

# Lessons Learnt?

## Domestic Homicide Reviews through a Sex Industry Lens

An analysis of English Domestic Homicide Reviews  
concerning individuals involved in the sex industry

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# Executive Summary

In April 2011, section 9 of the Domestic Violence Crime and Victims Act 2004 came into force. This established a statutory requirement for local authorities in England and Wales to carry out a Domestic Homicide Review (DHR) when the circumstances of an individual's death raise specific concerns. The reviews investigate the circumstances leading up to the individual's death, examine the interaction the individual had with services and agencies prior to their death, and put forward learning and recommendations to prevent future incidents of domestic abuse and homicide. Since the introduction of this statutory requirement, in excess of 400 DHRs have been completed. However, no national database of DHRs currently exists. Recommendations and learning are not pooled at a national level, and, to date, there has been little accountability around the implementation of recommendations from DHRs.

As an organisation with over 20 years' experience of partnering with women in the sex industry, we are acutely aware of the high numbers of homicides of women who sell sex. For example, it has been estimated that women involved in the US sex industry are 18 times more likely to be murdered than women of the same age and race from the general population (Potterat et al., 2004). In light of the high risk of homicide faced by women who sell sex, we wanted to ensure that learning from DHRs concerning individuals involved in the sex industry was not being lost in local silos.

This report investigated the prevalence of involvement in the sex industry amongst publicly available DHRs in England; identified the commonalities in the lived experiences of the individuals involved in the sex industry within the DHRs; and examined the agency responses to these individuals. Lessons learnt and recommendations within the DHRs were drawn out to understand what good practice was identified within reviews and what practice could be improved for the future.

## About this report

- 23 reviews relevant to individuals involved in the sex industry were identified overall in 21 local authorities. This represents about 5% of all DHRs.
- The lack of accessibility of many DHRs may mean some reviews featuring individuals selling sex have been missed. Additionally, DHRs often contained only minimal information about an individual's involvement in the sex industry and consideration of the significance of this involvement was often overlooked.

- 87% (n=20) of the reviews involved people whose involvement in the sex industry was clearly known. In 13% (n=13), involvement in the sex industry was not made explicit or was suspected but had not been confirmed. The reviews included individuals who had sold sex on the street, within brothels, massage parlours or saunas, and in the context of escorting.
- 21 of the DHRs concerned cisgender women involved in the sex industry, one involved a cisgender man who sold sex, and one involved a transgender woman. The reviews did not meaningfully engage with race, nationality, and ethnicity, creating challenges in distinguishing between the three when discussing the individuals involved.
- In 65% (n=15) of the DHRs, the individuals involved in the sex industry were victims of a homicide or a self-inflicted death. Of the victims, four involved cases of suicide rather than homicide and one involved death by accidental drug overdose. In 35% (n=8) of the reviews, individuals involved in the sex industry were the perpetrators of the homicide.
- Most of the individuals involved in the sex industry experienced similar challenges in their lives. The intersectional nature of these issues was significant, and for some, these issues contributed to their involvement in the sex industry.
  - 100% of the individuals had experienced domestic abuse and violence either historically or at the time of the homicide/suicide. Of those who had been the perpetrator of the homicides, all had experienced domestic violence either from the victim of the homicide or from the main perpetrator in the homicide.
  - 39% of the individuals faced adverse circumstances in their childhood experiences, and these were all women.
  - Of the 11 women selling sex who were the victims of homicide, nine of the reviews stated that their male partners were coercing the individuals into selling sex or exploiting their involvement in the sex industry.
  - 57% of the individuals had been sexually abused.
  - 74% of the individuals were identified as having substance misuse issues.
  - 65% of the individuals were known to be experiencing issues with their mental health.
- The language used in many of the reviews was reflective of misconceptions of the sex industry amongst professionals and review panels. For example, many of the DHRs referred to the individuals involved in the sex industry using such language as 'prostituting themselves'. Such framings meant review panels failed to recognise cases of child sexual exploitation present in individuals' lives. It also led to a lack of professional curiosity in understanding an individual's involvement in the sex industry, in assessing their vulnerability and in understanding how involvement intersected with other elements of individuals' lives, such as domestic abuse.

## Key Recommendations for Agencies/Services

- **Adopt trauma-informed approaches** - Professionals often dismissed individuals as 'difficult' when they engaged with services. The DHRs recommended that services would benefit from adopting a trauma-informed approach, considering how trauma exposure can impact an individual's development and negatively impact on their ability to feel safe and develop relationships.
- **Recognise and address communication challenges** - The DHRs highlighted the need for agencies to consider what barriers service users may face in communicating with them, specifically in relation to their experience of domestic abuse and their involvement in the sex industry and implement strategies to address these challenges.
- **Invest in training to improve knowledge and understanding of key issues** - More than half of the DHRs highlighted a lack of understanding amongst professionals of key issues faced by the individuals and of the ways in which these issues overlapped. Agencies did not appear to have an extensive understanding of the nature and complexities of domestic violence/abuse; they demonstrated a lack of understanding about mental health issues and sexual abuse; and there was little understanding of the sex industry, the differing dynamics around involvement or how involvement intersected with other elements of individuals' lives, such as domestic abuse.
- **Improve multi-agency responses, including information sharing, referral pathways between services, and risk assessment and safeguarding processes** - It was found within many of the DHRs that information was not sufficiently shared between agencies, negatively impacting on the support given to individuals. There was also recognition of a need to encourage deeper critical thinking and professional curiosity by professionals to identify concerns earlier.

# Introduction

## About this report

Domestic Homicide Reviews (DHRs) are a multi-agency review carried out by local authorities when the circumstances of an individual's death raise specific concerns. The reviews investigate the circumstances leading up to the individual's death, examine the interaction the individual had with services and agencies prior to their death, and puts forwards learning and recommendations. Domestic Homicide Reviews also have the potential to inform safeguarding policies and procedures. The aim is to ensure that mistakes are not repeated, and lessons are learnt.

At the time of conducting this analysis, no national database of domestic homicide reviews exists<sup>1</sup>. Currently, recommendations and learning are not pooled at a national level and thus not shared. However, a small number of studies have carried out overarching analyses. For example, Standing Together's (2019) *Domestic Homicide Review* analysis looked at reviews between 2011 and 2019 and highlighted learnings and gaps in reviews which were relevant to London, in particular street crime in the city. The UK Home Office conducted their own analysis of DHRs published between October 2019 and October 2020 in order to share any learning emerging from these reviews. Additionally, the HALT study, a three-year research study which commenced in 2019 and was designed to address gaps in knowledge of domestic homicide through conducting an analysis of 300 DHRs in England and Wales, began publication of its findings in late 2022. However, no study to date has focused specifically on those involved in the sex industry. This analysis was therefore conducted to fill this gap through examining the current scope of reviews focused on individuals who were involved in the sex industry in the 333 local authorities in England.

Before conducting this analysis, we were aware of the high numbers of homicides of women involved in the sex industry. A US-based study previously reported that women involved in the sex industry were 18 times more likely to be murdered than women of the same age and race from the general population (Potterat et al., 2004). No such study exists in the UK. However, Ward et al.'s (1999) research established that women involved in the sex industry had a general mortality rate 12 times greater than women not selling sex aged 15 to 44 in Greater London. Looking at the percentage of women murdered within Ward et al.'s study, Cunningham et al. (2018) suggest that the homicide mortality rate of the study could be as high as 36.

Research by Cunningham et al. (2018) examined a database of 180 known murders of those selling sex in the UK between 1990 to 2016. In their research, they argued that homicide of sex workers was an occupational issue, and that there should be a distinction made between 'work-related' homicide, and 'non-work-related' homicide. 'Work-related' homicide (n=110) was defined within the study as homicide by a client, taking place in a 'sex-working workplace' or 'individuals last being seen alive in a known street sex work area'. Meanwhile, 'nonwork-related' (n=37) was defined as homicide where family members, partners or friends of the victim were the perpetrators. A further 33 were unclassified due to lack of information. Using these criteria, the domestic homicides explored in our research would be categorised as 'non-work-related' homicide.

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<sup>1</sup> Work is underway within the Home Office to create such a database, but this is not expected to be completed until mid 2023 at the earliest.

Therefore, with this analysis, our aims were threefold:

1. To understand the prevalence of involvement in the sex industry amongst domestic homicide reviews.
2. To identify the commonalities in the lived experiences of the people involved in the sex industry before the homicides.
3. To understand the agency response to these individuals and how it was informed by the fact that they sold sex.

Overall, it was important for us to ensure the learning from DHRs concerning people involved in the sex industry was not being lost in local silos and was instead being drawn together and shared so that it can be implemented by agencies to improve support for those involved in the sex industry.

