

Reducing homicide: Summary of a review of the possibilities

Fiona Brookman and Mike Maguire

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Contents

Introduction	1
Domestic (partner) homicide	1
Predicting future instances of domestic violence	1
Practical responses	2
Infant homicide	3
Practical responses	4
Alcohol-related homicide	4
Practical responses	5
Use of weapons: homicides involving knives or guns	7
Knives	7
Firearms	8
High risk occupational groups	9
Recommendations	9
Domestic homicide	10
Infant homicide	10
Alcohol-related homicide	10
Homicide involving knives or guns	10
Homicide and work	11
References	11

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Introduction

This report explores the potential for reducing homicide in the UK. It draws upon data from the Homicide Index, international research on homicide, and the general crime reduction literature. The full report, RDS OLR 01/03 can be accessed at www.homeoffice.gov.uk/rds/onlinepubs1.html. Homicide is highly diverse in its characteristics, causes and dynamics, so effective strategies to reduce it are likely to require tailoring to different types of homicide. Most attention in this paper is focused on four specific categories of homicide. The categories were identified on the basis that (a) they are recognisable as relatively distinct and homogeneous kinds of homicide, each with its own set of 'typical' characteristics; (b) they are large numerically; (c) they cover both 'domestic' and 'street' offences, and homicides with predominantly male as well as predominantly female victims; and (d) they appear from the existing literature to offer some scope for preventive action. The chosen categories are:

- Women killed by their male partners, current or former
- Infants (below one year) killed by parents/step-parents or intimates
- Alcohol-related homicides, especially in and around licensed premises
- Homicides involving guns and knives (especially 'on the street')

Between them, these categories account for in the region of two-thirds of all homicides. In addition, a short section addresses the special risks of victimisation connected with particular types of job or profession.

Domestic (partner) homicide

'Domestic' (or 'partner') homicide – here defined, in accordance with Homicide Index categories, as killing by a current or former spouse, cohabitant or sexual partner – makes up a significant proportion of homicides in the UK. In 2000/01, for instance, 15 per cent of all recorded homicides in England and Wales could be categorised under a 'domestic' heading (Home Office, 2001). It is also clear from national and international data, and the research literature, that women are most at risk from being killed by a partner. According to the Homicide Index, between 1995 and 1999, 44 per cent of all female homicide victims in England and Wales – and 50 per cent of those killed by men – were killed by a current or former sexual partner. This compares to just seven per cent of all male victims.

Predicting future instances of domestic homicide

Researchers have consistently found that a high proportion of female victims of domestic homicide have previously experienced domestic violence. It has therefore been suggested that one important avenue for reducing domestic homicide is to identify and intervene with female victims of domestic violence. However, in practice the proportion of reported cases of domestic violence which ultimately result in a homicide is very small. Researchers have therefore focused on identifying those groups of domestic violence victims which appear to be associated with fatal outcomes. From the available evidence, much of which emanates from

North America, a number of indicators can be identified as most appropriate to assessing risk of homicide within the domestic setting. The following list, which is adapted from Campbell (1995:111), includes some which are undoubtedly more applicable to the US than the UK, such as access to guns. Most are likely to be as important in the UK context as in the US, although this cannot be confirmed without further research.

- Access to/ownership of guns
- Displaying weapons such as knives within the household
- Threats with weapons
- Threats to kill
- Serious injury in prior abusive incident
- Threats of suicide by male partner (in response to female partner's threats to leave)
- Drug and alcohol abuse by male partner
- Forced sex of female partner
- Obsessiveness/extensive jealousy, extensive dominance

From other research, we might add to this list:

- Women's (survivors') predictions of future risk and its likely severity
- Evidence of stalking
- Recent ending of a relationship instigated by female partner

At the end of 2002, the Metropolitan Police Service published summary findings from its own research into risk factors and domestic homicide (MPS, 2002). This found that stalking, pregnancy, separation, sexual assault, escalation of violence and cultural background could put victims of domestic violence at higher risk from their partner. The research has informed the construction of a risk assessment model.

It is important, however, to note the current limitations of risk assessment within domestic homicide. The presence even of those factors that appear particularly salient as risk factors (and which may be good predictors of violence), such as threats to kill, does not lead to homicide in the great majority of cases. In their study of 15,000 domestic assault reports over a three-year period in Milwaukee, Sherman *et al.* (1991) found that none of 110 prior episodes of gun pointing and death threats were followed by homicide. Equally, it should be remembered that a fair proportion of domestic homicides have no reported history of domestic abuse.

