

Central Lancashire Online Knowledge (CLoK)

Title	Professional Support for Children Bereaved by Domestic Homicide in the UK
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/51748/
DOI	https://doi.org/10.1007/s10896-024-00704-0
Date	2025
Citation	Gomersall, Alice, Alisic, Eva, Devaney, John, Humphreys, Cathy, Stanley, Nicky, Trickey, David and Howarth, Emma (2025) Professional Support for Children Bereaved by Domestic Homicide in the UK. <i>Journal of Family Violence</i> , 40. pp. 1197-1209. ISSN 0885-7482
Creators	Gomersall, Alice, Alisic, Eva, Devaney, John, Humphreys, Cathy, Stanley, Nicky, Trickey, David and Howarth, Emma

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1007/s10896-024-00704-0>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

Professional support for children bereaved by domestic homicide in the UK.

Abstract:

Purpose: Children bereaved by domestic homicide face unique challenges that are likely to require professional interventions. In this study, the theoretical lens of candidacy, which considers the dynamic factors that affect service eligibility and access, is employed to evaluate current service provision in the United Kingdom. **Method:** We conducted a mixed methods survey ($n=90$) and semi-structured interviews ($n=7$) of professionals working in the children and families sector. Thematic analysis was used to interpret qualitative data, while descriptive and parametric statistics were used for the analysis of quantitative data. **Results:** Quantitative results showed that a majority of professionals reported that the current service provision is not meeting the specific needs of children bereaved by domestic homicide, and that professionals reported low levels of confidence in working with the topic, regardless of professional background. This article reports on two key themes identified in the qualitative data: unmet needs and the barriers to candidacy, and developing a more effective provision. **Conclusions:** Using the theoretical lens of candidacy, this study identified factors which were found to limit children's access to appropriate services, indicating the need for a specialist service which provides long-term input, support for caregivers, and access to peer-support.

Key words: domestic violence, intimate partner violence, childhood bereavement, trauma, candidacy.

Introduction

Worldwide estimates suggest that as many as 55,000 children per year lose a parent to intimate partner homicide (Alisic et al., 2015). While exact figures of affected children in the UK are unknown, there were 132 domestic homicides in England and Wales in the year ending March 2022 (ONS, 2023), with statistics indicating the average age of a victim to be 46 (ONS, 2020). Thus, while a relatively rare occurrence, the estimated numbers of affected children are not insignificant.

Research has shown how children's experiences of domestic homicide are distinct from other forms of bereavement or non-fatal domestic abuse more broadly. Perhaps most significantly, these children lose both parents (and sometimes siblings), with the perpetrating parent usually made absent by imprisonment, disappearance, or in some cases by suicide (Steeves & Parker, 2007; Alisic et al., 2017). Secondly, domestic homicide rarely occurs as an isolated incident (Lewandowski et al., 2004), meaning that affected children are likely to have a history of significant inter-personal abuse at home. Furthermore, studies have shown that a substantial proportion of children either directly witnessed the homicide or were present in the location where it occurred (Lewandowski et al., 2004; Stanley et al., 2019), thus exposing the children to traumatic and often graphic crime scenes (Alisic et al., 2017). Following the homicide, children are likely to face a total upheaval of their living arrangements, requiring new homes and caregivers; often waiting on the results of lengthy criminal trials and family court processes (Harris-Hendriks et al., 2000).

Case studies report a wide range of adverse outcomes experienced by children bereaved by domestic homicide (Burman & Allen-Meares, 1994; Harris-Hendriks et al., 2000; Gaensbauer et al., 1995; Malmquist, 1986). A systematic review by Alisic et al. (2015) categorizes these symptoms and difficulties into four domains comprising: psychological outcomes (such as intrusive memories, hyper arousal, and grief reactions); social outcomes (such as attachment difficulties, stigmatization, or relationship difficulties); physical outcomes (including eating and feeding difficulties, nausea, headaches); and academic outcomes (decline in performance, dropping out of school). The possible

outcomes are varied and indicate that no two children will have the same response (Hardesty et al., 2008).

Timely professional support can be a protective factor for children in the aftermath of domestic homicide (Alisic et al., 2015; Soydas et al., 2023). Yet, a report into the needs of families bereaved by homicide in the UK identified long waiting lists, low levels of referral for therapeutic work, and scarce provision of trauma services for children (Casey, 2011). Similarly scarce provision has been observed for children living with domestic abuse more broadly (Barnes et al., 2010). Domestic Homicide Reviews have also identified a clear need for ongoing support for children and their caregivers following domestic homicide, yet the nature of such service provision remains relatively unknown and is rarely addressed in reviews (Stanley et al., 2019). Further, there are important questions about eligibility, availability, and ‘candidacy’ for professional support.

Candidacy

Candidacy theory refers to the process through which service-users and professionals determine eligibility for services. Developed by Dixon-Woods et al. (2006), the theory acknowledges the dynamic factors at individual, service, and structural levels that influence a person’s decision to seek help, their ability to navigate services, as well as the adjudication of professionals in permitting or denying access to such support. With welfare provision becoming ever more selective, public-sector professionals are increasingly required to act as gatekeepers of access (Goode et al., 2004; Mackenzie et al., 2012). A range of social, political, and organizational factors, such as resource allocation, discourses of ‘deservedness’, as well as the perceived relevance and effectiveness of services (Lipsky, 1980; Duner & Nordstrom, 2006; Mackenzie et al., 2012) all contribute to either voiding or validating an individual’s candidacy. Given that the needs of children bereaved by domestic homicide are likely to span the remit of multiple different services, candidacy theory provides a useful lens through which to consider the availability of, eligibility for, and access to these services.

Gaps in research

Research into children's experiences of domestic homicide has so far been limited to case studies and analyses of domestic homicide reviews (Harris-Hendriks et al., 2000; Burman & Allen-Meares, 1994; Hardesty et al., 2008; Stanley et al. 2019; Alisic et al., 2018), and a few international prevalence studies (Alisic et al., 2017; Lewandowski et al., 2004). Far less is known about the availability and type of professional support offered to these children and families, and whether it meets their unique needs.

Although research has highlighted the need for improved and increased services for children bereaved by domestic homicide in the UK (Stanley et al., 2019, Casey, 2011), there remains a significant gap in understanding how the needs of children bereaved by domestic homicide are currently addressed. This study sought to explore these gaps by addressing the following research questions from the perspective of professionals:

1. Which sectors and professionals are involved in responding to children bereaved by domestic homicide?
2. What are professionals' views on the current service provision for affected children?
3. What do professionals believe are the needs of children bereaved by domestic homicide and how can services respond to better meet these needs?

