

**A narrative analysis of the NHS England independent
investigation reports of intimate partner homicides (IPH) by
mental health service users**

**Thesis submitted in part fulfilment of the degree of
Doctorate in Clinical Psychology (DClinPsy)
at the University of Leicester**

By

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Declaration

I confirm that this research report is my original work. It has been submitted in partial fulfillment for the degree of Doctorate in Clinical Psychology and no part of it has been submitted for any other degree or academic qualification. This thesis has been checked for completion prior to submission.

.....

Ka Man Ng

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Table of Content

Declaration	3
Acknowledgement	4
Word Count	5
List of Figures	7
List of Tables	8
Thesis Abstract.....	9
1. Men and women who committed intimate partner homicides (IPH): A qualitative review of the literature.....	11
1.1. Abstract	11
1.2. Introduction.....	12
1.3. Method.....	15
1.4. Findings.....	23
1.5. Discussion	34
1.6. References	39
2. Intimate partner homicides (IPH) by mental health service users: A narrative analysis of the NHS inquiry reports from 2013-2016.....	47
2.1. Abstract	47
2.2. Introduction.....	48
2.3. Method.....	52
2.4. Results.....	58
2.5. Discussion	84
2.6. References	90
3. Critical appraisal.....	98
3.1. On the research process	98
3.2. On intimate partner homicides and inquiries.....	101
3.3. On professional development.....	102
3.4. References	103
Appendix A: ENTREQ Statement	105
Appendix B. Search Terms in Different Databases and Outcomes.....	107
Appendix C. Characteristics of the Included Articles (by Gender of Perpetrators).....	109
Appendix D: Concepts Presented in Each Paper (by Gender of Perpetrator).....	111
Appendix E. Glossary – Terminology in the Research Method	113
Appendix F: Examples of themes identified for recommendations.....	117
Appendix G: Statement of Epistemological Position.....	119
Appendix H: Chronology of Research Process.....	121
Appendix I: Guidelines to Authors for Journal Targeted for Literature Review.....	122
Appendix J: Letter of Approval from University Ethics Committee	124
Appendix K: Evaluation Feedback from Service User Reference Group (SURG)	126

List of Figures

Figure 1-1: Flowchart detailing the search process	18
Figure 1-2: Third-order analysis: Perpetrators' experience of killing their partners	33
Figure 2-1: Schematic illustration of Greima's actantial model	56
Figure 2-2: A schematic illustration of semiotic square	57
Figure 2-3: Number of recommendations by internal and independent investigations	66
Figure 2-4: Actantial model of the plot 'how mental health system works' at the beginning state	70
Figure 2-5: Actantial model of the plot 'Opponents being too strong' at the middle state	73
Figure 2-6: Actantial model of the plot 'losing helpers' at the middle state	74
Figure 2-7: Actantial model of the plot 'Public safety overshadowed by patient safety' at the middle state	77
Figure 2-8: Actantial model of the plot 'Investigation setting things right' at the final state	78
Figure 2-9: Semiotic square of predictability	79
Figure 2-10: Semiotic square of preventability	81

List of Tables

Table 1-1a: Quality appraisal based on the CASP tool for included studies on male perpetrators	19
Table 1-1b: Quality appraisal based on the CASP tool for included studies on female perpetrators	20
Table 1-2: Themes identified in the include articles	22
Table 2-1: Characteristics of the perpetrators	59
Table 2-2: Characteristics of the IPH investigation reports	61
Table 2-3: Summary of the IPH investigation reports	63
Table 2-4: Age and gender of the perpetrators	64
Table 2-5: Contributory factors of IPH identified in the reports	65
Table 2-6: Themes identified in the recommendations by internal and independent investigations	68
Table 2-7: Summary of the narrative features	69

A narrative analysis of the NHS England independent investigation reports of intimate partner homicides (IPH) by mental health service users

Ka Man Ng

Thesis Abstract

A global estimate shows that one in seven homicides is perpetrated by an intimate partner, with women being six times more likely to be a victim. Various theories have been proposed to explain the phenomenon but all seem to provide only a partial account without adequate empirical testing.

In mental health care, homicides by service users represent a 'crisis' in health care or even society. Public inquiries are often used as a response to 'to learn a lesson'. However this approach has raised questions about its effectiveness in preventing future incidents and its impact on staff. There has not been any study on inquiries related to IPH by mental health service users.

Literature review

The qualitative literature review sought to understand IPH from the perpetrators' perspectives. This review synthesised the findings of 17 qualitative reports. It shows different experiences of male and female IPH perpetrators in terms of sense of control, gender roles and intervention by authorities. Contextual influences were found to play a role for both of them. A model that explains the interaction of these four factors was proposed.

Empirical study

The empirical study examined investigation reports, published between 2013-2016 by NHS England, in relation to 19 intimate partner homicides by mental health service users. The narrative analysis identified a dominant storyline and different plots in the reports. The study discussed how the reports made sense of the incidents by the different plots, the change of the cast's actantial roles and their position in predictability and preventability.

Critical Appraisal

The critical appraisal details the researcher's reflections on the research process, the subject of study and professional development.

Part 1: Literature Review

Men and women who committed intimate partner homicides (IPH): A qualitative review of the literature

Target Journal: Aggression and Violent Behavior (Publication guidelines as shown in Appendix I)

1. Men and women who committed intimate partner homicides (IPH): A qualitative review of the literature

1.1. Abstract

Objectives: To synthesise the existing literature on the lived experience of male and female perpetrators of intimate partner homicides (IPH).

Methods: Nine databases were searched for qualitative studies that included IPH perpetrators' own accounts of their experience leading to killing their partners. The experiences of 122 men and 93 women from 8 countries in 17 articles were included. A meta-ethnographic approach was adopted to synthesise the perpetrators' experiences.

Findings: Four themes were identified: (a) sense of control, (b) gender roles, (c) intervention by authorities and (d) contextual influences. The experiences of female and male perpetrators in each theme seemed to be different. Men's sense of control appeared to be about keeping a relationship whilst women's control was more related to saving their own life or ending the relationship in pursuit of other goals in life.

Men and women seemed to have distinct ideas about gender roles that may have influenced their experiences of killing their partners. Although against their own interest, female perpetrators may stay in the relationship in order not to bring shame to family and they may find it difficult to express their abuse history. Men's masculinity was found to rely on an idealised woman and violence could be the last resort to preserve this image.

There appeared a lack of intervention by authorities; when it did occur, it was often perceived as not helpful by both men and women. Contextual influences including various socio-cultural practices were found to have played a role in the experience.

Conclusions: The findings suggest that influences of the social context and cultural practices shape the perpetrators' perception of gender roles and the intervention by authorities, which in turn may impact how they handle a situation where their sense of control is at risk and could lead to killing their partners.

1.2. Introduction

1.2.1. Intimate partner homicides (IPH)

Intimate partner homicide (IPH) is a global public health concern. A recent systematic review obtained an estimate that 13.5% of homicides worldwide were committed by an intimate partner (Stöckl et al., 2013). Campbell et al. (2007) found that important risk factors for intimate partner homicides include prior domestic violence, access to firearms, estrangement, threats to kill and threats with a weapon, nonfatal strangulation, and for female victims having a stepchild.

There have been changes in recent years in the understanding of IPH, from an extreme outcome of violence to a distinct form of homicide (Corradi & Stöckl, 2014; Dobash et al. 2007; Eriksson & Mazerolle, 2013). Unlike other types of homicide in which a secondary instrumental goal, such as illicit profits or political agenda, is often present, IPH is usually a means of resolving a conflict and/or punishing the victim through violence in a strained relationship (United Nations Office on Drugs and Crime, 2013). IPH perpetrators, compared to their counterparts who perpetrated non-lethal violence to their intimate partners, were less disadvantaged in terms of education, employment, and criminal history but more likely to be possessive and jealous (Dobash et al., 2007).

1.2.2. Gender in IPH

IPH is characterised by gender asymmetry with women being six times more likely to be a victim than men (Stöckl et al., 2013). Traditional studies focussed on the individual gender factors related to IPH. Domestic violence history has been found to be a risk factor for both male- and female-perpetrated IPH (Campbell et al., 2007). Possessiveness and problems with separation and jealousy have been found to be major factors related to male-perpetrated IPH whilst women were believed to kill their partners for self-defence or after suffering from long-term domestic violence (Serran & Firestone, 2004; Weizmann-Henelis et al., 2012).

Recent studies, however, suggest more diversity and complexity in the relationship between gender and IPH which is influenced by other social factors, such as education and employment. Weizmann-Henelius et al. (2012) examined the data of homicide offenders in Finland. They found that the odds of female homicide offenders committing IPH was three times more than their male counterparts. Reckdenwald and Parker (2010) found that an increase of the gender disparities in income and

employment decreased the likelihood of male-victim IPH whilst gender disparities in education were associated with an increase in male-victim IPH. Weizmann-Henelius et al. (2012) related alcohol consumption to a high proportion of females abusing their partners in Finland. Reckdenwald and Parker (2012) also found that changes in women's domesticity and economic status, as well as resources for domestic violence have an influence on male-victim IPHs.

1.2.3. Existing theories to explain IPH

Various theories have been adopted to understand IPH but no single one suffices. The male sexual proprietariness theory (Wilson & Daly, 1998) has been used to explain the predominance of IPH perpetration by men. It suggests that men assume exclusive propriety over women's reproductive competence and use coercion and violence when they perceive a menace to their sexual proprietariness. However, it does not explain why only a very small proportion of domestic violence cases result in IPH (Corradi et al., 2016; Dobash et al., 2007; Eriksson & Mazerolle, 2013). In addition, sexual proprietariness has also been found to be applicable to some female perpetrators (Belknap et al., 2012).

Historically, female IPH perpetrators were depicted as mentally ill or presenting with pathology (Serran & Firestone, 2004). Since the adoption of the term 'femicide' in the 1970's to highlight the gender difference in IPH victimisation, the research focus has changed gradually (Corradi et al., 2016). Self-defence theory suggests that female-perpetrated IPH is an extreme self-help behaviour as a result of their partner's violence (Black, 1983; Browne, 2008; Peterson, 1999). Whilst the self-defence perspective has raised attention about how patriarchy in society leads to femicide, this explanation is problematic as the motive of self-defence has been used by both men and women. Aggressive women and those who have never been victimised also reported self-defence as their motive (Babcock et al., 2003).

As well as theory-driven approaches such as male sexual proprietariness theory and self-defence theory, criminological research (Corradi et al., 2016) has made use of large databases to identify risk factors of IPH for different particular populations. Whilst this epidemiological and public health approach has provided empirical evidence to examine existing theories and illustrate the impact of social changes on the prevalence, it has not been able to further the theoretical understanding of the gendered nature of IPH (Gnisci & Pace, 2016; Kivivuori et al., 2011).

1.2.4. Limitations and gaps

The current theoretical understandings, despite the contribution in their own right, may have resulted in divisiveness rather than adding to the interdisciplinary understanding of the subject. The importance of a psychological perspective on this topic has long been recognised (Serran & Firestone, 2004); however it is not clearly present in the mainstream feminist, sociological or criminological theoretical underpinnings of this research area.

The value of studying the experiences of victims and perpetrators has been recently recognised (McPhedran et al., 2018) but faces various methodological challenges. Due to the rarity of IPH and the current gender-specific understanding of IPH, such studies often consist of a small sample of one single gender in a particular context. A qualitative metasynthesis is a systematic approach to synthesise and analyse data across existing qualitative studies and provides the opportunity to construct greater meanings and even re-conceptualisation through an interpretative process (Thorne et al., 2004).

1.2.5. Aim

Clinical psychologists work with service users in mental health and forensic settings who are often presented with challenges in relationships and violence. It is, therefore, an important area for clinical psychologists to contribute both in terms of assessment of clinical risk factors and public health campaigns to counter domestic violence and IPH.

This review sought to understand IPH from the perpetrators' perspectives based on existing qualitative studies in order to review relevant theories and research, as well as to consider implications for related services.

1.3. Method

The present metasynthesis was conducted with the five steps set out by Sandelowski and Barroso (2007):

1. formulating the purpose and rationale;
2. searching for and retrieving qualitative research reports;
3. critically appraising the included reports;
4. classifying the findings; and
5. synthesising the findings.

The Enhancing Transparency of Reporting the Synthesis of Qualitative research (ENTREQ, Tong et al., 2012) framework was followed in reporting the results (see Appendix A for details).

1.3.1. Search and retrieval of qualitative research studies

A valid synthesis requires comprehensive retrieval of relevant qualitative reports to include in the metasynthesis (Sandelowski & Barroso, 2007). Studies containing qualitative data were required to meet the following criteria:

- The study included IPH which was defined as the intentional killing of one's current or former intimate partner, including spouses, ex-spouses, those in current or former de facto relationships, boyfriends, girlfriends, or partners of same-sex relationships: in other words, all relationships where the underlying dynamics are similar (Carcach & James, 1998; Kivisto, 2015). Murder that involved hired killing or a co-defendant was also counted as IPH if the perpetrator met the above criteria and was convicted by the court in the jurisdiction;
- The researchers were not involved in the legal or correctional procedure of the participants;
- The study involved primary analysis of the account from IPH perpetrators about their understanding and experience of the IPH;
- Qualitative interview of perpetrators was used as the major method of data collection;
- Recognised qualitative methods of analysis were identified in the study; and
- The study was published in English.

Studies were excluded based on the following criteria:

- The deceased reported in the study was a person other than the intimate partner (collateral killing) and those cases could not be separated from the target IPH;
- The relationship between the victim and perpetrator was not specified;
- The data were not mainly collected by qualitative interviewing;
- The study did not focus on the perpetrators' perspective;
- No recognised qualitative method of analysis was identified in the study;
- The study did not indicate if the respondents' participation was voluntary; or
- The full text of the study was published in languages other than English.

To capture as many studies as possible, nine databases were chosen (see Appendix A). As discussed in the introduction, there have been changes in the theoretical understanding, legal and social systems in relation to domestic violence and IPH over the years. This review was therefore limited to studies published during the period between 2000 and 2018 only.

A search strategy was developed which was then tailored to the other databases in consultation with two librarians (see Appendix B). Studies eligible for inclusion were subject to forward chaining and ancestry searching in reference lists, with the use of Google Scholar. Additional searches were performed by a process of 'berry-picking' (Barroso et al, 2003; Sandelowski & Barroso, 2007). This involved searching on relevant authors, journals and subject areas identified at each stage of the search process instead of searches based on pre-determined keywords and databases.

1.3.2. Selecting and appraising studies for synthesis

Figure 1-1 outlines the search process. 1,291 abstracts were yielded; 510 duplicates and 641 records not related to IPH were removed. After screening the remaining 140 abstracts, 35 records were identified. Together with three additional articles found by hand search, the full texts were assessed in detail. Finally 17 articles of 16 distinct studies remained, encompassing a total sample of 122 men and 93 women who had killed their partners in eight different countries (See Appendix C for details of each study). One article (Smith & Kethineni, 2006) included both male and female IPH perpetrators.

Each selected report was individually appraised by the researcher and their supervisor using the criteria of the Critical Appraisal Skills Programme (CASP, 2018). The

included studies and the raters' reasons for their CASP ratings were reviewed and any disagreements were discussed until a consensus was reached. This review aimed at studying the findings in the studies more than the studies themselves (Thorne et al., 2004), therefore no paper was excluded based on quality appraisal; instead the appraisal result would be discussed in relation to the variety of the included studies (see Tables 1-1a and b).

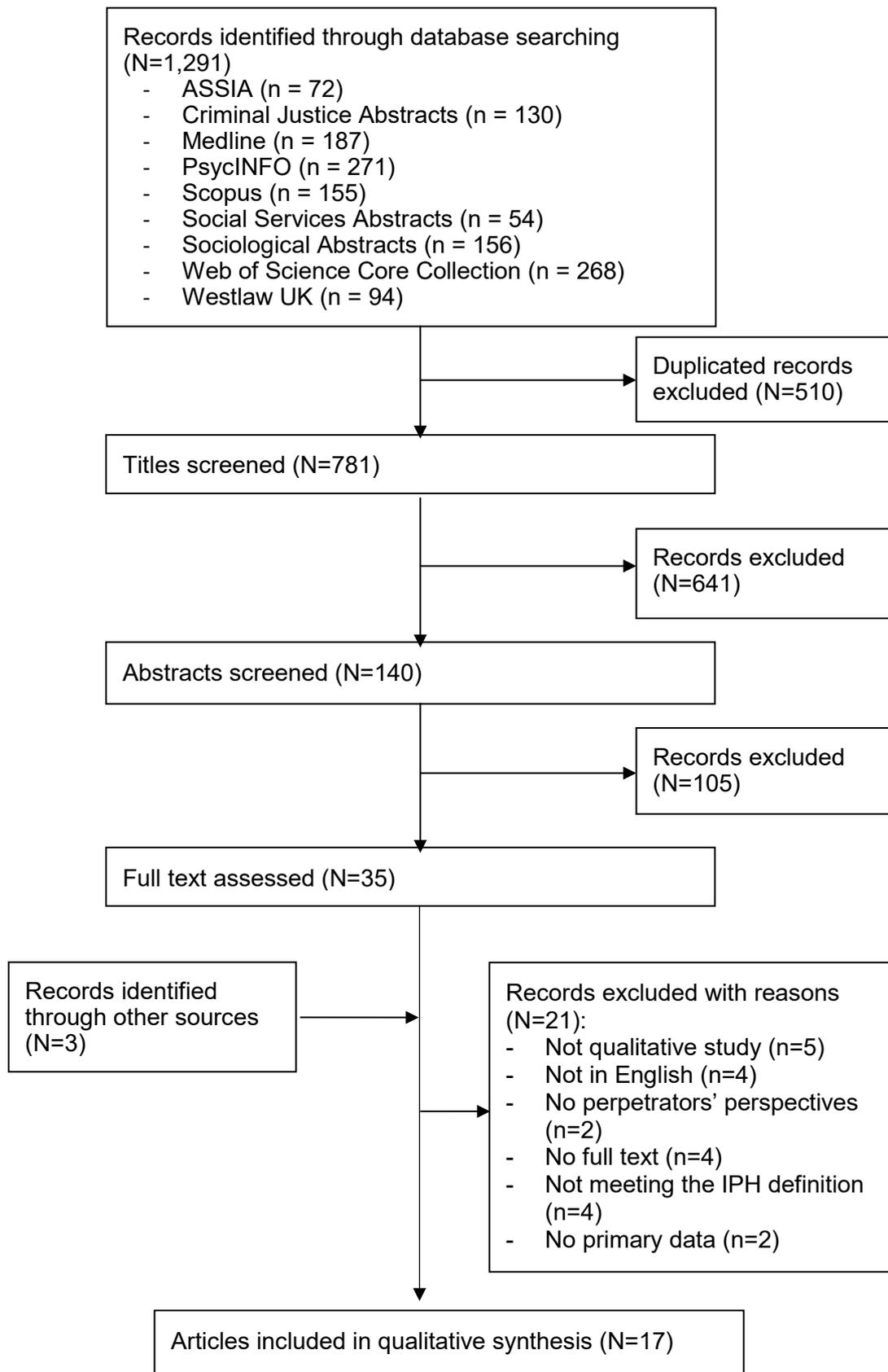


Figure 1-1: Flowchart detailing the search process

Table1-1a: Quality appraisal based on the CASP tool for included studies on male perpetrators

	a Smith & Kethineni (2006)	b Adams (2007)	c Elisha et al.(2010)	d Mathews et al. (2011)	e Goussinsky & Yassour- Borochowitz (2012)	f Dilmon & Timor (2014)	g Frisk & Palmer (2015)	h Mathews et al. (2015)	i Duff et al. (2017)
Was there a clear statement of the aims of the research?	1	0	1	1	1	1	1	1	1
Is a qualitative methodology appropriate?	1	1	1	1	1	1	1	1	1
Was the research design appropriate to address the aims of the research?	0	0	1	1	1	1	1	1	1
Was the recruitment strategy appropriate to the aims of the research?	0	1	1	1	1	0	1	1	1
Was the data collected in a way that addressed the research issue?	0	1	1	1	1	1	1	1	1
Has the relationship between researcher and participants been adequately considered?	0	0	0	0	0	0	1	0	0
Have ethical issues been taken into consideration?	0	1	1	1	1	1	0	1	1
Was the data analysis sufficiently rigorous?	1	0	1	1	1	1	1	1	1
Is there a clear statement of findings?	1	1	1	1	1	1	1	1	1
How valuable is the research?	1	1	1	1	1	1	1	1	1
Total Score	5	6	9	9	9	8	9	9	9

Table 1-1b: Quality appraisal based on the CASP tool for included studies on female perpetrators

	1 Leonard (2002)	2 Smith & Kethineni (2006)	3 Pretorius & Bester (2009)	4 Murphy et al. (2009)	5 Smith & Wehrle (2010)	6 Whiteley (2012)	7 Hesselink & Dastile (2015)	8 Pereira (2016)	9 Ferreira (2018)
Was there a clear statement of the aims of the research?	1	1	1	1	1	1	1	1	1
Is a qualitative methodology appropriate?	1	1	1	1	1	1	1	1	1
Was the research design appropriate to address the aims of the research?	1	0	1	1	1	1	1	0	1
Was the recruitment strategy appropriate to the aims of the research?	1	0	0	0	0	1	0	1	1
Was the data collected in a way that addressed the research issue?	1	0	1	1	1	1	1	1	1
Has the relationship between researcher and participants been adequately considered?	1	0	0	1	0	0	0	0	0
Have ethical issues been taken into consideration?	1	0	1	1	0	1	0	0	0
Was the data analysis sufficiently rigorous?	0	1	1	1	1	1	1	1	1
Is there a clear statement of findings?	1	1	1	1	1	1	1	1	1
How valuable is the research?	1	1	1	1	1	1	1	1	1
Total Score	9	5	8	9	7	9	7	7	9

Quotations from perpetrators and the interpretation of the perpetrators' experiences by the researchers were included as target for this review. The perspectives of professionals, families and victims of attempted IPH, as well as findings from other studies were not included in the synthesis. The target texts from the articles were imported to the QSR International's NVivo 11 qualitative data analysis software for coding and data management.