Practical responses

The research findings suggest that predictions of serious domestic violence can be refined to a sufficient extent to allow targeted interventions, but that the scope for predicting domestic homicide – and hence for specific interventions – seems much more limited. Even so, there is evidence of some links between the two, suggesting that a significant reduction in the overall frequency of domestic violence (especially that involving serious and repeated assaults) would be accompanied by at least a small reduction in the number of homicides.

The research literature on reducing levels of domestic violence has tended to advocate changes within the criminal justice system (e.g. through encouraging prosecutions and specific pieces of legislation, for instance to deter stalking), and effective joint working with other agencies such as the police, probation service, social services and voluntary sector providers. If these approaches are informed by a better understanding of the risk factors associated with serious harm within a domestic setting, they would appear to be the most effective means of achieving these double aims.

Although more work needs to be undertaken to identify robust risk factors in a UK setting, the current evidence suggests that female victims of domestic violence should be treated as particularly vulnerable during and immediately after separation from their violent partner. This means closer monitoring of both the victim and perpetrator, more stringent measures to ensure that they remain separated, and the enhancing of victims' abilities to protect themselves from harassment – for example, by increasing the availability of confidential shelter arrangements. More stringent controls might be considered in cases where there is additionally evidence of stalking. Most importantly, the message from the research literature is that interventions will only be effective if they are carefully planned and co-ordinated and are multi-faceted, involving a range of partner agencies: inappropriate interventions may actually increase the risk to victims.

Infant homicide

Whilst the risk of becoming a victim of homicide is exceptionally low among children as a whole, the reverse is true of infants below one year of age. In England and Wales infants under one year face around four times the average risk of becoming a victim of homicide. One hundred and seventy-two babies aged under one year were officially recorded as victims of homicide in England and Wales between 1995 and 1999; 102 males and 70 females. The great majority (82%) died under circumstances defined as 'child abuse' which suggests mistreatment over a period of time by people with responsibility for their care. The majority of the babies were killed by a natural parent: 91 per cent where a female suspect was involved and 71 per cent where a male suspect was involved. A further eight per cent of homicides were attributable to a (usually male) step-parent. Virtually all of the remainder were killed by other family members (including foster parents), family friends and acquaintances. Most offenders were young: over half were aged below 26, and most of these were between 21 and 25.

As with domestic violence and domestic homicide, it is widely accepted that a link exists between fatal and non-fatal child abuse. The literature dealing with the prevention of non-fatal abuse can provide a starting point for consideration of policies to reduce homicide. Earlier UK research and more recent studies from Australia and the US suggest that a number of factors are frequently present in the backgrounds of offenders.

There is a longstanding view that mothers who kill their infants are often suffering from some sort of postpartum mental illness. It has been suggested that 50 to 80 per cent of all women experience some degree of depressed mood after giving birth. Women have also been calculated to be 25 times more likely to become psychotic in the month immediately after childbirth than at any other point in their lives. While this may be relevant to the incidence of infant homicide, it needs to be strongly emphasised that the vast majority of mothers do not harm their children, and that many women who harm their children are not mentally ill. While there is considerably less literature available regarding the mental state of fathers (natural or step-fathers) who kill their infants or older children, there is evidence that some suffer mental distress that can manifest itself in depression or rage.

The second frequently cited theme is a range of social and economic factors which research suggests are particularly influential when combined with individual factors. Greenland (1987:20) states that incidents of abuse:

'are, almost invariably, situationally specific events. Ill health or excessively demanding behaviour in the child, maternal distress or depression, an unstable or unhelpful male partner, when combined with social isolation, poverty and poor housing, may precipitate a perilous or lethal family situation. The infant's powerlessness and inability to escape defines him as a victim'.

Some researchers report encouraging findings from more focused efforts to identify abusive parents. Lynch and Roberts (cited in Oates, 1982), who studied families in Australian maternity hospitals, found five factors which distinguished a control group from an abusive group. Abusive mothers were more likely:

- to be under the age of 20 when their first child was born;
- to have signs of emotional disturbance recorded in their maternity notes;
- to have been referred to a hospital social worker;
- to have caused concern to hospital staff over their mothering capacity; and
- to have had their babies admitted to a special care nursery.

