Understanding homicide: A framework analysis

November 2022

Violette Gadenne, Camilla Devereux, Lucy Makinson, Matthew Holt, Bobby Stuijfzand, Tess Moseley-Roberts, Ollie Sugg

VRU | MAYOR OF LONDON
VIOLENCE REDUCTION UNIT

THE BEHAVIOURAL INSIGHTS TEAM

Foreword

Lib Peck
Mayor of London's
Violence Reduction Unit

The Mayor of London set up the Violence Reduction Unit (VRU) in 2019 as the first of its type in England and Wales to focus on prevention and early intervention. At our heart is a belief that violence is not inevitable and by working with key partners and closely with young people and communities, we analyse the short-term and long-term causes of violence and develop practice, policy and partnerships to prevent it.

The foundation of our approach is to build an evidence base to understand what works and what doesn't. The VRU has gathered intelligence and data through conversations with communities to build a picture of some of the drivers and factors leading to violence, which sits alongside a Strategic Needs Assessment and review of homicides that was published shortly after we were set up in 2020. However, it collectively falls short of enabling the kind of rigorous analysis that enables us to better understand how many homicide cases had been affected by any of those established factors such as poverty, deprivation, mental health or substance abuse, and crucially, where there are opportunities for us to collectively intervene earlier.

This report does just that. By delving into 50 homicide cases in detail, the analysis and insight that this now opens up will help practitioners, police officers, policymakers, and researchers better understand the drivers of homicide in the capital and highlight where we can best target resources. By looking at how mental health was a factor, how long alcohol and drug dependency had being going on, gang-related affiliations, the use of social media, we now have a far more detailed record of the personal circumstances surrounding the victim and perpetrator. By developing, testing and then using the same methodology in each case, we have been able to extrapolate patterns between homicides and to draw common traits and themes across areas such as mental health, drug and alcohol dependency. And, crucially, by developing and testing a framework through which all future homicide cases can be captured by the Metropolitan Police, we are all in a stronger position to understand the key points of preventative intervention going forward.

This is precisely why the VRU was set up. To not only coordinate a partnership approach to tackling violence, but to adding weight to that partnership through innovation. With the support and important work carried out by the Behavioural Insights Team (BIT), we have a framework that builds on existing evidence and insight, and is a tool that we can use in our shared objective of driving down violence and making our city safer for all Londoners.

The next phase of research will see the framework tested further with extensive coding of a further 300 homicides, and we look ahead to what opportunities lie ahead as it continues to develop.

There is still significant work to do around coding and recording data, and we will work with the Met, our partners in the NHS London Violence Reduction Partnership and colleagues at City Hall to take forward the recommendations made in the report.

Acknowledgements

___

Contents

Executive summary

Homicides result in roughly 130 deaths in London each year. On top of the immense personal and social harm caused, these cases have knock-on effects for policing and crime across London. Each case is estimated to cost over £800,000 to the police and criminal justice services,[1] implying an annual London cost of over £120m.

Yet our understanding of what drives homicides is limited. Under existing law, the Police are only required to report the basic facts of a case, such as the gender and ethnicity of the victim.[2] Academic studies will often use interviews with offenders instead. However, because of the time required to conduct these, they are often focused on small subsamples and relevant studies may be many years out of date.

The London VRU commissioned this project to develop a new approach: creating a comprehensive framework for coding homicide cases (taking complex case notes and turning them into consistent data). By using this framework routinely across the Met, we would (for the first time) be able to answer questions such as *How many homicide victims knew their perpetrator?* or *How often are drugs consumed in the run-up to a homicide?*.

What is the coding framework?

The framework is a tool for turning complex case notes into an analysable dataset. For each homicide case, we collect consistent information covering key behavioural and situational factors in homicide. For example, Figure 1 shows a section of the framework that collects details on the interactions between victims and suspects. For every case, we record whether the victim and suspect knew each other and what the nature of their relationship was. By collecting this data for all homicide cases, we can understand which relationship factors risk escalation to violence.