1.3.3. Analysis

The meta-ethnographic approach developed by Noblit and Hare (1988) and adopted by Britten et al. (2002) was employed as it has been found to be useful in synthesising studies using a variety of qualitative methods (Barnett-Page & Thomas, 2009; Finlayson & Downe, 2013). The findings of each study were first read chronologically to identify the primary researchers' interpretations (second-order constructs). The concepts and themes related to this review are listed and juxtaposed in Appendix D. The concepts and themes from different studies were compared so as to translate the findings into each other to identify similarities by 'reciprocal translation'. Contradictions or disconfirming findings from each study were also examined with one another in 'refutational translation'. The absence of a concept in a particular paper did not necessarily mean refutation (Britten et al., 2002). The process involved iterative reading of the findings and making notes and grids. The studies were first read chronologically, and then by gender of the perpetrators. Table 1-2 summarises the major themes and subthemes from the analysis.

The key themes identified were then synthesised into a 'line of argument' that summarises the main findings and creates a hypothetical model to explain 'a whole among a set of parts' (Noblit & Hare, 1988, p. 63) as the third-order analysis (see Figure 1-2). The reports were read again as a cross-study analysis to examine if the model fits the studies.

Table 1-2: Themes identified in the included articles

	Gender roles	Control	Intervention	Context
Both genders	<ul style="list-style-type: none"> - self as positive - partner as negative 	<ul style="list-style-type: none"> - material/ family disputes - emotion out of control (jealousy, fear, rage) 	<ul style="list-style-type: none"> - lacking 	<ul style="list-style-type: none"> - mental health issues - relationship problems - men's use of alcohol and drugs - women as victim of physical, sexual and emotional abuse - men's involvement in criminal activities - social and cultural influences - lack of resources
Female perpetrators	<ul style="list-style-type: none"> - victim - of abuse - resisting the label - good mother and wife - fighter 	<ul style="list-style-type: none"> - fear of death => survival - means to end the relationship 	<ul style="list-style-type: none"> - not perceived as helping - fear reprisal 	<ul style="list-style-type: none"> - expectation from family of origins
Male perpetrators	<ul style="list-style-type: none"> - violent masculinity vs. victim - sense of entitlement over partner - idealised woman and families 	<ul style="list-style-type: none"> - fear of losing partner - means to take back control 	<ul style="list-style-type: none"> - perceived as intimidating 	<ul style="list-style-type: none"> - hard and rough childhood

1.4. Findings

Four key themes were identified in the perpetrators' account of killing of their partners as detailed below. Subthemes that can be found in both genders are discussed first whilst the gendered pattern of each theme is explained afterwards. Quotations from the studies are used as illustrations for each theme. Brackets at the back of each quotation denote the source of the quotation - (study; page number; country; perpetrator's gender). Female perpetrators' reports were denoted by numerals whilst the male ones by letters. A hypothetical model based on the four themes is then discussed.

1.4.1. Sense of control

Control was a key theme in all the reports. When the perpetrators' sense of control was in jeopardy, they may resort to end their partners' lives. The sense of control could be over materials or family relationships (2, 6, 7, a, b), emotions (2, 6, 7, a, b, e, f, i, h) or one's own lives (1, 3, 4, 5, 6, 7, 9, f, g).

I was running my business... But my wife... tortured me to shift the business to her home town. I refused... I murdered my wife with a knife. (a; p. 270; India; M)

Family feuds between my husband and my brothers led to my increase in temper. I stabbed and killed my farmer husband with a knife. (2, p. 272; India; F)

[T]hat night he called me terrible names in front of the kids, swore at me... my son (then 12-years old) wanted to protect me, so he (the father) hit him (the son) with the fist... that was when I decided he just had to go. I've tried everything, the police, talking to his family... nothing helped. I was alone against him. (7; p. 341; South Africa; F)

Rage, jealousy and fear seemed to be the most common emotions that the perpetrators found it hard to control and could lead to killing their partners.

So from there I got angry and was confused and when I was looking at her, it was as if I was looking at someone different so I took the knife out of my leg

and started stabbing her with it... I stabbed her so many times. (i; p. 10; Namibia; M)

The woman who killed her partner in bed hours after confronting him also felt intense rage. The insult that he called her [as alcoholic] was felt as an outrage for a woman who sees herself as someone who likes respect. (8; p. 93; Portugal; F)

My husband did not beat me. But he brought two women and also one man into the house. Due to jealousy and envy, I killed my husband with a fish knife. (2, p. 274; India; F)

She went to the bedroom and started to pack her things, while I began to feel more and more threatened. My anxiety was increased, all my body was shaking. I've seen her as a threat, as someone who's hurting me and can kill me. I've seen her as someone who came to take my life, and I strangled her. (c; p. 507; Israel; M)

As illustrated above, for men, the sense of control behind these emotions seemed to be more related to keeping the relationship whilst women's strong emotion emerged when they were under threat of survival or had the intention to end the relationship (2, 7).

He told me that if he could not have me, then nobody can... I was terrified... I knew he would follow through with his promise... all I wanted to do was live. (5; p. 23; US; F)

My husband sold his business and wanted to go back to our home town... I felt it was unfair, I had my own career (a personal banker), I worked hard for it... My career gave me self-worth, it was nice to be independent... I guess I became culturally emancipated and I did not need my husband anymore. (7; p. 341; South Africa; F)

In men's account of their emotions, a co-existence of loss and exercise of control has been noted.

Almost all of the interviewees described the murder in terms of temporary insanity and loss of control. The meaning of loss of control is almost invariably presented as a scenario comprising some kind of provocation and an emotional reaction so powerful that it is perceived as an external force... However the accounts of the murder itself, e.g. equipping himself in advance with a weapon such as a knife, a pistol, a rifle or a pipe wrench... suggest that the violence... cannot be understood as a temporary loss of control, but rather as the culmination of a process. (e; p. 559; Israel; M)

Various reports of male perpetrators (b, e, f, g, i) focussed on how the perpetrators justified the offence, positioned themselves, or to what extent they blamed the victim or admitted their own responsibility. These also seem to reflect the two sides of control.

[S]exist beliefs and jealousy are implicated along with an overriding sense of losing control of one's partner. The expectation that men should be free to behave as they like whereas women's behavior should be bounded does seem to result in frustration and relationship stress.... Where the men do identify responsibility for their actions, it is tempered; their intentions were to harm not to kill, they were out of control, or there was no other courses of action available. (i; pp. 14-15; Namibia; M)

Relationship breakup was found to be difficult for men and IPH could be their means to 'take back control' (b, c, e, h, i).

The sense of sexual ownership and jealousy made this man feel out of control and punishing his partner was a means to feel and demonstrate his manliness to others, showing he is in control of the relationship.... This loss of control was particularly evident where women had left them or were about to leave....

[D]ivorce was seen as an ultimate betrayal, which allowed him to kill her as a desperate act of taking back control of the relationship. (h; p. 119; South Africa; M)

1.4.2. Gender roles

The articles also described how men and women saw themselves. Both tended to give positive descriptions about themselves and negative ones of their partners. Their narratives also provide information about their notions of gender.

The speakers consistently present themselves as positive people. They describe themselves as being goodhearted, caring, supportive, and generous; as people who do not lie; as being good and faithful partners, good and generous fathers... The women in the stories are presented as the complete opposite of the men: They are covetous, deceitful, disloyal, and bad mothers. (f; p. 1133; Israel; M)

[W]omen's self-image contrasts with their perception of their husbands as self-centred, away from the family project, careless and weak. The negative image they provide of their husbands is upheld by their lack of commitment to their family or wife (8; p. 92; Portugal; F)

For women, their gender roles centred around looking after their children and staying in the relationship due to pressure from society and family.

I stayed because of my children. For their children people do everything!... It was a shame at the time. I had to get beaten and shut up! Or it was a huge shame for the family. (9; p. 116; Portugal; F)

All the studies about female perpetrators described their experience as abuse victims. However, it was not always easy for them to articulate their experience as a victim due to their growing up experience. It was therefore difficult for them to find a way out.

If someone had asked me then if I was a battered woman, I'd have probably said no, or I don't know. Because I lived that way as a child and I believed that's the way it was supposed to be. I knew inside myself that something was wrong and I didn't feel good, but I didn't know why it didn't feel good. It hurt. (1; p. 80; US; F)

One study (8) described women as 'entrapped' 'between being loyal to the rules and expectations of the family of origin, whilst mobilising themselves to struggle for a life congruent with their own expectations', as well as 'between their self-image of self-reliance and resistance, and the resignation with which they feel their married life is to be endured.' (8; p. 96; Portugal; F)

For men, some of the studies discussed the role of violence and entitlement in their masculinity in the context of intimate relationships.

One man said he had been infuriated by the idea that “someone else would have her.” (a; p. 50; US; M)

We were told that a man is a man, he cannot be instructed by a woman, and no other person should interfere in his affairs with his woman. I grew up in such an environment. (i; p. 8; Namibia; M)

There was however one study in which the men emphasised they were not violent.

Me, if I thought that I actually want to hit a woman, I'd go and hang myself right now... Whoever raises a hand to a woman isn't a man, no matter what she's done. Raise a hand to her? She's a woman! You want to be a man? Be a man against a man. (e; p. 558; Israel; M)

Having the ‘right woman’ appeared to be important for men. The role of violence in the male perpetrators’ gender role seems to be an attempt to preserve their idealised image of relationship and woman in their masculinity.

She lets me feel like a man, firstly she is obedient, secondly she will not do something contrary to my better judgement, thirdly she respects me. (h; p. 111; South Africa; M)

[T]he jealous men appeared much more invested in maintaining their relationships with the women they killed. None who were estranged from their partners said that they had initiated the break-up... They were more than five times more likely to characterize themselves as “needy or clingy.” (a; p. 47; US; M)

1.4.3. Intervention by authorities

Despite being covered by only six articles, intervention by authorities (or the lack of it) was included as a theme because it seemed to be a significant factor influencing the perpetrators’ sense of control and may be a crucial factor that leads to their decision to kill their partners. The articles that did not discuss this theme have also been closely examined and no contradictory findings have been found.

Three reports of male perpetrators (b, c, i) and one of female perpetrators (1) mentioned that there had not been much intervention or support from the social care or justice system.

I never called the police . . . He told me if I ever told, he'd hurt me worse than I had ever been hurt in my whole life. (1; p. 92; US; F)

Nearly all of these men said that a batterer intervention program might have helped them to stop their violence at an earlier stage. Despite this, none of these men had attended such a program, either voluntarily or as ordered by a court. Such programs were not as available during the early to mid-nineties when many of these murders occurred. (b; p. 52; US; M)

Women in three reports (1, 4, 5) reported negative experience of seeking help from authorities; whereas men in three other reports (b, c, h) perceived intervention by authorities as intimidating and may even have worsened the situation.

[M]any participants said that before the incident they were overwhelmed with feelings of distress and loneliness because of the crisis in their intimate relationship. However, they claimed that not only did they not receive any institutional or social support (from the police, court, or welfare workers, who were involved in some of these cases) but they even escalated their condition because of their tendency in favor of the woman while ignoring the man's distress. (c; p. 504; Israel; M)

When asked what steps she had taken in the past to protect herself from John, Annie responded that she called the police numerous times and had obtained orders of protection on two separate occasions, only to have police tell her partner to take a walk and cool off. (4; p. 49; US; F)

1.4.4. Contextual influences

A number of contextual factors related to IPH have also been identified. All studies of female perpetrators and six out of nine studies of their male counterparts reported longstanding relationship problems. Most studies also reported men's use of alcohol and drugs (1, 2, 3, 7, a, b, d, h, i) and their involvement in criminal activities (2, 4, b, c, d, h). For women, all described the female perpetrators' experience as a victim in domestic violence. Mental health problems, e.g. PTSD, anxiety, depression and

suicidal ideation, have also been found in both male and female perpetrators (3, 6, 7, b, c, h). Deprivation has also been mentioned by four studies of female perpetrators (1, 4, 5, 7) and two studies of men (d, h). Women especially mentioned the importance of their family of origin whilst men discussed their difficult early life experience.

1.4.4.1. Socio-cultural practices

The studies have also identified how certain social, cultural and spiritual practices played a role in the perpetrators' accounts of IPH. These factors included availability of weapons, religious and spiritual understanding, isolation of certain ethnic groups, and disguise of homicide as suicide. It should be noted that the factors identified did not constitute a comprehensive list of socio-cultural practices related to IPH nor were they related to each other. They are presented in this section only as a summary of the practices found in the included articles.

Practices consist of three elements – materials available (e.g. tangible objects or technology), as well as the competencies and meanings associated with them (Shove et al., 2012). For example, availability of weapons was regarded as a socio-cultural practice because it concerned not just the presence of weapons but also the shared understanding of what they could be used for and the skills a person may require in using such weapons. A practice is, therefore, contingent upon the links between the elements (Spotswood, 2014) and may influence what the perpetrators think and do with the weapons they have access to (Anderson et al., 1998).

One study (b) in the US found that 14 out of 31 male perpetrator interviewees used a gun to kill their partners and listed some of the perpetrators' thoughts about the use of weapons:

A gun depersonalizes.

It happened too fast... I would have come to my senses in the time it took to take out a knife.

A gun is the easier way... I don't have the guts to use a knife; that's butchering.

(b; p. 14; US; M)

Eleven out of the 14 shooters said that they would not have killed if a gun had not been available and they believed that 'it was the gun and not them that killed'. (b; p. 14; US; M)

A study (2 or a) of male and female IPH perpetrators in India covered more cases of disputes over properties. The authors explained how disputes over dowry could escalate to lethal attacks in India. Homicide can also be understood as suicides or accidents in burning deaths and therefore that has also been used by perpetrators to explain the death of their partners.

The influence of religion and spirituality was discussed in several studies. A study in the US discussed the wife of a minister in a church found it hard to seek help in the community.

I had written about wives being submissive to their husbands and that's another thing that I became. I was very, very submissive to him because I felt that if I did a lot, I wouldn't cause more problems... I called the minister that was like his mentor several times... finally, I was able to meet... I told him about everything, hoping that, him being his mentor, he would sit him down and talk to him and try to bring him to his senses. Later I called him and I said, "You didn't believe me when I was telling you about the things at our house." And he said, "Well it wasn't that I didn't believe you, it was just that it was so unbelievable that he would do something like that."... No one else knew until I tried to commit suicide. (1; pp. 137-138; US; F)

Another study in Sweden (g) analysed how a Pentecostal church leader in Sweden created a self-narrative of a passive follower of an evil church leader stuck in a 'manipulative cult' (the community) to kill his wife through a third person.

In South Africa and Namibia, consultation with a spiritual healer (Sangoma in South Africa) or use of witchcraft has also been a main theme in the perpetrators' account of IPH.

Six of the 15 female offenders... consulted sangomas before they murdered their intimate partners, or before they arranged for the murder of their partners/spouses. These sangomas were paid and consulted for the following reasons: guidance, not to be detected or arrested, and for protection. (7; p. 338; South Africa; F)

(W)itchcraft is a feature of Namibian culture and is raised as a source of mitigation in legal cases and for explaining adverse events, such as ill-health... It is plausible that witchcraft offers an explanation for circumstances that cannot

be rationally explained within the prevailing culture, that a woman would cheat on a man, that a woman would leave a man, or that a woman would show independence of thought or action. (i; p. 12; Namibia; M)

Isolation of certain ethnic groups has also been discussed in three studies (d, 4, 6). One study (d) explained the devastating effect of apartheid in South Africa on black and coloured people. Children were deprived of family lives due to policies such as forced removal and migrant labour system and thus turned to others in their social environment for affirmation. The rough neighbourhood plagued with poverty and crimes predisposed young men to use violence and illegal means to achieve success and power.

The other two studies discuss the difficulty of a woman from an ethnic minority background in a Western country. One study (6) discussed the marginalised status of an Egyptian Muslim woman married to Australia. The other study (4) reported higher risk of American Indian and Alaska Native (AI/AN) women in domestic violence due to the erosion of their traditions and their impoverished position in the US. In both cases, language barrier was a difficulty for the women to seek help.

1.4.5. Hypothetical model of IPH perpetrators' experience

The four themes described above have been further examined to explore their relationship with each other. A line of argument is illustrated as a hypothetical model in Figure 1-2 which emerged through iterative deliberation and comparison of the interplays of the four themes in each study.

The sense of control in relationship appears an imminent factor that would trigger IPH for both men and women. However, there seems to be a gender difference when it comes to what it means to be in control. For women it tends to be related to life survival or ending the relationship whilst for men it is more likely to be about keeping their intimate relationship. One's sense of control in a relationship is related to their perceived gender roles. It could be the case that men's masculinity is dependent on having an idealised image of a woman and a relationship; thus the loss of the relationship may jeopardise the man's sense of self. For women, their perceived gender roles seem to be trapped in a victim role in an abusive relationship which they could find it difficult to articulate or have a way out. The fear of bringing shame to their families of origin may have further trapped them in the relationship.

The intervention by authorities also seems to have an impact on their sense of control in their relationship. Such interventions do not often happen. When intervention does happen, women may not find it useful and it is implemented in a way that could trigger a sense of threat in men. Gender roles thus appear to have an effect on how intervention by authorities is perceived. The larger social and cultural context is also involved in the process and may have an influence on how they see themselves as men and women.

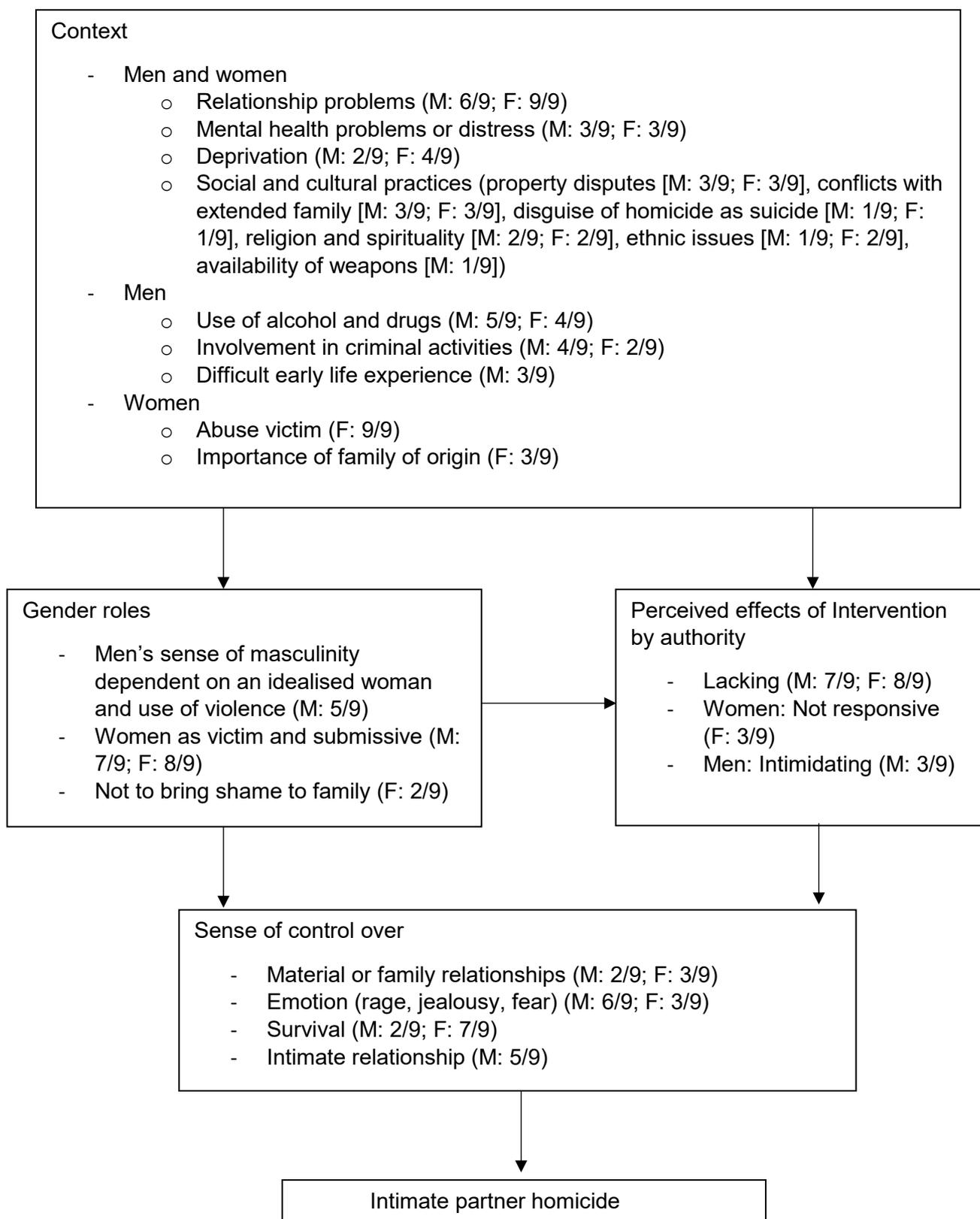


Figure 1-2: Third-order analysis: Perpetrators experience of killing their partners

1.5. Discussion

This review explored the experience of IPH perpetrators killing their partners through a synthesis of 17 qualitative reports. Four key themes emerged and a third order analysis to discuss their relationships was proposed. For both men and women, the review highlights the importance of contextual factors in shaping their perception of gender roles and the intervention by authorities. It also offers more insights into of their sense of control and how this influences the decision to kill their partners. The similarities and differences in the experiences of male and female perpetrators are discussed below. The limitations of the review and implications for research and services are also examined.