Practical responses

As with partner homicides, only a very small proportion of the parents who exhibit risk factors will actually kill an infant, so targeting interventions at the most vulnerable babies is extremely difficult.

Despite the difficulties of prediction, there is a fair degree of agreement within the available literature regarding the kinds of measures that need to be put into place to reduce the incidence of child and infant abuse (fatal or otherwise). The principal approaches can be summarised as follows:

- More and better educational programmes, including advertising, aimed at improving parenting skills.
- A need to emphasise to parents the particular fragility of infants and the ease with which parents (e.g. by shaking their babies) can cause their death.
- Improvements in the identification of high risk/vulnerable families and circumstances with an emphasis on improved co-ordinated responses across a range of professions.
- Improvements in the identification, investigation and management of cases of non-accidental injury, including more rapid and better co-ordinated multi-agency responses.
- Home visiting programmes – such as public health nurses visiting new parents at home who may be at risk of committing abuse or neglect.
- Counselling and respite services to families suffering undue stresses/pressures.

Alcohol-related homicide

It is difficult to provide accurate figures on the number of homicides occurring in the UK that are in some way related to the use of alcohol. The Homicide Index reveals that nine per cent of all suspects during the period 1995-1999 (and 12% of all male-on-male offences) were under the influence of alcohol at the time of the killing.¹ However, it would appear that the Index considerably underestimates the extent of alcohol use, if studies using more detailed records are to be relied upon. A recent study of police murder investigation files from three police force areas in England and Wales (Brookman 2000, and forthcoming) found that in over half (52%) of all adult male-on-male homicides analysed, either the victim or the offender had consumed alcohol, often to excess. Furthermore, in 36 per cent of cases both the offender and victim had consumed alcohol. These figures are not dissimilar to those from other countries.

1. The great majority were under the influence of alcohol alone. Less than one per cent were recorded as under the influence of drugs and a further two per cent under the influence of both drink and drugs.

In general, alcohol-related homicides predominantly occur amongst unrelated adult males and are the result of some kind of quarrel. Few of these killings appear to take place within pubs or clubs although it is likely that larger numbers occur in 'spill out' areas or, even if committed further away, involve people still intoxicated from earlier drinking sessions. For instance, less than four per cent of killings between 1979 and 1998 in Scotland occurred in pubs, clubs or restaurants. This suggests that tackling pub/club type violence, in which some progress has been made recently, will only go part of the way to reducing alcohol-related homicide (and violence more generally).

Practical responses

Significant effort has been put into finding ways of reducing violence in and around licensed premises. Moreover, many of the measures employed appear to have met with some degree of success. Most of the research in this area recognises that not all pubs and clubs are equally associated with violence (Deehan 1999; Maguire and Nettleton, forthcoming). Rather, it is generally the case that towns and cities contain a number of 'hotspots' in the form of establishments with a high frequency of (and often reputation for) violent incidents, together with a larger number of generally unproblematic venues. Research and interventions have focused mainly on the physical or social environment in and around such 'hotspots'. Figure 1 shows a list of interventions which have been implemented in various city centres. Many of these appear from early local evaluations to be promising in terms of their potential to reduce violence, although little fully reliable research evidence is available.

One area of attention has been the physical design of pubs and clubs. For example, research conducted by Graham and Homel (1997) identified a number of factors conducive to violence in public houses and clubs, including the density of activities within such premises and indoor design (e.g. the location of furniture and pool tables, pillars, walls and bars). Design features, they point out, can also affect the social environment through helping to create a particular mood or atmosphere.

Other examples of attempts to improve the social environment include training and licensing schemes for 'door staff' (who work inside clubs as well as 'on the doors'). It is claimed that properly trained staff can often spot indicators of impending trouble and take discreet action to prevent it (Deehan, 1999). Equally, there is evidence that poorly trained and unsupervised door staff can as easily cause violence as prevent it (Hobbs *et al.*, 2002). Some areas have set up partnership arrangements to facilitate joint actions by the police, licensing magistrates and managers of licensed premises. While it may occasionally be necessary to use deterrent measures (such as threats to withdraw licences) against 'hotspots' where managers are uncooperative, in most cases the partnership approach appears to be the best way of identifying and solving underlying problems in particular premises (Maguire and Nettleton, forthcoming).

