (Family Court, Keehan J, 24 June 2014)

Care proceedings – Mother killed by father – Special guardianship – Proposal for child to be placed with family in Rwanda – Best interests

The full judgment is available below

The father stabbed the mother to death in the family home in front of the 3-year-old child. He was convicted of murder and sentenced to life imprisonment with a 21-year minimum term.

The child was taken into police protection and placed with foster carers. A number of family members living her and in Rwanda put themselves forward as potential carers.

The local authority supported by the guardian sought the placement of the child under a special guardianship order with the maternal aunt and her husband in Rwanda.

The father initially opposed the application and sought the child’s adoption by the current foster carers but just prior to the hearing he informed the court that he now supported the local authority application.

The judge applied the guidance given in Re A & B (One Parent killed by the other – Guidance) [2010] EWHC 825 (Fam) and took into account evidence from a child and adolescent psychologist as well as the evidence of an independent social worker who had conducted an assessment of the maternal aunt and uncle in Rwanda.

It was accepted that the child would need ongoing therapy for years to come and a suitable psychiatrist had been identified in Rwanda. The independent social worker reported that the child had a large supportive family in Rwanda including her three cousins and her maternal grandmother.

There was no doubt that it was in the child’s welfare best interests for a special guardianship order to be made in favour of the maternal aunt and uncle.

The fully referenced, judicially approved judgment and headnote will appear in a forthcoming issue of Family Law Reports.

A detailed summary and analysis of the case will appear in Family Law.

The full judgement is at:
www.familylaw.co.uk/news_and_comment/london-borough-of-waltham-forest-v-f-and-others-2014-ewfc-13#judgment

The following commentary is included for information, as it is not directly relevant but may be of interest.

Children Proceedings after Parental Murder – How Should They be Funded?

Rebecca Stevens, Solicitor-Advocate with Withy King Solicitors, considers the funding issues faced when resolving issues relating to the children of a murdered parent.

🔗 www.familylawweek.co.uk/site.aspx?i=ed86058