Fig. 1: Excerpt from the coded data

Longitudinal interactions between victim and suspect	Relationship between primary suspect and the victim		Longitudinal interactions between primary suspect(s) and victim(s)	
	Do victim and suspect know each other?	Nature of relationship	Escalation of tensions	
BIT CASE 1	Primary suspect and victim know each other	Members of different gangs	Months preceding, Years preceding	

The variables within the framework were initially identified through a literature review and conversations with homicide experts, to ensure they would contribute to our
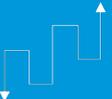
---

[1] Heeks, M., Reed, S., Tafsiri, M., & Prince, S. (2018). The economic and social costs of crime second edition. *Home Office Research report 99.*
[2] Social Care Institute for Excellence, commissioned by London VRU. (2019). Analysis of statutory reviews of homicides and violent incidents

current understanding of homicide. Then, through a process of reviewing case files and through the coding itself, we built out the framework to deal with key themes in-detail, and specify the "codes" within each variable. Details on how the framework was developed and an overview of the variables included can be found in Annex 1.

What have we learned already?

For this study, we looked at fifty homicide cases to develop and test the framework. This sample is relatively small and not representative of all homicides in London so we should be careful not to make generalisations from it. However, we uncovered some early insights from an exploratory analysis of six factors in homicide.

	Finding	Recommendation
Mental health	**A breakdown in the relationship with mental health services can be a warning sign**	**Record changes in individuals' relationships with mental health services and target additional help at those withdrawing from mental health support**
	In our sample, specific mental health conditions posed a greater risk for homicide	**Record specific mental health conditions, rather than treating it as a single category**
	Both diagnosed, undiagnosed and short-term mental health conditions can play a role in homicide	**Record possible mental health struggles as well as diagnosed ones**
Drugs	**Case notes (often) do not make links between gang activity and the drugs commodity market explicit**	**Include recent gang activity when recording data on gang-related cases**
	Substance addictions and mental health conditions can interact, making an individual particularly vulnerable	**Look for correlations between different vulnerabilities to build data-led classifications of risk**
Alcohol	**Alcohol was more likely to contribute to homicides at particular times of day or key locations**	**Identify specific 'at risk' locations to target preventative measures**
	Police are often involved in the lead-up to alcohol-driven homicides	**Review police interactions in alcohol-related homicides**
Gangs	**Case notes in gang-related homicides often lack detail, including about the nature of the gang involvement**	**Capture information about the circumstances preceding the homicide in gang-related cases**
Social Media	**Social media use in the context of homicides goes beyond the sharing of threats online**	**Social media analysis should aim to detect controlling activity as well as aggressive behaviours** **Provide touchpoints for young people to seek help following social media threats**
Patterns of escalation	**Cases which take at least five minutes to escalate provide opportunities for intervention**	**Use the time of escalation to identify and target opportunities to de-escalate**
	Cases involving younger men show particular opportunities for de-escalation	**Develop and deliver training on de-escalating tensions for staff working in public services** **Build a predictive model to identify high-risk patterns of touchpoint interactions**

A data-driven future

The analysis in this report is based on fifty cases, and is only a small part of the project's potential. The true impact of this work will come from applying the framework to all homicide cases to create a much larger dataset. The analysis and insight that this opens up will help practitioners, police officers, policymakers, and researchers better understand the drivers of homicide in the capital and, ultimately, reduce it.

In the final section, *What next?*, we set out the key requirements for such a data system, and outline the steps that can be taken by service providers, researchers, funders, and the Met to achieve it.

Section 1: The project

1.1 Background to the project

Violence in London has tragic human consequences for victims and their communities, and high costs in anticipating and responding to violence. After almost a decade of decline, violence in London increased up to 2019[3] and is currently one of the Mayor of London's top priority areas.[4] Homicides sit at the apex of this: the gravest of crimes with the most destructive impact.

Critical to tackling homicide is understanding the situations in which homicides occur, and both the long-term and immediate motives and behaviours that precipitate them. This is steeped in a public health approach to reducing violence, which recognises that violence (and homicides) are not isolated incidents but the product of a complex range of risk factors.