Method

Design

This exploratory study made use of a two-phased approach, beginning with a mixed methods survey of a range of professionals who ordinarily work with children and their families, followed by a smaller number of semi-structured interviews. The use of mixed methods was considered the most suitable for generating both the breadth and depth needed to adequately explore this complex topic. The pragmatic approach adopted by this study is argued to be well aligned with mixed methods research (in line with Morgan, 2007; Johnson, Onwuegbuzie, & Turner, 2007).

Ethics

Ethical approval for this study was granted by the School of Psychology Research Ethics Committee at the University of East London. Participants were provided with an information sheet in advance of participation and were required to confirm informed consent in order to gain access to the survey questions. In light of the potentially distressing nature of the topic, information about relevant support services was provided to all participants following both survey and interview. Care was taken throughout to ensure the anonymity of participants and any service users, where elements of their stories are described.

Participant recruitment strategy

The aim was for the sample to include the full range of multi-disciplinary roles that provide services to children bereaved by domestic homicide, across both statutory services and third sector organizations in the UK. Professionals both with and without direct experience of supporting a child following domestic homicide were invited to participate. Recruitment for the survey took place using a snowball sampling technique. Relevant professional organizations were emailed and asked to distribute amongst their networks, and professionals in the children and families sector were also contacted via *Twitter*. Recruitment for the interviews then took place within the survey. Twelve participants were then contacted to arrange the interview, selected on the basis of their experience with the topic and with efforts to represent the full variety of professional services. Seven then confirmed their consent and completed the interview.

Survey participants

A total of 106 participants responded to the online survey, to varying levels of completeness. Those who completed less than 50% of the survey ($n=16$) were deleted from the data set. Of the remaining 90 participants, 77.8% ($n=70$) completed the whole survey. The sample was made up of 81.2% female ($n=56$) and 17.4% male ($n=12$) participants. The majority of participants worked for children's social care (27.8%, $n=25$), followed by domestic abuse services (24.4%, $n=22$), and mental health services (18.9%, $n=17$). A total of 44.9% ($n=40$) reported direct experience of supporting a child bereaved by domestic homicide, while 53% ($n=49$) had no direct experience but nevertheless offered important

insights based on relevant practice. The full list of professional sectors as well as the breakdown of those with / without experience can be seen below in Table 1. Regarding geographical location, the largest group were from London and the South-East (24.4%, $n=21$), but there were participant responses from all areas of the UK.

Table 1

Interview participants

Information about the seven interviewees, referred to by pseudonyms, can be seen in Table 2. They represented a broad range of professional sectors including: social care, domestic abuse, bereavement, and mental health services.

Table 2

Materials and procedure

The survey consisted of 26 questions which focused on: participants' professional experience, their views around the needs of children bereaved by domestic homicide, current service provision, and the potential for service development. Demographic data, as well as information relating to participants' professional training and experience were also collected using categorical and Likert scale response options (for example, *How well informed do you feel about the needs of children bereaved by domestic homicide? Extremely well, very well, moderately well, slightly well, not well at all*). Development of the survey was informed by a review of the existing literature and was first sent to an informal advisory group of leading academics and practitioners ($n=5$) in the field for review.

Analytic method

Thematic analysis (Braun & Clarke, 2013) was employed as the method for qualitative data analysis in this study due to its flexible framework for interpreting and organizing qualitative data. This is particularly applicable when organizing data from multiple collection methods, thus making it an ideal approach for this multi-method study (Braun & Clarke, 2013). This study adhered to the six-step analytic approach as outlined by Braun and Clarke (2006, 2013). A realist approach to the analysis is adopted in this study, aiming to strike a balance between reflexivity on the one hand, and accuracy and

reliability on the other (Wiltshire & Ronkainen, 2021). Such a position requires an acknowledgement of the inevitable subjectivity and biases associated with the first author's position as a White British woman, and the professional experiences (in social care and mental health services) that have shaped attitudes towards this topic, as well as the themes identified.

Quantitative data were stored and analyzed using SPSS software. Descriptive statistics were first produced to provide both demographic information about the participants, and to illustrate trends across the sample. Statistical tests such as independent sample t-tests, and a series of one-way ANOVA tests were used to compare mean scores from Likert scale data. The two-tailed alpha value for such tests was set at .05. Relevant checks were first made to ensure the assumptions of ANOVA were met.

Quantitative Results

Quantitative findings from the survey gave a snapshot of the views of professionals from a range of backgrounds. Data revealed that professionals have serious concerns about the current standard of service provision. For instance, when asked how well the current service provision meets the needs of children bereaved by domestic homicide, fewer than 5% (4.8%, $n=4$) of survey respondents considered that their needs were extremely / very well met by the current provision, while 29.4% ($n=25$) felt children's needs were not met at all. Table 4 shows the full breakdown of these results.

Table 4

Survey respondents overwhelmingly considered themselves poorly informed about the needs of these children, unprepared by their professional training, and lacking in confidence to work with this group (see Table 4 for a full breakdown of descriptive statistics for these questions).

Independent sample t-tests showed that survey participants with direct experience reported feeling significantly more informed and more confident than those without direct experience [$t(84) = -4.28, p$

$< .001$, $t(84) = -4.30$, $p = < .001$], with large effects for both [$d = -.93$, $d = -.94$]. On average, ratings from participants with direct experience fell between ‘moderately’ and ‘very’ well informed/confident ($M = 2.73$, $SD = 1.07$, $M = 2.62$, $SD = 0.89$), whereas responses from those without fell between ‘slightly’ and ‘moderately’ well informed/confident ($M = 3.78$, $SD = 1.116$, $M = 3.63$, $SD = 1.20$). The mean scores for both groups can be seen in Table 5. The results of one-way ANOVA tests showed no significant differences in the mean scores for these questions between professional groups (social care, mental health, domestic abuse, and ‘other’).

Table 5

Qualitative Results

Although four main themes were initially identified (presented fully in Table 3), this article will focus on themes three and four: unmet needs and the barriers to candidacy, and developing a more effective provision. Theme one - the unique nature of bereavement by domestic homicide - will be omitted from this article as this has been addressed in existing literature (Alisic et al., 2017; Harris-Hendriks et al., 2000). The salient points from theme two focused on professional communication have been incorporated into the sub-theme of developing a more effective provision.

Unmet needs and the barriers to candidacy

A range of challenges were identified that potentially limited children’s access to appropriate support. These are categorized below as the following sub themes: a lack of specialist provision, the under-resourcing of services, and professional anxiety.