1.5.1. Men and women's experiences of killing their partners

Quite a few contextual factors have been found in the accounts of both men and women that are in line with the existing literature (Caman et al., 2016; Campbell et al., 2007; Kivisto et al., 2015). Relationship problems seemed to predispose both men and women to killing their partners, in which women usually had been victimised in the relationship, even when they were the perpetrators. Men's use of alcohol and drugs and their involvement in criminal activities, deprivation and availability of weapons were also factors commonly found in the extant studies. This review also demonstrates factors that have been less discussed in the literature such as the influence of family of origin on the perpetrators and how different societies/ communities understand domestic violence and IPH.

The articles described how men's early formative relationship with their parents had an impact on their gender roles, in particular in shaping an idealised image of a woman who was submissive and a source of love and care. When this image was challenged, whether supported by evidence or not, it could threaten how men saw themselves and this may lead to violence towards their partner in order to defend their sense of masculinity. For women the impacts of the family of origin were prominent on shaping their gender roles especially in that women felt obliged to stay in the relationship in order not to bring shame to their parents.

Whilst both men and women made use of the social and cultural practices and understanding pertaining to intimate relationship and violence to make sense of their experience, women seemed to have been impacted more by adverse social

circumstances such as deprivation and being in a marginalised ethnic position in society.

Existing theories tend to situate men's proprietariness as an evolutionary trait (Wilson & Daly, 1998) and women's victimisation as a result of patriarchy (Corradi et al., 2016). Both standpoints have been criticised as not adequate to explain the diversity of IPH. This review adds to the complexity of the influence of gender on IPH and supports a more gender sensitive rather than specific approach to IPH (Eriksson & Mazerolle, 2013).

1.5.2. Sense of control - more than just men's proprietariness and women's self-control

In particular, this review has examined in detail the meaning of control for men and women and illustrated its paradoxical nature. Taylor and Jasinski (2011) have pointed out that male-perpetrated IPH, in an attempt to assume ownership of women, is also an acknowledgement of loss of control in the relationship. This review supports this view – Men did not kill just to assume control over their partners but also to express their despair in loss.

This paradox of loss and exercise of control did not only exist in men but also in women. Women, who were more often victimised in a relationship, would use IPH to end the relationship in order to take back control in the form of their own lives, emotions, materials or family relationships.

1.5.3. Limitations of the review

This review should be read with caution of its limitations. The synthesis was based on a small number of studies published in English. Some of the themes were not widely discussed in all the included articles (although the analysis did not show contradictions of those themes in the studies). Therefore, this synthesis does not represent a complete picture of all IPH perpetrators' experience, but at best a summary of related studies in the English academia that provides insights into the diversity and complexity of the issue. The review did not aim to test prevailing conclusions but to extend the level of interpretation (Dixon-Woods et al., 2005; Larun & Malterud, 2007; Thorne et al., 2004).

The included studies covered eight countries of very different social, legal and cultural backgrounds; the generalisability and clinical application of this synthesis need to take account of this point. This review also found that even within one country, circumstances facing different ethnic groups may also vary substantially. Whilst this review acknowledges the importance of reading a study based on its context (Barnett-Page & Thomas, 2009; Corradi et al., 2016; Paterson et al., 2001), this synthesis did not examine the contexts in depth. The commonality identified behind the contexts of different countries and the consistency with existing literature, however, may suggest the relevance of these experiences across different contexts.

It has been argued that quality appraisal reflects the quality of the written report more than the study itself (Atkins et al., 2008; Sandelowski & Barroso, 2002). Due to the interdisciplinary nature of this subject, the critical appraisal exercise demonstrated variability in methodology and data collection, which also had an impact on the findings being more descriptive or interpretive. Papers published in journals that showed similar requirement in reporting tended to score higher in quality appraisal. Studies that scored lower in the exercise were those that described less about the research methodology. However, this may have left more space in the findings and their 'weighting' in the synthesis did not seem to have been affected. The quality appraisal also revealed that researchers' reflexivity was often neglected except in those undertaking a feminist approach, which again seemed to suggest differences in methodology instead of 'quality' of the research per se. This review, as the first of its kind on IPH perpetrators to the author's best knowledge, chose to be more inclusive but further analysis of the effect of methodology on the findings is also worthwhile.

1.5.4. Implications for research and services

This review indicates further considerations for both research and services in relation to IPH and clinical psychology has a key role to play in both areas.

IPH perpetrators share a more similar psychological profile with the general population than offenders of other types of homicide (Belfrage & Rying, 2006; Weizmann-Henelius et al., 2011); their difficulties in accessing and engaging with mental health care have not been adequately recognised (Belfrage & Rying, 2006). There has been a growing interest in the role of emotional clarity in mental health (Clay-Warner, 2014; Vine & Aldao, 2014) and the emotional experience of IPH perpetrators (Eriksson & Mazerolle, 2013). This study highlights the importance of understanding the interaction between the contextual influences and personal meanings of relationship and control in

IPH. A psychological approach to understand how one's difficulties relate to each other and what maintain them (Division of Clinical Psychology, 2011) may be more useful for this population than understanding it simply through the lens of psychopathy, social structure or policy alone.

Challenges exist for healthcare professionals to intervene IPH due to the distinct nature of intimate relationship violence as it straddles both the public and private spheres. Mental health service users often find it difficult to disclose their problems due to feelings of shame and fear of undesired consequences (Rose et al., 2011); healthcare professionals have also been found feeling not prepared to handle personal and complex situations (Kalra et al., 2017; Mørk et al., 2014).

Team formulation is a 'process of facilitating a group of professionals to construct a shared understanding of a service user's difficulties' (Johnstone & Dallos, 2014; p. 5). Although further empirical evidence is needed (Geach et al, 2018), team formulation facilitated by clinical psychologists has been reported to be useful in providing team support for service users perceived as complex and challenging, demystifying certain beliefs about service users, promoting team understanding and a consistent approach in intervention (Division of Clinical Psychology, 2011). This review suggests the potential benefits of clinical psychologists' input in recognising people whose mental health care needs may have been masked by their relationship problems and/ or violence history. Clinical psychologists can also contribute to facilitating discussions with other professionals to identify risks and formulate intervention plans.

Intervention by authorities was characterised by its absence in this synthesis. When it happened, both men and women had negative experience. Research on policy and interventions on IPH has shown controversial results. Dugan et al. (2003) found that legal policy and services that aimed to reduce victim's exposure (time) to the abusive partner and violence seemed to reduce the risk of IPH (exposure-reduction hypothesis). Reckenwald and Parker (2010) have found an association between the number of legal services and the decrease in IPH homicides in 178 cities in the US. However, the number of shelters was positively associated with IPH homicides, suggesting a backlash/ retaliation effect. The findings of this synthesis seems to suggest more of a backlash/ retaliation effect; however it should also be noted that cases that have demonstrated the exposure reduction effect would not have been included in this study. This review also indicates the importance of considering the

perpetrators' perspective and needs in developing services to minimise the possibility that that protective measures would be perceived as intimidating.

1.6. References

References marked with an asterisk indicate studies included in the metasynthesis. The in-text citations to studies selected for metasynthesis are not preceded by an asterisk.

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Part 2: Research Report

Intimate partner homicides (IPH) by mental health service users: A narrative analysis of the NHS inquiry reports from 2013-2016

2. Intimate partner homicides (IPH) by mental health service users: A narrative analysis of the NHS inquiry reports from 2013-2016

2.1. Abstract

Objectives: This study aimed to explore (a) how IPH by mental health service users is understood in independent investigation reports; (b) what these reports contribute to our understanding of IPH.

Methods: Nineteen independent investigation reports related to IPH by mental health service users published between April 2013 – December 2016 by NHS England were included. The analysis was divided into two phases: (a) a descriptive and thematic analysis for an overview of the homicides and the investigations, and (b) a narrative analysis employing temporality, the actantial model and semiotic square to illustrate the meaning-making process in the reports.

Findings: Eighty-four percent of the incidents happened between 2009-2013; four perpetrators committed suicide afterwards. Seventy-four percent of the perpetrators were in a long-term relationship and not all of the relationships had been problematic. Fifty-eight percent of perpetrators had a violence history. Fifty-three percent of the perpetrators had expressed suicidal thoughts or a history of apparent suicide attempts. Only one incident was concluded predictable.

The IPH investigation reports appeared to narrate a story of a properly run mental health service being disrupted by a service user killing their partner. The problem arose because of lack of facilitative factors (e.g. service infrastructure), having too many barriers (e.g. patient's difficulties) or professionals' juggling between patient and public safety. Finally the investigation came to remedy the situation by having a comprehensive review and making recommendations. This storyline seemed to use bureaucratic rationality to assuage public anxiety and avoid blaming any individuals. It is however not certain if it could help with improving public and patient safety.

Conclusions: This study illustrates an overview and the narrative of the IPH-related investigation reports from NHS. The limitations of public inquiry in improving services and psychologists' roles in promoting quality of care are discussed.

2.2. Introduction

A mental health service user killing their partner often represents a crisis moment for a service. An inquiry is often conducted 'to learn a lesson' (Department of Health, 2005). This study aimed to gain an in-depth understanding of how the NHS independent investigation reports portrayed and understood intimate partner homicides (IPH) and further added to our understanding of mental health service users who killed their partners. The following is a review of the existing literature about public inquiries and specifically about their use in mental health. The changes in inquiries into homicides by mental health service users in the UK will be discussed to locate the knowledge gap.

2.2.1. What can an inquiry do and what is the problem?

In 1995 *Learn the Lessons*, a compilation of recommendations from 39 mental health inquiry reports following homicides since 1969 in the UK, was published (Sheppard, 1995). Eighteen months later, the second edition was also made public to expand the compilation up to 1996 and include 58 inquiries with their recommendations (Sheppard, 1996). In the foreword to the second edition (Sheppard, 1996), Blom-Cooper was looking forward to the third edition in the following year and was optimistic about the impact the compilation could bring.

Learning The Lessons has helped uncover the more pervasive concern about care and treatment in the community. A new legal framework which emphasises that aspect of mental health, with hospitalisation as a back-up to community care is urgently needed for the 21st century. ('Foreword', para. 1)

Twenty-two years on, this belief of 'learning a lesson' still prevails and inquiries in health care systems proliferate. Burgess (2011) traced the history of public inquiries within the UK context. It has evolved from a Victorian 'club rule' closed system, which stressed reliance on the knowledge and expertise of the insiders and autonomy from public scrutiny and accountability, to formal democracy that features standardisation and formality by the provision of systematic information accessible both to insiders and outsiders. Therefore, public inquiries were once innovative mechanisms with an external orientation as opposed to club rule and eventually have 'become "Britain's favoured mechanism" for ascertaining the facts after any major breakdown or controversy' (Jasanoff, 2006, p. 218, as cited in Burgess, 2011).

Inquiry after a healthcare incident does not only exist in the UK. A recent study shows that public inquiry is common following a patient killing a person in different European

Union (EU) countries (Holliday & Taylor, 2015). Of the 28 EU countries under review, only five countries have never conducted an inquiry into the health service after such an incident. When an inquiry occurs, it is generally reviewed internally by a governing organisation rather than by an external independent body and the inquiry quality varies. The UK has a national inquiry database along with Norway, the Netherlands, and Finland; all collect similar data nationally and conduct inquiries into such homicides.

Peay (1996) suggested that inquiries have four purposes - learning, discipline, catharsis and reassurance. These four purposes, however, can be contradictory. Eastman (1996) and Perrow (1999) have questioned the approach of learning from failures instead of from successful systems. What an inquiry may offer probably is a cathartic effect for the organisation to be distanced from the event after 'having learned a lesson'. Elliot and McGuinness (2002) have pointed out that issues requiring cultural and systemic readjustment do not necessarily occur after an inquiry. Eastman (1996) also postulated that the political need to reassure the public that they will be safe from any repetition would drive to search for simple causes and easily foster a blaming culture and defensive practice. (Szmukler, 2000; Hobbs, 2001).

2.2.2. Inquiries in mental health

In the UK, independent inquiries into homicides committed by psychiatric patients have been made mandatory under Department of Health guidance HSG (94)27 (Department of Health, 1994). Burgess (2011) noticed a shift of attention in inquiries since the 1990's, from maltreatment of mental health patients in psychiatric institutions to mental health patients who committed homicide in the community (Crichton, 2011). Rose (1986) and Crichton (2011) related it to the accelerated hospital closure programme in the 1980s, which marked a shift from concerns regarding institutional control of patients to concerns about the perceived menace posed to public by patients in the community.

These inquiries have attracted criticism due to, for example, the cost incurred, the quality of investigation and the type of incidents under investigation. The cost of inquiries varies from a few thousand pounds for a small-scale internal investigation to millions of pounds for a full-scale statutory public inquiry with a panel of independent experts (Walshe & Higgins, 2002). The focus on homicide but not other untoward deaths has been found problematic. In the UK, the rate of homicides attributed to mental disorder has declined since 1970's whilst other types of homicides have been

on the rise (Large et al., 2008). The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH, 2016) found that the total number of homicides carried out by patients has declined 27% over the decade - 87 such incidents in 2004 and 94 the year after, to 67 in 2014. Despite the steady decrease in homicide, there is an increase of the number of suicides in the UK since 2008 (except in Scotland). However there has not been statutory requirement of public inquiry for suicides of the same population. The dissemination of result from these investigations was not consistent and there was no systematic way to review them (Crichton, 2011).

Warner (2006) argues that inquiries can be regarded as a reaction to the cultural experience of anxiety, in particular anxiety relating to rapid social change. The nature of the relationship between anxiety, the representation and perception of mental illness, and homicide is complex and contested. Public inquiries in fact are performing other functions such as apportioning blame (Elliot & McGuinness, 2002).

2.2.3. Recent changes in the UK

A guidance was issued in 2005 across the health service aiming to ensure a consistent approach to investigations (Department of Health, 2005). In April 2013, after the abolishment of Strategic Health Authorities, NHS England became responsible for commissioning independent investigations into homicides that are committed by patients being treated for mental illness. A guidance by National Patient Safety Agency (NPSA, 2008) explains the stages of the investigation process for serious patient safety incidents in mental health services.

The investigation is divided into three stages (NPSA, 2008). In stage one an initial internal service management review should take place within 72 hours. An internal NHS mental health trust investigation should then be completed within 90 days. Finally NHS England commissions an independent investigation as the final stage. There is no recommended timeframe for stage three independent investigation (NPSA, 2008) and the report will be made public.

An independent investigation is carried out separately from police, legal and Coroner's proceedings. It is conducted by an independent expert organisation or panel that usually consists of healthcare and legal professionals. They are granted access rights to all information and reports about individual patients' care and treatment and to request interviews with any NHS staff involved (NHS England, n.d.). The purpose of an independent investigation is to review thoroughly the care and treatment received by a

patient so that the NHS can be clear about what, if anything, went wrong with the care of the patient in order to minimise the possibility of a reoccurrence of similar events and make recommendations for the delivery of health services in the future (NHS England, n.d.). In an attempt to move away from a blaming culture, root cause analysis (RCA) to identify system failure rather than apportion individual blame (Woodward et al., 2004) is employed. The change has been regarded as a positive move and there is an expectation that it will bring about constructive changes (Munro, 2004; Woodward et al., 2004).

There appears no study specifically about IPH by mental health service users. Boudes and Laroche (2009) suggested post-crisis inquiry reports serve to re-establish patterns of sense-making. They deal with the 'politics of meaning, i.e. how meanings are selected, legitimised, encoded, and institutionalised at the organizational level' (Patriotta, 2003, p.351). It is therefore important to examine the narrative construction influences of these inquiry reports that would impact the development of services (Goldberg, 2005).

It is not uncommon for clinical psychologists to be involved in an inquiry and working with people at risk of violence in intimate relationships. Kapur (2014) argues that psychologists have the strengths of working in a complex environment that requires interprofessional leadership such as offering a systemic understanding of moral dilemmas and inhumane behaviours in a healthcare system, as well as promoting clinical excellence and communication. However the existing literature does not seem to reflect much input from clinical psychology to the understanding of IPH or public inquiry. For a complex phenomenon like IPH of mental health service users and its investigation, it is important to look at it from a perspective that would promote systemic understanding and psychologists have to recognise their role in it.

2.2.4. Research aims

The aims of the present study were two-fold. Firstly, it explored how IPH by mental health service users appeared understood in the independent investigation reports commissioned by NHS England; secondly it explored what these reports could add to our understanding of mental health service users killing their partners. These aims could be achieved by (a) a thematic review of the causes and recommendations identified in the IPH reports; and (b) a narrative analysis on how IPH was portrayed by the inquiry reports.

2.3. Method

The present study examined all the nineteen independent investigation reports published by NHS England between April 2013 – December 2016 related to IPH committed by mental health service users. After the recent changes in the health care system in the UK described in the introduction, reports of the independent investigation commissioned by NHS England are made public since 2013, making it possible to have a systematic analysis of all the reports prepared following the same guidance by National Patient Safety Agency (NPSA, 2008).

In this study, IPH was defined as the intentional killing of one's current or former intimate partner, including spouses, ex-spouses, those in current or former de facto relationships, boyfriends, girlfriends, or partners of same-sex relationships: in other words, all relationships where the underlying dynamics are similar (Carcach & James, 1998; Kivisto, 2015). Reports were excluded from the analysis if the relationship between the victim and perpetrator was not specified. A glossary of terminology involved in the research method of this study is presented in Appendix E.

2.3.1. Analysis

Choice of data collection and analysis methods should be guided by the research question (Frith & Gleeson, 2011; Harper, 2011). Harper (2017) has noticed an over-reliance on interviews (Atkinson & Delamont, 2007) and questionnaires as data collection methods in clinical psychology and argued for methodological diversity so that important data embedded in other sources would not be overlooked. Public inquiries can be understood as a societal level ceremonies to offer acceptable interpretations of a crisis and thus re-establish the legitimacy of social institutions (Brown, 2000); an inquiry report is an epitome of the production of macro social order from micro-level sensemaking practices (Brown, 2000) that embodies the politics of meaning - how meanings are selected, legitimised, encoded and institutionalised at the organisational level (Patrotta, 2003, as cited in Boudes & Laroche, 2009). Therefore the document itself is an important source of data. Document analysis requires examination and interpretation of the data in order to elicit meanings and develop knowledge (Bowen, 2009). Atkinson and Coffey (1997) describe documents as 'social facts', which are produced, shared, and used in socially organised ways (p. 47). The analysis in this study was conducted in two phases:

2.3.2. Phase 1 - Descriptive and thematic overview of IPH and Inquiry reports

Each report was read carefully to extract information about the investigation and the incident to provide a descriptive analysis of the reports. The causes or 'issues arising' from the incident and the recommendations by the independent investigation and the previous internal investigations were coded thematically.

Thematic analysis was undertaken of the contributory factors and recommendations mentioned in the reports following the principles described by Braun and Clarke (2006). Initial coding was carried out by open reading of the data. The codes were reviewed and those similar in meaning were clustered together to form higher order codes. Themes were developed based on the codes with reference to existing literature. The purpose of this thematic analysis was to provide an overview of the contributory factors and recommendations. The themes therefore would not be discussed in detail; instead the number of reports covering each theme would be tabulated. Appendix F shows examples of quotes for the themes of recommendations.

Below were the research questions for Phase 1:

1. What are the characteristics of the intimate partner homicides (IPH) in terms of the context of homicides and the personal and relationship background of perpetrators?
2. What are the contributing factors to IPH identified in the reports that are related to the services and to the perpetrators?
3. What are the inquiry report recommendations about?

2.3.3. Phase 2 - Narrative analysis of IPH inquiry reports

The second part of analysis used narrative analysis to explore how the IPH reports made sense of the IPHs. Research questions for Phase 2 included the following:

4. How do the inquiry reports make sense of the intimate partner homicides (IPH)?
5. What are the functions of the inquiry reports in relation to the wider healthcare and social context?

A narrative is composed of a sequence of events that are given meanings by a plot. A plot involves a temporal ordering of the events, suggesting a connection between them and providing an explanation from a particular point of view (Søderberg, 2004). Narrating consists of ordering or making sense of an event (Cooren, 2001; Weick,

1995). Narrative analysis helps to identify and explain the ordering or organising in a narrative (Cooren, 2001).