A key challenge in building this understanding is the lack of data. A 2019 report by the Social Care Institute for Excellence (commissioned by the London VRU) analysed statutory reviews of homicides to establish contextual factors, but concluded that the quality of learning they can provide is "insufficient", as such reviews are infrequent and only look at a subset of cases meeting very specific criteria.[5] A 2020 Home Office report summarised research on the trends and drivers of homicides[6] but relied on the limited data specified by statutory reporting requirements. It also drew upon international academic research for drivers, however this is usually correlational, does not look at the detail of specific cases and may not be relevant for London.[7] In 2020, the London VRU's Strategic Needs Assessment (SNA) echoed these findings, identifying the "understanding of settings (place-based) and situational drivers of violence is where the gaps in evidence are greatest".[8]

The VRU, established by the London Mayor in 2019, plays a vital role in researching and understanding violent crime, inclusive of homicides. In a unique position, the VRU relies on partnerships with communities, schools, the police, NHS and other agencies to enact change and understand violence at its core.

Embracing the power of collaborative partnerships, and building from the recommendations of the aforementioned reports, the **VRU commissioned BIT to conduct research on homicide case files. The research is to build and consolidate a comprehensive understanding of behavioural and situational factors leading to homicide.**

---

[3] Behavioural Insights Team, commissioned by London VRU. (2019). Violence in London: what we know and how to respond.
[4] Mayor of London, 2022. *Mayor sets out new plan to make London safer and rebuild trust in Met.*
[5] Social Care Institute for Excellence, commissioned by London VRU. (2019). Analysis of statutory reviews of homicides and violent incidents
[6] Home Office. (2020). Trends and drivers of homicides. Research Report 113.
[7] For example, "drug-related" homicide involves any case in which the police were aware that the victim or suspect was a known drug dealer or user, and not necessarily whether they were under the influence at the time.
[8] Mayor of London (2021). A report on the London Violence Reduction Unit produced for the Home Office.

The wide range of documents available in these case files contain rich information about the preceding events and many of the most important situational factors, presenting a unique opportunity to understand these aspects of homicide.

Our approach to this project was to create a coding framework that could take the complex data from case files and streamline it into common variables. In doing so, we have begun a comprehensive dataset that allows these factors to be compared and analysed across cases.
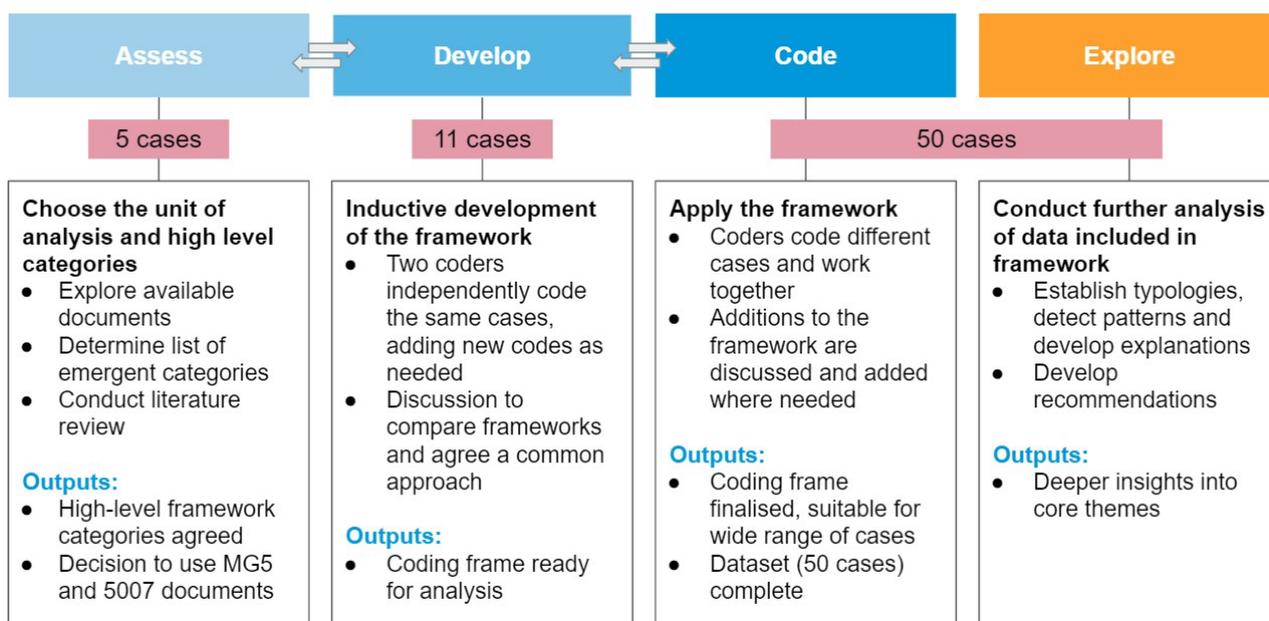
1.2 Project overview

The focus of this project was on creating a framework to systematically code the most important situational factors and behaviours from police homicide case files.