It is important to acknowledge that the individuals discussed in this report are, or were, people with intricate lives, and that categorising features of these people's lives does not necessarily do justice to their actual experiences. It is important to humanise these individuals and not to just see them as numbers or data. In drawing together learning from DHRs and working towards its implementations, we have sought to honour their lives.

## About Beyond the Streets

Beyond the Streets is a charity with over 20 years' experience of partnering with women in the sex industry on-street, indoors and online. Our vision is to see a world where people are free from sexual exploitation, and where those who sell sex have the option to pursue genuine alternatives, free from constraints such as poverty, drug dependency, and abuses of vulnerability.

We work directly with women selling sex to support them to make the changes in their lives that they wish to make, with a particular focus on enabling women to find routes out of the sex industry. We do this through our Door of Hope outreach project, for women involved in survival sex in the London Borough of Tower Hamlets, and through Beyond Support, our national remote access support service open to women selling sex in the UK.

We also equip and support other projects across England and Wales to tackle the sexual exploitation that happens in every community. We host a network of over 35 affiliate projects, providing training, project development, good practice guidance and collaborative working. We deliver training on the sex industry to statutory services, police, and other third sector organisations, and we carry out research alongside women with lived experience to inform good practice and service development.

Our direct support services are built on a women-centred model and a trauma-informed approach. We seek to offer holistic, person-centred support that doesn't label or trade off the story of those involved. This means that, our support is:



- **Gender Informed** – We recognise the gendered nature of the sex industry and the fact that the majority of those selling are women and so we offer a protected women's space: virtual or face to face.
- **Safety focus** – We help to safety plan, we name/assess the harms around selling sex, and we recognise the impact of trauma and violence in addition to focusing on a woman's physical health and sexual health.
- **Empowerment bias** – We see her as the expert in her own life and not someone to be 'fixed' or rescued. We take a strengths-based approach, and we seek to learn from her.
- **Choice/client led** – We see beyond involvement in the sex industry as a 'choice' and avoid labels that limit her experience to one aspect of her life. We give choices wherever we can, for example in relation to the time/place to meet/content of meetings.
- **Collaborative** – We hold 'space for action' enabling women we support to set the pace, we ask informed questions and listen, and we prioritise working together with other agencies.
- **Trustworthy** – We do as we say we will, we don't break confidentiality, and we offer non-judgmental support.

For more information about our work, see <https://beyondthestreets.org.uk>

## Background on Domestic Homicide Reviews

According to the Home Office (2016a), a Domestic Homicide Review is a '*multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves*'. The basis for the DHR process is to ensure agencies are responding appropriately to victims of domestic violence by putting in place mechanisms and interventions with an aim to prevent future incidents of domestic violence and homicide. DHRs are an important tool in understanding the circumstances leading up to a homicide as well as the agency response to the issues faced by individuals before their death.

The definition of domestic homicide used by the Home Office includes victims killed by a partner or ex-partner or a relative, or by someone else living with the victim at the time of the homicide. Although DHRs are primarily focused on deaths that have resulted from violence, abuse, or neglect by someone the victim knew, suicide cases are also reviewed when the circumstances give rise to concern, such as when there was coercive controlling behaviour in a relationship prior to the suicide (Home Office, 2016b).

The establishment of a DHR is set out under Section 9 of the Domestic Violence Crime and Victims Act 2004 which came into force on the 13th of April 2011. Since then, there has been a statutory requirement for local authorities to conduct DHRs in England and Wales, and in excess of 400 DHRs have been completed, although not all of these are publicly available (Home Office, 2016a)

When a domestic homicide happens, the current process is that the police will provide a notification of death to the relevant community safety partnership (CSP), who are made up of representatives from the 'responsible authorities', and who has responsibility for establishing a review. According to the Home Office (2016b), the CSP panel must review the following criteria in deciding whether to undertake a DHR:

*'a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:*

- 1. A person to whom he was related or with whom he was or had been in an intimate personal relationship, or*
- 2. a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.'*<sup>2</sup>

Where the definition set out in this paragraph has been met, then a Domestic Homicide Review should be undertaken.

When the CSP agrees the criteria is met, they will request a review panel is set up involving individuals from both statutory and voluntary agencies. The review panel should include a chair responsible for managing and coordinating the review process and producing the final report. This chair should be an experienced individual who is not 'directly associated' with any of the agencies involved in the review and should not be a member of the CSP (Home Office, 2016b). The scope of the review should be determined by the chair and review panel within one month of a case coming to their attention, and the report should be completed within six months. Friends, family, and other supports can be included but considerations should be made to the sensitivities of involving them (Home Office, 2013).

## Methodology

All publicly available domestic homicide reviews in all 333 local authorities in England were studied to identify relevant reviews concerning individuals involved in the sex industry. The analysis focused solely on local authorities in England rather than studying both England and Wales to allow for a more specific focus, and for ease of analysis.

Many local authorities had little or no DHRs available on their website. It is possible some may have been removed or were never published due to concerns about sensitivity or legal constraints. Ethical approval was not sought in this case as DHRs are in the public domain, and the individuals discussed are anonymised.

The analysis started with a search of Google using specific search terms, before going through each local authority one at a time to examine each available DHR in turn. DHRs identified were available in both executive summary and full versions. Each DHR was scanned for relevant information regarding involvement in the sex industry.

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<sup>2</sup> Words importing the masculine gender includes the feminine..

The search terms used for this were as follows:

- 'prostitute'
- 'prostitution'
- 'sex work'
- 'sexual abuse'
- 'selling sex'
- 'sexual exploitation'
- The terms 'street work' and 'street worker' were later added to the search terms as one of the reports used these terms to refer to a woman selling sex.

These search terms were also used within scans of DHRs when it was not immediately evident whether a review related to individuals involved in the sex industry or not.

23 reviews relevant to individuals involved in the sex industry were identified overall in 21 local authorities. As the Home Office has stated that an excess of 400 DHRs have been published since 2011; this represents about 5% of all DHRs. It is important to note, however, that the lack of accessibility of many DHRs may mean some reviews featuring people involved in the sex industry have been missed. Two individuals were identified within two of the local authorities: Buckinghamshire Council and Newham. An overview of the 21 local authorities and the individuals in the DHRs can be found in the following section.

Relevant information within the 23 DHRs was captured and inputted into an Excel spreadsheet for ease of comparison between reviews. This information was then coded into relevant themes and categories using thematic analysis. With this process, the intention was to identify commonalities in demographics between reviews and issues that were commonly experienced by individuals involved in the sex industry in these cases. Lessons learnt and recommendations were also drawn out to understand what good practice was identified within reviews and what practice could be improved for the future.

Challenges of the methodology included identification of relevant reviews, as many of the reviews did not have extensive detail about an individual's involvement in the sex industry, and consideration of the significance of their involvement was often overlooked within reviews. This led us to question whether in many DHRs, questions around involvement in the sex industry are rarely asked by the review panels.

## Limitations

There is currently no central database which contains all DHRs, making identifying DHRs challenging. Furthermore, not all existing DHRs are publicly accessible. Therefore, it is possible that some DHRs pertaining to individuals selling sex have not been identified in this report. The Home Office plans on releasing an online central database in 2023, by which we can compare what has been identified in this review and assess whether any relevant reviews have been missed. In addition, not every domestic homicide incident is subject to a domestic homicide review, as this is at the discretion of the local CSP and so some domestic homicides concerning individuals involved in the sex industry in England may not have been captured by DHRs.

This report does not represent the views and experiences of all individuals who sell sex, and the findings are based on a small sample of 23 reviews which is not representative of the number of people who sell sex in England. The diversity in quality and depth of information provided within the DHRs meant that analysis was challenging. In addition, the reviews primarily reflect the review panels' interpretations of an individual's life, and do not portray the individual's own understanding of their life. The process of identifying distinct challenges can also fail to fully convey the intersectionality of these within individuals' lives. It should also be recognised that whilst the same risks and issues were not discussed in all reviews, this does not necessarily mean that these issues were not present in individuals' lives.

## Common Characteristics

Domestic Homicide Reviews are required to address protected characteristics under the 2010 Equality Act if relevant to the review (Home Office, 2016a). Analysis of the 23 reviews started with comparison of the demographics of the individuals involved in the sex industry to understand more about their lives. An overview of these demographics is provided in Table One on page 11.

### Involvement in the Sex Industry

87% (n=20) of the reviews involved people whose involvement in the sex industry was clearly known. For example, Maggie's involvement in the sex industry had been confirmed by agencies as they had had past engagement with her regarding selling sex. Of these, whilst 17 were involved in the sex industry up to the homicide, three had been involved in the sex industry historically but were not known to be involved at the time of the homicide. For instance, Martha had previously sold sex to Fred but was not selling to him at the time of his death.

