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Care for Children after Intimate Partner Homicide

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A study by the Psychotrauma Centre Wilhelmina Children's Hospital (University Medical Centre Utrecht), commissioned by the Research and Documentation Centre (WODC) of the Netherlands Ministry of Security and Justice

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Summary

Introduction

Parental intimate partner homicide (fatal domestic violence) has a major impact on children and their environment. Often children lose both parents, their home and their immediate social environment at once. The homicide itself is often extremely violent, and previous research suggests that many affected children and adult relatives develop posttraumatic stress and grief symptoms. In addition, there may be complicated custody situations, as well as conflict between sides of the family about the placement of the children and regarding contact with the perpetrating parent in prison.

In these complex situations, decisions must be made that may have far-reaching consequences for children. However, there is little empirical knowledge about this topic. The goal of the study *Care for children after intimate partner homicide* was therefore to examine the impact of parental intimate partner homicide for children and to collect information about custody, placement, dealing with the perpetrating parent, and the roles that agencies play. We also wanted to give the children and their carers a voice. The central question of the study was: *What are the consequences of parental intimate partner homicide for children?*

Method

The study consisted of three phases: an incidence study, an examination of case files, and a 'mixed methods' study. During the *incidence study*, we explored how many intimate partner homicides occurred in the period 1993-2012 in which one or more children lost a biological parent. We used several sources, including databases from child protection and youth services, legal databases and media reports. Due to the limited information available on the first ten years we ultimately focused our research on the period 2003-2012.

Based on the incidence study, a *case file review* was conducted to describe the characteristics and circumstances of the affected children and their environment. Through a number of agencies (the Youth Care Agency, the Child Care and Protection Board and the Psychotrauma Centre of the Wilhelmina Children's Hospital), we obtained access to the files of 170 children who lost a parent due to fatal domestic violence in the period 2003-2012. From the files we extracted information in a standardised manner, including:

- the demographic characteristics of the families concerned;
- the family history;
- the circumstances of the homicide;
- the legal process undergone by the perpetrator;
- provision of care and services;
- custody and placement of the children;
- contact with the perpetrating parent;
- contact between families of the victim and perpetrator side.

For the *'mixed methods'* study we collected quantitative and qualitative data regarding 40 children and young people (from 21 families) who lost a parent due to intimate partner homicide on average 7.5 years prior to the study, as well as their carers (69 informants in total). In this phase, we specifically looked at the psychosocial consequences of the homicide. In addition, we explored the experiences of the participants with placements, custody and guardianship, contact with families from the victim and the perpetrator, contact with the perpetrator-parent, and the help/services received from the relevant agencies.

Results

Parental intimate partner homicide in the Netherlands

In the period 2003-2012 at least 257 children lost a biological parent due to intimate partner homicide. The number of homicides and the number of children involved varied considerably over the years. In most cases the mother was the victim and the perpetrator was the biological father, but in some instances the perpetrator was an (ex)partner of no biological relationship with the children. In 88 percent of the cases the perpetrator was male. Many of the killings were committed with a cutting weapon. In the majority of cases, the children had probably or certainly witnessed the killing.

Placement

There was a wide variation in the living arrangements for the children after the homicide, with respect to the type of placement, the duration of the placement and the number of placement changes. The largest group of children lived with the victim's family after the homicide, followed by the family of the perpetrator, neutral foster families, friends of the victim, institutions, and various other arrangements. All types of placements had positive and negative outcomes, and no type of placement was out of the question. Several interviewees indicated that they found it important that the children would grow up with relatives rather than in a neutral foster family or an institution, although one child saw advantages in growing up in a neutral foster family. At least half of the children had two or more placements. A stable living situation seemed to be related to adequate support from the (professional) network, acceptance of the placement by the family, and room for the children to express their feelings of loyalty and/or anger towards the perpetrating parent.

Custody and guardianship

In the period immediately following the homicide, an agency often provided for the custody of the children, for example with a (provisional) guardianship. There were several cases where the perpetrating parent retained guardianship for some time after the homicide, in a few cases even after the conviction and in the absence of a child protection order. Participants in the interviews found this illogical and undesirable. Guardianship seemed to match the needs of children and their carers better than a supervision order because a professional guardian can act as a buffer between fighting families and can better protect the child when there is problematic interference by the perpetrating parent in detention.