Lack of specialist provision

Both survey and interview participants described most mental health, social care, or bereavement services as insufficiently specialist to work effectively with this client group. Bereavement services were considered too generic to meet the needs of children bereaved by domestic homicide. Concerns

were raised about the appropriateness of group work as participants worried about these children feeling “alienated” from children whose parents had died of natural causes.

“The bereavement has not occurred as a result of natural illness and most child-focused explanations in the mainstream do not apply.” [Survey respondent #4, children’s social worker]

Catherine, who had experience running a group for children bereaved by suicide, spoke of the importance of separate provision in this area. She highlighted her concern for the safety and wellbeing of other children in the group, who could potentially be impacted by hearing graphic or traumatic details about a homicide.

Similarly, Mary who ran groups for children who had experienced parental domestic violence expressed concern that children recovering from a significant trauma such as bereavement by domestic homicide would not receive appropriately trauma-informed or sensitive support in a generic domestic violence group. Mary described a fear that this could “open a can of worms” that she felt facilitators are not typically trained to respond to. She also recognized that it would likely be harmful for those already witnessing domestic violence at home to hear about instances of homicide.

Under-resourcing of services

Professionals from all sectors spoke of services that were overwhelmed and under-resourced, leaving children and families without adequate support. Difficulties in accessing Child and Adolescent Mental Health Services (CAMHS) were repeatedly identified in survey and interview data, both in terms of a high threshold for access to services, and long waiting lists. While many interviewees felt that CAMHS should be more involved in supporting children following a significant trauma such as domestic homicide, most recognized that such cases would not typically meet the threshold for CAMHS involvement.

“The problem is these services are over-subscribed and children who have witnessed domestic violence are often complex and require intensive and a coordinated approach” [Survey respondent #78, school nurse]

Both survey respondents and interviewees spoke of the time limited provision available from their organizations and services, with counselling and therapy typically being limited to 6 or 12 sessions. One interviewee reported that private therapists commissioned by their service sometimes refused to take on the work because they felt it was potentially unsafe to work with such a significant trauma in this time frame. Another spoke of the families she had worked with who felt “insulted” by a time-limited service offer, as it was not perceived to match the severity of their trauma.

“When I worked in CAMHS, often there were long waiting lists for bereavement support and this often delayed the child or young person’s capacity to process the feelings accompanied by the death of an abuser or whatever role that person had in the family” [Survey respondent #12, children’s social worker]

Due to the limits of publicly funded services such as CAMHS or social care, participants repeatedly spoke of the “burden on the third sector”. This meant that the service provision available was heavily dependent upon a child’s geographical area, described by many participants as a “postcode lottery”. Professionals highlighted how referral criteria were often very specific, typically limited to local postcodes and particular age groups - thus leaving many children excluded.

“I mean, as a sort of charity in the third sector, we do pick up a lot of the slack for not only social care, we do a lot of low-level kind of facilitating, also for mental health services.” [Mary, domestic violence service practitioner / manager]

Professional anxiety

The interviewed professionals spoke of high levels of anxiety working with this topic, describing a sense of ‘paralysis’ resulting from the enormity of the trauma children had experienced. There was a pronounced feeling amongst social workers and domestic violence workers that psychotherapists and mental health professionals were better qualified to work with this group of children due to their experiences of working with trauma more broadly.

“ ‘Send it to CAMHS because they must be traumatized’, so then, you know, it’s almost like a hot potato. ‘Aw, you know, it’s too much for us’, um, if that makes sense to you” [Richard, family therapist].

Participants from mental health services recognized that even “competent, very well-trained clinicians” demonstrated a reluctance to take on these cases. Paula, a child psychotherapist working in CAMHS, felt this was a result of a “general fear” of that level of trauma, describing her own experience of such cases as “grueling”. One social worker described her “all-consuming” experience working with children in the initial aftermath of domestic homicide. She spoke of the emotional toil of lengthy phone conversations with grieving relatives, and being given the enormous task of informing two children that their mother had died, all while simultaneously managing the rest of her full child protection case-load. Several interviewees also identified that lack of effective supervision left them feeling unsupported, thus contributing to their anxiety.

Participants across different sectors spoke of a fear of “getting it wrong”, or saying something that would inadvertently “retraumatize” children. Many highlighted the need for specialized training and resources to structure their work with such cases, and offer guidance to relieve their anxiety. In summary, feelings of professional anxiety appeared to be exacerbated by a lack of training and guidance, pressures associated with workload, and a lack of adequate supervision.

Developing more effective provision

Participants were asked to think about their ‘ideal vision’ of the support they felt should be available to children bereaved by domestic homicide. Four main aspects of an effective service were identified: long-term provision, peer support, support for caregivers, and ‘joined up working’.

i. Long-term provision

Participants acknowledged the long-term nature of the trauma which they often described as extending into adulthood. They observed that many children initially present as though they are coping, but show a delayed response to the trauma, highlighting the need to access services potentially years beyond the bereavement. One interviewee spoke of a case in which a young person who had witnessed their mother’s murder at a young age continued throughout childhood and adolescence to remember additional details about the event, thus adding to their trauma over many years.

“The Trauma may take years to unfold. Offers of support need to be sensitively made available over a longer time frame.” [Survey respondent #53, domestic abuse practitioner]

Certain triggers such as the criminal trial, publication of the Domestic Homicide Review, as well as birthdays and anniversaries were also identified as times when the trauma might be more likely to re-surface, thus indicating the need for access to longer-term support. It was suggested that professionals should offer children and families routine ‘check-ups’ throughout childhood and adolescence, or as a minimum, allow for easy referral back into such services.

ii. Peer support

In recognizing the unique nature of bereavement by domestic homicide, participants spoke of the important role of peer support for children and young people. It was observed that following a specific trauma such as domestic homicide, individuals take great comfort from connecting with people who “get it.”

“But I actually think the biggest single thing, the most powerful thing, is the normalizing thing of having somebody else go: ‘yeah I know how that feels’”. [Catherine, trauma therapist and social worker]

All interviewees felt that a peer support group for children bereaved by domestic homicide would be beneficial, but none reported experience of facilitating such a group, nor were participants in this study aware of any existing peer support groups for children. Participants gave their perspectives on the management of such a group, suggesting it would be best facilitated by someone with a “therapeutic eye”, but that predominantly it would involve a space for children to play, talk, and connect with other young people who could relate to their experience.

iii. Support for caregivers

Peer support groups were also considered vital for the caregivers of affected children, in accessing “support, information, [and] guidance”. This was especially relevant for relatives of the deceased parent who might now be caring for children and have concerns related to the family court process, or how to navigate children’s questions about the murder for instance. Although one participant spoke about the

existence of such a group provided by the organisation, Advocacy After Fatal Domestic Abuse, other participants were not aware of this provision, suggesting it was not widely known.