A narrative approach understands language as a kind of social performance that constructs different versions of social reality to achieve certain social objectives, as opposed to the cognitivist approach that sees language as a set of unambiguous signs for people to express what is in their mind (Willig, 2013). This emphasis on the constructive function of language is shared by other research approaches following the 'turn to language' such as discourse analysis (Willig, 2013, p. 115). There are however differences in terms of their analytic focus and methodology (Georgaca & Avdi, 2009). For example, discursive psychology is often used to explore how people use language, especially in daily life, to negotiate and manage social situations and interactions (e.g. to reclaim an undesirable identity, justify an action or attribute blame); Foucauldian discourse analysis explores the discursive worlds people live in and their implications for one's subjectivity (Willig, 2013). There are other ways to understand discourse analysis (e.g. Wetherell et al., 2001) but in general discourse analysis focuses on discursive practices and/ or resources, for which the data source should include naturally occurring texts and talks and even whatever materials that contain 'meaning' (Willig, 2013). This is beyond the scope of this study which, however, would discuss the potential of the narrative of the independent investigation reports of IPH as discursive resources (Taylor, 2007).

There are different definitions of what it means to be a narrative (Riessman, 1993) but generally narrative researchers are interested in the sequencing of events that attributes agency to the characters in a narrative, infers causal links, and provides an organised interpretation (Murray, 2003). The study of narratives however is not confined to the narration itself but also explores how they are embedded in larger institutional and social contexts (Bamberg, 2007) and how people use a narrative to define themselves and convey the story to others (Murray, 2003). Narrative psychology often uses interviews as research data; this study would also refer to the narrative analysis in organisational studies to explore appropriate methods for analysing public document.

Brown (2000) noticed that there was no well-established method in analysing the narratives of public inquiry reports. Temporality of a narrative is a basic element to form a plot structure and would be examined in this study. Actantial model has been used in organisational and media studies to elucidate the acquisition process in business (Søderberg, 2003), the portrayal of health promotion in media (Aarva &

Tampere, 2006), and the inquiry reports about government's handling of natural disaster (Boudes & Laroche, 2009). The actantial model was used in this study to systematise the different plots across the narrative of the report and to give voice to different actant roles (and those absent from any actant roles). This study also referred to the semiotic square (Boudes & Laroche, 2009) to illustrate how the reports made sense of the predictability and preventability of the IPH and the care involved. Details of these analytic methods are elaborated below.

2.3.3.1. Temporality

Temporality is a key feature of any narrative (Cortazzi, 1993). The order of events in a narrative does not always follow a chronological order. Thus the structure of the narrative as presented in the reports were examined in relation to the order of events and chronology (Cortazzi, 1993; Prince, 1973).

2.3.3.2. Actantial model

Greima (1983) defines an actant as a structural unit or a function. An actant is different from an 'actor' in that it is not necessarily a person or a character; it may also be an abstract concept (e.g. success) or an institution (e.g. a system). A given actantial role can be occupied by one or several entities and one entity can serve several actantial roles.

Greima's narrative schema defines an inventory of actants, forming a basic set of relations. He posits six actants in three pairs of binary opposition, which describe fundamental patterns in narratives (Hébert, n.d; Boudes & Laroche, 2009, see Figure 2-1).

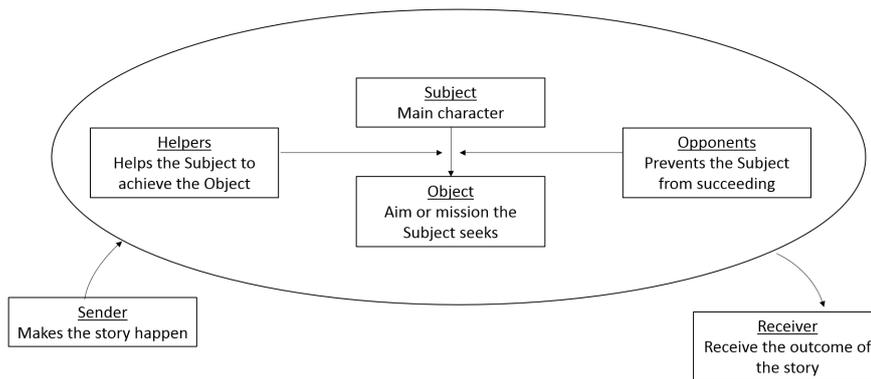


Figure 2-1: A schematic illustration of Greima's actantial model

(Note: the circle enclosing Subject, Object, Helpers and Opponents is not in Greima's original model but added by the author because Sender and Receiver are often 'outside' of the story presented)

1. Subject / Object form the axis of desire. The Subject is the main character, from whose perspective the narrative is written. The Subject seeks an Object, the goal.
2. Helper / Opponent along the axis of power assists or hinders the Subject in achieving the Object.
3. Sender / Receiver along the axis of transmission or knowledge are involved in making the story happen and receiving it.

Greima's actantial model (1983) is useful in understanding how each actantial role contributes to the plots in a narrative.

2.3.3.2. Semiotic square

A semiotic square is a logical tool that clarifies the basic relations in a narrative (see Appendix E for details). A semiotic square defines four poles of mutual relationships (see Figure 2-2). The constituent relations of the square (horizontal relations are contraries, diagonals are contradictories and verticals are complementaries) are regulated operations through which meaning is produced or 'plotted' dynamically (Cortazzi, 1993). Thus, a semiotic analysis of the relations in a semiotic square illuminates the transformation processes defined by semantic poles and the syntactic

operations among the poles (Greimas & Courtes, 1989). It may be used to map meanings associated with an opposition and the oppositions are the cornerstones of stories (Feldman & Sköldberg, 2002). The semiotic square has been used to analyse and interpret a variety of topics in organisational and cultural studies (Laruccia, 1975; Cian, 2012).

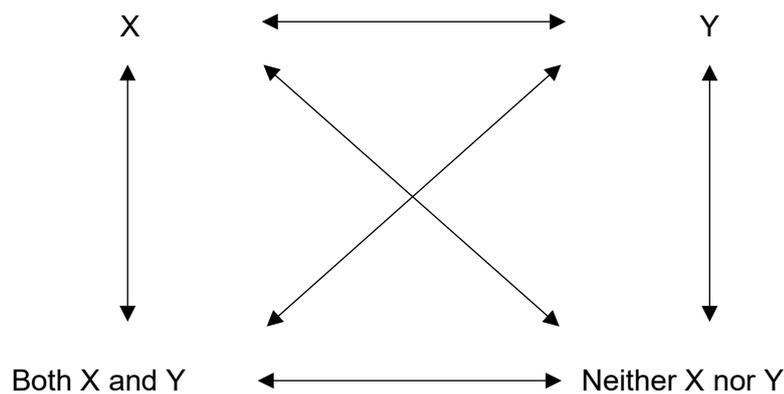


Figure 2-2: A schematic illustration of semiotic square

In the study by Boudes and Laroche (2009) on the investigations of the 2003 heatwave in France, they found that the tension between knowing and acting in time during a crisis were the key meanings in defining predictability and developed a semiotic square of predictability. Lack of preparation, along with Vigilance, Improvisation and Inertia were the four possible relations derived from knowing and acting.

The IPH reports determined if an incident was predicable or preventable. The semiotic square of predictability by Boudes and Laroche (2009) was applied to explore how the reports made sense of the incidents. Another semiotic square of preventability was also developed.

The investigation reports were read in detail for the analysis of the temporality of the narrative, the actant roles and how predictability and preventability were understood. The combined analysis used temporality, actantial model and semiotic squares to explore the relationship of the cast in the plots of mental health care services, IPH and investigation, and how these plots would come together to explain what the health care system does, why IPH would happen and what the future might be like.

2.4. Results

2.4.1. Phase 1 - Characteristics of the IPH and inquiries

Nineteen IPH reports were identified from the reports published by NHS England between 2013-2016. The length of the reports ranged from 27 to 205 pages, adding up to 1226 pages. Table 2-2. shows a summary of the characteristics of the reports. Sixteen out of the 19 incidents (84%) occurred between 2009-2013; the other three incidents were in 2003, 2007 and 2008 respectively. Amongst the 19 incidents, four perpetrators took their lives soon afterwards (intimate partner homicide-suicide, IPHS). Half of the reports were completed within three years after the homicide whilst two took more than seven years.

Table 2-1: Characteristics of the perpetrators

Report #	Incident type (IPH and IPHS)	Perpetrator (pseudonym, age, gender)	Homicide method	Relationship history	Apparent suicide attempt history	Violence history	Intent to hurt the victim expressed	Mental health issues
1	IPH	Ms A, 23 yo, female	stabbing	couple since Jan 2010; volatile relationship	N	Y	N	borderline personality disorder, mood disorders, eating disorder etc
2	IPHS	Mr A, 79 yo, male	stabbing	long term marital disharmony; not spoken for 10 years	Y	N	Y	depression
3	IPH	Mr L, age not reported, male	stabbing	unknown; violence history in all relationships	N	Y	N	substance-induced psychosis
4	IPH	Mr G, 24 yo, male	not mentioned	explosive relationship	N	Y	N	drug-induced psychosis
5	IPH	Ms C, 38 yo, female	not mentioned	13-year relationship but estranged recently	N	N	N	depression
6	IPH	2009/3245, 49 yo, male	strangling, stabbing	Unknown	N	Y	N	paranoia, bipolar, psychopathic personality disorder, depression, anxiety, PTSD
7	IPH	Mr Z, 40 yo, male	stabbing	ex-partner, flatmate, friend, carer, argumentative relationship	Y	Y	N	depression, anxiety, PTSD
8	IPH	Mr A, 70 yo, male	not mentioned	married; victim as stressful carer	N	Y	Y	Parkinsons, dementia
9	IPH	Mr X, 59 yo, male	stabbing	married twice, second marriage lasted for 19 years until the year of offence - morbid jealous	N	N	N	depression
10	IPHS	T, 72 yo, male	suffocation	5 marriages, married for 24 years in the current relationship but separated since 2010, impending divorce, perpetrator described as controlling and verbally abusive, victim being	Y	N	N	adjustment disorder, behaviour problems due to alcohol use

				carer for perpetrator during his mental health crisis				
11	IPH	Mr X, 58 yo, male	stabbing	1 previous marriage, 15-year relationship recently ended	Y	Y	N	depression, PTSD
12	IPH	Mr Z, 49 yo, male	stabbing	second marriage (apparently long but estranged recently)	Y	N	N	depressive illness
13	IPH	A, 59 yo, male	drowning	22-year relationship, carer for B, victim of violence in the relationship	Y	N	N	weight loss and suicidal
14	IPH	Mrs G, 68 yo, female	stabbing	long term couple and carer for each other; jealous due to victim's infidelity history	Y	N	N	anger issues, alcohol and substance abuse
15	IPH	RA, 33 yo, female	stabbing	volatile relationship with the victim between 1997-2003; perpetrator having been harassed by the victim	Y	Y	N	acute stress reaction, emotionally unstable personality disorder
16	IPHS	Mr B, 72 yo, male		married for 47 years; private couple, victim as carer for perpetrator	Y	N	N	delusional psychosis
17	IPH	Mr G, 42 yo, male	stabbing	14-year relationship; married for 4 years; long term DV history	N	Y	N	depression, anxiousness, paranoia
18	IPHS	Mr Y, 66 yo, male	stabbing	46-year marriage; long-term suspicion about wife's sexual history before marriage	Y	Y	Y	adjustment disorder, acute stress reaction, pathological jealousy, depression
19	IPH	Mr DE, 20 yo, male	stabbing	in relationship for 1 year	N	N	N	psychosis

Table 2-2: Characteristics of the IPH investigation reports

Report #	Region	# of pages	Incident type	Last contact with service	Homicide date	Publication year	Perpetrator and family interviewed	Predictability	Preventability	Number of recommendations by the trust	Number of recommendations by independent investigations
1	North	96	IPH	23-Jan-13	22-Feb-13	2016	Y	no	no	3	13
2	North	47	IPHS	30-Apr-13	1-May-13	2015	Y	no	no	13	2
3	North	39	IPH	10-Dec-10	9-Jun-11	2014	Y	no	no	12	1
4	North	29	IPH	1-Dec-10	22-Dec-10	2014	Y	don't know	don't know	0	6
5	North	39	IPH	2-Nov-11	27-Feb-12	2014	Y	don't know	don't know	7	2
6	North	126	IPH	29-Jan-09	3-4 April 2009	2014	not mentioned	no	not mentioned	not clear: at least 2	10
7	North	205	IPH	26-Oct-10	21-Nov-10	2013	Y	no	no	7	10
8	North	46	IPH	24-Jun-10	25-Jun-10	2013	Y	no	not mentioned	7	3
9	Midlands and East	52	IPH	22-Dec-09	23-Dec-09	2013	Y	no	no	5	9
10	Midlands and East	53	IPHS	4-Jan-13	4-11 Jan 2013	2015	Y	no	no	15	5
11	Midlands and East	38	IPH	9-Nov-10	14-Dec-10	2015	unable to reach	no	no	not clear: at least 1	1
12	Midlands and East	55	IPH	24-Aug-11	26-Aug-11	2015	Y	no	no	13	8
13	Midlands and East	27	IPH	18-Feb-11	20-Feb-11	2014	Y	no	no	6	5
14	South	39	IPH	25-May-10	4-Sep-10	2014	not mentioned	no	not mentioned	10	8

15	South	43	IPH	12-Jun-03	26-Oct-03	2011	not mentioned	not mentioned	not mentioned	13	1
16	South	45	IPHS	19-Apr-07	9-Aug-2008	2013	unable to reach	no	no	1	6
17	South	66	IPH	2-Mar-11	5-Mar-2011	2013	Y	no	not mentioned	12	1
18	South	79	IPHS	20-Dec-07	23-Dec-07	2014	do not want to be interviewed	yes	no	4	4
19	London	102	IPH	31-Oct-11	19-Nov-11	2014	Y	no	no	5	6

Amongst the 19 reports, one concluded that the incident was predictable whilst most of the cases were determined as unpredictable and unpreventable. There were a number of recommendations put forward in hope of improving the health care system. Table 2-3 gives an overview of findings and recommendations of the reports.

Table 2-3: Summary of the independent investigation reports

	Number (%)
Predictability	
- Yes	1 (5%)
- No	15 (79%)
- Can't be determined	2 (11%)
- Not mentioned in the report	1(5%)
Preventability	
- Yes	0 (0%)
- No	12 (63%)
- Can't be determined	2 (11%)
- Not mentioned in the report	5(26%)
	Mean (SD)
Number of recommendations	
- By internal reviews*	7.8 (4.6)
- By independent investigations	5.3 (3.6)

* Two reports did not report the number of recommendations by internal reviews and were excluded in the calculation of means and standard deviations (SD).

Table 2-1 shows the characteristics of the perpetrators and Table 2-4 provides a summary of their age and gender. Most of them (14 of the 19) were in a long-term relationship of more than 10 years and not all of the relationships had been problematic. Four perpetrators were aged over 70 years when they committed the offence and the victims in those cases had been involved in looking after the perpetrators' physical and mental health issues. This will be discussed further in the narrative analysis.

Eleven out of the 19 perpetrators (58%) had some kind of violence history before the incident whilst the rest did not have any history of violence. Ten out of the 19 perpetrators (53%) had expressed suicidal thoughts or a history of apparent suicide attempts (e.g. severe overdose).

Table 2-4: Age and gender of the perpetrators

Age	M	F	Total
20-39	2	3	5
40-59	7	0	7
60-79	5	1	6
Total	14	4	18*

*One report (#3) did not disclose the age of the perpetrator.

2.4.1.1. Contributory factors identified in the reports

Except for one report, all the other reports suggested that the incident was unpredictable, meaning no 'root cause' for the incidents. However, a number of contributory factors have been identified. They are detailed in Table 2-5 and divided into care or patient factors.

The contributory factors involved organisational, relational and individual issues. The most common care factors identified included problems in the process of diagnosis, assessment and care delivery, failure or delay to follow up, inter-agency communication and collaboration, record keeping and risk assessment. On the patient level, their willingness to engage and disclose information, relationship problems, substance abuse history, violence history and parasuicide history were identified as the main issues.

Table 2-5: Contributory factors of IPH identified in the reports

	Number of mentions	Number of reports
Care factors		
clinical management, judgement or performance	17	4 (21%)
diagnosis, assessment and care review	72	17 (89%)
failure or delay to follow up	13	8 (42%)
handover of care	31	7 (37%)
inter-agency communication and collaboration	49	13 (68%)
organisational problems	12	4 (21%)
record keeping problems	27	9 (47%)
risk assessment problems	39	13(68%)
safeguarding	14	7 (37%)
workload	7	3 (16%)
Patient factors		
anger problem	5	4 (21%)
carer distress	10	5 (26%)
early life experience	9	5 (26%)
engagement and concealment of information	21	9 (47%)
health issues	19	12 (63%)
instability in livelihood	9	7 (37%)
intent to harm the victim	2	3 (16%)
non-compliance with medication	4	2 (11%)
parasuicide	20	10 (53%)
relationship problems	36	12 (63%)
substance abuse	23	9 (47%)
violence history	20	10 (53%)

2.4.1.2. Recommendations mentioned in the reports

The recommendations in the report constitute the main content of the process of 'learning a lesson' (Department of Health, 2005; NPSA, 2008). The recommendations mentioned in all the reports were reviewed and coded according to the theme and the source of recommendation (from internal or independent investigation). On average each internal investigation produced 7.8 recommendations whilst each independent investigation produced 5.3 recommendations. Figure 2-3 shows the detailed breakdown.

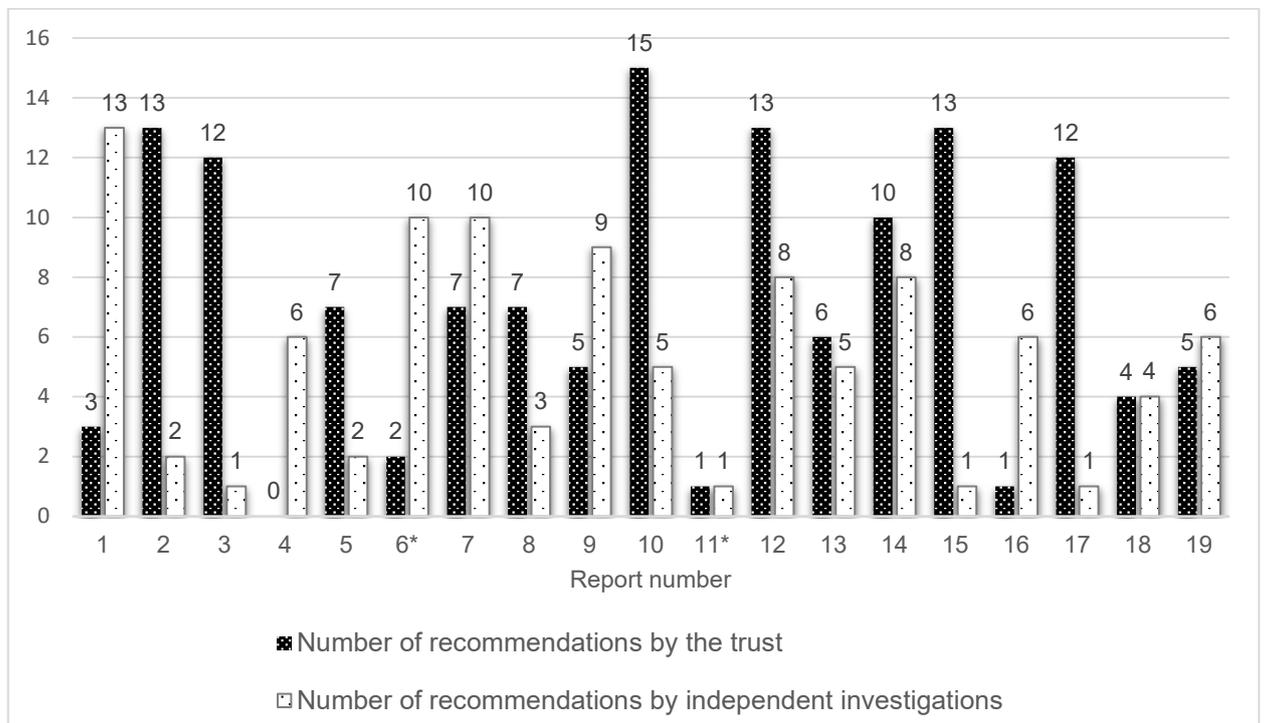


Figure 2-3: Number of recommendations by internal and independent investigations

* The total number of recommendations by the trust is not mentioned in the independent investigation report; the number shown only reflects the number of recommendations mentioned in the report.

Table 2-6 shows a difference in the themes of the recommendations by internal and independent investigations. The majority of the internal investigations identified recommendations in the areas of MDT and inter-agency collaboration and referral, record keeping and documentation, staffing and workload review and process or pathway review and change. Independent investigations however offered more

recommendations in relation to auditing and monitoring, staffing and workload review, and policy compliance. In particular 'inquiry process and follow-up actions' constitutes a major theme of the recommendations by the independent investigations. The difference in the recommendation should be understood in the context of the inquiry process – the independent investigation was carried out after the internal investigation and usually also reviewed the process and the findings of the internal review. Therefore the difference in the recommendations seems to reflect the change of focus at different stages.