Figure 1: Summary of strategies for reducing violence in and around licensed premises

Nature of intervention	Examples
Manipulation of the physical environment of pubs/clubs	<ul style="list-style-type: none"> ● No 'hidden' alcoves that prevent the easy monitoring of behaviour ● Attention to the spacing of furniture, including, tables, chairs, stools and pool tables to avoid customer crowding ● Raised bar-areas to permit staff monitoring of customer behaviour
Controlling the social atmosphere	<ul style="list-style-type: none"> ● Attractive, well-maintained premises ● Registered door-staff schemes and employment of well-trained staff who discourage anti-social behaviour in a manner that does not escalate violence ● The reduction of excessively loud music
Alcohol control	<ul style="list-style-type: none"> ● No 'happy hours'/drinks promotions ● Serving of food and soft beverages
Control of drinkers	<ul style="list-style-type: none"> ● Well ventilated premises with controls over the number of customers entering ● Well trained and socially skilled door staff and bar staff experienced at dealing with aggressive or violent individuals (see also above) ● Refusal of alcohol to already intoxicated customers ● 'Pubwatch' schemes ● The use of CCTV to monitor disorder and violence ● Staggered closing times to avoid large numbers of individuals gathering in the same area together ● Regular and reliable transportation away from pubs and clubs
Injury reduction	<ul style="list-style-type: none"> ● Use of toughened glass ● Use of plastic cups ● The banning of bottle-served alcohol ● Swift removal of any glassware used ● Weapons searches on entry to public houses and clubs
Criminal justice policy	<ul style="list-style-type: none"> ● Heavier penalties for breaches of licensing laws such as serving to underage drinkers (relevant to both 'on' and 'off' licences) ● Courts to divert alcohol-offenders to treatment and education programmes ● Monitoring of 'problem/violent' premises ● Alcohol education schemes

Many local authorities are now beginning to recognise that with the growing importance in the UK of the 'night-time economy' (Hobbs *et al.*, 2000) comes a responsibility to manage it in a proactive fashion, rather than simply leaving it to the police. This includes preventing the late-night gathering of crowds of intoxicated

individuals by staggering closing times and providing reliable transport services at times when people are leaving pubs or clubs in large numbers. This is claimed in several cities to have reduced incidents of fighting between people under the influence of alcohol. For example, a study by Purser (1997) in Coventry found that 70 per cent of city centre assaults occurred in or around major entertainment centres and at licensed premises' closing times, and taxi ranks were identified as regular sites for violence. Transport facilities were subsequently organised to prevent excessive queuing and a late-night bus service was organised. Purser reports a reduction in alcohol-related assaults as a result of these measures.

A second type of strategy, aimed more directly at homicide reduction, concerns attempts to reduce the 'lethality' of those assaults which do take place. Suggested measures include:

- Improvements in the responses of emergency services to street assaults.

Evidence from the US indicates that the speed and quality of post-assault medical care can affect the lethality of violent attacks. In particular, the role of emergency medical services (EMS) was considered by Lattimore *et al.* (1997) in their study of homicide in eight US cities. They observed a number of improvements in EMS across these cities, especially in terms of the quality and quantity of vehicles and equipment, increased staff training, and more sophisticated staffing and vehicle-routing schemes. Some of these improvements corresponded with reduced homicide rates, but the authors were unable to be fully confident about a connection.

- The universal introduction of toughened (or non-glass) glassware.

The introduction of toughened glass has been identified by Shepherd (1994;1997) as an important factor in reducing the seriousness of injuries from assaults in licensed premises. Another possibility which some manufacturers have been exploring is the wider use of 'unbreakable plastic' glasses.

Use of weapons: homicides involving knives or guns

The types of weapons most often used in homicides in the UK are sharp instruments, and especially knives. Around one-third of homicides each year in England and Wales are attributable to sharp instruments. This is followed in frequency by fists or feet (hit or kicked to death), which averaged around 11 per cent of the annual total between 1995 and 1999, and assaults with blunt instruments, which averaged ten per cent. Guns are used relatively infrequently, shootings accounting for under six per cent of homicides over the same period. These patterns contrast strikingly with the United States, where firearms are by far the most common type of weapon used in homicides.