Meanwhile, in 13% (n=3) of the reviews, individuals' involvement in the sex industry was not made explicit or was suspected but had not been confirmed by authorities. Louise's case is a strong example of this, as there was no evidence that she actually sold sex to her ex-partner or to anyone else. However, her ex-partner had frequently referred to her as a 'prostitute' and offered to pay her for sex after their relationship ended. The review was unclear whether his language and propositions were intended as demeaning or indicated that Louise was experiencing sexual exploitation. There was also no explicit mention of AB selling sex, but it was suspected due to her being known to be vulnerable, not staying at home, and with no obvious form of income. She is referred to in the report as 'being sexually active from the age of 13 and frequenting risky locations' and as being 'found in the company of older men'. AA's review, meanwhile, stated that she may have been working within the sex industry but that there was no substantial evidence to support this, apart from her employment at a massage parlour that had been associated with selling sex, and police finding her with condoms at the parlour.

Seven of the reviews involved individuals who sold sex on the street, whilst three involved those who sold sex within brothels, massage parlours or saunas. One of the reviews involved a woman who sold sex in the context of escorting. Four of the reviews concerned women whose involvement in the sex industry was explicitly framed as sexual exploitation.

For example, in Marilyn's review, the report stated that she was involved in 'enforced prostitution' by her partner Donald, and this was identified as a form of sexual abuse by Donald. The remaining eight reviews did not specify the specific context within which individuals were involved in the sex industry; instead, the reports made general references to the individual selling sex.

## Gender and Sexuality

Although 21 of the 23 DHRs concerned cisgender women involved in the sex industry, there was one DHR involving a cisgender man who sold sex, Michael, and one DHR involving a transgender woman, Jimena. Michael and Jimena were the only people involved in the sex industry within the DHRs who were discussed as being members of the LGBT community. Within Table One below, 'woman' is used to refer to cisgender women, and 'man' is used to refer to cisgender men.

## Victim or Perpetrator?

In the majority of cases (65%, n=15), the individuals involved in the sex industry were victims of a homicide or a self-inflicted death. Of the victims, four involved cases of suicide rather than homicide and one (Michael) involved death by drug overdose, which was believed to have been accidental. However, in 35% (n=8) of the reviews, women involved in the sex industry were the perpetrators of the homicide rather than the victims. As discussed later, all the women who were perpetrators had experienced domestic abuse either by the male victim of the homicide or by the male main perpetrator. This reflects findings from Kimmel's (2002) study into gender symmetry in domestic violence that women's violence towards men is mostly retaliatory or in self-protection. Two of the female perpetrators did not commit the homicide themselves and were accomplices to the main perpetrator. Both accomplices were in a relationship with the main male perpetrator. Similarly, in Dobash and Dobash's (2004) study into women's violence to men in intimate relationships, they found the majority of women studied were rarely the primary perpetrator and were often the victims of violence from their male partner. Overall, in 43% of all reviews, the gender of the perpetrator was male, and the gender of the victim was female.

## Date of Review

The statutory guidance for local authorities in England and Wales to conduct domestic homicide reviews only came into force in 2011. With that considered, the first of the 23 reviews was published in 2013, and the last was published in 2021. The first of the homicides reviewed occurred in 2011, whilst the last occurred in 2019. The most common date for the DHRs to be published was 2016, when seven of the relevant reviews were published. The most common date for homicides to occur within the reviews was 2015.

## Age

30.5% (n = 7) of individuals were in their 20s, 17.5% (n = 4) were in their 30s, 26% (n = 6) were in their 40s, and 4% (n = 1) were in their 50s. 22% (n = 5) did not have their age made clear on their reviews, either because their age was not known or because certain elements of their lives were kept anonymous to ensure they were not easily identifiable and therefore protected. Comparatively, more generally it was found that domestic homicide victims tended to be aged 30 to 50 (Home Office, 2022).

Table One: Demographics of Individuals

Name of Individual	Age at time of homicide	Gender	Ethnicity/ Nationality	Sex Industry Context	Victim or Perpetrator?	Type of death	Local Authorities	Date of Publication
Teddy	30	Woman	Black and White British	Framed as sexual exploitation	Victim	Suicide	Bath and North East Somerset Council	2017
Adult A	N/A	Woman	White British	On-street	Victim	Homicide	Bolton Borough Council	2015
Marie	44	Woman	Chinese	Brothels, massage parlour, or saunas	Victim	Homicide	Bournemouth, Christchurch, and Poole Council	2015
Maggie	40s	Woman	White British	Context unknown	Victim	Suicide	Bristol City Council	2018
Tracy	36	Woman	White British	Context unknown	Perpetrator	Homicide	Buckinghamshire Council	2016
Jane	44	Woman	White European	Context unknown	Victim	Suicide	Buckinghamshire Council	2020
Adult A	27	Woman	White British	On-street	Victim	Suicide	Cornwall Council	2019
Louise	31	Woman	White British	Framed as sexual exploitation	Victim	Homicide	Croydon	2021
Martha	N/A	Woman	White British	Framed as sexual exploitation	Perpetrator	Homicide	Doncaster Borough Council	2017
Jimena	33	Transgender woman	Mexican	Escorting	Victim	Homicide	Hammersmith and Fulham	2018
Crystal	23	Woman	White and Asian British	Context unknown	Victim	Homicide	Harrow	2017
Adult A	51	Woman	White British	Brothels, massage parlour, or saunas	Victim	Homicide	Hull City Council	2016
Female Perpetrator	N/A	Woman	White British	On-street	Perpetrator	Homicide	Kirklees Borough Council	2016
Adult B	N/A	Woman	White British	On-street	Perpetrator	Homicide	Leicester City Council	2017
AB	20	Woman	White British	Context unknown	Victim	Homicide	Lewisham	2013
AA	N/A	Woman	Bulgarian	Brothels, massage parlour, or saunas	Victim	Homicide	Newham	2016
Ellie	26	Woman	Romanian	On-street	Victim	Homicide	Newham	2017
Michael	24	Man	White British	Context unknown	Victim	Drug overdose	South Gloucestershire Council	2016
Barbara	41	Woman	White British	Context unknown	Perpetrator	Homicide	South Oxfordshire District Council	2019
X	40	Woman	White British	On-street	Perpetrator	Homicide	Stoke-on-Trent City Council	2015
Rachel	29	Woman	White British	On-street	Perpetrator	Homicide	Swindon Borough Council	2016
Marilyn	26	Woman	White British	Framed as sexual exploitation	Perpetrator	Homicide	Tower Hamlets	2020
A	44	Woman	White European	Context unknown	Victim	Homicide	Warwickshire County Council	2016

## Ethnicity

65% (n 15) of the individuals involved in the sex industry were White British, whilst 17% (n=4) were White European. Of those four, AA was a Bulgarian national, Ellie was Romanian, Jane was part of the traveller community, and A was described as generally 'European'. Two individuals were mixed race (one Mixed Black/White British and one Mixed Asian/White British), and one individual was a Chinese national. The remaining woman, Jimena, was described simply as 'Mexican'.

## Who contributed to the review?

Domestic Homicide Reviews involve a review panel who usually consist of agencies from the statutory agencies listed under Section 9 of the 2004 Act, as well as other agencies which are relevant to the specific review and thus have a key role to play in the review process. The police featured in the review panel of all 23 reviews, whilst health services (n=18), housing (n=12) and probation (n=12) also heavily featured. Less frequent were specialist services such as drug and alcohol teams (n=5), MARACs (n=2), sexual health services (n=1) and rough sleeper teams (n=1). Whilst eight of the reviews featured individuals who were not White British, only one of the review panels featured a service specialising in supporting ethnic minorities. Only three review panels involved services which specifically supported those involved in the sex industry.

DHR panels are encouraged to include family and friends of the victim and perpetrator in the review, as it is recognised that this is likely to improve the quality and accuracy of the review (Home Office, 2016). 57% (n=13) of reviews involved family and friends of the victims contributing to the review to provide a more detailed account of their relative and ensure their first-hand perspectives were being included. In many reviews, the family will choose an appropriate pseudonym to refer to their loved one in the review; for example, Teddy's father chose the name 'Teddy' to be used in her review.

Marie's daughter provided a lot of background information into Marie's life and discussed her observations about Marie being domestically abused by her partner, who was the perpetrator of her death. Marie's colleagues had also observed that her partner appeared to be controlling. The sons of the victim in the Female Perpetrator's review also provided more details about their father's life and his character in order to demonstrate that he was a complete person rather than just a 'victim'.

Only one review included the perpetrator's family and friends, and that was Rachel's. Rachel's family was regularly in contact throughout the review and provided detail about Rachel's early life.

As standard DHR practice, families are given a draft copy of the review report before it is formally published, as was done for example in the case of Adult A (Cornwall). Louise's family had been unhappy when reviewing the draft report as they felt Louise's voice had been overlooked by agencies, but eventually agreed to publication. Ellie's family agreed that her report fairly reflected Ellie's 'voice' and made sure it was not lost within the review.