Table 2-6: Themes identified in the recommendations by internal and independent investigations

Themes	Internal		Independent	
	Number of mentions	Number of reports	Number of mentions	Number of reports
auditing and monitoring	8	5 (26%)	25	10 (53%)
involvement of carers and family	5	4 (21%)	3	3 (16%)
communications	11	7 (37%)	8	6 (32%)
training and guidance for staff	9	6 (32%)	6	4 (21%)
MDT and inter-agency collaboration and referral	20	11(58%)	12	7 (37%)
administrative procedure and patient follow-up	7	6 (32%)	5	3 (16%)
inquiry process and follow up	2	2 (11%)	16	7 (37%)
record keeping and documentation	14	9 (47%)	7	5 (26%)
risk assessment	14	7 (37%)	12	8 (42%)
staffing and workload review	20	8 (42%)	1	1(5%_
safeguarding	4	2 (11%)	5	4 (21%)
service management and development	17	4 (21%)	4	4 (21%)
policy compliance	11	6 (32%)	15	9 (47%)
policy or procedure update and review	13	7 (37%)	9	7 (37%)
process or pathway review and change	18	9 (47%)	6	4 (21%)

2.4.2. Phase 2 - The narrative of the IPH inquiry reports

The structure of each report, the chronology presented therein and the content were read thoroughly to examine the narrative time which can be generally divided into three states. The beginning state envisaged what was likely to happen next and planned to intervene to offset the outcome. A middle action set up the tension by a dynamic

change or disequilibrium through the actants' actions as the events unfurled. The final state showed the resolution which was the inversion of the beginning state. Each state involved different plots and brought the reader to travel in time through different elements in the report (Cortazzi, 1993, See Table 2-7).

Table 2-7: Summary of the narrative features

	Beginning state	Middle state	Final state
Temporality	Present	Past	Present, looking forward to future
Plots	mental health services	IPH	Remedy
Elements in the reports	Introduction Investigation team biography Terms of reference Approach of investigation Executive summary	Chronology Issues arising	Trust recommendations Independent recommendations Predictability and preventability

These three states did not necessarily follow the chronological order of the events or the natural order of a report. For example, the Terms of Reference were not presented at the beginning but as an appendix in some reports. However, it served to set the scene of the narrative and thus belonged to the beginning state. How temporality and the different plots were played out in different states of the narrative will be illustrated below by means of the actantial model.

2.4.2.1. Plots in the report as illustrated by the Actantial Model

The analysis below elaborates the plots identified at the beginning, in the middle and at the end of the narrative. The narrative began by telling a story of how the health care system operated; then it explained what putative disruptions caused the IPH; the narrative ended by showing how investigations could restore the health care system back to normal. The actants presented at each state of the narrative were listed and their functions in the narrative were also reviewed to deduce the plots of the narrative.

a. Beginning of the narrative: Meet the mental health service

The narrative of the investigation reports began by telling a story of how the health care system operated (including the set-up of an investigation after an incident) through introduction, the information about the investigation team and the Trust, the terms of reference and the approach of the investigation in the reports.

The Sender was NHS England who commissioned the mental health service and the independent investigation when the service failed. The reports were published and made available to public who could be regarded as the Receiver. The Subject in this plot were the healthcare professionals in charge of the wellbeing of patients and public. They strived to maintain patient and public safety. To achieve this goal, the Helpers were the existing infrastructure in the services and various local and national guidelines and policies. Social services and police could also be part of the Helpers. The Opponents identified were the social and mental health history of the perpetrators and their relationship problems. See Figure 2-4.

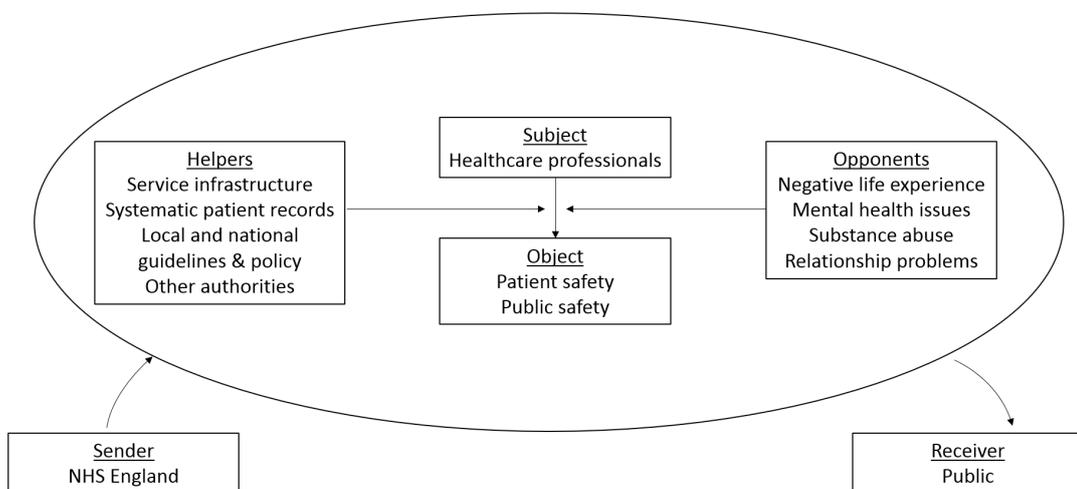


Figure 2-4: Actantial model of the plot ‘how mental health system works’ at the beginning state

The legal authority was cited to define the role of NHS England and the Terms of Reference was set up to specify the responsibilities of the investigation team:

The independent investigation follows the Department of Health guidance published in HSG (94)27, Guidance on the discharge of mentally disordered people and their continuing care in the community, and the updated paragraphs 33–36 issued in June 2005. The terms of reference for this investigation are given in full in section 2 of this report.

The purpose of an independent investigation is to discover what led to an adverse event and to audit the standard of care provided to the individual. An

independent investigation may not identify root causes or find aspects of the provision of healthcare that directly caused an incident but it will often find things that could have been done better. (Report 4, p. 4)

Investigations of this sort should aim to increase public confidence in statutory mental health service providers and to promote professional competence. The purpose of the Investigation is to learn any lessons that might help to prevent any further incidents of this nature and to help to improve the reporting and investigation of similar serious events in the future. (Report 18, p. 3)

An overview of the Trust(s) involved in the investigation was introduced. For example:

Lancashire Care NHS Foundation Trust was established in April 2002 and authorised as a foundation trust on 1 December 2007.

The trust provides health and wellbeing services for the population of Lancashire. It specialises in inpatient and community mental health services. The trust also provides community nursing, health visiting and a range of therapy services, including physiotherapy, podiatry and speech & language services. (Report 4, p. 4)

The investigators' qualifications were included; who were usually a team of legal and mental health care experts. The approach and procedure of the investigations featured rigorous and scientific procedure:

This report was written with reference to the National Patient Safety Agency's (NPSA) root cause analysis guidance and utilised root cause analysis (RCA) methodology to both review and analyse the information obtained throughout the course of this investigation. (Report 1, p. 5)

The outcome of the investigation will be made public. NHS Midlands and East will determine the nature and form of publication. The decision on publication will take into account the views of the Independent Investigation Team, those directly involved in the incident and other interested parties.

If the Independent Investigation Team identify a serious cause for concern, this will immediately be notified to NHS Midlands and East.

The independent investigation team will complete its investigation within six months of starting work. The six months will start once the team is in receipt of Mr. X's records and sufficient documents are available to the team for

interviews to start. The investigation manager will discuss any delay to the timetable with NHS Midlands and East and will also identify and report any difficulties with meeting any of the Terms of Reference to NHS Midlands and East. A bi-monthly progress report will be provided to the SHA along with a bimonthly detailed update report suitable for all stakeholders. (Report 9, p. 7)

This plot shows a professional and efficient organisation that could respond quickly to an incident.

b. Middle state: Why did IPH happen?

Setting up a chronology of the incident is a key component of root cause analysis and brings the reader to the past events. The middle state of the narrative introduced the reader to understand the past by witnessing the events leading up to the IPH. About half of the chronologies of the reviewed IPHs (Report # 1, 2, 4, 8, 10, 13-15, 17, 19) began at the time when the patient entered mental health care; whilst the rest started the story from the time when the perpetrator was born. The findings of the report (usually named as 'Issues arising') also told the story of the IPH. Across all the reports, three main plots were recognised in the middle state to explain IPH. The Subject could not achieve the Object because of: (1) Opponents being too strong; (2) losing Helpers; (3) Objects in tension.

1. Opponents being too strong (See Figure 2-5)

This plot illustrated the healthcare professionals' effort but the Opponents especially in the form of the service users' mental health presentations or reluctance to engage, became too large and the crisis occurred abruptly.

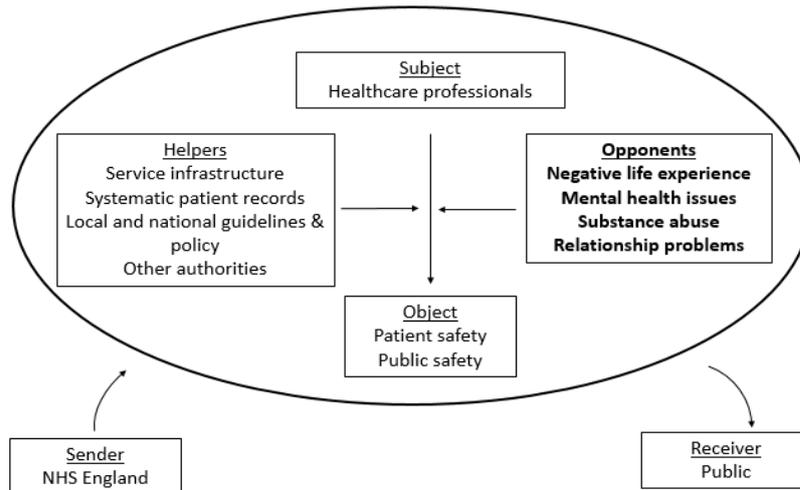


Figure 2-5: Actantial model of the plot ‘Opponents being too strong’ at the middle state

All CMHT assessments were based on information self-reported by Ms A, an unreliable self-historian who provided partial and at times false information, particularly in relation to her mental health symptoms, alcohol use, and the fact that she was in an abusive relationship. (Report 1, p. 12)

It is evident from reading the clinical records, and from the interview the Independent Investigation held with the Associate Specialist Psychiatrist, that a detailed and thorough clinical and risk assessment was conducted. It is also evident that Mr X was perhaps economical with the truth regarding his drinking which later forensic reports showed to be out of control; however without the benefit of hindsight this could not have been known to either the GP or the Associate Specialist Psychiatrist in November 2010. (Report 11, p. 24)

Mr G was reluctant to engage with services but the clinical team made strenuous efforts to locate him to provide him with support. (Report 4, p. 8)

On 13 December Mr. Y met with Consultant Psychiatrist 2 again. Mr. Y wanted to be discharged, but agreed to see the Consultant Psychiatrist as an outpatient. Mr. Y expressed no homicidal or suicidal ideation. At this stage Mrs. Y was not thought to be at risk. Mr. Y was subsequently placed on weekend leave... On the following Monday (17 December)

Mr. Y returned from leave. He appeared to be well. On the 19 December Mr. Y was discharged from The Priory Hospital. He was seen at an Outpatient clinic on the 20 December where he appeared to be well... On the 23 December Mr. Y killed his wife and was then involved in a fatal car accident which claimed his life. (Report 18, p. 26)

This 'Opponent being too strong' plot seems to present a very difficult, if not impossible, task for the healthcare professionals implying the IPH is the patients' responsibilities.

2. Losing helpers (See Figure 2-6)

Another plot described how the Helpers were disintegrating or being inadequate, making it difficult for the Subject to achieve the goal. In some cases, even some professionals were turned into the Opponent actant role.

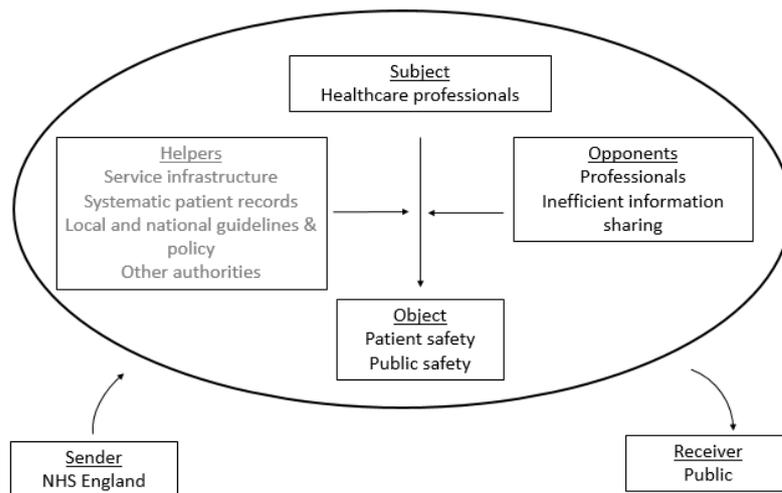


Figure 2-6: Actantial model of the plot 'losing helpers' at the middle state

An unusual feature in this case was early flagging of marital disharmony in the GP's referral letter of 6 March 2013, and its resurfacing on many home visits undertaken over succeeding weeks. Quite apart from the "demon thoughts" about harming his wife, which frequently featured in Mr A's mental state, both Mr A and his daughter-in-law Ms C told staff about the marital disharmony. There were instances observed by staff of Mrs A minimising Mr A's symptoms in contrast to her own... At a more basic level, there is no indication that a structured approach to

assessments and reviews involving individuals and their spouses or carers was standard trust practice. (Report 2, p. 31)

There is no evidence to show whether the reported volatile relationship and the possibility of domestic violence were ever discussed within the trust multidisciplinary team or with staff at Centaur Court where Mr G and Miss H were living separately.... A discussion between staff at Centaur Court and the trust would have been helpful so that a decision could be made about whether or not the trust or Centaur Court staff should have sought safeguarding advice or made a safeguarding referral. This discussion may have helped trust staff to decide whether any changes to Mr G's risk management plan were needed. (Report 4, p. 8)

If the CMHT had arranged further monitoring for Mr G in the event of him experiencing another crisis, it is possible events may have been different... The CMHT did not function well. It had experienced a number of problems historically and was undergoing significant managerial and structural change during the period when Mr G's mental health was deteriorating. If Mr G has been accepted into the service he would have joined the caseload of a poorly functioning team. (Report 17, p. 11-12)

The Trust failed to provide follow-up for her after 2 November 2011. Had she continued to be monitored, her treatment may possibly have been altered in response to changes in her mental state or level of risk. (Report 5, p. 8)

Similarly, 'Losing Helpers' plot appears to present a very difficult task for the healthcare professionals who often lack knowledge, resources or time to achieve the goal.

3. Objects in tension - Public safety overshadowed by patient safety (See Figure 2-7)

In the narrative of some reports, Subjects may have focussed more on the first Object (patient safety) and overlooked the second one (public). When tension between patient safety and public safety arose, health care professionals may

find it difficult to handle. Complex dynamics appeared not to be clearly understood or explored by the professionals.

Mr. Z had a supportive, but turbulent, relationship with Mr. Y with whom he shared a flat. Both Mr. Z and Mr. Y had a range of physical and mental health problems which prevented them living their lives to the full. This caused an increase of tension between the two men on an ongoing basis. At times each was required to be the carer for the other. This dynamic was not understood by secondary care mental health services. The Independent Investigation Team concluded that Mr. Y should have been informed at the point Mr. Z's first contact with services about the thoughts of violence that he harboured against him. (Report 7, p. 57)

A had been known to mental health services for only three weeks before the tragic incident which resulted in the death of B at his hand on 20 February 2011.... A and B both had physical and mental health difficulties and B was very dependent upon her husband who also acted as her carer.... this review has also established facts about the case that were not uncovered... B, the victim, had also been a patient of the Trust (albeit some time before) and she was well known to local social services and to the police. Furthermore, A, his wife's carer, appears to have been a victim at least of bullying and probably also of occasional violence by B at home. (Report 13, p. 2-3)

The plot 'Objects in tension' suggests the difficulty for the Subject to maintain both patient and public safety.

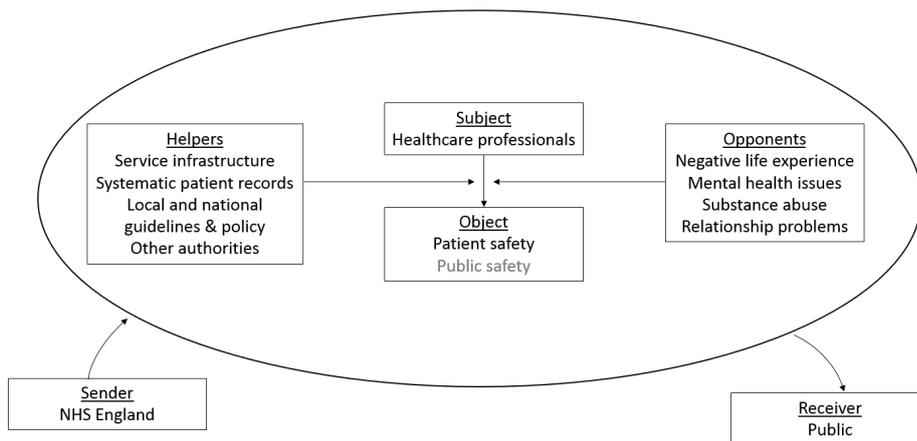


Figure 2-7: Actantial model of the plot ‘Public safety overshadowed by patient safety’ at the middle state

c. Final state: Setting things right (See Figure 2-8)

In the final state of the narrative, there appeared to be changes in the actantial roles in that the Subject was changed from health professionals to the investigation. The goal of patient and public safety also seemed to become secondary to the goal to ‘learn a lesson’.

The recommendations by the Trust and the independent investigation served the Helper role for the Subject to achieve the Object. The independent investigation’s review and approval of the remedial actions by the Trust also assisted the Subject to achieve the Object. Such actions were believed to strengthen the Helpers and eliminate the Opponents.

The IPH investigation reports included a section to review the internal reviews by the Trusts which usually endorsed the internal investigation findings and their recommendations.

The chronology in the multi-agency review provides sufficient evidence to support its conclusions about care and service delivery weaknesses, particularly those relating to communication and cross-boundary referrals. Its findings are evidence-based and well argued. We have no difficulty in endorsing all its comments about serious weaknesses in communication, recording-keeping and other operational arrangements in place in 2011. (Report 12, p. 50)

This plot appears to characterise a comprehensive and fair investigation that could achieve its goal 'learning a lesson'. The Subject and Object have been replaced but the storyline (the Subject achieving the Object) can be retained and apparently reach a satisfactory resolution.

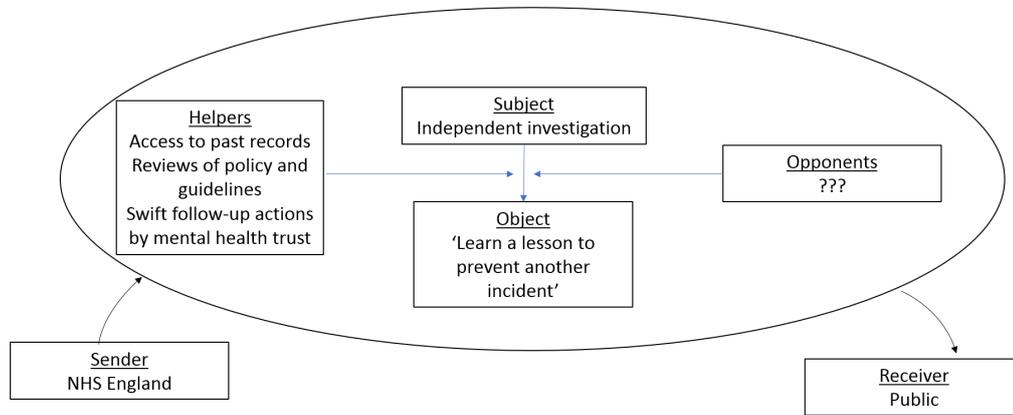


Figure 2-8: Actantial model of the plot 'Investigation setting things right' at the final state

2.4.2.2. The semiotic square of predictability

The IPH reports framed the predictability and preventability of the incidents. There was no standard definition of predictability and preventability for the independent investigations but the following one seems to be used by most reports:

The homicide would have been predictable if there was evidence from Mr A's words, actions or behaviour at the time that could have alerted professionals that he might become violent imminently, even if this evidence had been unnoticed or misunderstood at the time it occurred. (Report 2, p. 46)

The semiotic square developed by Boudes and Laroche (2009) was applicable in the analysis. They found that 'acting in time' and 'knowing' were the key elements for predictability which lead to four different positions (See Figure 2-9). They also explained how one's position in the square would change over the course of a crisis. In this study, the sections about Predictability and Preventability in each investigation report was read in detail to explore the key elements in the definition of predictability and preventability and what possible positions there were. The relationships of the

possible positions were examined and juxtaposed with the semiotic square to explore if they fit.

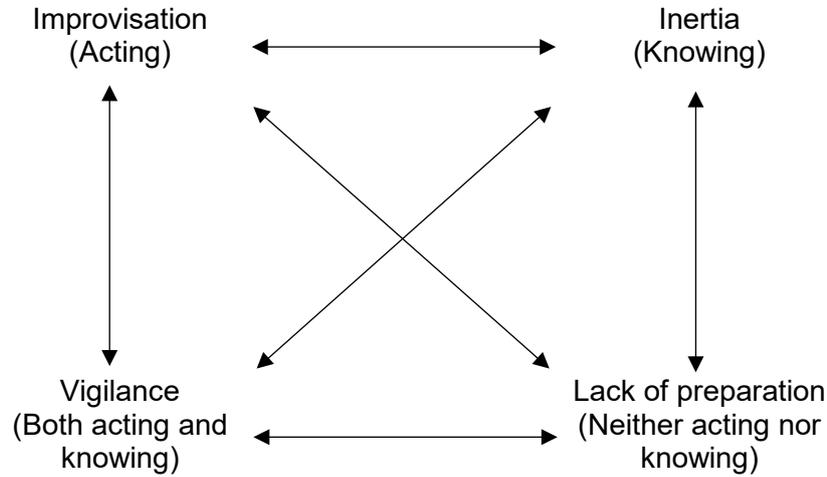


Figure 2-9: Semiotic square of predictability

Fifteen out of the 19 reports reported the incident as unpredictable.