“I think it would really, really help if there was a support group for relatives who have taken on children after a domestic homicide. Because that’s such a unique experience. I’m not aware of anything like that.” [Hannah, children’s social worker]

Participants frequently highlighted the important role of the child’s caregiver(s) in supporting the child through their bereavement. Whether a foster carer, or extended family member, professionals recognized that carers had their own support needs and that this was a crucial element in supporting the child, if not making up the “bulk of the work”.

Caregivers of children bereaved by domestic homicide were reported to be faced with many challenges. In addition to the possible custody battles and delays of criminal and family courts, carers were often grieving themselves. Therapists in this study gave examples of their sensitive work with caregivers, helping them to address complex feelings such as “a resigned anger and resentment” that in one case was linked to traits in the child that reminded a grandparent of the perpetrating parent. Left unaddressed, such feelings were understood to be particularly damaging for the child and the family network.

Challenging behavior among children bereaved by domestic homicide and its impact on caregivers was also discussed. Behavioral difficulties were considered a typical part of the trauma response, and included such behaviors as: lying, stealing, bed-wetting, soiling, aggressive outbursts, as well as sexually harmful behaviors. Participants spoke of the support and education carers needed in understanding such behaviors in the context of trauma.

“The carers were beside themselves with the attacking behavior, the outbursts, the wrecking their rooms. Both of them were quite aggressive children.” [Paula, child psychotherapist]

iv. ‘Joined up working’

Participants spoke of both the strengths and difficulties associated with multi-agency working. The benefits of a multi-disciplinary approach were acknowledged, recognizing that this allowed support to be tailored to the child’s specific needs at that point in time.

“You know, often in these cases it’s a multi-disciplinary approach that can help, you know, at different points in that child’s recovery.” [Richard, family therapist]

Multiple participants described the sometimes overwhelming level of professional input, typically including: police, social care, mental health, education, and sometimes multiple third sector organizations. In the legal arena, this further included solicitors, barristers, and children’s guardians or advocates. Due to the lack of a specialist service for this population, one interviewee observed a tendency for the professional system to *“throw things at the child to see if it sticks”* [Richard, family therapist], noting the confusing and potentially harmful impact of this.

Organized leadership was described as necessary to co-ordinate the support plan across different agencies and to promote *“joined up working”*. Many participants felt that while numerous professionals were likely to be involved, the number of professionals having face-to-face contact with children should be limited. Two interviewees separately described their involvement as *“consultation”* to the system, rather than direct work with children. The importance of having ‘one key worker’ was repeatedly identified as a means of avoiding overwhelming the child with different faces.

“It’s best obviously, if you have that one key person and I think that is probably the way forward, is that you allocate that one person who then, can kind of be responsible for bringing everybody else together that you need, making sure that child is not overwhelmed.” [Mary, domestic violence service practitioner / manager]

Discussion

This exploratory study investigated the professional response to children bereaved by domestic homicide in the UK. The results illustrate the challenges to existing services of dealing with such rare events, as well as identifying key components needed for a specialized service for this group of children and their caregivers.

The candidacy lens is employed in this discussion to keep in mind the many factors which influence whether and how people access services. As Dixon-Woods et al. (2006) argue, candidacy is subject to constant negotiation between service users and professionals. It is vital to make sense of the vulnerabilities which arise and cause inequalities of access, in seeking to create services which are sufficiently inclusive and effectively meet the needs of those for whom they are designed. For children bereaved by domestic homicide, there is a notable lack of clarity around the appropriate pathway for support which leaves many children, families, and professionals unaware of what's available (and therefore unable to access it), or conversely being overwhelmed by input from multiple services.

Lack of specialist provision

The lack of an all-encompassing, permanently funded, specialized service for this population means that more generic services such as mental health, social care, or domestic abuse services appeared to be responsible for this provision. However, children's eligibility for such services was often questioned.

The extent to which the problems experienced by children bereaved by domestic homicide is a result of 'mental illness' for example is highly debatable, and there are therefore questions as to whether mental health services are the appropriate avenue of support. Participants in this study expressed frustration with the gatekeeping processes of CAMHS, and believed there was an important need for input from mental health teams to address the trauma-related needs of this group. This identified gap aligns with findings from other research observing a lack of specialist CAMHS provision for children living with domestic abuse more broadly (Barnes et al., 2010). Given the known link between adverse childhood experiences (ACEs) such as domestic abuse, and mental illness in later life (Clark et al., 2010; Koskenvuo & Koskenvuo, 2015), the need for preventative, timely, and effective support in childhood

is clear. Yet debates are ongoing about the role of mental health services for such groups, since there is a risk of pathologizing children's normal responses to abnormal circumstances (Johnstone & Boyle, 2018).

Professionals did not consider children's domestic abuse support programs, nor generic bereavement groups to be appropriate sources of support as these were not sufficiently specialist to address the unique experiences of this population. Thus, the specific needs of children bereaved by domestic homicide did not appear to align well with the eligibility criteria of any of the available mainstream services.

The diversity of the survey sample in this study illustrates the full range of professional roles that may be involved with children in these circumstances, from a range of different agencies. This multi-disciplinary response has come to be commonplace in child protection and domestic violence services, who routinely use multi-agency forums for information sharing, risk assessment, and safety planning. Referred to as a 'Coordinated Community Response' (CCR), this approach relies on effective inter-agency communication and a nominated lead to "hold the system together" (Standing Together Against Domestic Abuse, 2020:7).

This study identified significant challenges in this area, observing a particularly fragmented service response, often with poor communication, and no clear lead. Children and families were sometimes overwhelmed by the number of different professionals, leading to problems building trust and effective relationships. Such difficulties have been well established in previous research, with domestic violence and child protection services described as "separate planets" (Hester, 2011), making use of different legal frameworks, thresholds, and styles of working.

Findings from this study support the growing move towards more integrated models of service delivery, particularly between health and social care, which are currently being trialed across the UK (Johnston et al., 2017). For instance: the *Barnahus* or 'child house' model advocates for integrated services for children who have experienced abuse, where criminal justice, child protection, medical, and mental health services are all provided under one roof (Guðbrandsson, 2015). An example of this can be seen in the Lighthouse, established in London to provide holistic support for children with experiences of

sexual abuse. Evaluations indicate that young people reported benefiting from accessing a range of services under one roof, and the more flexible and individually tailored approach, while parents particularly valued the psychoeducation course and holistic family support (Harewood, 2021). Such a model may be particularly relevant for children bereaved by domestic homicide, in streamlining access to different professional agencies, and in acknowledging the importance of carer support.

