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Reviewing in a Pandemic? A Commentary on Covid-19 and Domestic Homicide Review

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Abstract

Purpose: This paper is a commentary on Covid-19’s impact on Domestic Homicide Reviews (DHRs), the system in England and Wales that enables learning from domestic abuse-related deaths.

Design/methodology/approach: Drawing on a practitioner-researcher perspective, this paper reflects on how Covid-19 affected the delivery and experience of DHRs, the place of victims at the heart of this process, and what the pandemic’s impact might mean moving forward.

Findings: This paper explicates some of the challenges of undertaking DHRs in a pandemic. Critically, however, it argues that these challenges illuminate broader questions about the practice of DHR.

Originality: This paper’s originality comes from the author’s practitioner-researcher perspective and its use of Covid-19 as a lens to consider DHRs.

Keywords: Covid-19, domestic abuse, domestic homicide, domestic homicide review, domestic violence fatality review, partnership
Reviewing in a Pandemic? A Commentary on Covid-19 and Domestic Homicide Review

In England and Wales, as globally, the Covid-19 pandemic prompted concerns about domestic abuse (Kourt et al., 2021). In particular, that domestic abuse-related deaths might increase. Subsequently, while domestic abuse-related deaths do not appear to have increased substantially, that concern highlights how such deaths remain tragically far too common (Bates et al., 2021). Moreover, the pandemic did affect the conduct of ‘Domestic Homicide Reviews’ (DHRs), the system in England and Wales that enables learning from domestic abuse-related deaths, and which is an example of what is known internationally as ‘Domestic Violence Fatality Review’ (DVFR). This commentary reflects on Covid-19’s impact on, and implications for, DHRs.

Background

Introduced in England and Wales in 2011, a DHR should be commissioned by the relevant local Community Safety Partnership (CSP) when a domestic abuse-related death occurs (Home Office, 2016). DHRs are a collaborative process during which an independent chair leads a review panel comprised of statutory and non-governmental agencies. Those who knew a victim (‘testimonial networks’) may also be involved, notably family, but also perhaps others like friends (Haines-Delmont et al., 2022). An independent chair usually acts as an intermediary for testimonial networks, but sometimes a family meets the review panel. Over several meetings, information from these stakeholders is brought together and used by the independent chair and the review panel to build a picture of the case, evaluate any interventions, identify any learning, and make recommendations for change. DHR/DVFR aims to prevent future deaths (Dawson, 2021).

There is currently no routine reporting about the commissioning and progression of DHRs nor data about Covid-19’s impact. In response, this commentary considers how Covid-19 affected DHR delivery, those involved, and the place of victims at the heart of this process. I offer a practitioner-researcher perspective, using examples drawn from my experience chairing DHRs in the pandemic. I conclude by considering the impact on DHRs moving forward.

Delivery in a Pandemic
At the start of the pandemic, the DHRs I was chairing – both those underway and due to start – were affected, with planned meetings or commencement deferred. This was because of the upheaval agencies faced, meaning staff were unavailable to attend meetings and/or could not service them (for example, by collating information about their agency’s contact with a victim, the perpetrator, and any children). However, within a few months, DHRs resumed. This was the result of CSPs trying to balance operational needs while avoiding prolonging the already lengthy DHR process (DHRs should be completed in 6 months (Home Office, 2016) but routinely take significantly longer), particularly to ensure learning and minimise the impact on family.

As DHRs resumed, they moved online. This move brought technical issues (like the availability of equipment, interfaces between technologies, and call quality) or concerns about data protection (including managing confidential information from home) (Websdale et al., 2020). While these issues took a specific form in DHRs – for example, because of the amount of sensitive information shared – they were not unique. Indeed, the move online was eased because most of the professionals involved had already adopted and adapted to changes in working practices in their day-to-day work (for example, multi-agency risk management meetings rapidly moved online. See Walklate et al., 2021).

However, working online to deliver DHRs had an impact on wellbeing and emotional safety, which I consider below. This impact also affected family and others testimonial network members who faced changes to their personal and/or work-life while also coping with tragedy and adapting to a potentially unfamiliar online environment. Thus, moving online was an additional complexity atop an already sensitive process, and was a reminder of the importance of a considered approach to testimonial network engagement, including specialist support (Haines-Delmont et al., 2022).

Nonetheless, working online brought benefits including, in comparison to the time and cost of in-person meetings, the ease of meeting with the review panel and/or testimonial networks. Consequently, online working will likely continue beyond the pandemic (Websdale et al., 2020). However, there will remain a need for in-person meetings, including perhaps to help build
relationships when a review panel first meets. Certainly, the option of in-person meetings should be offered to testimonial networks wherever possible.