We started by conducting a literature review and speaking to experts on homicide to identify critical factors for the framework to cover, and reviewed documents for a small number of cases to understand which documents to use and what information would be available. This gave us a high-level framework. Next, two coders independently coded a new set of eleven cases, each adding codes to the framework as they went. They then came together to discuss and resolve discrepancies in their frameworks, agreeing on a common framework going forward. This gave us a working framework. Then, fifty cases were coded using that framework. If the cases could not be covered by the working framework, edits were discussed and agreed between researchers. At the end of this, the framework was complete and suitable for a wide range of cases, and we had a dataset of fifty cases for analysis. Finally, we conducted an analysis of specific areas of interest, to provide deeper insight into the patterns and typologies revealed through the framework.

The four project stages are outlined below in Figure 2. The coding frame was iteratively developed through the first three stages - Assess, Develop and Code - and the final Explore stage offering deeper insight into the findings. More detail on each stage is provided in the Annex.

Fig. 2: Project phases

Assess	Develop	Code	Explore
5 cases	11 cases	50 cases	
Choose the unit of analysis and high level categories ● Explore available documents ● Determine list of emergent categories ● Conduct literature review **Outputs:** ● High-level framework categories agreed ● Decision to use MG5 and 5007 documents	**Inductive development of the framework** ● Two coders independently code the same cases, adding new codes as needed ● Discussion to compare frameworks and agree a common approach **Outputs:** ● Coding frame ready for analysis	**Apply the framework** ● Coders code different cases and work together ● Additions to the framework are discussed and added where needed **Outputs:** ● Coding frame finalised, suitable for wide range of cases ● Dataset (50 cases) complete	**Conduct further analysis of data included in framework** ● Establish typologies, detect patterns and develop explanations ● Develop recommendations **Outputs:** ● Deeper insights into core themes

Types of MPS documents reviewed and mentioned throughout this report

MG5	The MG5 is a report disclosed to the defence and court, completed at the point of charge. The document includes some structured sections (e.g. about demographics), and some narrative text. Style and content vary between MG5s. It provides initial details of a case. This includes a summary of the key evidence, which outlines the facts of the offence in chronological order and key witnesses. It also includes details about defendant interviews, and other evidence used. It does not contain any sensitive information.
5007	The 5007 is completed after the case is closed, and as such acts as a summary of the case, including the court outcomes. The document includes some structured sections (e.g. about demographics), and some narrative text. Style and content vary between 5007s. The 5007 is generally more detailed than the MG5, in particular regarding victim details.
Current situation report	The current situation report is not a standard prescribed document, unlike the MG5 and 5007. It is a working document, used to keep track of the investigation. As such, it is less structured than the MG5 / 5007, but can also contain more information on background circumstances and relationships. However, it is not completed for all cases and the information included varies.

Section 2: Understanding specific areas of interest

2.1 What is covered in this section

Our framework is a tool designed to be used by researchers and homicide experts with a wide variety of research questions. Because of this, it covers a range of factors which it would not be possible to fully analyse within this report. Instead, we have selected six factors that were identified as of particular interest to the VRU and the Met:

1. Mental health
2. Drugs
3. Alcohol

4. Gang involvement
5. Social media
6. Patterns of escalation

Our primary aim is to better understand the role that these factors play in homicide, and to understand different typologies of homicide. However, we also use these sections to show how specific factors were coded in practice, to provide a better understanding of the nuances that a coding frame like this can capture.

Each of the focus areas cover the following sections[9]:

1. **The factor in our sample**

   In this section we describe the different ways in which the factor might appear, For example, alcohol could be consumed in the run-up to the event, the victim or the suspect might have a history of alcoholism, and/or alcohol might be a contributing factor. We also summarised the frequency of the codes in our sample.

2. **How does the factor contribute to homicides?**

   In this section we look at the different ways the factor appeared to contribute to homicide within the cases we looked at. For example, drugs might contribute by suspects being high and aggressive or erratic, but they could also contribute where both victim and suspect were sober but there was a dispute relating to drug market territories. We have included some illustrative case studies, showing how our coding frame was applied to those cases.