The under-resourcing of services

The under-resourcing of services was seen to affect both statutory and third sector organizations and further impacted on this population's access to services. Participants recognized that thresholds and waiting lists had significantly increased in recent years, meaning that fewer children were able to access these provisions. This finding is not unique to this study, with the rising thresholds for CAMHS and social care services being repeatedly highlighted in recent research (Children's Commissioner, 2016; National Children's Bureau, 2018).

Participants reported that third sector bereavement and domestic violence services did not have sufficient funding to provide adequate services to children bereaved by domestic homicide. The inconsistent funding also resulted in significant variation between areas of the UK. These findings echo those of a 2019 study exploring the "patchy, piecemeal, and precarious" provision of domestic abuse support for children (Action for Children, 2019). With children now recognized as victims of domestic abuse in their own right (Domestic Abuse Act, 2021), it is hoped this will prompt an increased focus on and funding for affected children.

The current lack of specialist provision and the chronic under-resourcing of services has resulted in significant barriers to candidacy for children bereaved by domestic homicide. As a relatively small population, the needs of these children can be easily overlooked - especially when mainstream services are already overstretched. Children and families are unlikely to assert candidacy for services that do not appear sufficiently relevant and specific to their unique experiences. Further, such services (especially those offered by small third sector organizations) may not be well advertised, meaning that many

professionals are not aware of their existence or how to refer. Finally, as has been recognized in theories of candidacy (Dixon-Woods et al., 2006), professional adjudication of eligibility for services is significantly influenced by the availability of resources, meaning that under-resourced services might be less inclined to offer support. The impact of funding cuts in children's social care for example, has been linked to a range of rationing measures and changes in thresholds, yet is rarely made transparent in local authority documents (Devaney, 2018). Rather than denying the reality of service rationing, an upfront discussion is required to acknowledge the impact on candidacy and consider the steps necessary to improve equality of access.

Professional anxiety

This study found that adjudication of eligibility was further influenced by high levels of professional anxiety. A tendency to pass the work onto other professionals or agencies like a “hot potato” was described by multiple interviewees, suggesting that those who feel unskilled or under-confident to work with this population may also be less inclined to offer them services. Dixon-Woods et al. (2006) acknowledge the subjective nature of professionals' judgements, recognizing that perceptions of the likely benefit of an intervention may influence the progression of candidacy. Results from this study suggest that professionals often reported feeling unconfident and uninformed about the needs of children bereaved by domestic homicide. As this study observed, professionals typically report low levels of confidence in working with this topic, it therefore seems unlikely they can accurately identify or refer for appropriate interventions. These findings indicate that additional training, workload management, and effective supervision are likely to be helpful strategies in supporting professionals to manage their anxiety and adjudicate eligibility for services in a more inclusive manner.

Service development

Recognizing the severe and long-lasting impact on children, participants described a need for either long-term continuous support, or support that could be resumed at regular intervals. Harris-Hendriks et al. (2000) similarly describe the need for lengthy interventions with this population, with the therapeutic

work described in their case studies sometimes taking place over many years. They also advocate for the use of “pulsed interventions”, in which shorter-term psychotherapy can be accessed repeatedly over a long period of time, typically into adulthood (Pynoos & Nader, 1993). This approach recognizes that, as children mature, their cognitive and communicative capacity expands, allowing them to more thoroughly understand and process their trauma. This very point was raised by participants in this study who had directly witnessed the repeated resurfacing of trauma in children and adolescents over time. A pulsed intervention approach may therefore be helpful in ensuring children bereaved by domestic homicide have access to this much needed ongoing support.

The role of carers in supporting a child after domestic homicide was also understood to be critical. Indeed, previous research has identified how the stable presence of just one caring adult is sufficient to promote resilience and recovery in children bereaved by domestic homicide (Parker, 2004). Similarly, this study heard how adequate support for caregivers can have a significant impact on the wellbeing of affected children. Yet, in common with other research (Hardesty et al., 2008; Stanely et al., 2019), it was recognized that carers’ needs are not always met by the current provision. Professionals indicated that carers would benefit from: psychoeducation around the impact of trauma, emotional support for their own grief, advocacy and information around legal and practical procedures, as well as peer-support from those with similar experiences.

Peer-support networks and groups were also considered to be a valuable source of support for affected children. Research on other forms of traumatic bereavement, such as by suicide, has suggested that adults may find peer support especially valuable in cases where they felt let down or angry with professionals for failing to protect their deceased loved one (Feigelman & Feigelman, 2008). This may be especially pertinent to children and families bereaved by domestic homicide if they felt the homicide was preventable. While there is evidence on the value of peer support for children in other contexts such as mental health (Lloyd-Evans et al., 2014), there is currently a lack of evidence informing group interventions for traumatically-bereaved children, or for children exposed to domestic abuse (Joumou-Reverbel et al., 2017; Howarth et al., 2016). This study heard anecdotal evidence in support of such

groups, but the availability of these interventions appeared to be inconsistent and not widely evaluated - indicating a need for further research.

There are understandable difficulties associated with establishing a nationwide, specialist service for the relatively small number of children bereaved by domestic homicide. However, this research identifies that the needs of these children are profound and enduring, and are not adequately addressed by current service provision. Professionals have identified that access to specialist consultation, training, and development for the workforce would be a helpful way of guiding interventions, where specialist services are not available. Digital technology now means that such specialist expertise is more widely available, including at an international level. For instance, a new online resource called *Listen* by the University of Melbourne (Alisic et al., 2021) offers much needed guidance, as well as a reflective space for practitioners working with children bereaved by domestic homicide. Further accessible spaces are now needed for professionals to draw on more national and regional specific information that may guide their work with families.

Strengths, Limitations and Future Research

The children of parents killed by domestic homicide have often been an overlooked group in research. This study makes a valuable contribution to this under-researched topic and has begun to identify the nature of current service provision for this vulnerable population and to consider the areas for development.

Services vary significantly from region to region, and some third sector organizations may offer specific support relevant to this population which this study may not have accurately captured given the overrepresentation of London and the South East in this sample. The relatively low response rate, especially from police and bereavement services, should also be considered.