**Experience in a Pandemic**

As described above, while DHRs are collaborative, achieving this depends on ensuring stakeholders feel able to participate (Haines-Delmont *et al.*, 2022). This provides an important context when considering the impact of Covid-19 because working from home and/or online can affect both connectivity to others and wellbeing (Margariti *et al.*, 2021).

In terms of connectivity, many embraced online working. For example, professional participants sometimes used the chat function to provide real-time comments on discussions, bringing dynamism to the meetings. Testimonial networks took to online working too, enabling a frequency and ease of contact that perhaps brought them closer to the process. However, this was not always the case, and, at times, online working led to an increased distance. This could affect rapport, both with professionals and testimonial networks, making relationship building more difficult. Such duality has been reported elsewhere with, for example, many participants in multi-agency risk management meetings reporting benefits from online working but some highlighting the impact on relationships (Walklate *et al.*, 2021).

The result was a need for additional emotional labour to overcome the potential limitations of online working. Recognising the emotional labour of DHRs leads to the question of wellbeing online. Here, there was a further duality, albeit a paradoxical one: DHRs could feel more intimate and yet also colder. Underlying this paradox was a change in space, a change that has been described in online research as ‘being there differently’ (Oliffe *et al.*, 2021, p. 4). This change in space arose because, by being online, DHRs (including the emotions generated) entered participants’ homes. Thus, regardless of someone’s feelings of connectivity, DHRs could become more present, while their ability to step away (and so manage wellbeing) was literally limited.

Taken together, connectivity, emotional labour, and wellbeing speak to an often-invisible aspect of DHRs, one that is present regardless of a pandemic. DHRs address questions of life, death,
and accountability. Consequently, DHRs are not just a meeting; they are a charged encounter. Yet, if
and how the affective dimensions of DHRs are considered is unclear. For example, as an
independent chair, I access clinical supervision to help me manage the impact of my work. Yet, many
professionals have limited training or support, while families have specific needs that also need to
be considered (Haines-Delmont et al., 2022). So, while Covid-19 presented specific challenges for
connectivity, emotional labour, and wellbeing, perhaps the lesson is that these are always aspects of
DHRs which must be considered.

**Keeping the Victim at the Heart in a Pandemic**

Finally, what did Covid-19 mean for the ambition that DHRs should “articulate the life
through the eyes of the victim (and their children)” (Home Office, 2016, p. 7)? The answer to this
question mirrors the discussion thus far. Although working online enabled DHRs, it could also affect
the approach to a victim and the case circumstances. This was because, in the same way that
working online could lead to remoteness from others, it could also distance stakeholders from the
life that had been taken or lost.

As an independent chair, addressing this distance meant working with the review panel to
find ways to keep a victim at the heart of a DHR. This included trying, insofar as it is possible, to see
through a victim’s eyes and thereby engage with their subjectivity and agency. For example, by
asking participants to hold a victim in mind (and returning to this regularly), using photos, and
seeking and sharing accounts from testimonial networks to get a sense of someone as a whole
person (Rowlands, 2020).

However, as before, working online merely makes more evident a central challenge in DHRs,
which is that the process can often feel distant from the everyday, lived experience of victims. An
awareness of the challenge of online working is a reminder then of the need in DHRs to actively take
steps to see through a victim’s eyes as best we can.

**Moving Forward**

A final consideration is how to recognise the impact of Covid-19, both as DHRs begin to be
undertaken into deaths affected in some way by the pandemic, but also on the DHR system itself. In terms of its impact on victims, perpetrators, professionals and services, the pandemic’s effects were considerable (Bates et al., 2021). This means DHRs will need to consider if and how Covid-19 and associated public health interventions affected a victim and/or perpetrators’ risk, needs and experience of service provision, including the impact of structural inequalities and discrimination (Kourtie et al., 2021). For the DHR process itself, while DHRs had to be delivered differently, they benefited from the wider adoption of online working which eased their transition. Online working is likely here to stay, with exceptions for meetings where there is value in meeting face-to-face. However, perhaps the longer-term impact is that an awareness of the potential distancing effect of working online will encourage greater reflection about how to centre victims in DHRs and recognise the emotional labour involved.

**Conclusion**

For DHRs, as in other areas of practice, Covid-19 presented unique challenges and led to equally dramatic changes. Yet, our response to Covid-19 tells us much more than simply what changed. In the moment, Covid-19 shone a light on issues that were already present in the DHR process, particularly around our ability to centre victims, connect to others, and recognise the emotional impact of review. Thus, as the pandemic recedes, it leaves these issues in starker focus. Moving forward, the question is how we will respond as we seek to learn about and (hopefully) prevent domestic homicide.
References