3. **What makes the factor distinct?**

   Finally, we look at how the factor relates to other variables in the dataset, from a qualitative and quantitative lens. The quantitative perspective looks at the age profile of the factor, and how it relates to other factors of interest.

   The qualitative perspective provides a more nuanced picture on whether these factors appear to interact and drive one another in the cases we observed. This analysis also considers a broader range of factors that might interact with the factor.

---

[9] The final factor, on *patterns of escalation*, does not include the final section on associations with other variables, because *patterns of escalation* covers all cases, rather than being a subset of them.

2.2 Mental health

This section:

1. Mental health in our sample
2. How does mental health contribute to homicides?
   a. The suspect's experience of a mental health episode leads to an incident within the home
   b. The suspect's experience of a mental health episode leads to a public incident
   c. A victim's mental health condition makes them more vulnerable to preying behaviours
   d. A short-term mental deterioration contributes to homicide despite no confirmed mental health condition
   e. Mental health concerns were noted, but evidence on its role in the homicide is missing
3. What makes mental health homicides distinct?
   a. Age
   b. Complex vulnerabilities
   c. Long term escalation

Mental health in our sample [29 cases]

During our coding, we identified four ways in which poor mental health was involved in homicide cases.

1. **Mental health contributing to the homicide:** mental health was only coded as a contributing factor if there was clear evidence that poor or deteriorating mental health played a role - for example, if there were clear symptoms of a psychotic episode, a professional assessment of mental health confirming it, or prior concerns about the suspect(s) and / or victim(s)' deteriorating mental health. During our analysis, we identified five ways in which poor mental health can contribute to homicides, covered in more detail below (see How does mental health contribute to homicides?) **[11 cases]**
2. **Mental health-related vulnerabilities in victim(s)/suspect(s):** we separately coded where the victim(s) or suspect(s) had any known or suspected mental health conditions, and whether they were taking any medications for their condition(s). **[21 cases]**

3. **Access to and usage of mental health support services:** use of mental health services represents a potential touchpoint and, in cases where the individual had a possible or confirmed mental health condition, access to services was an important factor to understanding how supported they were with this condition. **[15 cases]**

4. **Mental state in the lead up to the incident:** living with a diagnosis of a mental health condition isn't the only factor that could affect one's mental state or behaviour. We therefore captured information about a broad range of the victim(s) and suspect(s)' mental state in the lead up to the incident, including any anxiety, lack of sleep, or even feelings of suspiciousness or being unsettled. **[27 cases]**

See Figure 3, next page, for a breakdown of how the codes appeared in our sample.

How does mental health contribute to homicides?

During our analysis, we identified five ways poor or deteriorating mental health contributed to homicides:

1. The suspect's experience of a mental health episode leads to an incident within the home

In these cases, the suspect was living with a diagnosed mental health condition (e.g. psychosis, schizophrenia), which they may have historically managed through medication and / or other forms of support. This type of case was also characterised by victim(s) and suspect(s) knowing each other, and having a historically cohesive relationship (e.g. romantic, familial, friendship) that meant that enough trust had built up that the victim continued to care for the suspect despite noticing a deterioration of their mental health.

The escalation for these cases was slow, with a build up over time: it started with the suspect experiencing a deterioration of their mental health, which in turn affected their relationship with the victim (evidence of fights, and / or domestic violence). During the build up, the suspect may even have expressed motivation to commit homicide, days or even weeks prior to it taking place. Nonetheless, it is unclear how much premeditation to commit homicide was involved in these cases, as this expressed motivation may have been related to their experience of their symptoms. Another characteristic of these cases was the breakdown in the suspect's schedule of mental health care, in the days or weeks prior to the homicide: suspects missing scheduled check-up appointments with their mental health support team, reaching out for additional support but not getting access to it in time, or deciding to change