With regard to the homicide, there is no history of violence to M, and no reports of concerns of violence to her. The two police incidents referred to by M have no violent elements, and any other police information was judged not to be relevant. Therefore we consider the homicide was not predictable. (Report 10, p. 36)

The professionals' 'not knowing' and thus 'not acting' put them in the Lack of Preparation position. Sometimes the narrative suggested that the professionals also knew something as shown below from the same report:

With regards to T's suicide; in the months leading up to the incident there were several significant events that were known to secondary mental health services... We concluded that based on the information that agencies should have obtained it was highly predictable that T could become acutely suicidal if M was to restart divorce proceedings. M had told professionals that she would 'probably go back to him', and was observed to be wearing her wedding ring. There is however no history of violence, offending or domestic abuse that would have given any indication that M was at physical risk from T. (Report 10, pp. 36-37)

Only one report stated the incident was predictable and the professionals were put in the Inertia position.

Regrettably the deaths of Mr. and Mrs. Y were predictable. Mr. Y stated clearly his intentions to kill his wife. It is unusual for a perpetrator of homicide to be so explicit about their plans; consequently once stated such threats should always be taken seriously. (Report 18, p. 62)

Sometimes the narrative describes a position in limbo between Inertia and Lack of Preparation, when the investigation team concluded that there were things that the professionals had not done enough.

Mr G had a criminal history. His convictions included being drunk and disorderly, possession of weapons, assault and theft... There was evidence of aggression between Mr G and his girlfriend, but this was never fully explored. A multiagency team discussion should have taken place about this once trust staff had been alerted to it. We cannot speculate, however, about whether holding this discussion would have alerted staff that Mr G might become violent imminently. (Report 4, p. 24)

2.4.2.3. The semiotic square of preventability

The following definition of preventability has been adopted in most reports:

The homicide would have been preventable if professionals had the knowledge, the legal means and the opportunity to stop the violent incident from occurring but did not take the steps to do so.

Simply establishing that there were actions that could have been taken would not provide evidence of preventability, as there are always things that could have been done to prevent any tragedy. (Report 2, p. 46)

Based on this definition, 'acting in time' and 'having means to prevent an incident' seemed to be the key elements of preventability in the narrative. By reading the sections of Preventability in each report in detail, four positions of preventability was identified as shown in Figure 2-10.

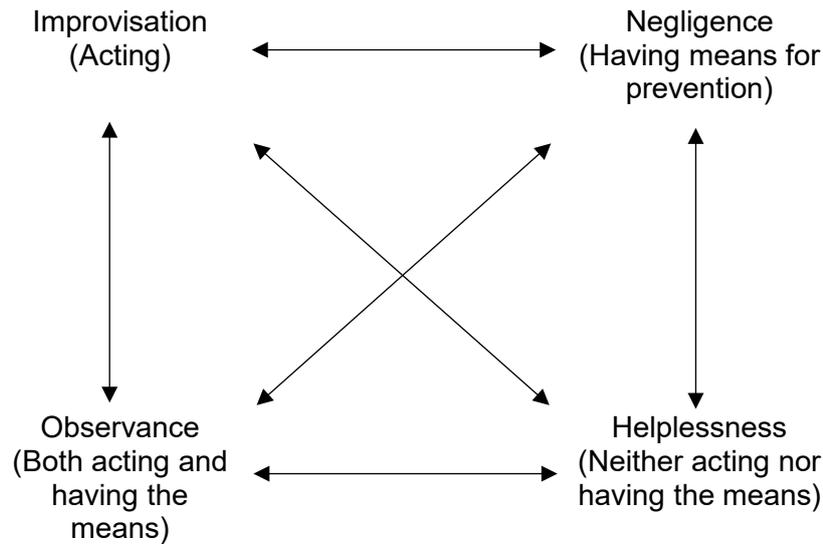


Figure 2-10: Semiotic square of preventability

Improvisation – Professionals take some actions but do not really have the means to prevent the incident from occurring

Negligence – Professionals have the means to stop the homicide from occurring but do not take the required actions

Helplessness – Professionals do not have the means to prevent the incident from occurring and do not take any actions

Observance – Professionals have the means to prevent the incident and take actions accordingly

The narrative about the preventability of the incidents appeared to be mainly at the Helplessness position – that professionals did not have the means to prevent the incident and they could not do anything about it. Thirteen reports concluded it was unpreventable; four believed something more should have been done but they were unsure of the outcome; two did not mention preventability in the reports.

Although there were serious weaknesses by the Trust and to some extent other services in their lack of rigour in exploring the potential risk to Mrs A, there is no evidence to suggest that any specific alternative course of action by the trust could have prevented the incident, given that Mr A denied plans or making any immediate threat to kill his wife when seen on 29 and 30 April 2013. Mr A could not be detained, because he did not meet the criteria of the MHA. We found no

evidence to indicate that staff had the knowledge, opportunity or means to prevent the homicide from taking place. (Report 2, p. 46)

The narrative tended to portray predictability and preventability as more of a structural problem of lacking knowledge about the situation and the means for prevention rather than an issue of professionalism. Amongst all the incidents reported, only one professional's failure in performing a psychiatric assessment was deemed gross misconduct and led to a disciplinary hearing. (Report 17)

Some of the reports have noted professionals' deficits in their performances but the focus would remain on the structural problems.

The identified weaknesses prompts further inquiry about the performance of the Care Coordinator. Furthermore, it highlighted the way in which the paucity of recorded information could have acted as a barrier in communication between services.

When the Independent Investigation Panel interviewed the Care Coordinator, he recognised gaps in his practice which had been recorded by the internal investigation. He expressed appreciation for having the opportunity to attend further staff development and experience an increase in supervision. He also felt that the issues had been presented with limited background and understanding of his work context.

The Independent Investigation Panel did not share his view, since the internal report and recommendations clearly acknowledged there were wider difficulties in the functioning of CPA and Lewisham EIS at that time. (Report 19, p. 45)

2.4.2.4. Potential changes in predictability and preventability

The investigation reports can be regarded as a message sent by NHS England to the public about patient and public safety. If the professionals and services just stayed at a position that lacks preparation and feeling helpless, this message could be very disturbing to the public (Receiver of the narrative). By changing the Subject and the Object of the plot at the final phase of the narrative, it may bring the possibility of changes in the narrative's position in predictability and preventability.

The trust has made a number of changes to the service in recent years, some of which continue. We have therefore discussed with the trust how recommendations arising from our findings can be made without impeding this

work. We identified four issues for further action by the trust.... We recommend that these issues should be part of a short independent review commissioned by the trust. The review should take place within 12 months and be used to examine the extent to which changes have become effectively embedded within the trust's structure and services. (Report 17, p. 13)

By reviewing the internal investigations, following up on their actions, and suggesting further recommendations, the independent investigation helped to move the narrative to a more active position in predictability and preventability. The health care system's position in predictability could move towards the Vigilance position as their knowledge could have been heightened through interagency collaboration and communication, as well as structured risk assessment. Having protocols and guidelines in place would put forth towards Observance.

2.4.2.5. Putting the narrative all together

The narrative analysis from the 19 IPH investigation reports seemed to suggest a dominant storyline and different plots. At the beginning (before IPH) and in the middle (IPH) of the narrative, the Subject (Healthcare professionals) was constructed as dedicated to patient and public safety. Problems may arise in the middle because of too strong Opponent forces (patient's problems) or inadequate Helpers (systemic and structural problems). When the two Objects (patient safety and public safety) appeared to be in tension, the Subject may also find it difficult to handle. At the last phase, the Subject appeared to have been changed to the investigation and the Object was changed to 'learn a lesson'. In this way the storyline of the Subject achieving the Object could be preserved. Semiotic squares of predictability and preventability seemed to show that the service or professionals were most of the time at a position of Lack of Preparation and Helplessness. Changing the Subject/Object at the last phase may help to put them in a better position with regard to predictability and preventability in the narrative.

2.5. Discussion

The present study examined IPH investigation reports on mental health service users. It offers a valuable summary of the characteristics of the IPHs and how the inquiries understand the IPHs, suggesting what services should and can do. It also illustrates how the narrative of the inquiry reports can present a story about how a mental health care system works, what may give rise to an incident of IPH and how investigations may help to portray an image that fosters more reassurance to the public about risk management.

The inquiry reports did not find any 'root cause' for IPH, with only one incident deemed predictable. There were however various recommendations made both by the internal and independent investigations as well as contributory factors in relation to care and the service users. Apart from some commonly known risk factors of IPH such as relationship problems and male perpetrators, some other factors such as carer distress, engagement with services and parasuicide history were also identified in this study. Only about half of the perpetrators had a documented history of violence. Domestic Homicide Review (DHR) and the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) regularly provide descriptive statistics in their respective areas. In recent years there have also been some summaries of the recommendations made in certain geographical regions (e.g. Verita & Capsticks, 2008; Fowles & Clifton, 2016). Findings revealed differences in premeditation, motivation, context, instrumentality and the relationship between victim and perpetrator for different types of homicides (United Nations Office on Drugs and Crime, 2013). The contributory factors and recommendations found in this study show both similarity and differences from the extant literature which will be discussed below.

2.5.1. Features of the narrative in the IPH reports

This study suggests that narrative analysis to study organisational crisis is useful in understanding how IPH by mental health service users is portrayed in the independent investigation reports. Brown (2003) found that public inquiry usually presents an authoritative version of the story to mitigate public anxieties and elaborate the illusion of omnipotence and control. However, depending on the context, different strategies would be adopted and this study aimed to illustrate the peculiarities of the narrative.

The IPH reports appeared to narrate a story of a properly run mental health service being disrupted by a service user killing their partner. This story happened because of insufficient facilitative factors (Helpers), having too many barriers (Opponents), or

healthcare professionals struggling to balance between both public and patient safety. Finally the investigation came to remedy the situation and restored the health care system back to normal.

A characteristic of the narrative appears to be the absence of the carer and the victim in any actant role. In fact, the description of the victim was not always present in the investigation reports. Sometimes the victims (as well as the perpetrators) were described as an Opponent as they contributed to the relationship turmoil of the perpetrators. However, the reports also noted how the carer's knowledge could have been useful in detecting potential risks. This feature was also found in the analysis of the reports by the French government on handling the heatwave in 2003 by Boudes and Laroche (2009) where Minister of Health was absent in the narrative whilst InVS (Institut de Veille Sanitaire or National Institute for Public Health Surveillance) bore the blame in terms of policy and budget constraints so as the absence of family doctors. Patients also played an Opponent role in the narrative.

Attributing responsibility for a crisis is a key task of an inquiry where conflicts and contradictions are common and narrative analysis is useful in revealing the process through which responsibility is attributed. Boudes and Laroche (2009) tried to understand it as a narrative plot and found that the narrative mainly resembled a 'bureaucratic hydra plot' which referred to a poorly managed crisis due to organisational inertia and negligence and the people in the plot had limited control over anything. It placed more emphasis on the problems of organisations instead of the actors.

In Goldberg's (2005) examination of an inquiry report of a mental health service user who killed his sister, he highlighted the gaps in the narratives and 'struggles' as the main theme in the report. He found that the narrative perpetuated a moral of a 'mythological causality focus on actions of individual professionals' and 'ideological causality focus on perfecting Care Programme Approach' as well as other institutional issues that were unconnected to the story (Goldberg, 2005, p. 162). He used the concepts of bureaucratic and narrative logics to explain how the latter was used to gloss over contradictions of the former.

The current study also suggests an emphasis on the bureaucratic rationality glossing over human mistakes in the narrative. The actantial model and the semiotic squares of preventability and predictability helped to illustrate how this was achieved by changing the actantial roles to preserve the storyline. The narrative started by the health professionals trying to achieve patient and public safety and ends with the investigation

successfully learning a lesson. This change enables the narrative to end with a plot where the Subject can achieve the Object. The change of Subject and Object may have also helped to change the narrative's position in terms of predictability and preventability. Although it is not sure if the original Object (patient and public safety) can be achieved or not, it appeared to help eliminate the uncertainty in the narrative. In the final state of the narrative, the missing Opponent roles may give an illusion that the risks have been mitigated. It seemed to present a picture where the health care service has been strengthened after a series of rigorous investigations and implementation of changes. The only Opponent, if any, was possibly the patient themselves if they were not able to engage with the service. The relationship between the healthcare professionals and patients seemed to privilege the need for constant care of characterised patients by the authority and the effort of the health care, thereby minimising the blame on health care professionals.

2.5.2. Characteristics of IPH

This study also adds to the understanding of IPH by mental health service users. The thematic analysis showed a high proportion of male perpetrators aged 60 or over, about half of the cases did not involve a violence history and also about half of the perpetrators had experienced suicidal thoughts or attempts. These characteristics are not usually found in existing literature on IPH perpetrators (Campbell et al., 2007) and may be unique to this population. The victims in the IPH described by these reports were involved in the care of the perpetrators' physical and/ or mental health. The narrative analysis also suggested that for these cases health care professionals may struggle to safeguard both the victims and the perpetrators.

The contributory factors identified included both care and patient factors. However, the recommendations in these reports were all about the care factors. Whilst it was consistent with the purpose of the investigation – for the health care system to learn a lesson, it should be cautioned that the effort on changing the service may not be able to resolve issues on the part of the perpetrators and victims. The narrative analysis explains how the change of actants reinforced this 'bureaucratic logic' and overlooked the other personal and contextual factors in the incidents.

2.5.3. Risks and mental health

In the analysis of the meaning of predictability and preventability in the narrative of the reports, there appeared more focus on system or structural changes than individual performance. This is consistent with the required rationale of root cause analysis (RCA) to avoid scapegoating. In healthcare, it has been noted that an inquiry may not

be able to explore deep systemic problems (Trbovich & Shojania, 2017) and the quest for 'root cause' is not always realistic (Peerally et al., 2016). Although RCA contributes to a greater understanding of the topic, studies have shown that the rate of adverse events in health care has not changed much after years of investigation with root cause analysis (Ryan, 2004; Kellogg et al., 2017).

Anxiety about risks does not just come from IPH by mental health service users. Ulrich Beck's Risk Society (1992) suggests society in late modernity has been organised in response to 'risk'. Inability to predict what is going to happen next is a key feature of modern society and the preoccupation of identifying and attending to risks have become a central issue. However, because of the speed of dissemination of information, it is more difficult to establish certainty and interpret evidence of risk. Risk assessment has become a major role in health care (Higgs & Scambler, 2005) that may even compete with addressing the needs of patients (Brown & Calnan, 2013).

Higgs and Scambler (2005) contend that concerns with risk cannot be assuaged by conventional means. The current trend in health care emphasises governance which requires compliance to rules that govern the roles, responsibilities and interactions among service users, government and service providers. The way the independent investigations have been conducted and the recommendations made follows this trend. Van Rensburg et al. (2016) argues that the focus of governance does not reflect the complex dynamics in the power structure. Instead the idea of governmentality by Foucault which suggests power is dispersed throughout a population may be more relevant for topics like IPH due to its multifaceted nature.

2.5.4. Strengths and limitations of the study

The present study has filled a gap of reviewing IPH inquiry reports in the UK (Crichton, 2011) by providing an overview of the characteristics of the IPH and insights into the narrative of those reports. Existing reviews on health care investigation reports in the UK (e.g. Verita & Capsticks, 2008; Fowles & Clifton, 2016) tend to focus on reviewing the themes of recommendations and the implementation plans. This study, focussed on IPH only, attempted to go beyond it and also reviewed the contributory factors of IPH identified in the reports as well as looking at how the reports made sense of the incident and the underlying narrative of the reports.

Some of the contributory factors found in this study are consistent with the extant literature noting relationship problems and a higher proportion of male perpetrators. This study has contributed to look into IPH by mental health service users and found some other specific factors in relation to this population. Carer's distress in relation to

the care of the old age and people with chronic physical and mental health issues has been found in this study to be as a contributory factor which is less discussed in the IPH literature. Only about half of the perpetrators had a violence history; about half had experienced apparent suicidal attempts. Despite the presence of domestic violence in the stories of some of the female perpetrators, none of them seemed to kill their partners only out of 'self-defence'. A number of factors such as the relationship problems and their mental health issues also played a role. These findings give more insights into IPH by mental health service users.

The narrative analysis also suggests a more intriguing and complex picture between the incidents and the investigations. How this is useful for clinical practice will be discussed in section on Clinical Relevance.

The limitations of this study should also be noted. A triangulation process for the thematic analysis of the recommendations and contributory factors identified in the report would have made the descriptive analysis more robust. This study however has also referred to other studies in developing the coding system.

This study adopted a structural model in narrative analysis. Whilst it is useful to elucidate the structure and the 'grammar' of the narrative in the reports, it has not considered factors such as the historical and social context of the incidents and the readers' interpretation of the message delivered by the reports. Sørderberg (2003) differentiates sensegiving and sensemaking in narrative analysis. This study only managed to suggest how the authority sent out the message but did not explore how the message was received by public as discourse practices.

A challenge in narrative analysis is how to relate the peculiarities of a single narrative to what happens in the wider context (Goldberg, 2005). This study adds to the knowledge by examining a series of reports of IPH and exploring the narrative features of a particular type of homicide. Further research is needed to explore if this is a distinct pattern for IPH inquiry or can be applied to other types of homicides.

2.5.5. Clinical relevance

In the existing literature of IPH and public inquiry, there is surprisingly little contribution from psychology. It is not clear what the exact reasons are but one possible explanation could be an ambivalent or even negative attitude about leadership amongst psychologist (Golding, 2015; Onyett, 2012) which could be related to the profession's struggling to establish the professional worth amidst massive changes in

the healthcare system and in multidisciplinary working environment (Hughes et al., 2011).

In the UK, following the release of the independent report into the care delivered by Mid Staffordshire NHS Foundation Trust (Francis Report; Francis, 2013), there has been considerable discussion about the role of psychology in leadership in healthcare (Hider et al., 2014). Francis Report (2013) points out the problem of a negative culture that focuses on finance and targets, denies concerns and tolerates poor standards. The report argues for compassion, rather than management, in improving quality of care. Psychological knowledge is believed to be useful to implement safer and more compassionate practices across healthcare settings; psychological practitioners can help restore the human dimension as central to the delivery of health care, and validating and supporting the staff in health care (Oelofsen, 2014). Psychologists' training on formulation and systemic thinking can be useful for service-level formulation and interagency collaboration (Sutherland et al., 2016).

Goldberg (2005) discussed how public inquiries have been shaping the development in health care. The use of inquiry to handle a crisis has the tendency to rely on rationality to gloss over the human side of service, which is a core issue impairing quality of care (Francis, 2013; Reder & Duncan, 2004). IPH often involves complicated relationships between the perpetrators and victims. A more sensitive and nuanced approach to understand the human side of the story is important in the care. Psychologists should embrace their role of maintaining the human side of care not just in their individual practice but also for the team or even organisation.

With reference to the Clinical Psychology Leadership Development Framework (Division of Clinical Psychology, 2010), the ability to construct and share service development plans as well as make an influence on organisational policies are also competencies required in the profession. On the individual level, psychologists could benefit from having a critical view of inquiries (Hobbs, 2001) and understanding how the current trend of inquiry would privilege certain knowledge or practice (evidence-based practice) but overlook others (especially those that requires personal reflections and problem-solving skills) (Lam, 2000). For training courses and professional bodies, further training and support may be useful to help psychologists feel equipped and confident to take a more proactive stand in enabling teams and organisations.

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Part 3: Critical Appraisal

3. Critical appraisal

The following details the researcher's reflections on the research process, the subject of study and professional development. It is based on the researcher's own recollection and reflection, review of the existing literature and the discussion in research supervision. A chronology of the research process can be found in Appendix H.

3.1. On the research process

3.1.1. Searching for a research topic

The search of my research topic started with my interest in understanding suicides. I am interested in understanding how people go through a crisis, exploring the experience of people bereaved by suicide or health care professionals whose patient lost their life by suicide; as well as how the health care system deals with such crises. One barrier to this topic is the time constraint of my course and the difficulty in reaching the participants. While discussing these issues in research supervision, I was given to know that the Trust I worked with had an interest in reviewing the internal investigation of patients died by suicide. That project turned out to be too complex for my research but the discussion gave me more information about the investigation of suicide cases by local health authorities. This had led me to explore more about such inquiry reports. Despite the huge number of investigations, it is not clear to what extent these reports can help improve practice and the quality of the reviews also varies.

I then looked up the legal requirements for such inquiries and noticed the difference in the requirement for inquiry for suicide and homicide for mental health service users and the associated discussion. Following the latest structural reform of NHS, the stage three independent investigation reports are made available to public which is a potential wealth of data.

During the initial stage, I focussed on homicide-suicide cases and found that they were more common in the context of intimate relationships than other types of homicide. However, the small number of cases appeared insufficient for a doctoral thesis; thus I shifted the focus to intimate partner homicides.

Reflecting on the journey of deciding on a research topic, both research interest and practical issues such as access to data, scale of the dataset, the complexity in ethical approval, had to be considered.