In light of these limitations, future research would benefit from: a larger and more diverse sample of professionals, the inclusion of those with lived experience, as well as evaluation of specific services

and interventions. While ethical considerations often present as barriers to including those with lived experience, more recent approaches focusing on co-production highlight the value in obtaining young voices on this topic (Houghton, 2015; Lundy et al., 2011).

Implications for Policy, Practice, and Research

Despite its limitations, this study was able to identify some key implications for policy and practice. Specifically:

1. Staff Training and Support

Professionals across all sectors require access to specialized training, relevant resources, and case consultation with more experienced practitioners to increase knowledge and confidence of working with this topic. Support for staff working with children and families bereaved by domestic homicide should take into account that professional anxiety may influence how staff adjudicate eligibility for services. Further, the potential for experiencing vicarious trauma is high, and staff support should include psychoeducation about trauma, necessary adjustments to workload, and effective supervision. Previous research has found effective supervision can reduce burnout and staff turnover as well improve job satisfaction and perceptions of job performance (Kounenou et al. 2023; Webb et al., 2015), thus benefiting staff themselves as well as the families they support.

2. An Integrated and Multi-disciplinary Professional Response

This study finds the needs of children bereaved by domestic homicide span the remits of many different services, including mental health, child protection, bereavement, and domestic abuse services amongst others. Such services typically operate on different ‘planets’ with poor inter-agency communication (Hester, 2011). More integrated models to service delivery are likely to be most effective in offering the necessarily holistic support to affected children and families, reducing repetition and avoiding overwhelming families with multiple professionals. Effective integration requires considerations at the policy and commissioning levels to plan for joined-up service development and delivery.

3. Long-term or ‘Pulsed’ Therapeutic Interventions

This study heard how the trauma may re-surface at unexpected moments and families may therefore benefit from long-term or ‘pulsed’ interventions. Access to services is currently hindered by over-stretched and under-funded organizations, resulting in stricter gatekeeping procedures or brief interventions. At a policy level, more consistent, long-term funding is required to adequately resource state and third sector services. At a practice level, services should focus on facilitating a straight-forward re-referral and re-entry process so families feel confident in reaching out for support as and when this is needed.

4. Prevalence Study

This study heard that the current services responding to children bereaved by domestic homicide often feel insufficiently specialist and ill-equipped to respond to these families’ needs. There is currently no data to indicate the number of children affected by domestic homicide. A detailed prevalence study could identify the scale of the need in the UK and inform the required capacity of any specialist provision.

5. Peer Support and Group Interventions

Professionals in this study identified the significant value of peer support spaces and group interventions for children and families affected by domestic homicide. However, there is currently little evidence to indicate the acceptability or effectiveness of such an approach. Thus, further research is needed to inform the development of these interventions.

Conclusion

This mixed-methods study has brought into focus the unique needs of children bereaved by domestic homicide and has identified significant gaps in the current service provision. Despite the many challenges associated with non-specialist and/or under-resourced services, it is important to acknowledge the many examples of sensitive and skilled practice described by the participants in this study. Their expertise, creativity, and compassion have no doubt made a significant difference to the lives of the children and families they supported at such difficult times.

Nevertheless, this study has identified that a majority of professionals surveyed described the current support services available to this population as inadequate. Through the lens of candidacy, findings from this study suggest that children's access to services is limited by a lack of specialist provision, under-resourced services, and professional anxiety. Until services can respond more specifically to the challenges faced by affected children and families, these individuals are likely to remain: "the neglected victims" of domestic homicide (Mertin, 2019; Burman & Allen-Meares, 1994). With further research, training, and investment, such barriers to candidacy can be removed, allowing this vulnerable population to access the support required.

Conflict of interest

The authors have no conflict of interest to declare that are relevant to this article.

References:

- Action for Children. (2019). *Patchy, piecemeal and precarious: support for children affected by domestic abuse*. <https://media.actionforchildren.org.uk/documents/patchy-piecemeal-and-precarious-support-for-children-affected-by-domestic-abuse.pdf> (Retrieved on: 18 April 2021).
- Alisic, E., Krishna, R. N., Groot, A., & Frederick, J. W. (2015). Children's mental health and wellbeing after parental intimate partner homicide: a systematic review. *Clinical Child and Family Psychology Review*, 18(4), 328-345. <https://doi.org/10.1007/s10567-015-0193-7>
- Alisic, E., Groot, A., Snetselaar, H., Stroeken, T., & van de Putte, E. (2017). Children bereaved by fatal intimate partner violence: A population-based study into demographics, family characteristics and homicide exposure. *PLOS ONE*, 12(10), Article e0183466. <https://doi.org/10.1371/journal.pone.0183466>
- Alisic, E., Groot, A., Snetselaar, H., Stroeken, T., Hehenkamp, L., & van de Putte, E. (2018). Children's perspectives on life and well-being after parental intimate partner homicide. *European Journal of Psychotraumatology*, 8(6), 1463796, <https://doi.org/10.1080/20008198.2018.1463796>
- Alisic, E., Joy, K., Lamberti, V. & Marinkovic, K. (2021). *Listen: A resource for practitioners supporting children and young people bereaved by domestic homicide*. The University of Melbourne. <http://go.unimelb.edu.au/dp4i>. (Retrieved on 1 August 2023).
- Barnes, D., Devaney, C., Uglebjerg, A., Wistow, R. & Hartley, C. (2010). A profile of children's health services, child and adolescent mental health services and maternity services in England 2008/9. Technical Report. Durham University, School of Applied Social Sciences, Durham. <https://dro.dur.ac.uk/8220/1/8220.pdf?DDD34+dcl0mj>
- Burman, S., & Allen-Meares, P. (1994). Neglected victims of murder: Children's witness to parental homicide. *Social Work (United States)*, 39(1), 28-34. <https://doi.org/10.1093/sw/39.1.28>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: a practical guide for beginners*. London: Sage.
- Casey, L. (2011). *Annual report 2010 - 2011, Commissioner for victims and witnesses*. <https://www.justice.gov.uk/downloads/news/press-releases/victims-com/cvw-annual-report-2010-11.pdf> (Retrieved on: 11 April 2021).
- Children's Commissioner. (2016). *Lightning review: access to child and adolescent mental health services*. <https://www.childrenscommissioner.gov.uk/report/lightning-review-access-to-child-and-adolescent-mental-health-services/> (Retrieved on: 11 April 2021).