Fig. 3: Mental health related cases in our framework

	Contributing factor	Primary suspect(s)			Victim(s)			# Cases coded this way	Case numbers*
Cases with mental health related codes (29 total individual cases, 11 where mental health is coded as a contributing factor.) Ordered most common combination - least									
	Mental health contributing to the homicide	Mental health related vulnerability	Access to mental health services	Unsettled mental state in lead up to incident	Mental health related vulnerability	Access to mental health services	Unsettled mental state in lead up to incident	# Cases coded this way	Case numbers*
Cases where mental health coded as a contributing factor	✔	✔	✔	✔				**4**	12, 19, 21 51
	✔	✔	✔	✔	✔	✔		1	44
	✔	✔	✔	✔	✔			1	52
	✔	✔	✔	✔			✔	1	20
	✔	✔	✔		✔	✔		1	45
	✔	✔	✔	✔				1	14
	✔			✔				1	17
	✔	✔					✔	1	48
Total for each category									
Mental health coded as contributing factor	11	10	9	9	3	2	2	-	*As above*
Mental health ***not*** coded as contributing factor	-	5	2	9	3	2	7		3, 4, 13, 16, 18, 24. 26, 32, 34, 36, 39, 40, 41, 46, 49, 50, 53, 54

*Case numbers in **black** (e.g. 12) coded in both new and MET frame as mental health related, case numbers in grey (e.g. 21) not coded as mental health related in MET frame.

their medication schedule without advice from a health professional. All of these factors suggest that the suspect's experience of their mental health condition was deteriorating, and that it had played a significant role in the escalation of violence between the victim and suspect.

Finding: A breakdown in the relationship with mental health services could be a warning sign

All individuals with a confirmed diagnosis of a mental health condition in our sample were known to mental health services, although they weren't necessarily currently receiving support at the time of the homicide. In fact, where the suspect's deteriorating mental health had been identified as a contributing factor, we consistently observed broken or inconsistent relationships with social and / or mental health services at the time of the homicide. Suspects did not appear to have a trusted relationship with their practitioners and in extreme cases, the deterioration of their mental health led to a complete breakdown of their relationship with these services.

Recommendation 1: Record the evolution of individuals' relationships with mental health services

Given the clear opportunity of suspect touchpoints with mental health services, it is particularly important that we better understand what the relationships are, and whether there are any specific triggers to the relationship breakdowns identified. Although this information isn't always immediately available to SIOs conducting the investigation, the volume of homicides is low-enough that this could be checked with local NHS services and added to the dataset. Other services too, and local authorities, can play a role by capturing this data within their own records – monitoring persistent absences from services, for example, or changes in the frequency of attendance.

Capturing the evolution of both successful and less successful relationships with these services would enable a comparative analysis, which could point out specific interventions that appear to contribute to the success of these relationships.

Recommendation 2: Target additional help at those withdrawing from mental health support

Whilst more data is needed to fully understand the relationship between disengagement from mental health services and homicide, this research suggests that this could be a critical timepoint for additional intervention. As well as monitoring persistent and unexpected absences, mental health providers should communicate these to other agencies involved (such as social services, or youth offending) in order to ensure additional support is put in place.

Case #21 : Mental health episode - at home

Victim / suspect facts:
Single victim: 25-34yo female, unknown drug and alcohol misuse, unknown mental health condition, expressed negative attitude towards partner (the suspect) as a result of personal threats and possible domestic incidents. Experiencing financial struggles (living off benefits)

Single suspect: 25-34yo male, unknown drug and alcohol misuse, confirmed mental health condition, currently receiving support, prescribed antidepressants and antipsychotics. Experiencing financial struggles (living off benefits). Expressed negative attitudes towards victim as a result of jealousy / perceived betrayal.Previously arrested,on court bail at time of incident for domestic incident against victim; also possibly previous victim of rape (made allegations to police, then retracted them)

In this case, the victim and suspect were in a relationship and living together at the time of the incident. The suspect was living with a diagnosis of psychosis and schizophrenia, and historically appeared to be responding well to treatment, his health being considered *"fine"*. There is evidence of the victim playing a role in caring for the suspect by checking daily (via text messages) whether they had taken their medication.

The escalation for this case shows a parallel story between the deterioration of the relationship, and the deterioration of the suspect's mental health. Indeed, messages between the victim and the suspect on social media suggested that there had been unreported domestic abuse of the suspect on the victim linked to the suspect experiencing delusional symptoms. There was also a reported incident in the time leading up to the homicide where the suspect had threatened the victim with a knife, for which the suspect was on court bail at the time of the homicide. Parallel to this, the suspect stopped taking their prescribed medication and showing up for appointments with their mental health care team.