Perpetrators are also invited to participate in the review. For instance, in Louise's review, the perpetrator's Probation Officer was contacted to invite him to take part in the review, but he declined. Perpetrators contributed to the reviews in six cases, with 83% (n=5) of these concerning the reviews where women involved in the sex industry were the perpetrator. Martha, for example, provided additional information which was included in the report and allowed her first-hand experiences to be incorporated. Barbara was also involved and provided her own view of the events leading to the homicide, as well as information regarding her own background and experiences.

## Language Used

17% of the DHRs exclusively used the terms 'prostitution' or 'prostituting herself' to refer to those involved in the sex industry, whilst 26% exclusively used the term 'sex work' or 'sex worker'. For example, Michael was referred to exclusively as a 'sex working male'. In Adult A's (Cornwall) case, she was referred to as a 'street worker', a term which was not used in any other review.

Jane's review exclusively described her selling sex as providing 'sexual favours', whilst A's review referred to her as 'prostituting herself' and 'providing sexual favours'. Six of the other reviews (26%) also used more than one term to refer to the women's involvement in the sex industry. For example, Maggie's review referred to her as leading a 'chaotic lifestyle' in reference to her use of drugs and alcohol, a term which does not sufficiently portray the challenges of many of those involved in the sex industry, as well as using the term 'sex work'. The other five reviews all used both the terms 'sex work' and 'prostitution' to refer to the women's involvement in the sex industry.

In 52% (n=12) of the reviews, these terms were used without questioning and without consideration for the individual's own terms and their personal references to their involvement in the sex industry. However, the other 48% (n=11) of the reviews wrestled with these terms more and acknowledged that language around the sex industry is not straightforward. For instance, whilst Crystal is referred to as a 'sex worker' due to that being the 'preferred professional term' for those selling sex during her lifetime, the review acknowledged that Crystal would be described as a vulnerable woman and that she was at an increased risk of being sexually exploited. Jimena's description as a 'sex worker' was also used due to her preference for this term, as she saw herself as having a well-established business and as being a 'high-status sex worker'. She saw her involvement in the industry as work. Nevertheless, her review refers to a statistic that 45-75% of those who sell sex experience violence, suggesting an attempt by her review panel to acknowledge her vulnerability to exploitation.

In some of the reviews that clearly wrestled with definitions, whilst one term is used, it is acknowledged that the term does not fully reflect the experiences of those involved in the sex industry. For instance, in Rachel's review, whilst she is described as a 'sex worker', the review referenced a statistic that 95% of those involved in the on-street sex industry are engaging in survival sex to finance their drug habit. Similarly, whilst A was described as 'prostituting herself', it was acknowledged in her review that her involvement in the sex industry was an act of exploitation, and the review highlighted how her levels of risk and vulnerability contributed to her selling sex. Teddy's involvement in the sex industry was also framed as sexual exploitation and it was recognised that she was groomed into selling sex rather than making an active 'choice'.



# Themes Identified

The purpose of DHRs is to contribute to a better understanding of the nature of domestic violence and abuse (Home Office, 2016). In this section, the most frequently recurring themes present in the 23 reviews are identified and discussed to demonstrate the commonalities in experiences faced by those involved in the sex industry. With these themes, we also aimed to provide a better understanding of how issues such as domestic and sexual abuse are experienced by individuals involved in the sex industry.

## Adverse Childhood Experiences

39% (n=9) of the individuals, all women, faced adverse circumstances in their childhood experiences. For instance, it was found in Crystal's review that she experienced physical and sexual abuse in her childhood. This abuse led to her giving birth when she was herself a child and using drugs to cope with her adverse experiences. Crystal's female family members were involved in the sex industry, and she started selling sex from a young age. Her review found that agencies put too much focus on her substance misuse and did not consider the trauma she had developed from her childhood experiences. Crystal's review panel stated that they believed that the failure to protect her as a child 'undoubtedly continued to resonate throughout the remainder of her life'.

The Female Perpetrator had been introduced into the sex industry by her mother, who also sold sex, and her involvement in the sex industry from the age of 15 was described in the review as 'selling sex' rather than child sexual exploitation. She had suffered from mental health issues from a young age and was known to have been suicidal in the past and to have self-harmed. AB had been in care between the ages of 6 and 18 and started being exploited in the sex industry after she left her foster placement at 13, although this was framed by the review as 'being sexually active and frequenting risky locations' rather than as child sexual exploitation. Adult A (Cornwall) had also been fostered at a young age and had started experiencing mental health issues and substance misuse issues at the age of eleven or twelve. Adult A's mother told the review panel that Adult A had felt as if 'she had no choice but to become a street worker' to fund the drug habit she had developed. Teddy had also been sexually abused since childhood by a man who continued to exploit her up until her death, and Martha had been sexually abused since childhood by the man who she eventually killed.

Rachel experienced domestic abuse by her father in her childhood and was being sexually exploited by an older man from the age of 15, although this is described as 'a relationship' in the review. This man subjected her to frequent physical abuse, and she tried to take her own life on several occasions during this time. She also gave birth to a child at 16 years old. As a result of these adverse experiences, she experienced issues with substance misuse from the age of 15. She started selling sex at the age of 19 to fund her drug use. Similarly, X had disclosed to professionals as an adult that she had been sexually abused repeatedly between the ages of 9 and 11 by a friend of her father's, and that this had contributed to her alcohol and substance misuse. Adult B also had been experiencing sexual abuse since her childhood and had discussed with her review panel that Adult A, whose homicide she was the accomplice to, had sexually abused her in childhood. Adult A had been supplying her with drugs and alcohol since the age of 12 with the aim of increasing her vulnerability to sexually abuse her. He was additionally coercing her and 'pimping' her into selling sex.

## Intimate Relationships and Domestic Abuse

In all 23 reviews, the individuals involved in the sex industry had experienced domestic abuse and violence either historically or at the time of the homicide/suicide. Of the women who had been the perpetrator of the homicides, all had experienced domestic violence either from the male victim of the homicide or from the male main perpetrator in the homicide. In 82% of the 11 reviews where the individuals selling sex were the victims of homicide, women were killed by their current male partner or spouse.

In 48% (n=11) of the reviews, the individuals' partner was aware of their involvement in the sex industry. Of these 11, four of the reviews involved women with male partners who were unhappy with their involvement and were jealous of them selling sex to other people. All four of these reviews involved domestic abuse and later homicide from the male partners, demonstrating as Dobash et al. (2004)'s research into intimate partner violence stated, that jealousy from male partners is strongly related to intimate partner homicide. Within nine of these 11 reviews (39% of all reviews), it was stated that their partners were coercing the individuals into selling sex or exploiting their involvement in the sex industry. For instance, whilst Adult A (Bolton) had been selling sex to pay for drugs for her and her partner, her partner would physically abuse her for having sold sex. These findings complicate the category of 'nonwork related' homicide proposed by Cunningham et al. (2018), which treats domestic homicide committed by friends, acquaintances, and family members as separate from 'occupational homicide'. Cunningham et al. argued that their classification of homicides committed by family members as 'nonwork-related' is valid 'as it enables a focus on the occupational factors that make sex workers so vulnerable to homicide at the hands of strangers and clients, who represent the majority of perpetrators' (2018, p.326). However, whilst the category of 'occupational homicide' may shed more light on homicides at the hands of strangers and clients, the category of 'non-work related' homicide arguably obscures the ways in which sex industry involvement may play a role in murders committed by partners and family members.

22% (n=5) of the individuals involved in the sex industry were women who were married at the time of the homicide. Four of these women were murdered by their husband, including Jimena, and the fifth committed suicide. 52% (n=12) of the individuals were in relationships but were unmarried at the time of the homicide. Five of these individuals were killed by their partner, two committed suicide, and five were perpetrators in the homicide. Of the five perpetrators, three killed their partner, one was in relationships with both the victim of the homicide and the other perpetrator, and the fifth was in a relationship with the main perpetrator and the victim was a family member she lived with who had sexually abused her as a child and was coercing her into selling sex.

26% (n=6) were women who were single or had some involvement with their ex-partner. One of these women was killed by their ex-partner and two committed suicide. Of the two suicides, Teddy had experienced domestic violence in a past relationship, had been groomed from an early age by an unnamed man known since childhood, and was deemed by the review panel to have been vulnerable to ongoing sexual exploitation by the unnamed man up until her death. The second woman (Adult A - Cornwall) had had adverse childhood experiences and was known to have been a victim of domestic abuse in the past. The remaining three single women were perpetrators in the homicide. One perpetrator killed her ex-partner. The other two perpetrators, Martha and Rachel, killed a 'friend' or family member. Fred was Martha's step-grandfather, and she had previously been sexually abused and sexually exploited by him. In Rachel's case, she had been informally caring for an older male friend who she murdered.