- Clark, C., Caldwell, T., Power, C., Stansfeld, S.A. (2010). Does the influence of childhood adversity on psychopathology persist across the lifecourse? A 45-year prospective epidemiologic study. *Annals of Epidemiology*, 20, 385–94. <https://doi.org/10.1016/j.annepidem.2010.02.008>
- Devaney, J. (2018). The trouble with thresholds: Rationing as a rational choice in child and family social work. *Child & Family Social Work*, 24(4), 458–466. <https://doi.org/10.1111/cfs.12625>
- Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J. et al. (2006). Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology*, 6(1), 35. <https://doi.org/10.1186/1471-2288-6-35>
- Domestic Abuse Act 2021, c. 17. (2021). <https://www.legislation.gov.uk/ukpga/2021/17/enacted>.
- Duner, A. and Nordstrom, M. (2006), The discretion and power of street-level bureaucrats: an example from Swedish municipal eldercare, *European Journal of Social Work*, 5(4), 425–44. <https://doi.org/10.1080/13691450600958486>
- Feigelman, B. and Feigelman, W. (2008). Surviving after suicide loss: the healing potential of suicide survivor support groups. *Illness, Crisis & Loss*, 16, 285–304. <https://doi.org/10.2190/IL.16.4.b>
- Gaensbauer, T., Chatoor, I., Drell, M., Siegel, D., Zeanah, C. H., & Jellinek, M. S. (1995). Traumatic loss in a one-year-old girl. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34, 520–528. <https://doi.org/10.1097/00004583-199504000-00019>
- Goode, J., Greatbatch, D., O’Cathain, A., Luff, D., Hanlon, G. and Strangleman, T. (2004), Risk and the Responsible Health Consumer: The problematics of Entitlement among Callers to NHS Direct, *Critical Social Policy*, 24(2), 210–32. <https://doi.org/10.1177/0261018304041951>
- Guðbrandsson, B. (2015) *Barnahus – Children’s House – a child-friendly, interdisciplinary and multiagency response to child abuse and services for child victims*. The European Forum on the Rights of the Child, Brussels, 03-04 June 2015.
- Hardesty, J., Campbell, J., McFarlane, J., & Lewandowski, L. (2008). How children and their caregivers adjust after intimate partner femicide. *Journal of Family Issues*, 29, 100–124. <https://doi.org/10.1177/0192513x07307845>
- Harewood, E. (2021). The Lighthouse Annual Report 2020-2021. <https://www.thelighthouse-london.org.uk/guidance-and-support-for-professionals/downloads-links-for-professionals/> (Retrieved on: 20 August 2023).
- Harris-Hendriks, J., Black, D., & Kaplan, T. (2000). *When father kills mother: guiding children through trauma and grief* (2nd ed.). Routledge.
- Hester, M. (2011). The Three Planet Model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence, *The British Journal of Social Work*, 41(5), 837–853, <https://doi.org/10.1093/bjsw/bcr095>

- Houghton, C. (2015). Young People's Perspectives on Participatory Ethics: Agency, power and impact in domestic abuse research and policy-making. *Child Abuse Review*, 24(4), 235-248. <https://doi.org/10.1002/car.2407>
- Howarth, E., Moore, T.H.M., Welton, N.J., Lewis, N., Stanley, N., MacMilan, H., Shaw, A., Hester, M., Bryden, P., & Feder, G. (2016). IMPROving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis. *Public Health Research*, 4(10), <https://doi.org/10.3310/phr04100>
- Johnson, R. B., Onwuegbuzie, A. J., Turner, L. A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research*, 1(2), 112-133. <https://doi.org/10.1177/1558689806298224>
- Johnstone L., Boyle M., with Cromby J., Dillon J., Harper D., Kinderman P., Longden E., Pilgrim D., Read J. (2018). *The Power Threat Meaning Framework: Overview*. Leicester, England: British Psychological Society. www.bps.org.uk/PTM-Overview (Retrieved on: July 18 2023).
- Johnston, L., Rozansky, D., Dorrans, S., Dussin, L., & Barker, T. (2017). *Integration 2020: Scoping research Report to the Department of Health*. Social Care Institute for Excellence. <https://www.scie.org.uk/files/integrated-care/measuring-evaluating/research/integration-2020-scoping-research.pdf> (Retrieved on: April 19 2022).
- Journot-Reverbel, K., Raynaud, J.-P., Bui, E. & Revet, A. (2017). Support groups for children and adolescents bereaved by suicide: Lots of interventions, little evidence. *Psychiatry Research*. 250, 253-255. <https://doi.org/10.1016/j.psychres.2017.01.077>
- Kounenou, K., Kalamatianos, A., Nikoitsiou, P. & Kourmoussi, N. (2023). The Interplay among Empathy, Vicarious Trauma, and Burnout in Greek Mental Health Practitioners. *International Journal of Environmental Research and Public Health*, 20(4), 3503, <https://doi.org/10.3390/ijerph20043503>
- Koskenvuo, K., & Koskenvuo, M. (2015). Childhood adversities predict strongly the use of psychotropic drugs in adulthood: a population-based cohort study of 24 284 Finns. *Journal of Epidemiology and Community Health*, 69(4), 354–60. <https://doi.org/10.1136/jech-2014-204732>
- Lewandowski, L. A., McFarlane, J., Campbell, J. C., Gary, F., & Barenski, C. (2004). “He killed my Mommy!” Murder or attempted murder of a child’s mother. *Journal of Family Violence*, 19(4), 211–220. <https://doi.org/10.1023/b:jofv.0000032631.36582.23>
- Lipsky, M. (1980), *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*, New York, NY: Russell Sage Foundation.
- Lloyd-Evans, B., Mayo-Wilson, E., Harrison, B., Istead, H., Brown, E., Pilling, S., Johnson, S., Kendall, T. (2014). A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry*, 14(39). <https://doi.org/10.1186/1471-244X-14-39>.