Knives

The most scope for preventive strategies with respect to homicides involving knives relates to those that occur outside the home. The Scottish Homicide Index indicates that around 40 per cent of all homicides involving knives take place in the street or other outdoor locations. Where the carrying of knives in the street is concerned, the police already possess a range of powers to stop and search suspected individuals, and the need is less for new legislation than for more effective use of those powers – remembering, of course, that stop and search is an intrusive activity which causes resentment if overused, carried out insensitively, or appearing to be driven by racial or other prejudice.

One of the strongest existing powers is the Knives Act 1997, which allows an officer of the rank of Inspector or above to authorise the exercise of stop and search powers for up to 24 hours. Out of a total of 18,900 people stopped and searched in 2001/02 under s60 of the 1994 Act (i.e. in 'anticipation of violence'), 1,367 (seven per cent) were found to be carrying an offensive or dangerous instrument, and of these, 203 (14 per cent) were arrested for possession (Ayres *et al.*, 2002). Considering that the search powers in question should be used only where a specific threat of violence is present, these 'hit rates' are surprisingly low, and suggest that police actions alone are unlikely to have a huge impact on the carrying of knives. They need to be backed up by educational campaigns and perhaps periodic 'crackdowns' when there is evidence of weapons being carried in a particular area.

Firearms

Homicide involving a firearm is relatively unusual in the UK. There was a slight decrease over the 1990s in the proportion of homicides attributable to firearms in England and Wales. However, the three most recent years to 2001/02 have each seen annual increases with the 2001/02 figure standing at 97 firearms-related homicides. Although the overall level of firearms-related homicides in the UK remains low, they tend to be concentrated in large cities, often in a handful of locations, where they can pose a particular policing problem.

Homicides involving firearms occur predominantly between males and (where relationships have been established) between 'acquaintances' or 'strangers'. There is also evidence that a higher than average proportion involves more than one offender. Over 40 per cent of those with male suspects and victims are recorded as stemming from a 'faction fight/feud' or a quarrel between unrelated individuals, and in a further 36 per cent no motive is recorded (a relatively high proportion of offences remains undetected²). In addition, young black males have for some time been heavily over-represented in fatal shootings as both offenders and victims.

Based on current evidence, the most obvious strategies for reducing firearms-related homicides in the UK are to:

- tackle the overall supply of guns;
- increase the risks of detection and prosecution to anyone owning or carrying illegal weapons (through increased police activity and/or heavier penalties for illegal possession);
- intervene in drug markets; and
- target criminal groups whose members are known to own or use guns.

Some of the most instructive lessons in dealing with gang-related gun crime have come from the US. In particular, much attention has been focused on the Boston 'Ceasefire' strategy, a two-part multi-agency intervention which combined direct law enforcement attacks on the illicit gun market with an approach that came to be known as 'pulling levers'. This latter strategy involved reaching out directly to gangs, setting clear standards for their behaviour, and backing up that message by 'pulling every lever' legally available when those standards were violated.

Clearly, the cultural context is very different in American cities, and the simple application of such tactics in the UK might have major unwanted consequences. Nevertheless, an approach drawing heavily on the Boston

2. 40 per cent in comparison with under ten per cent of homicides as a whole.

project has been undertaken in Manchester and has identified six types of intervention which may be worth further exploration (highly publicised and targeted multi agency crackdowns; enhanced community relations; engagement with gang members to improve intelligence; development of inter-gang mediation services; protection for victims and especially repeat victims; and, increased agency awareness) (Bullock and Tilley, 2002).

High risk occupational groups

The Homicide Index reveals that there are particular occupations which appear to be associated with an above average risk of victimisation. Between 1996 and 1999 in England and Wales, the following occupations had the highest numbers of homicide victims:

Security Staff	25
Medical Staff	24
Social Workers	14

Considerable efforts have been made in recent years to provide both medical staff and social workers with better protection. These include improvements to security systems in hospitals, nurses' living quarters and doctors' surgeries, as well as personal safety practices (such as prior risk assessments, visiting in pairs, and personal alarm systems) for social workers and other professionals when visiting clients in their own homes. As yet, no clear evidence is available about the effectiveness of such measures.

Much less attention has been paid to the safety of prostitutes. According to the Homicide Index, 17 prostitutes were victims of homicide in England and Wales between 1996 and 1999. This is an important area in which there is clearly scope for new initiatives. Some police forces in the UK have links with Safer Cities to improve street lighting in areas used for prostitution, and CCTV has been used with various degrees of success in a number of cities (Brittan, 1994). Other means of regulating the work of prostitutes, so as to increase their safety, have also been examined in some depth (Golding, 1994; Punch, 1996).