## Sexual Abuse and Exploitation

57% (n=13) of reviews involved individuals who had been sexually abused. Of these, 31% (n=4) had been sexually abused in their past, whilst 31% (n=4) were being sexually abused at the time of the homicide. For example, Marie's husband had a history of sexually abusing her, and Martha had previously been sexually abused as a child by the man whose life she took. Both Marie and Martha were coerced into selling sex by these same men who were sexually abusing them. Crystal also had a history of extensive sexual abuse in her childhood.

The remaining 38% (n=5) of those who had been sexually abused involved women being sexually exploited by a partner or friend or were being 'pimped' out. For example, Teddy was presented as being groomed into selling sex and had been vulnerable to sexual exploitation by a man she had known since childhood, who continued to pay her for 'sexual favours'. In the Female Perpetrator's review, it is discussed that the Male Perpetrator, her partner, became her pimp and was extremely violent to her and two other girls he was pimping. Adult B was also being 'pimped out' by her abuser and he was coercing her into selling sex and then looking after her money. A's involvement in the sex industry was also interpreted as exploitation, with the review panel highlighting her levels of risk and vulnerability. These findings align with Matolcsi's (2020) research into domestic abuse relationships, which discussed how some types of involvement in the sex industry can be framed as 'unwanted sex with third parties' where abusive partners coerce or pressure individuals to sell sex to others. Matolcsi's research furthermore discusses how this type of involvement in the sex industry can be seen as an element of domestic violence and abuse, indicating how domestic abuse and selling sex interplay.

## Substance Misuse

74% (n=17) of the individuals involved in the sex industry were identified in their reviews as having substance misuse issues. For example, Adult A (Cornwall) was selling sex to pay for drugs for her and her partner. It was also acknowledged within Adult A's review that people with substance misuse issues are six times more likely to take their lives than the general population. Moreover, Michael died as the result of a drug overdose after a history of substance misuse, and his involvement in the sex industry funded his drug and alcohol use.

Substance misuse by women was also exploited by others in many of the reviews. For instance, Teddy was supplied with drugs by her ex-partner to increase her vulnerability and had been 'pimped out' for drugs and money. The Female Perpetrator was also purposely provided with crack cocaine by her partner so he could make sure she became addicted, and he could take control of her money. When she became desperate, he would give her too much money knowing she would use it all and overdose.

It was notable that those experiencing substance misuse issues were less able to access consistent support from services. In Adult A (Cornwall)'s review, it was discussed how she found it difficult to consistently engage with services due to her substance misuse and self-discharged on a number of occasions. Maggie was also noted as not attending her appointments with services due to substance misuse and was sometimes intoxicated when she attended sessions.

## Mental Health Issues

In 65% (n=15) of all the DHRs, the individuals involved in the sex industry were known to be experiencing issues with their mental health. Of these, four were homicide victims. For instance, Crystal, AB, and A had all experienced mental health issues from a young age due to their adverse childhood experiences. Adult A (Hull) had also experienced poor mental health as the result of being mentally abused by her partner, who was also the perpetrator of her homicide. Meanwhile, six of those experiencing mental health issues were the perpetrators of homicide rather than the victims. For example, X had a history of self-harm and suicidal ideation leading up to her murdering her partner, Y. Rachel also ended up taking the life of the man she was caring for, John, due to experiencing psychosis where she had heard voices telling her to hurt people. She had a history of severe mental illness and suicide attempts.

The remaining five individuals were the five victims of self-inflicted deaths (see above Victim or Perpetrator section). Adult A (Cornwall), for instance, had a history of severe mental health issues and had attempted to take her life on several occasions. She had experienced psychosis and issues with self-harm leading up to her suicide. Teddy also committed suicide and had had a history of care and support needs in relation to her mental health before this happened. Maggie took her own life and was known to authorities leading up to this because of her history of self-neglect and her multiple complex needs, but these were not shared between agencies. Jane had been mentally abused by her husband and had taken her own life as the result of this abuse. Lastly, Michael died as the result of a drug overdose, and had a history of mental health issues which he was experiencing up until his death.

## Nationality, Ethnicity and Race

35% (n=8) of the reviews involved women who were not White British. Amongst these reviews, challenges were faced with distinguishing between nationality, ethnicity, and race, as this was not always made clear within reports.

AA was a Bulgarian national, and this was seen by the review panel to have increased her vulnerability, as when she moved to the UK, she did not have a permanent place to reside. She entered the UK as an EU citizen in 2012. Her husband was also from outside of the UK, but was not an EU citizen, and so was judged by AA's family to have married her to stay in the UK. Her family also stated that he had blackmailed AA to open a joint account with him to seek residence in the UK.

Marie was a Chinese national. Marie's daughter was involved in her DHR, and highlighted that cultural factors should be considered in Marie's case, as she stated that in Chinese households sexual and domestic abuse are culturally not talked about. Marie's review panel also recognised that foreign nationals in the UK are often more isolated and are vulnerable to threat of deportation which may present a barrier to them getting in contact with authorities. Marie's husband would not let her speak Chinese around the house. Comparatively, Ellie was a Romanian national, and her review panel stated that the Romanian community often keeps information within the community and that there is shame within the community in being exposed for being involved in the sex industry. Therefore, her review panel established that she may have been less likely to report abuse and sexual violence due to these cultural influences.

A was White European, and the review panel in her case recognised that some Europeans may not have knowledge or familiarity of local UK domestic abuse services and referral pathways. Jane was also White European and was a member of the traveller community, but these characteristics were not discussed in her review as having any effect on her experiences leading up to her death, although it was acknowledged that current knowledge and understanding about travellers by agencies was limited.

Jimena, as mentioned above, was a Mexican national who had travelled over to the UK with her husband (the perpetrator), and her review recognised that she was not aware of and thus did not access support services after facing domestic abuse from her husband.

Teddy was a British national but was of mixed descent, as she was White and Black British. Her local authority took this into consideration when referring her to support services and she was working with a support service run by a Black and Asian led charity up until her death. Crystal was also a British national of mixed descent, as she was mixed White and Asian. However, it is not recognised in her review how this may have influenced her experiences.

Language barriers presented a challenge when conducting DHRs and involving friends and family. For example, DHRs faced difficulties communicating with some of Marie's family members because of the language barriers, as they only spoke Chinese and lived in China. However, in Jimena and AA's reviews, this challenge was successfully navigated, and translators were used to contact their families and ensure they were engaged with the DHR process.

None of the DHRs involved professionals using professional curiosity in examining whether any of these women had been victims of trafficking and/or were vulnerable to trafficking.

## Gender Differences

It was acknowledged by the review panel in Jimena's review that, as a transgender woman, she may have faced barriers in reporting the domestic abuse she was experiencing due to systemic discrimination against the transgender community in society. Indeed, the panel reported that transgender people 'experience high levels of domestic abuse', and recognised that despite this, only a small number of transgender victims are reported to be accessing support locally. However, there was limited discussion of the experiences of transgender women in the sex industry specifically and how being transgender may affect the experience of selling sex.

Michael's review recognised that the LGBT community, which he was a part of, 'suffer from higher levels of depression and anxiety', and that they 'demonstrate a higher likelihood of being substance-dependent' compared to other social groups. The review also acknowledged that the services he engaged with should have had LGBT-specific domestic abuse policies to make their support more person-centred. Similar to Jimena, there was little discussion of the specifics of LGBTQ+ men involved in the sex industry and their experiences.

# Service Involvement

Domestic Homicide Reviews are carried out in order to establish what lessons are to be learnt from the homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims of domestic abuse. It is intended that these lessons will be applied to service responses, including changes to policies and procedures. The following section draws out both the good practice and key learning from across the 23 DHRs.

## Good Practice

Seven services in particular were identified from the DHRs as providing effective support to individuals involved in the sex industry and/or individuals experiencing the above issues.

Galop, a LGBTQ+ service for victims and survivors of domestic violence and abuse in Hammersmith and Fulham, was discussed in Jimena's review as an example of good practice in the area. They were described as such due to their specialised support for LGBTQ+ victims of domestic abuse, and their close and productive relationship with other agencies in the area. They were also praised for their online resource library which allows service providers to understand more about how to specifically support LGBTQ+ victims. SASH was also recognised by Jimena's review as an example of good practice, as they offer sexual health training to front line staff and professionals which can include issues for trans people and/or those who sell sex. Unfortunately, these services were not accessed by Jimena before her death, but it was important for the review panel to highlight these services to encourage agencies in the area to work closer with these agencies, and for other agencies to adopt these practices. The Bristol Drugs Project was also identified as demonstrating effective practices in Michael's review, as they supported him in reducing the risks associated with his ongoing injecting of heroin through allowing him to access testing to ascertain his Blood Borne Virus (BBV) status, and he had completed a course of vaccination to protect himself from Hepatitis B.