3.1.2. Conducting the literature review

Alighting on a suitable literature project was not easier than the research topic. Initially I was confused as I thought the literature review was going to 'set the scene' for the empirical research. After clarifying the format that it would be a standalone piece of work and more brainstorming in research supervision, I landed on the ideas of extracting quotes from original research on the lived experience of intimate partner homicide (IPH) perpetrators. After research viva, the focus has been changed again to focus on the second-order analysis rather than analysis of secondary data (the perpetrators' quotes in the articles).

The existing IPH review studies focussed on risk factors and prevalence of IPH based on official databases and found a gendered pattern of IPH. Existing theories tend to explain male- and female-perpetrated homicides as two distinct phenomena. There have also been attempts to provide a theoretical framework that could explain both but empirical testing has been lacking. I saw this as a gap that my literature review could fit in and to discuss the findings of my metasynthesis in relation to the existing theories.

My original understanding of the purpose of literature review was to identify the research gap for an empirical study. Whilst I was aware of the rigour of quantitative systematic reviews and meta-analysis, the rapid development in the qualitative systematic review was new to me. This method provides an exciting opportunity in contributing to knowledge development and theory construction. The epistemological issues involved in the process are however not negligible. There is a huge debate whether qualitative findings can be extracted and combined in a metasynthesis. This has also brought me a lot of thoughts for my own work which have been explained in the first part of the thesis.

In the search for studies for the literature review project, the multidisciplinary nature of the topic of IPH also struck me. This is a subject that involves law, sociology, criminology, psychology, social work, feminism and other disciplines. My initial search did not yield many relevant studies and the search results from different databases varied substantially. I consulted a librarian to include all relevant databases and refine my search strategy. I also referred to Sandelowski and Barroso's (2007) idea of 'berry picking' which means retrieving studies by means other than structured, systematised literature searches. In this metasynthesis, where the topic is multidisciplinary and

original studies are still limited, this search strategy proved to be a useful technique for me to retrieve more relevant studies.

Given the diversity of academic background of the studies, the attempt to synthesise the data together was not easy as each study took a very different perspective. The variation of research methodology was discussed in the quality appraisal. However, it would also be an interesting review to examine the different approaches from which IPH has been studied.

3.1.3. Documentary analysis

One of the considerations that shaped this research was the availability of data. The open access to the inquiry reports provides a good opportunity to generate a wealth of knowledge, but the methodological issues behind were not easier than any other kinds of research.

Data management perhaps was the first issue that had to be considered. The dataset involved more than 1000 pages of investigation reports with more than 100 codes generated. Careful planning on data management was needed beforehand. A computer software, QSR NVivo 11 was used to assist the process of data management and analysis. It has helped especially with the iterative process of analysis.

Qualitative research has the strength of eliciting deeper meanings from the data but the process can be messy, complex and painful. I believed it was important to understand the narrative embedded in the inquiry reports. However, my knowledge in this area was limited and existing literature on narrative analysis seemed to focus more on oral narratives or on studying just one single inquiry report. Reviewing a number of reports over a period of time seemed to be more suitable for a quantitative descriptive analysis or thematic review. In the end I chose to combine them and referred to literary models of narrative analysis to explore the common structures in the reports and how they made sense of the incidents. Extra time and effort were needed to develop the framework that could be applicable for a study of this scale.

3.1.4. Narrating vs reporting qualitative study

The writing up was not any easier than the other parts of the research process. The process of qualitative research is iterative which means even when you reach the writing up stage, things could still be evolving.

When I discussed my writing in research supervision. I found it very difficult to 'tell a story'. Whilst I have included into the manuscript, it just did not 'flow'.

Later I referred to some work about writing qualitative research. One potentially important issue is that the story should get the 'grab' as well as good science, so that readers are 'sufficiently caught up in the description so that he [sic] feels vicariously that he [sic] was also in the field' (Glaser & Strauss, 2017, p. 230).

In narrative analysis, Clandinin and Connelly (2000) suggest that the writing should offer a three-dimensional inquiry space, that is a text that looks backward, forward, inward and outward; it also situates the analysis from within.

These notions reminded me that I was not just reporting research findings but also giving a narrative of it. I still find it difficult but would take this as the direction I could try.

3.2. On intimate partner homicides and inquiries

3.2.1. The intersectionality of intimate partner homicides

Crenshaw's (1991) intersectionality theory explores how race, class, and gender combine to produce an integrated analysis of power and oppression and examines how those variables might apply to understanding patterns and correlates of femicide. In my literature review and analysis, I have also noticed the intersectionality among political, economic, cultural and gender factors in intimate partner homicide (Shalhoub-Kevorkian, 2003). The individual factors of the perpetrators could easily be linked to wider social issues. This study however has not adequately addressed the intersectionality of the topic. The literature review has covered studies from countries of very different social cultural background. How to put intersectional factors into consideration in a metasynthesis is still a topic to be explored. This is a limitation of the study. The amount of background information presented in each independent investigation varies and thus there was not enough data to put intersectionality in the foreground of the narrative analysis.

3.2.2. Homicide and suicide as two sides of a coin

My journey of research started with my interest in understanding suicide. Homicide and suicide seemed to be two distinct phenomena. This research however has provided evidence to debunk this stereotype. Not all the perpetrators had violence history and there were also quite a few who had attempted suicides before. Severe

distress that is difficult to cope seems to be a common experience for people who would take their partner's life (and their own).

Only a small proportion of the perpetrators would end their lives after killing their partners. There is evidence suggesting people who kill their partners and people who would take their lives afterwards have different characteristics (Lund & Smorodinsky, 2001). It is outside the scope of this study to explore all these but they are all important topics to be studied further.

3.2.3. A critical view on inquiry reports

I used to take the credibility and authority of inquiry reports for granted. This research has inspired me to ponder the philosophy, rationale and blind spots of this practice. Such inquiry reports may help to reinforce the rational functioning image of health care service but may also mask the anxiety about risk behind this trend. It is important to consider its usefulness and impact on the service, staff and service users. More importantly how to make use of the findings in a way that could benefit the healthcare system is important. From the findings in this study, whilst the current way of inquiry does not seem to apportion blame to health care professionals, it does not help to empower them to handle risk either. The lessons learned often centred around bureaucratic procedures (care factors) whilst the individual and relationship issues of service users (patient factors) were seldom addressed. Without any idea to improve the patient factors that contribute to IPH, service users from time to time have to bear the blame when their personal circumstances become too overwhelming. IPH is an example of the culmination of distressful interpersonal experiences. Public inquiry probably could help to improve certain operations in the health care system but it may be too ambitious to expect it to provide solutions for complicated human experience.

3.3. On professional development

During the analysis and writing up of the thesis, for many times I felt very bogged down. On one hand it was because of the issues discussed above about the research process; on the other hand it was about my doubt and anxiety of the relevance of this topic to my profession of clinical psychology. I have not had any experience in forensic settings and from my literature review, input from clinical psychology has been very limited. I think it reflects one issue of the current state of research and services in relation to IPH – despite its multidisciplinary nature, collaboration from different disciplines is limited both at the research and practice level. Knowledge and insights gained in one discipline or subsystem could not be readily transferred to others.

How to bridge the gap of multidisciplinary collaboration and translate evidence into practice and vice versa would be an important part of my professional development. I will present different parts of this study in three different conferences. By engaging in more multidisciplinary dialogues, I hope to be able to explore the role of clinical psychology in this topic.

3.4. References

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Appendices

Appendix A: ENTREQ Statement

No	Item	Guide and description
1	Aim	To synthesise the existing published qualitative literature on the lived experience of male and female perpetrators of intimate partner homicide
2	Synthesis Methodology	Meta-ethnography
3	Approach to searching	Pre-planned comprehensive search strategies and iterative 'berry-picking'
4	Inclusion criteria	<ul style="list-style-type: none"> - The study included IPH which was defined as the intentional killing of one's current or former intimate partner, including spouses, ex-spouses, those in current or former de facto relationships, boyfriends, girlfriends, or partners of same-sex relationships: in other words, all relationships where the underlying dynamics are similar (Carcach & James, 1998; Kivisto, 2015). Murder that involved hired killing or a co-defendant was also counted as IPH if the perpetrator met the above criteria and was convicted by the court in the jurisdiction; - The researchers were not involved in the legal or correctional procedure of the participants; - The study involved primary analysis of the account from IPH perpetrators about their understanding and experience of the IPH; - Qualitative interview of perpetrators was used as the major method of data collection; - Recognised qualitative methods of analysis were identified in the study; and - The study was published in English.
5	Data sources	<p>The following databases and grey literature sources to identify literature using qualitative to explore IPH perpetrators' experience.</p> <p>Search was last updated on 25th October 2018.</p> <ul style="list-style-type: none"> - ASSIA (n = 72) - Criminal Justice Abstracts (n = 130) - Medline (n = 187) - PsycINFO (n = 271) - Scopus (n = 155) - Social Services Abstracts (n = 54) - Sociological Abstracts (n = 156) - Web of Science Core Collection (n = 268) - Westlaw UK (n = 94)
6	Electronic search strategy	Literature search terms are described in detail in Appendix B.
7	Study screening methods	The titles and abstracts of retrieved citations were scanned by the author. Full papers were retrieved for all potentially relevant abstracts. Full papers were reviewed by the author and were included if they met the inclusion criteria.
8	Study characteristics	The characteristics of the included studies are presented in Appendix C.

9	Study selection results	The study selection process is described in brief in Figure 1-1 (Flow chart) and in the main text.
10	Rationale for appraisal	The studies were checked against the inclusion and exclusion criteria and discussed in research supervision.
11	Appraisal terms	The CASP tool was used to appraise all included studies.
12	Appraisal process	Quality assessment was formally conducted by the author and the result was discussed in research supervision.
13	Appraisal results	See Tables 1-1a & b.
14	Data extraction	Primary researchers' interpretations and direct quotes from the perpetrators were extracted electronically and entered into a computer software package to facilitate data management.
15	Software	NVivo 11
16	Number of reviewers	1
17	Coding	Coding was carried out by the author and discussed in research supervision.
18	Study comparison	Meta-ethnography was adopted to synthesis the studies by reciprocal translation, refutation translation and line of argument analyses, details please see the Method section.
19	Derivation of themes	Themes from each study were extracted, compared and refuted to form the overall themes and subthemes as detailed in the Method section.
20	Quotations	Quotations from the primary studies are provided in the main text to illustrate the themes.
21	Synthesis output	The key concepts of the perpetrators' IPH experience are tabulated in Table 1-2 and Figure 1-2.

Appendix B. Search Terms in Different Databases and Outcomes

Database and search date	Search terms	Number of items retrieved
Applied Social Sciences Index & Abstracts (ASSIA) 25 October 2018	TI,AB,SU(homicide* OR murder* OR kill* OR femicide*) AND TI,AB,SU("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND TI,AB,SU(narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*)	72
Criminal Justice Abstracts 25 October 2018	(homicide* OR murder* OR kill* OR femicide*) AND ("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND (narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*)	130
Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 25 October 2018	((homicide* OR murder* OR kill* OR femicide*) and ("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) and (narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*).af.	187
PsycINFO 25 October 2018	(homicide* OR murder* OR kill* OR femicide*) AND ("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND (narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*)	271
Scopus 25 October 2018	(TITLE-ABS-KEY (homicide* OR murder* OR kill* OR femicide*) AND TITLE-ABS-KEY ("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND TITLE-ABS-KEY (narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*) AND KEY (homicide* OR murder* OR kill* OR femicide*))	155
Social Services Abstracts 24 October 2018	TI,AB,SU(homicide* OR murder* OR kill* OR femicide*) AND TI,AB,SU("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND TI,AB,SU(narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*)	54
Sociological Abstracts 24 October 2018	TI,AB,SU(homicide* OR murder* OR kill* OR femicide*) AND TI,AB,SU("Intimate partner*" OR "intimate relation*" OR spouse* OR husband* OR wife OR wives OR couple*) AND TI,AB,SU(narrative* OR interview* OR qualitative OR phenomenolog* OR "grounded theory" OR hermeneutic*)	156

Appendix C. Characteristics of the Included Articles (by Gender of Perpetrators)

Code	Source article - Research aims	Perspectives involved (N relevant to this review)	Country	Age at offence/ interview	Sampling	Data collection (Setting)	Theoretical framework for analysis
a*	Smith & Kethineni (2006) - Examine the reported nature and causes of domestic homicide	Male and female perpetrators of domestic homicides (15 men)	India	22-61	Systematic	Open-ended interviews; official case records (Prison)	Not mentioned
b	Adams (2007) - Understand men who killed their partners	Male perpetrators, female victim of attempted IPH (31 men)	US	Average age at offence: 33	Purposive	Semi-structured interview, case file, psychological assessment (Prison)	Not mentioned
c	Elisha <i>et al.</i> (2010) - Explore the intimate partner homicide phenomenon through the men's eyes	Male perpetrators (15 men)	Israel	Average age at offence: 36 at interview: 41.9	Purposive	In-depth interview (Prison)	Phenomenological Content analysis
d**	Mathews <i>et al.</i> (2011) - Understand men who kill their partners, how men explained their use of violence and how they perceived events leading to the act (focus on childhood)	Male perpetrators family members and friends of perpetrators and victims (20 men)	South Africa	At offence: 18-51 At interview: 21-61 years	Purposive	In-depth semi-structured interview (Prison)	Inductive; Gender identities as socially constructed; social context of the Western Cape and developmental psychoanalysis
e	Goussinsky & Yassour-Borochowitz (2012) - Examine the motivation underlying lethal and non-lethal violence, the place of physical violence in relationships and the question of intent and control	Male perpetrators and batterers (18 men)	Israel	At offence: 20-55	Purposive	In-depth interview (Prison)	Phenomenological
f	Dilmon & Timor (2014) - Examine how the narrators create their new reality and the linguistic means of deception, fabrication and persuasion	Male perpetrators (12 men)	Israel	At interview: 26-56 (average: 45)	Not mentioned	In-depth interview (Prison)	Phenomenological; inductive
g	Frisk & Palmer (2015) - Summarise Fossmo's narrative to make sense of his experience in Knutby and his life story	Male perpetrators (1 man)	Sweden	Not mentioned	Case study	Interview (Prison)	Narrative analysis
h**	Mathews <i>et al.</i> (2015) - Explore how the men explained their use of violence in intimate relationship and what they perceived to have led to the killing	Male perpetrators, family members and friends of perpetrators and victims (20 men)	South Africa	at offence: 18-51 at interview: 21-61 years	Purposive	In-depth semi-structured interview (Prison)	Grounded theory, inductive
i	Duff <i>et al.</i> (2017) - Explore information about the victim, the relationship, what the incident meant and their upbringing	Male perpetrators (10 men)	Namibia	At offence: 21-35 At interview: 25-45 (average: 37.2)	Purposive	Face to face interview (Prison)	Interpretative Phenomenological analysis

*The article by Smith & Kethineni (2006) consists of both male and female perpetrators. It is denoted as 'a' in this review for the findings related to male perpetrators and '2' for female perpetrators. ** Mathews *et al.* (2011) and Mathews *et al.* (2015) are two separate articles from one single research project.

Code	Source paper - Research aims	Perspectives involved (N relevant to this review)	Country	Age at offence/ interview	Sampling	Data collection method (Setting)	Theoretical framework for analysis
1	Leonard (2002) - Explore the link between the women's personal experiences of violence and its consequences and the social structural responses to their victimisation and homicidal self-rescue	Female perpetrators (42 women)	US	Average at interview: 47	Purposive & snowballing	In-depth interview, questionnaire, observation, case file (Prison)	Narrative
2	Smith & Kethineni (2006) - Examine the reported nature and causes of domestic homicide	Female perpetrators (15 women)	India	21-36	Purposive	Open-ended interview; official case records (Prison)	Not mentioned
3	Pretorius & Bester (2009) - Explore psychological risk factors that precipitate the murder of a partner by an abused woman	Female perpetrators (3 women)	South Africa	35-42	Purposive	In-depth unstructured interview (Prison)	Thematic analysis
4	Murphy et al. (2009) - Understand the dual experiences of victim and offender	Female perpetrators (1 women)	US	Average at interview: 50	Case study	Interview (Community)	Heideggerian hermeneutic phenomenology
5	Smith & Wehrle (2010) - Understand factors contributing to IPH and the emotional aftermath	Female perpetrators (2 women)	US	26-50	Purposive	Existential-phenomenological (Community)	Hermeneutical
6	Whiteley (2012) - Which social discourses dominate in the identity formation of women incarcerated with murder convictions	Female perpetrators (3 women)	Australia	36-72	Purposive	Semi-structured interview (Prison)	Narrative analysis
7	Hesselink & Dastile (2015) - Investigate the offence-specific and offender-specific factors	Female perpetrators (15 women)	South Africa	22-62	Purposive	In-depth semi-structured interviews (Community)	Phenomenological; criminological
8	Pereira (2016) - How do women talk about their relationships? How do women explain the violence perpetrated by them to their husband	Female perpetrators (6 women)	Portugal	At offence: 27-52 (38) At interview: 38-60	Purposive	In-depth interview, psychological assessment (Prison)	Content analysis
9	Ferreira et al. (2018) - Understand the possible relationship between prior exposure to intimate gender violence and the homicide of their partner or former partners	Female perpetrators (6 women)	Portugal	At interview: 33-61 (average=49.6)	Purposive	Semi-structured interview, case file (Prison)	Thematic content analysis

*The article by Smith & Kethineni (2006) consists of both male and female perpetrators. It is denoted as 'a' in this review for the findings related to male perpetrators and '2' for female perpetrators.

Appendix D: Concepts Presented in Each Paper (by Gender of Perpetrator)

1 Leonard (2002)	2 Smith et al. (2006)	3 Pretorius et al. (2009)	4 Murphy et al (2009)	5 Smith (2010)	6 Whiteley (2012)	7 Hesselink (2015)	8 Pereira (2016)	9 Ferreira (2018)
<ul style="list-style-type: none"> - Battered women - Minimise and forget the violence suffered - Denial - Survival - Physical, sexual and mental abuse - Abuse as private, invisible and silent experience, not a crime - Indifference of criminal justice system and staff => feeling hopeless and trapped - Fear reprisal - Barriers to seek help 	<ul style="list-style-type: none"> - Property disputes - Disputes with extended family - Physical and sexual abuse by partner - Stubbornness, selfishness, drunkenness of partner - Self-defence - Criminal activities of partner - Sexual jealousy and adultery (both sides) - Incestuous rape by partner - Child abuse by partner 	<ul style="list-style-type: none"> - PTSD - Coercive control - Partner's substance abuse - Interrelational conflict - Psychological factors 	<ul style="list-style-type: none"> - Getting out of hand (life, relationship, domestic violence) - They are in my footsteps (unable to protect children, helpless) - What's a Miranda right (difficulty in English and access help) 	<ul style="list-style-type: none"> - Choosing to live - Dealing with legal system 	<ul style="list-style-type: none"> - Victim - Good mother - Irrational - Not violent - Not criminal - Good wife - Victim of the system - Victim of culture, patriarchy and community - Abuse - Domesticity 	<ul style="list-style-type: none"> - Sangoma (spiritual healer) - psychiatric history - emotional abuse - domestic violence - substance abuse - personal interest (desperation, helplessness, jealousy, possessiveness, 'wanted the abuse to end', revenge, self-defence, financial needs, loveless marriages - abusive relationships - correctional blindness - personality traits - emotional states 	<ul style="list-style-type: none"> - Affects about men or marriage - Decision to get married - Balance of power - Self-commitment to relationship - Perception of themselves - Perception of man and man's commitment - Perception of the relationship - Justification to IPH - Responsibility for IPH 	<ul style="list-style-type: none"> - If I had not killed, I would be dead - Self-defence - Stayed for children - Biased system

a Smith et al. (2006)	b Adams (2007)	c Elisha (2010)	d Mathews (2011)	e Goussinsky (2012)	f Dilmon (2014)	g Frisk (2015)	h Mathews (2015)	i Duff (2017)
<ul style="list-style-type: none"> - Irreconcilable differences - Temper - Alcohol - Suspected/actual affairs - Work of partner - Sexual problems - Financial disputes/problems - Dowry deaths 	<ul style="list-style-type: none"> - Criminal history - Abuse history by parents - Abuse in parents' relationship - Rough neighbourhood - Learning violence from peers - Drinking and drugs - Provocation by partner - Self-defence - Short courtship (less stable) - Rescuing women - Possessive belief - Jealous - Suspicion over adultery - Abuse - Violence - Rage - Ending relationship - Premeditation - Lack of intervention - Substance abuse - Blaming victim - Substance abuse - Denial of violence - Emotionally volatile - Longstanding grievance - Violence - Treatment - Materially motivated - Contempt of women - Suicidal 	<ul style="list-style-type: none"> - Self-perception as victim - Blaming partner - insubordinate, disloyal, disturbed - Difficulty with separation in relationship (difficulty on both parts; seeing partner as supplier of needs, love and family) - Abandonment, neglect, abuse, lack of supervision and boundary, neglect in early childhood - Loneliness and distress in the relationship - Lack of or unhelpful institutional or social support - Betrayed husband - Abandoned obsessive lover - Tyrant 	<ul style="list-style-type: none"> - Violent masculinities - Violent history - Rough and hard childhood - Complex relationship with mother - Poverty in childhood - Self as good son, dreamt of changing the position of his family - Forgotten father - fantasy - Idealised, normal family - Discipline and abuse in childhood => no one could help me, low self-esteem - Loss of parents => feeling vulnerable - School difficulty and abuse in school - Involvement in crimes and gangs - Drugs and alcohol 	<ul style="list-style-type: none"> - Women's intention to leave or end the relationship - Violence against women as weakness - Pre-planned - Lack of control as an exercise in control - Loss of control described as provocation and emotional reaction - Different from IPV 	<ul style="list-style-type: none"> - Positive self - Negative partner - Provocation - Self-defence - Mistake, coincidence - Distancing from responsibility - Obfuscate true intention - Language to persuade and impress 	<ul style="list-style-type: none"> - Claim of innocence - Spreads blame to others - No coherent plot - Self as passive actor; religious leader as evil - Community as manipulative cult - Social resources - therapist 	<ul style="list-style-type: none"> - Feel like a man - Right woman (they respect and who also respect and submit to them, ready to defend their honour) - Sees themselves as hardworking and honest - Unable to be a provider => failure in manhood - Deceased partner as important despite multiple relationships - Ideal woman as respectable, innocent and pure - Violence to defend men's honour (suspected infidelity and partner having a job) and show strength - Jealousy - Fear of losing partner - Inability to trust partner - Expression of love - Controlling behaviour - Psychological vulnerability - PTSD (army, atrocities) - Attempted suicide - Drug and substance - Betrayal (I was the one that suffered) - Killing as taking back control - Lack of agency - no longer handle the situation - Protection orders as unjust 	<ul style="list-style-type: none"> - Blame partners (punishing a woman's independent thoughts and action, disobedience, cheating, leaving) - Blame police for not being involved in argument - Blame partners friends for bad influence (loss of control of partners behaviour and thinking) - Blame witchcraft for partner's loss of control - Responsibility for action but not outcome - The only option - Responding to the situation by becoming angry - Displace responsibility

Appendix E. Glossary – Terminology in the Research Method

Actantial model

Actantial model was developed by Algirdas Julien Greima and has been found useful in understanding how each actantial role contributes to the plots in a narrative. An actant as a structural unit or a function which is different from an 'actor' in that it is not necessarily a person or a character; it may also be an abstract concept (e.g. success) or an institution (e.g. a system). A given actantial role can be occupied by one or several entities and one entity can serve several actantial roles.