Psychosocial well-being

The case files showed that most children experienced stress symptoms at some point. Although many children and young people who underwent the diagnostic part of the 'mixed methods' study were functioning well on many domains of child development, 92 percent experienced mild or serious problems on at least one (sub) domain of well-being. More than half of the children in this part of the study experienced serious posttraumatic stress. Behaviour problems and impaired quality of life were also frequently reported. The grief symptoms reported were relatively moderate compared to a group of children who had lost a loved one. It seems likely that the children in the 'mixed methods' study had fewer symptoms than children who were not involved in this part of the study, because the reasons for non-participation often involved the presence of psychosocial problems or the fear of a relapse. Nearly one in three caregivers reported relatively severe grief symptoms of their own (if they were relatives), and half of the caregivers expressed concerns about family functioning. The following factors contributed to the welfare of children according to the interviewees: placement with trusted family members, support and continuity, open communication and good contact with both families (of the victim and perpetrator).

Services and care provided by agencies

The case files revealed that nearly all children and families received assistance at some point from youth care agencies, child protection, youth mental health care, foster care or social work. In the acute phase, directly after the homicide, the involvement of these agencies was sometimes experienced as chaotic and confusing, and they lacked coordination of care. Sometimes the interviewees felt that services were brought in too late and there was a need for support in a practical, pedagogical and psychological sense. Negative experiences with services seemed often related to multiple changes in professionals assigned to a case and to changes in decisions on placement and contact with the perpetrating parent.

Contact with the perpetrating parent

Most of the children for whom information was available had some contact with the perpetrating-parent in detention. Although in the vast majority of cases the desire of the child concerning (no) contact appeared to have been followed, we also identified situations where there was pressure regarding the decision. Usually, that pressure came from the perpetrating parent, but sometimes also from the family of the perpetrator or from the youth care agency. However, it was more common that the guardian protected the child from the perpetrating parent. When the perpetrating parent initiated legal processes to request contact with the child, this often led to an increase in stress in the family situation of the child. For successful contact between child and perpetrator, it appeared important that the child could express any anger and could ask questions about the homicide. In several cases, fear of the release of the perpetrating parent seriously affected the children and their carers. The children indicated that secret placements and orders for the perpetrator to stay out of certain geographical areas offered some relief.

Contact with and between family sides

Good contact between the family of the victim and the family of the perpetrator was perceived positively by children and carers. In a substantial number of cases, there was conflict however, often over the placement of the children and/or contact with the perpetrating parent. Fights between families appeared to coincide with more psychosocial problems in the children and carers. The findings suggest that professionals involved can play an important role in reducing or eliminating conflicts between families.

Conclusions

Parental intimate partner homicide is very shocking, both for the children who lose a parent and for those in their immediate environment. Many of the children interviewed years after the event were still living in a fragile equilibrium. The study has provided a number of valuable insights, on which we have based the following six general conclusions:

1. Each placement option can work well, provided that certain conditions are met. Essential elements are the prevention or reduction of conflict between the families involved and providing adequate support to carers. A (provisional) guardianship can provide the opportunity to best assess and plan for the interests of the child.
2. It is important that each child can develop their own view and opinion of the perpetrating parent, and be supported as neutrally as possible. Children should under no circumstances be forced into having contact with the perpetrating parent, nor should they be denied contact if such contact is desired and possible.
3. Being a carer for a child affected by parental intimate partner homicide is very taxing. Carers therefore deserve not only support in fulfilling their new role, but also to promote their own well-being.
4. Changes in placement or custody, outcomes of a criminal trial, contact with, parole and release of the perpetrating parent may all affect the stability of the situation of the children. These events may require intensifying or starting psychosocial care.
5. It is important to train professionals in communication about the homicide, supporting children around the funeral, and other aspects of support in the acute phase. Moreover, in the assessment of the child it is important to consider not only trauma and grief symptoms, but also the daily functioning of the child and the family. This should be done with a 'developmental lens'; each phase of development can provide a child with new abilities but also with new challenges.
6. It is important to give children and carers a voice in decision-making; parental intimate partner homicide has already deprived children of control over their lives in many ways. The wishes and needs of children can change with their development and changes in their circumstances.