In terms of specialist services for individuals who sell sex, Open Doors in Newham was discussed in both Newham DHRs as providing specialist services to women who sell sex in the area. Their provision of ISVA services which allow women to receive person-centred support for experiences of sexual violence and exploitation was highlighted. Both Newham reviews also recommended the work of National Ugly Mugs, as they argued that this service provided an effective justice and protection service for women who sell sex, and they were recommended to those who accessed Open Doors' services.

SWEET (Sex Worker Empowerment Education and Training) in Kirklees were identified as an effective service for women selling sex in the Female Perpetrator's review, as they helped the Female Perpetrator discuss her needs and find accommodation, obtain a crisis loan, and make a claim for benefits. They also reintroduced her to Lifeline and gave her advice on how to reduce harm to herself associated with her drug use. They were therefore recognised as promoting good practice by the review as they considered her specific circumstances as a woman involved in the sex industry and understood how other issues could impact or prolong involvement in the sex industry.

Despite many reviews identifying issues with coordinated multi-agency support, NILAARI, a Black-and-Asian-led charity in Bath and North East Somerset, was identified as demonstrating good multi-agency practice through recognizing that Teddy was a victim of sexual exploitation and referring her to the Bristol Sexual Violence MARAC. It was discussed in the review how NILAARI ensured Teddy received holistic support, supporting her with her housing, finances, mental health, and drug problems.



## Lessons to Learn

### *Being trauma-informed*

Trauma results 'from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being' (SAMHSA, 2014). Although arguably every single one of the people studied experienced trauma in their lives, 17% of the reviews featured women involved in the sex industry who were treated differently by agencies due to how their trauma manifested when working with agencies. For instance, Adult A's review identified that authorities discriminated against her due to her demeanour and her substance misuse, both of which are likely to have been affected by her trauma as the result of her selling sex and history of domestic abuse. Similarly, it was found that both Martha and Crystal were seen as 'challenging' by agencies due to their 'chaotic' lifestyles and services did not consider that their behaviour was suggestive of a trauma response and that they had vulnerabilities that remained unaddressed. A also had a 'reputation' with authorities because of her behaviour, and so this coloured the police response to her homicide, which indicated to the review panel in her case that the domestic violence she was experiencing was not taken seriously and her circumstances were not considered as contributing to the way she engaged with agencies. Trauma-informed practice is grounded in the 'understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development' (OHID, 2022). It was therefore suggested in the reviews that a trauma-informed approach from agencies would have ensured that professionals were better equipped to deal with behaviours that appeared 'difficult' or challenging and to support individuals selling sex without discrimination.

### *Communication with service users*

It was also identified in many of the DHRs that agencies did not consider challenges faced by those involved in the sex industry regarding consistently communicating with services. This can be demonstrated in the Female Perpetrator's review, in which the review panel recognised that services could not consistently engage with her as she did not always have access to a mobile phone, and it was not always known where she was staying. It was argued within her review that this was a common challenge faced especially by women who sell sex. The review panel acknowledged that this should have been considered by agencies working with the Female Perpetrator.

Michael's partner was controlling his access to a mobile phone or any form of communication. This was identified by the review to cause him challenges in communicating with services about his issues and the domestic violence he was facing. It was stated in the review that Michael's vulnerability was not fully appreciated by agencies, which may in part have been the result of limited communication between Michael and services due to the control of his phone by his partner. His review recommended that domestic abuse policies that recognise issues relating to the LGBTQ+ community would have allowed for better understanding of the abuse Michael was experiencing from his partner. Jane similarly found it difficult to consistently engage with support services because of domestic abuse from her partner. Her review identified that professionals need to improve their knowledge of how to support individuals in this area. For example, they recommended that when people fleeing domestic abuse fail to contact or disengage with services, professionals need to determine whether the individual is safe or has returned to the abuser.

## *Understanding the issues and improving knowledge*

More than half (52.4%) of the reviews highlighted that there is a lack of understanding amongst professionals of key issues faced by the individuals in the DHRs. Many of the reviews highlighted that agencies did not appear to have an extensive understanding of the nature and complexities of domestic violence and abuse. For example, professionals at the Poole Hospital NHS Trust in Marie's case did not have a domestic violence policy and did not identify the coercive and controlling behaviours that she was experiencing from her partner. It was thus recommended by her review that the current council strategy for identifying domestic abuse and violence within different cultures should be improved in order to enhance the provision of information and encourage support to victims.

Additionally, in Adult A's case in Hull, it was found that professionals did not sufficiently understand the indicators and effects of domestic abuse or how to identify an individual as at particular risk of vulnerability to domestic abuse. There was also no recognition of the impact of domestic abuse when Adult A presented with injuries. Her review recognised that further training and awareness would help agencies better understand the cumulative effects and indicators of domestic abuse. Indeed, although professionals in Crystal's review also had limited understanding of domestic abuse, it was identified that they had since had training in domestic violence, and there was a recommendation from the review panel that training on domestic abuse should be made compulsory for frontline staff. In Jane's review, it was recognised that police failed to risk manage the calls Jane had made about threats to kill from her partner, and the review panel similarly recommended that more thorough training could ensure better awareness by professionals on identifying higher risk of domestic abuse in at-risk groups. The review panel for Jimena's review summarised these findings by stating that just because someone sells sex, 'does not mean they cannot be at risk of domestic abuse, and this can instead increase their risk'.

Many professionals also demonstrated a lack of understanding about mental health issues among the women and men studied. For instance, in Teddy's case, it was found that professionals did not recognise Teddy as a vulnerable adult despite her history of self-harming and suicide attempts. Her review also identified that agencies did not recognise her as experiencing suicidal ideation, as she was stated as being seen to be 'making her own choices' by agencies despite her mental health leaving her vulnerable to exploitation by others. Further staff training was suggested in this case so that frontline staff could better identify vulnerability in service users.

There also appeared to be a lack of understanding of sexual abuse, as well as a failure to act when cases of sexual abuse were reported. For instance, in Martha's case, she had previously reported Fred for sexually abusing her as a child, and then continuing to sexually exploit her as an adult, but these allegations were not progressed or explored by agencies. Her review therefore recommended that professionals adopt a pro-active approach when responding to allegations of sexual abuse in order to inform risk assessment and decision-making which could have helped to support Martha and prevent Fred's death.

Additionally, there was little understanding of the sex industry by professionals or how involvement affected their lives and potentially increased their vulnerability. In the Female Perpetrator's review, the review panel identified that professionals in Kirklees did not consider the impact of domestic abuse on women who sell sex and how, like in the Female Perpetrator's case, women can be sexually exploited and 'pimped out' by their partners. Her review recommended that the Safeguarding Adults Board in the area should consider whether women involved in the sex industry should be identified as 'Adults at Risk' and therefore whether a multi-agency safeguarding response would better suit their support needs.



It was found in Rachel's review that the links between selling sex and domestic abuse were also not recognised by agencies supporting her, and that awareness needed to be improved with professionals in order to identify these links and understand that some women who sell sex 'may be doing so because of harassment and domestic violence from a partner'. It was also found that professionals displayed a lack of knowledge on how to support women in the sex industry at risk of domestic abuse in Jimena's case. Review panels in these cases therefore recommended that agencies should develop online resources with information on help and support for women involved in the sex industry. Jimena's review also identified a need to review current practice in relation to women who sell sex who are at risk of domestic abuse and the training needed for staff to ensure they meet the needs of these women. Matolcsi (2020)'s exploration of 'unwanted sex by third parties' also highlighted how professionals need to be aware of this issue as a possible element of an abusive relationship, indicating how domestic violence can result in women becoming involved in the sex industry in an exploitative context.

### *Agency responses*

In 29% of reviews, the lack of multi-agency response was highlighted as an issue. In particular, it was found within many of the reviews that information was not sufficiently shared between agencies so relevant agencies did not have the appropriate knowledge that would have improved the support given to the individuals in the reviews. For example, it was found that the single-agency approach used to support Adult A in Bolton impeded efforts to safeguard her. It was recommended by her review that this approach should be challenged in the future, and that this response could be improved through better planning and coordination of support. Maggie's review also identified that information about Maggie and her support needs had not been shared amongst agencies, and so her review panel recognised that a more comprehensive multi-agency approach should be used in the future in order to collate and manage the risk of women who need support.

Additionally, there was also a lack of clear referral pathways identified between services. For instance, Health services and Victim Support services were not coordinated in Crystal's case, and there was a lack of referral pathways between these agencies despite the commonalities in much of their work. It was therefore recommended in her review that communication and referral be improved to ensure women who are involved in the sex industry who are experiencing domestic violence can access specialist women's support services. Certainly, in the Female Perpetrator's case, it was stated that when a vulnerable group of people such as those who sell sex are concerned, 'good communication and information sharing between statutory and voluntary organisations is essential'.