In addition, there may be scope for more innovative use of legislative tools on the part of the police. For example, Sex Offender Orders (SOOs) appear to be under-utilised against offenders with a history of sexual violence towards prostitutes, although there are a handful of successful applications against this type of offender. Since SOOs are designed to curtail offenders' risky behaviours, such tools lend themselves to a reduction approach. Other research has suggested that SOOs may have useful application in this particular context (Knock, 2002).

Recommendations

The conclusions arrived at in this report suggest a number of policy recommendations in relation to each of the main categories of homicide discussed. At the same time, we are mindful that there is relatively little rigorous evidence in the UK on which to base recommendations for particular interventions, especially regarding their potential effectiveness, and the list below is inevitably somewhat speculative. Indeed, perhaps the first of our recommendations should be for funding to bring the level of research knowledge about homicide in the UK closer to that of countries like Australia and Canada.

With the above reservations, our review of research and current practice suggests that consideration should be given to the introduction or expansion of initiatives of the following kinds:

Domestic homicide

- More work on the identification of risk factors for serious domestic violence (and homicide), including more attention to issues such as stalking by ex-partners and women's own assessments of risk
- The development of effective strategies of dissemination of information about risk factors
- Co-ordinated multi-agency programmes of intervention with high risk households
- Monitoring of high risk cases over longer periods
- Particular attention to the protection of women during and after separations

Infant homicide

- Educational programmes/campaigns to better prepare parents for the stresses of childcare and to emphasise the particular fragility of young babies to shaking
- The expansion of home visit programmes and midwife and health visitor support, both before and after childbirth
- Counselling and respite services to those families identified as suffering undue stresses/pressures and generally regarded as potentially 'at risk' of harming themselves or their baby
- Multi-agency co-operation and responses once a 'high risk' family has been identified, to prevent further risk of abuse/neglect
- More attention to the creation of a social climate emphasising the protection of infants and children

Alcohol-related homicide

- More widespread manipulation of the physical and social environments of public houses and clubs to minimise the potential for violent altercations
- The more consistent implementation of measures to reduce intoxication – such as the serving of food and promotion of lower alcohol beers
- More imaginative strategies to reduce alcohol consumption by underage people
- The establishment of co-operation and co-ordinated responses between landlords, door-staff, the police and licensing authorities, especially in responding to regular violent 'hotspots' and in ensuring speedy responses to violent disorder
- Staggered closing times and efficient and regular transportation away from town and city centres
- The universal introduction of toughened (or non-glass) glassware
- Measures to improve responses by the emergency services to street assaults
- Over the longer term, much greater attention to ways of eroding the association between masculine bravado and the consumption of large volumes of alcohol

Homicide involving knives or guns

- Educational campaigns regarding the dangers and penalties in relation to the illegal carrying of knives and other weapons
- Periodic 'crack-downs' on the carrying of illegal weapons
- Searches for weapons on entry to public houses and clubs with reputations for violence
- Consideration of the extension of major intelligence-led operations against criminal groups, such as 'Operation Trident', to other police force areas
- For firearms homicides in particular, tackling the overall supply of guns, increasing the risks of carrying illegal weapons through increased police activity and heavier penalties, and intervening in drug markets.

Homicide and work

In relation to homicide and work, it was noted that many improvements in security procedures have been made in recent years to protect staff in high risk occupations, such as social workers, nurses and security guards. The development of these should of course continue, as there are still relatively high numbers of homicides against such staff. However, special attention was paid to another high risk group, prostitutes. The feasibility of many preventive strategies depends largely on the legal position of prostitutes and police enforcement practices. This is clearly an area of direct relevance to homicide reduction which would benefit from further research and more imaginative initiatives.

Throughout all the above recommendations, as throughout the whole briefing note, the most recurrent theme has been the central importance of co-ordinated multi-agency responses. No single body or group can alone identify risk or offer appropriate preventive measures. Specifically how the various layers should interact to promote effective reduction/prevention, is probably a question best explored in the context of explorations of particular types of homicide.

Finally, this preliminary review has not been able to consider all forms of homicide. It would be helpful to follow it up with brief reviews of several other specific categories of homicide, in order to work towards the development of a programme of focused preventive strategies.

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