- Lundy, L., Emerson, L., & Byrne, B. (2011). Working With Young Children as Co-Researchers: An approach informed by the United Nations Convention on the Rights of the Child. *Early Education and Development*, 22(5), 714-736. <https://doi:10.1080/10409289.2011.596463>
- Mackenzie, M., Conway, E., Hastings, A., Munro, M., O'Donnell, C. (2012). Is 'candidacy' a useful concept for journeys through public services? A critical interpretive literature synthesis. *Social Policy & Administration*, 47(7), 806-825. <https://doi:10.1111/j.1467-9515.2012.00864.x>
- Malmquist, C. P. (1986). Children who witness parental murder: Posttraumatic aspects. *Journal of the American Academy of Child Psychiatry*; 25, 320 – 325. [https://doi: 10.1016/S0002-7138\(09\)60253-3](https://doi: 10.1016/S0002-7138(09)60253-3)
- Martin, P. (2019). The neglected victims: what (little) we know about child survivors of domestic homicide. *Children Australia*, (44), 121–125. <https://doi.org/10.1017/cha.2019.19>
- Morgan, D. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1(1), 48-76. <https://doi.org/10.1177/2345678906292462>
- National Children's Bureau. (2018). Storing up trouble: a postcode lottery of children's social care. <https://www.ncb.org.uk/sites/default/files/uploads/files/NCB%20Storing%20Up%20Trouble%20%5BAugust%20Update%5D.pdf> (Retrieved on: 28 April 2021).
- Office for National Statistics. (2020). *Domestic abuse victim characteristics, England and Wales: year ending March 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020#domestic-homicide> (Retrieved on: 18 April 2021).
- Office for National Statistics. (2023). *Homicide in England and Wales: year ending March 2022*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/march2022#the-relationship-between-victims-and-suspects> (Retrieved on: 14 March 2024).
- Parker, B., Steeves, R., Anderson, S., & Moran, B. (2004). Uxoricide: A phenomenological study of adult survivors. *Issues in Mental Health Nursing*, 25(2), 133-145. <https://doi:10.1080/01612840490268144>
- Pynoos, R. S., & Nader, K. (1993). Issues in the treatment of posttraumatic stress in children and adolescents. In Wilson, J. P. & Raphael, B. (Eds.), *International handbook of traumatic stress syndromes*. Plenum press, New York
- Soydas, S., Smid, G. E., Alisic, E., Goodfellow, B., Wilson, R., & Boelen, P. A. (2023). Experiences of treatment-seeking children and young people following parental intimate partner homicide. *Homicide Studies*, <https://doi.org/10.1177/10887679231173881>

- Standing Together Against Domestic Abuse (2020). In Search of Excellence: A refreshed guide to effective domestic abuse partnership work – The Coordinated Community Response (CCR). <https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5fd78eaf72a0a65a94da967e/1607962290051/In+Search+of+Excellence+2020.pdf> (Retrieved on 14 July 2021).
- Stanley, N. Chantler, K., Robbins, R (2019). Children and Domestic Homicide. *The British Journal of Social Work*, 49(1), 59-76. <https://doi.org/10.1093/bjsw/bcy024>
- Steeves, R. H., & Parker, B. (2007). Adult perspectives on growing up following uxoricide. *Journal of Interpersonal Violence*, 22, 1270–1284. <https://doi.org/10.1177/0886260507305153>
- Webb, C., Bostock, L., Carpenter, J. (2015) 'Effective supervision in social work and social care: findings from a systematic review of research in services to adults (2000-2012)', in Bostock L. (ed(s)). *Interprofessional staff supervision in adult health and social care services*, Hove: Pavilion, 23-30.
- Wiltshire, G. & Ronkainen, N. (2021). A realist approach to thematic analysis: making sense of qualitative data through experiential, inferential and dispositional themes. *Journal of Critical Realism*, 20(2), 159-180. <https://doi.org/10.1080/14767430.2021.1894909>

Tables

Table 1: Participant's sector of employment

Table 1 Participant's sector of employment

Employment sector	Total Frequency	Total Percentage	Frequency (with direct experience)	Percentage (with direct experience)
Children's social care	25	27.8%	10	25%
Mental health	17	18.9%	9	22.5%
Domestic abuse	22	24.4%	10	25%
Physical health	6	6.7%	3	7.5%
Police / criminal justice	5	5.8%	2	5%
Education	4	5.6%	1	2.5%
Victim support	3	3.3%	3	7.5%
Adult social care	3	3.3%	0	0%
Bereavement support	2	2.2%	2	5%
Other	3	3.3%	0	0%
Total	90	100%	40	44.4%

Table 2: Interviewee sample information

Table 2 Interview participants

Participant name	Professional Role	Length of interview	Direct experience?
Hannah	Child Protection Social Worker	1 hour 10	Yes
Catherine	Trauma Therapist & Social Worker	54 minutes	Yes
Paula	Child Psychotherapist	1 hour 3	Yes
Tara	Victim Support Services Practitioner /Manager	55 minutes	Yes
Mary	Domestic Violence Service Practitioner / Manager	54 minutes	No
Laura	Third Sector Bereavement Service Manager	53 minutes	Yes
Richard	Family Therapist	1 hour 4	No

Table 3: Themes

Table 3 Themes		
Main theme	Subordinate themes	
1. Unique nature	i.	The trauma
	ii.	The double loss
	iii.	History of trauma
	iv.	Ongoing risk
	v.	“Stuck in limbo”
	vi.	Public nature
2. Professional communication	i.	Systems “out of sync”
	ii.	“Joined up working”
3. Unmet needs and the barriers to candidacy	i.	Lack of specialist provision
	ii.	Under-resourcing
	iii.	professional anxiety
4. Developing a more effective provision	i.	Long-term
	ii.	Peer support
	iii.	Support for caregivers

Table 4: Professionals' views**Table 4** *“How well do you believe the needs of children bereaved by domestic homicide are being met by the current service provision?”*

	Frequency	Percent
Extremely well	2	2.4%
Very well	2	2.4%
Moderately well	17	20%
Slightly well	23	27.1%
Not well at all	25	29.4%
Don't know	16	18.8%
Total	85	100%

“How confident are you / would you be in supporting a child bereaved by domestic homicide?”

	Frequency	Percent
Extremely confident	7	8.4%
Very confident	14	16.9%
Somewhat confident	35	42.2%
Not very confident	18	21.7%
Not at all confident	9	10.8%
Total	86	100%

“How well informed do you feel about the needs of children bereaved by domestic homicide?”

Extremely well	7	8.1%
Very well	15	17.4%
Moderately well	26	30.2%
Slightly well	19	22.1%
Not well at all	19	22.1%
Total	86	100%

“How well did your professional training prepare you for this topic?”

Extremely well	2	2.4%
Very well	9	10.6%

Moderately well	18	21.2%
Slightly well	16	18.8%
Not well at all	40	47.1%
Total	85	100%

Table 5: Mean scores: participants with / without direct experience**Table 5** Mean scores: participants with / without direct experience

With direct experience		Without direct experience		Whole sample	
<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>How well informed do you feel about the needs of children bereaved by domestic homicide? *</i>					
2.73	1.07	3.78	1.16	3.33	1.23
<i>How confident are you / would you be in supporting a child bereaved by domestic homicide? *</i>					
2.62	0.89	3.63	1.20	3.2	1.19

* 1 = extremely, 5 = not at all