It was also identified by the reviews that risk assessment and safeguarding processes across agencies should be improved. In Louise's review, it was recommended that services review safeguarding training in order to encourage deeper critical thinking and professional curiosity by professionals to identify issues and concerns earlier. Moreover, in Adult A's (Hull) review, it was acknowledged that domestic abuse risk assessments were needed to better understand risks to victims, which thus would help agencies make appropriate referrals and improve multi-agency working.

## Specialist Support

It was identified amongst the reviews that many domestic homicide cases are unknown to the MARAC (Multi-Agency Risk Assessment Conference) processes, and that many of the individuals in the reviews were not referred to MARACs. MARACs help victims through improving multi-agency working in which agencies discuss options for increasing the safety of victims and create a coordinated plan to action this. Research shows that following intervention by a MARAC and an IDVA service, up to 60% of domestic abuse victims report no further violence (Safe Lives, 2014). In A's review, it was highlighted that GPs in the area were not familiar with the process of MARACs and so did not make a MARAC referral for A, which would have helped her get support from an Independent Domestic Violence Advisor (IDVA) and a more coordinated response from agencies. Consequently, her review recommended that agencies need to be informed about the MARAC process and should become involved in 'two way' information sharing and referrals into MARACs. In Michael's review, it was identified that no information from the NHS Trust about Michael's abuse was shared at the MARAC, and that this should have occurred. There was also no referral identified as being made to a MARAC in Rachel's review, despite Rachel being identified as a victim of serious domestic abuse by agencies. Her review thus recommended that relevant services attend MARACs on a regular basis in the future.

In some cases, it was also recognised that the individuals would have benefitted from more specific and specialist support services. In Marie's review, it was identified that agencies did not recognise the cultural barriers she was facing in accessing support. It was thus recommended that the current process for integration of foreign nationals in the UK be examined and assessed to ensure better consideration of cultural vulnerability. Similarly, Ellie's review identified that she faced challenges in accessing support due to cultural norms in Romania where domestic abuse is not usually reported. Therefore, the review recommended that services in Newham should target some publicity and information leaflets to immigrant women to ensure they know their rights and that services believe victims of domestic and sexual violence. It was also suggested that agencies needed to create a system of communication between them and Romanian communities which encourages reporting of abuse without fear of reprisal.

Rachel's review also recognised a need for a support service to support families of perpetrators, as Rachel's family discussed in her review how they struggled to come to terms with what had happened but felt they had been excluded from receiving support from traditional family support agencies.

The above recommendations did not appear to change by date. For example, recommendations from earlier reviews published in 2013 to 2015 suggested that services need to improve their multi-agency working and their understanding of the indicators of domestic violence. However, reviews published from 2019 to 2021 made similar recommendations, indicating that the recommendations made from domestic homicide reviews are not being properly implemented into policy and practice.

# Discussion

In this analysis, domestic homicide reviews from 21 local authorities in England informed understanding of the specific challenges faced by those involved in the sex industry and allowed for a detailed understanding of how agencies specifically responded to individuals who sell sex and what specialist support was provided. This report compared the individuals selling sex by their age, gender, ethnicity, and other demographics in order to identify commonalities between them.

The findings of this analysis demonstrated that most of the people involved in the sex industry experienced similar challenges in their lives such as mental health issues, substance misuse, and experiences with domestic and sexual abuse. For some, these issues contributed to their involvement in the sex industry. Mental health issues were identified as being commonly experienced amongst the individuals, and in some cases even led to suicide. This frequency in mental health issues corresponds to the findings from Collis and Thorlby's (2022) report, which suggested that mental health was the most frequently recurring support theme amongst the women selling sex studied. The DHR analysis also identified a lack of mental health support provided to individuals despite their support needs in this area. Many of the individuals experienced stigma from services who perceived them as being too 'difficult' or not engaging consistently with services, without considering how their trauma or how involvement in the sex industry may have affected them. This lack of mental health support for those involved in the sex industry was highlighted by Bowen et al. (2021), who discussed the challenges those involved in the sex industry face in accessing appropriate and non-judgemental mental health support.

Similar to our finding that the women who were the perpetrators of homicide in DHRs commonly faced challenges with mental illness and substance misuse, research by Bracewell et al. (2021) found that perpetrators of adult family homicide commonly experienced mental health issues and substance misuse before the homicide. Our analysis also highlighted the intersectional nature of the issues faced by individuals. For example, many of the individuals using drugs started doing so as a way to cope with mental health issues they were experiencing, which in turn were connected to their experiences of abuse, violence, and trauma.

## The DHR Process

The findings of this research have shown that there is room for improvement in the current domestic homicide review process. The reviews analysed did not meaningfully engage with race, nationality, and ethnicity, creating challenges in distinguishing between the three when discussing the people involved. Only some reviews recognised the interplay of cultural differences and discrimination towards ethnic minorities in relation to domestic violence and abuse, and only two reviews used professional interpreters to engage with individuals' families, meaning some voices were lost because of language differences. Chantler et al's. (2022) HALT research similarly found that few DHRs provided a detailed exploration of race, culture and ethnicity and that professional interpreters were used inconsistently in the reviews they studied.

DHRs did not provide detailed information about the individual's involvement in the sex industry and how this contributed to the challenges they were experiencing in their lives. With the exception of three reviews, none of the reviews were conducted by review panels which involved specialist services for those involved in the sex industry, suggesting that there was a lack of knowledge and expertise about the sex industry within the review process. There was also no mention in any of the reviews of involvement of anyone with lived experience of the sex industry within review panels, suggesting that panels were hindered by a lack of first-hand experience and knowledge of being involved in the sex industry and the challenges it can present. Chantler et al. (2022) also identified a lack of diversity in DHR review panels which consequently limited the findings of the reviews, suggesting that this is a common limitation amongst domestic homicide reviews. The HALT study furthermore discussed how Review Chairs may be exhibiting unconscious bias, which is worth considering in the context of our research, as the Chair may have had preconceived ideas about involvement in the sex industry which thus influenced the review process. As the Chair themselves is often not discussed in review panels, it is thus hard to assess whether the Chairs in the 21 reviews discussed would have had a knowledge or understanding of the sex industry or not, and thus exhibited unconscious bias.

The language used in many of the reviews was reflective of misconceptions of the sex industry amongst review panels. It was found that many of the DHRs referred to the individuals involved in the sex industry using such language as 'prostituting themselves', which puts the onus on the individual and is suggestive of the individual making an active choice rather than considering the other people and factors involved. This language is reflective of a wider lack of nuance within society when it comes to perceptions of motivations for selling sex, where many perceive selling sex to simply be a personal choice for employment made by individuals. Reviews referring to individuals in this way also meant review panels failed to recognise cases of child sexual exploitation present in individuals' lives. For example, the review panel in AB's review referred to her as 'being sexually active from the age of 13', rather than being a victim of child sexual exploitation at 13 years old.

Just under half of the reviews arguably recognised that a binary understanding of involvement in the sex industry, as either coerced or freely chosen, does not do justice to the realities of people's experiences and appeared to be wrestling with definitions. These reviews acknowledged that whilst the individual may have chosen to describe their involvement in the sex industry as 'work', it was important to recognise the wider context of their life story in which that involvement took place and the exploitation they were experiencing.

## Key Learning for Agencies

As the primary purpose of domestic homicide reviews is to disseminate learning and improve service provision, it is important that the findings of this research should inform service practice. Services will need to consider the multiple challenges faced by individuals to ensure their support is person-centred and tailored to individual need. For example, in identifying the multiple issues experienced by individuals involved in the sex industry, services should provide them with support which understands the complexity of the sex industry and of the challenges faced by the people involved within it.

This analysis of DHRs identified that there is currently a lack of diversity and inclusion within services, meaning individuals' intersecting identities are not being considered when providing support. For example, the finding that the women who were not British Nationals faced challenges in accessing support suggest that services need to ensure that they are providing holistic support which is culturally sensitive and inclusive of the diverse populations living within their community. Reviewing who is missing from their service and working with representatives from those communities to understand how to adapt the service to meet the needs of those communities would start to address this shortcoming. This analysis also identified that support provided by services within and across local authorities needs to be consistent as currently there is a lack of coordination and communication between agencies.

Substance misuse was another example of a common experience amongst the individuals which was found to have contributed to involvement in the sex industry for many of them. It was also identified by the reviews that substance misuse created challenges for individuals in their ability to access support from services. It may therefore be beneficial for agencies to include assertive outreach as part of their support services to encourage those who struggle with substance misuse to engage more consistently. Findings of a lack of understanding about the nature of substance misuse amongst agencies included within the DHRs additionally indicates a need to invest in more training on the nature of substance misuse and the promotion of harm reduction across a broad range of services and agencies.