Greima's narrative schema defines an inventory of actants, forming a basic set of relations. He posits six actants in three pairs of binary opposition, which describe fundamental patterns in narratives.

1. Subject / Object form the axis of desire. The Subject is the main character, from whose perspective the narrative is written. The Subject seeks an Object, the goal.
2. Helper / Opponent along the axis of power assists or hinders the Subject in achieving the Object.
3. Sender / Receiver along the axis of transmission or knowledge are involved in making the story happen and receiving it.

Care factor

A care factor in this study is defined as a contributory factor found in the root cause analysis that is related to the care or service.

See Root cause analysis, Contributory factor, Patient factor.

Contributory factor

Contributory factors found in root cause analysis increases the likelihood of an incident; however eliminating a contributory factor would not eliminate the effect. The contributing factors discussed in this study were further classified as care or patient factors.

See Root cause analysis, Care factor, Patient factor.

Document analysis

Document analysis requires examination and interpretation of the data in order to elicit meanings and develop knowledge. Documents are regarded as 'social facts', which are produced, shared, and used in socially organised ways.

Helper

See Actantial model

Intimate Partner Homicide (IPH)

In this study, IPH was defined as the intentional killing of one's current or former intimate partner, including spouses, ex-spouses, those in current or former de facto relationships, boyfriends, girlfriends, or partners of same-sex relationships: in other words, all relationships where the underlying dynamics are similar. Reports were excluded from the analysis if the relationship between the victim and perpetrator was not specified.

Intimate Partner Homicide Suicide(IPHS)

Perpetrators who took their lives soon after killing their partners is defined as Intimate Partner Homicide Suicide. See Intimate Partner Homicide (IPH)

Narrative analysis

There are different definitions of what it means to be a narrative (Riessman, 1993) but generally narrative researchers are interested in the sequencing of events that attributes agency to the characters in a narrative, infer causal links, and provides an organised interpretation (Murray, 2003). The study of narratives however is not confined to the narration itself but also explores how they are embedded in larger institutional and social contexts (Bamberg, 2007) and how people use a narrative to define themselves and convey the story to others (Murray, 2003).

Object

See Actantial model

Opponent

See Actantial model

Patient factor

A patient factor in this study is defined as a contributory factor found in the root cause analysis that is related to the patient's personal circumstance.

See Root cause analysis, Contributory factor, Care factor.

Plot

A plot involves a temporal ordering of the events, suggesting a connection between them and providing an explanation from a particular point of view.

Predictability, Semiotic square of

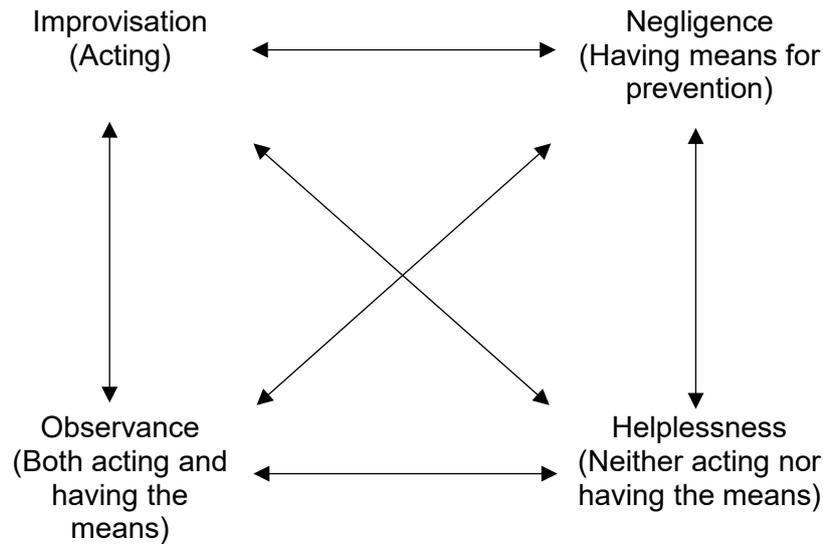
Semiotic square of predictability was first developed by Boudes and Laroche (2009) to understand how the investigations on the 2003 heatwave in France set the scene and explain the crisis. They found that the tension between knowing and acting in time during a crisis are the key meanings in defining predictability and developed a semiotic square of predictability. Lack of preparation, along with vigilance, improvisation and inertia are the four possible relations derived from knowing and acting.

See Semiotic square.

Preventability, Semiotic square of

There is no consistent definition of preventability across all the reports but it mainly concerns (1) if professionals had the knowledge, the legal means and the opportunity to stop the violent incident from occurring but did not take the steps to do so; (2) Whether the action could really stop the tragedy.

Based on the definition, acting in time and having means for preventing an incident are the key elements of preventability in the narrative, leading to four relations in a semiotic square. See Semiotic square



Receiver

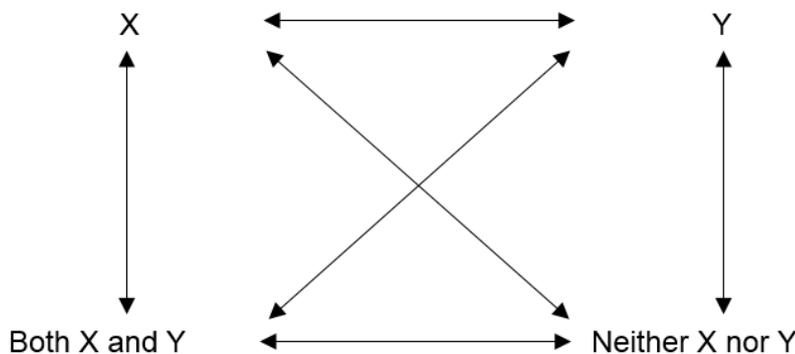
See Actantial model

Root cause analysis

The root cause analysis (RCA) method uses cause-effect linear and/ or branching approaches to identify one or more conditions leading to a failure. It aims to get to the fundamental level of cause (root) as opposed to contributory factors.

Semiotic square

A semiotic square is a logical tool that clarifies basic relations in a narrative. A semiotic square defines four poles of mutual relationships (see below). The constituent relations of the square (horizontal relations are contraries, diagonals are contradictories and verticals are complementaries) are regulated operations through which meaning is produced or 'plotted' dynamically. Thus, a semiotic analysis of constitutive relations illuminates the transformation processes defined by semantic poles and the syntactic operations among the poles. It may be used to map meanings associated with an opposition and the oppositions are the cornerstones of stories.



Sender

See Actantial model

State

The sequence of a narrative in the simplest manner requires three conjoined events, the beginning state, a state of equilibrium which pre-figures a change; a middle action which sets up tension by a dynamic change or disequilibrium through the characters' action; And a final state which is the resolution or outcome of the narrative.

See Temporality.

Storyline

Similar to plot but storyline refers to the plot of the overall narrative in this study.

See Plot

Subject

See Actantial model

Temporality

Temporality is a key feature in a narrative. The order of events in a narrative does not always follow a chronological order but depends on the narrator's presupposition of time or sequence of events, which can be linear or fluid, objective or subjective.

Appendix F: Examples of themes identified for recommendations

Themes	Examples
auditing and monitoring	The trust should ensure that staff make contemporaneous records about interventions including MDT meetings. This issue should be included in the trust's Quality Monitoring Tool and audited every six months (report 2)
involvement of carers and family	All carers of people on inpatient wards should be given the opportunity to have a discussion with members of the MDT in the absence of the patient. (report 3)
communications	Protocols for communication between primary and secondary mental health services need to be in place for when people are accessing both services. (report 5)
training and guidance for staff	<p>The criteria and MAPPA referral procedures should be clearly understood by all relevant staff. This should form part of any induction training</p> <p>In addition, the panel were concerned during the clinical staff interviews about the lack of staff awareness of Section 117 entitlement and therefore the inquiry recommends comprehensive clinical guidance (which should confirm who should attend any Section 117 aftercare meetings, especially when the patient is unlikely to be given any costed services). Training should also be given to front line clinical staff about what the practical implications are for patients who have been detained under Section 3 and who are subject to Section 117 aftercare (report 6)</p>
MDT and inter-agency collaboration and referral	The trust investigation recommended that all community mental health teams and local authority community teams should establish mechanisms for providing feedback after a referral to either organisation/service. Team managers have met with local authority team managers to establish the agreed forms of communication. (report 8)
administrative procedure and patient follow-up	<p>The service manager should consider whether or not it is efficient and safe for all calls to be received by administrative staff, particularly with a duty system. (report 17)</p> <p>Hospital discharge summaries need to be completed within an agreed time frame." (report 15)</p>
inquiry process and follow up	<p>Staff who are interviewed as part of a Trust's serious incident investigation should be offered the opportunity to have a one-to-one meeting with the investigative panel.</p> <p>We would recommend that Tees, Esk and Wear Valleys NHS Foundation Trust follows the National Patient Safety Agency's RCA investigation guidance with regards to the collection and storage of interview notes. (report 1)</p>
record keeping and documentation	<ul style="list-style-type: none"> • police criminal checks are made in line with the joint information sharing protocol between the trust and Lancashire Constabulary; and • the information is recorded in the clinical records and details included in the service users risk profile. (report 4)
risk assessment	That the Trust's risk assessment guidance will be updated to include an assessment of risk in light of complex interactions between intrinsic and extrinsic factors and the need to recognise risks that arise as a result of the proposed therapeutic interventions. These revisions need to be made in accordance with:

	<ul style="list-style-type: none"> - National Institute of Health and Clinical Excellence best practice treatment guidelines; - extant Trust clinical care pathways for service users with complex diagnoses and drug and alcohol problems. <p>These revisions to be completed within six months of the publication of this report. (report 7)</p>
staffing and workload review	<p>The Joint Heads of Service should examine the management of consultant clinics and associated case load pressures and ensure contingencies are developed to provide for the management of emergencies. The Trust has a responsibility to ensure all staff can work effectively despite the prevailing demand. There may be a need to consider more routine cases being delegated to more junior doctors to enable emergencies to be properly assessed. (report 9)</p>
safeguarding	<p>8. Staff of Lambourn Grove and SE CATT must both ensure that any assessments routinely include consideration of any safeguarding issues for the service user and significant others and that MDTs include safeguarding on their assessment checklists automatically. This must be carried through to CPA discharge planning reviews.</p> <p>14. Protocols should be developed for initiating discussion regarding concerns about possible domestic violence that are separate from current Safeguarding procedures. This should be done in partnership with the local authority and Hertfordshire Constabulary. Alternatively consideration should be given to expanding the definition of 'vulnerable adults' within the Safeguarding procedures so that it embraces anyone that might be subject to domestic violence. (report 10)</p>
service management and development	<p>The CAG executive should conduct a review of the structure of the Lewisham Early Intervention Service as an effective service model with a view to developing a more integrated team in Lewisham that is properly resourced to ensure fidelity to the Early Intervention model. This should be a 'stand alone' Early Intervention for Psychosis Service in Lewisham to bring it in line with the Early Intervention Team structures in Lambeth, Croydon and Southwark. (report 19)</p>
policy compliance	<p>SEPT, MKCHS and HPFT should ensure all medical practitioners meet the requirements of Good Medical Practice (GMC) and Good Psychiatric Practice (Royal College of Psychiatrists) with respect to recording their reasons for reaching diagnostic conclusions and for treatment decisions (report 12)</p>
policy or procedure update and review	<p>Internal review terms of reference involving serious incidents to have an objective to compare clinical practice against national and local policies</p> <p>Police Liaison Policies, Procedures and staff compliance to be reviewed.</p> <p>Duty worker protocol to be updated to include Multi-Disciplinary Team review for service user who present regularly in crises. (report 14)</p>
process or pathway review and change	<p>MHSOP should consider the access to psychological therapies that it is able to provide and whether older people are disproportionately disadvantaged in the access to psychological therapies available to them. (report 10)</p>

Appendix G: Statement of Epistemological Position

Epistemology concerns questions such as 'what counts as knowledge? How are knowledge claims justified? What is the relationship between the researcher and that being researched?' (Creswell, 2013, p. 21). It is the starting point of research as it would have an impact on how a researcher constructs knowledge, influence the relationship and the participant/ data and guides the way in which the quality of methods is demonstrated (Carter & Little, 2007).

The conventional division between qualitative and quantitative research provides a simplified version of epistemology of realism (or positivism in some literature) vs interpretivism (or social constructionism) (Bergman, 2008). Realism commits to the view that there is an external reality to which researcher can study; interpretivism, however, believes that reality is co-constructed between the researcher and the researched and shaped by individual experiences (Bryman, 2012; Creswell, 2013).

Epistemology, could be a continuum rather than just two mutually exclusive stands. Pragmatism for example, is an epistemological position that argues that reality is known through the use of many tools of research that reflect both deductive and inductive evidence. Reality is what is useful, practical and works (Creswell, 2013). Understanding knowledge in this way allows the possibility of using both quantitative and qualitative methods in one single study.

For this thesis, the researcher adopted a pragmatic (Creswell, 2013) or methodological pluralist approach (Willig, 2013) and acknowledged knowledge as being both constructed (interpretivist) and based on the reality of the world we experience and live in (realist).

In the literature review on the IPH perpetrators' experiences, the author aimed to explore the lived experience of the perpetrators and thus used a hermeneutic phenomenological approach to gain an empathic understanding of the perpetrators' views. Although the author adopted a systematic and structured approach in literature search and analysis, it was not the intention to aim at achieving an 'objective' understanding of the perpetrators' experience. Rather, the author acknowledged that the review could only achieve a 'third-order' understanding of the perpetrators (through the lens of the researcher of the primary study and then the lens of the author) (Reid et al., 2009).

In the narrative analysis, the author first aimed to gain an overview of the characteristics of the homicides and the inquiry reports, as if they were the external

reality to be studied. In the second part of the study, however, the author treated the inquiry reports as a narrative that shaped how the authorities gave meanings to the incidents. In this way the author adopted a more interpretivist approach and acknowledged that the reality (what the narrative means) is constructed by both the researcher and the researched.

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Appendix H: Chronology of Research Process

Time	Tasks
January – April 2016	Exploration of research topics
April – May 2016	Research proposal submission for internal panel and peer review
June – September 2016	Literature review on intimate partner homicides and inquiry in health care
October – December 2016	Literature review on methodology Preliminary data analysis on the investigation reports
January – March 2017	Ethics application submission Formal peer review Evaluation by Service User Reference Group
April – August 2017	Deciding topic and scoping search for Part 1 of the thesis (Literature Review)
September – December 2017	Systematic search and data analysis for metasynthesis
January 2018 – March 2018	Write-up for metasynthesis
March 2018 – April 2018	Narrative analysis on independent investigation reports
May 2018	Thesis write-up
June 2018	Conference presentations Preparation for publication
July 2018	Research viva
October 2018 – January 2019	Revision

Appendix I: Guidelines to Authors for Journal Targeted for Literature Review

Aggression and Violent Behavior

<https://www.elsevier.com/journals/aggression-and-violent-behavior/1359-1789/guide-for-authors>

Aggression and Violent Behavior, A Review Journal is a multidisciplinary journal that publishes substantive and integrative reviews, as well as summary reports of innovative ongoing clinical research programs on a wide range of topics germane to the field of **aggression** and **violent behavior**. Papers encompass a large variety of issues, populations, and domains, including homicide (serial, spree, and mass murder: sexual homicide), sexual deviance and assault (rape, serial rape, child molestation, paraphilias), child and youth violence (firesetting, gang violence, juvenile sexual offending), family violence (child physical and sexual abuse, child neglect, incest, spouse and elder abuse), genetic predispositions, and the physiological basis of aggression.

Manuscripts that articulate disparate orientations will be welcomed, given that this journal will be cross-disciplinary and cross-theoretical. Indeed, papers will emanate from numerous disciplines, psychology, psychiatry, criminology, criminal justice, law, sociology, anthropology, genetics, social work, ethology, and physiology.

Papers describing the study of aggression in normal, criminal, and psychopathological populations are acceptable. Reviews of analog investigations of aggression and animal models will be considered if the contribution is likely to lead to significant movement in the field. The emphasis, however, will be on innovativeness of presentation and clarity of thinking.

Your Paper Your Way

We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

To find out more, please visit the Preparation section below.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

Appendix J: Letter of Approval from University Ethics Committee



University Ethics Sub-Committee for Psychology

01/03/2017

Ethics Reference: 10528-kmn8-neuroscience,psychologyandbehaviour

TO:

Name of Researcher Applicant: Ka Ng

Department: Psychology

Research Project Title: A narrative analysis of the NHS England independent investigation reports of intimate partner homicides (IPH) by mental health service users.

Dear Ka Ng,

RE: Ethics review of Research Study application

The University Ethics Sub-Committee for Psychology has reviewed and discussed the above application.

1. Ethical opinion

The Sub-Committee grants ethical approval to the above research project on the basis described in the application form and supporting documentation, subject to the conditions specified below.

2. Summary of ethics review discussion

The Committee noted the following issues:

The study will use existent documents/reports and does not raise any significant ethical issues. It can therefore be approved.

Good luck with the data collection

3. General conditions of the ethical approval

The ethics approval is subject to the following general conditions being met prior to the start of the project:

As the Principal Investigator, you are expected to deliver the research project in accordance with the University's policies and procedures, which includes the University's Research Code of Conduct and the University's Research Ethics Policy.

If relevant, management permission or approval (gate keeper role) must be obtained from host organisation prior to the start of the study at the site concerned.

4. Reporting requirements after ethical approval

You are expected to notify the Sub-Committee about:

- Significant amendments to the project
- Serious breaches of the protocol
- Annual progress reports
- Notifying the end of the study

5. Use of application information

Details from your ethics application will be stored on the University Ethics Online System. With your permission, the Sub-Committee may wish to use parts of the application in an anonymised format for training or sharing best practice. Please let me know if you do not want the application details to be used in this manner.

Best wishes for the success of this research project.

Yours sincerely,

Prof. Panos Vostanis

Chair

Appendix K: Evaluation Feedback from Service User Reference Group (SURG)

SERVICE USER REFERENCE GROUP (SURG)

EVALUATION OF TRAINEE RESEARCH

TRAINEE NAME: Ka Man Ng

TITLE OF STUDY: A narrative analysis of the NHS England independent investigation reports of intimate partner homicides (IPH) by mental health service users

1. Is this a topic that has relevance to service users?

YES it is about understanding the rhetoric of investigations and to establish how services can be altered to support those who have committed homicide in a way that is less coercive and less driven by risk assessment but more driven by the needs of the individual.

2. Is the research problem stated clearly?

YES, clearly identifies research questions. Maybe also think about how recommendations are established and whether they are evidence based and known to be effective interventions in response to what the service user has done.

3. Is the background to the research clearly stated?

YES there is limited background information as this has been scarcely studied.

4. Is the proposal logically organised and clearly written?

YES

If you wish to make any additional comments about the research, please give these below:

The research proposal has identified a gap that when researched may be able to inform safeguarding policies and how to conduct risk assessments to work with service users who have committed homicide and maybe help prevent such cases from happening in the future. I also think it would be interesting to be able to identify certain characteristics in service users that might be related to them being more likely to committing homicide. If this can be identified then it would protect the wider public too.