It was also found that professionals often dismissed individuals as 'difficult' when they engaged with services. The reviews discussed how this perception may have been the result of how they displayed their trauma, indicating that services would benefit from adopting a trauma-informed approach, considering how trauma exposure can impact an individual's development and negatively impact on their ability to feel safe and develop relationships (OHID, 2022). Such an approach would help to ensure that individuals are effectively supported and not misunderstood as simply being 'difficult' to engage with.

It is evident from the research findings that services did not practice enough professional curiosity when engaging with individuals, as this would have led them to identifying that they were experiencing domestic violence and abuse, sexual abuse, and other issues. Limited professional curiosity was also identified by Bracewell et al. (2021), who discussed that professionals in the 300 DHRs they studied working in this field did not ask the right questions or investigate reports of domestic violence. Many of the reviews in this study have highlighted that professionals did not recognise indicators of domestic abuse and did not identify other challenges that the individuals were experiencing leading up to the homicides. These findings therefore suggest that promoting a better understanding of issues such as domestic and sexual abuse would ensure that professionals are aware of and can identify a wide range of issues experienced by individuals and signpost to other relevant agencies where needed. It furthermore seems likely that this lack of understanding has hindered professional curiosity and thus furthermore highlights the need for specialist training in this area.

Furthermore, lack of professional curiosity about the sex industry meant that professionals did not recognise how sex industry involvement was putting some of these individuals at risk of sexual exploitation or exacerbating the other issues they were experiencing. This suggests that selling sex was not viewed as a potential vulnerability or a risk factor to domestic abuse, highlighting a widespread training need.

For instance, the DHRs themselves often did not discuss the sex industry in much detail or discuss it in relation to the domestic abuse that the individuals were experiencing, indicating that connections were not made by the review panel between selling sex and vulnerability to domestic abuse. Similar to the professionals discussed in the DHRs, the review panel did not appear to show curiosity in assessing whether the individuals were involved in the sex industry and in what capacity, and so it was unclear from many of the reviews which sex industry context individuals were involved in. Indeed, the HALT research separated their DHR repository by several vulnerabilities or minority traits, such as LGBTQ+ victims, and victims who were Black, Indigenous, and people of colour. However, individuals involved in the sex industry were not a distinct category in their research and involvement in the sex industry was not specifically discussed in their work. Similarly, adopting Cunningham et al's. (2018) classification of sex worker homicides committed by family members as 'nonwork-related' could result in a failure to recognise that domestic abuse, particularly intimate partner violence, can include sexually exploiting a (usually female) partner and/or coercing them to be involved in the sex industry.

The findings of this analysis demonstrated that for many people, involvement in the sex industry can be complex, and is transitional and fluid. However, the reviews studied often did not provide any nuance for all the factors that contribute to an individuals' decision to start selling sex. Reviews often characterised involvement in the sex industry as either 'exploitation' or 'choice' but exercising choice in the sex industry and being exploited are not mutually exclusive. However, reviews did acknowledge that not everyone experiences their involvement in the sex industry in the same way. Additionally, some reviews recognised that people could move between categories and define their involvement differently at different stages of life. Therefore, professionals need to develop an awareness of the complexity of the sex industry and focus on person-centred language rather than making assumptions about individuals' involvement as 'sex work', especially without their input. As those involved in the sex industry are the experts in their own lives, they need to be treated as such by professionals and language needs to reflect the terms that individuals feel best describe their involvement. The evidence of reviews wrestling with terminology indicates that involvement in the sex industry is not either 'work' or 'exploitation', and perceptions of involvement are very specific to the individual and can change over time.

It was found that many of the individuals involved in the sex industry were women who had been coerced and/or 'pimped out' into selling sex by a partner who exploited their vulnerabilities. These women did not have the ability to make an active choice to 'work' in the sex industry as a form of employment, conflicting with societal perceptions of selling sex as always being a 'choice' made by women. The way involvement in the sex industry is understood can also influence professionals' approach to safeguarding, as framing involvement as 'work' without individuals' input can render invisible personal and structural harm they may be experiencing. This is in line with findings by Matolcsi (2020) that in the context of domestic abuse, there is a lack of understanding among professionals of the sex industry and of 'unwanted sex with third parties'. Matolcsi argues that this results in sex industry involvement within the context of a domestic violence relationship not being recognised as a possible element of abuse. Instead, an individual's involvement is often viewed as their choice. Therefore, professional curiosity should be exercised to ensure that individuals' involvement in the sex industry is well understood, and the full extent of their vulnerability is considered. Professional curiosity would also allow for recognition of how involvement in the sex industry can intersect with other elements of people's lives and personal histories, such as domestic abuse.



In all the reviews studied, all the individuals involved in the sex industry were selling sex to men, including Michael and Jimena. This finding resonates with Mulvihill's (2018) argument that it is 'overwhelmingly men paying for sex', reflecting societal gender-power relations and constructions between masculinity and sexuality. The gendered nature of the sex industry is important to consider within the wider gendered patterns around domestic abuse. Within the homicides where women involved in the sex industry were the victims, the gendered pattern was also clear.

It is important to note that discussions of agency responses in this report should not be interpreted as 'finger-pointing'. Haines-Delmont, Bracewell and Chantler (2022) have discussed how domestic homicide reviews can often lead to mistrust from professionals who feel like they are being blamed and who thus take a defensive stance rather than learning from the review recommendations. However, DHRs are, at their core, learning events to enable professionals to exercise best practice moving forward. Consequently, it should be stressed that the recommendations to agencies that have been discussed in this report be seen as learning opportunities to enable professionals to identify and action what needs to be done within their own agencies to respond more appropriately to individuals involved in the sex industry.

This study faced challenges in identifying DHRs relevant to those involved in the sex industry, and that the process used to identify such reviews was not easy and straightforward. It therefore seems clear that there is a need for a national repository of DHRs in order to ensure that the learning from these reviews is more accessible. Indeed, the purpose of DHRs is to ensure that previous homicides can be learnt from and that agency responses towards those experiencing domestic violence can be improved. A national repository would better achieve this goal. This call for a national repository is echoed by Haines-Delmont, Bracewell and Chantler (2022), who stressed the importance of this for meaningful engagement in the DHR process by all parties.

## Conclusions

Domestic homicide reviews provided a significant resource in allowing for a detailed understanding of individuals' lives and their support needs. However, it is important to recognise that in many cases, these individuals are no longer alive and so were unable to provide their own perspectives. Furthermore, it is worth reiterating that the people discussed in this report are or were real people with intricate lives, rather than numbers, and that they actually experienced these challenges. It was therefore essential for this analysis to demonstrate that these are challenges that individuals involved in the sex industry may be facing every day, yet there is little discussion around or recognition of this by many services or by wider society.

Despite the limitations identified in DHR processes in many of the reviews, it is promising to see that efforts are being made to improve domestic homicide review standards. For instance, the Domestic Homicide Review (DHR) Network was developed in early 2021 and is helping to raise the standard of DHRs nationally (AAFDA, 2021). Their chief goal is to create a consistently high standard of DHRs and offer resources to support the key professionals involved, suggesting that this network is allowing learning to be better disseminated to the relevant professionals. Additionally, the Domestic Abuse Commissioner is currently working on the development of a Domestic Homicide Oversight Mechanism to oversee the implementation of recommendations from DHRs (Domestic Abuse Commissioner, 2021).

Future research in this area would benefit from expanding the search of reviews to include Wales since they have the same statutory requirement for local authorities to conduct DHRs as England. The establishment of a national repository of DHRs would also help with identification of any missed relevant reviews. Further inclusion and exploration of the sex industry contexts of individuals discussed within DHRs would additionally allow for better understanding of their specific experiences and help to strengthen policy and practice regarding the sex industry. This piece of work additionally highlights the eight women who were the perpetrators of domestic homicide. Whilst outside the scope of this research, there is still a need to better understand the dynamics of female homicide against men. As highlighted by Dobash and Dobash (2004), women's violence against men tends to be a reaction to 'repeated physical violence from their male partner' rather than a means of instrumental control. This could be further exacerbated if involvement in the sex industry is an element of the domestic abuse they are experiencing.

Finally, it is important to recognise that the learning from DHRs can currently be easily lost. Whilst there is a statutory requirement to conduct DHRs, there is currently no requirement for services to put the recommendations into practice. This, paired with the inaccessibility of DHRs due to the lack of a repository, means the learning is commonly missed or forgotten. Therefore, a national repository of DHRs could categorise DHRs by themes, such as involvement in the sex industry, and would ensure that this learning is more accessible for services when they are developing their service provision to certain groups such as those involved in the sex industry. Such a repository would also allow for more thorough research of DHRs to be conducted in the future due to easier access to reviews. Additionally, the implementation of recommendations after DHRs have been published should be monitored to ensure that this learning is resulting in a change of policy and practice rather than being acknowledged but not applied.

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