The suspect's behaviour after they were arrested seems to confirm the role of their delusion in this homicide, as after being arrested at the scene, they were still experiencing delusional symptoms, and appeared to think that other people were present at the scene despite the suspect and victim being alone.

Coding : contributing factors?	Contributing factors: mental-health related subtype?	Victim mental health?	Suspect(s) mental health?
Domestic / familial Mental health	Possible link to suspect's mental health	Unknown	Confirmed mental health condition: Schizophrenia, Psychosis Stopped taking medication 6 days prior
Victim interaction with MH services?	Suspect(s) interaction with MH services?	Victim mental state at incident?	Suspect(s) mental state at incident?
Unknown	Currently receiving support Relative or friend expressed concerns Never sectioned under MHA	Unknown	Depressed mood, Delusions, Hallucinations

2. The suspect's experience of a mental health episode leads to a public incident

In this type of case, similarly to the narrative above, the suspect's deteriorating mental health appeared to be the main cause for the escalation of violence leading to the homicide. A notable difference, however, is that the victim was not involved in the suspect's care, and the homicide took place in a public place. The victim was more *random* than in the type of case mentioned above, and there was no evidence of a slow escalation, contrary to the above cases.

Finding: in our sample, specific mental health conditions posed a greater risk for homicide

Anxiety and depression are the most widely encountered mental health difficulties in the UK[10] but, while our cases covered a wide breadth of mental health conditions, they skewed towards more severe conditions including psychosis and schizophrenia, including quite specific diagnoses (e.g. acute polymorphic disorder, shared psychosis, paranoid schizophrenia[11]). This suggests that certain types of mental health conditions pose a greater risk for homicide, and therefore that focusing only on whether deteriorating mental health in general terms is a factor is insufficient.

Recommendation 3: Record specific mental health conditions, rather than treating it as a single category

Given the clear policy implications of deteriorating mental health as a factor in homicide, there should be a record of the types of mental health conditions observed in cases, and whether or not they have been diagnosed. This would enable analyses such as whether the proportion of mental health conditions diagnosed is rising, falling, or varies from area to area; as well as which types of conditions are appearing. This would help to spot gaps in local mental health provision, as well as target training for officers and local services on specific mental health conditions of concern.

3. A victim's experience of their mental health condition makes them more vulnerable to preying behaviours *(see case study #50 in Annex)*

This narrative focuses on the victim's mental health condition, instead of the suspect's mental health condition: in these cases, the victim's ill mental health made

---

[10] Statistics from the Mental Health Foundation, accessed November 2021 https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems

[11] Acute polymorphis psychotic disorder is a psychotic disorder with an acute onset, presenting thought and perception disorders variable into hours. Shared psychosis disorder (folie à deux) is characterised by sharing a specific delusion among two or more people in a close relationship. Paranoid schizophrenia is characterised by predominantly positive symptoms of schizophrenia, including delusions and hallucinations.

them particularly vulnerable to being preyed on by the suspect. Indeed, when known, the suspect characteristics showed a history of violence specifically regarding preying on vulnerable victims, such as a history of domestic abuse on their partner. However, the victim's mental health condition wasn't their only vulnerability (e.g. they were also suffering from addictions, financial struggles, etc.). As such, it is hard to say whether the victim's mental health condition alone rendered them particularly at-risk of being preyed on by the suspect, or if it was the entirety of their 'vulnerability profile' that played a role.

4. A short-term mental health deterioration contributes to homicide despite no confirmed mental health condition

We also identified a specific type of case where longitudinal ill mental health didn't come into question, but where the mental state of the victim(s) and / or suspect(s) in the lead up to the homicide could have played a role in the escalation of violence: the suspect(s) and / or victim were observed to be unsettled, suspicious, or other in the lead up to the incident. Specific mental states (such as hot / cold states for example) can hinder our ability to think rationally, or diminish our ability to demonstrate empathy towards others, which in turn could contribute to the violent response[12]. For example, there were cases in our sample where there was evidence of victim(s) / suspect(s) feeling suspicious or fearful in the lead up, their mental state influencing their decision to carry a weapon that would eventually become the weapon of homicide.

Finding: Both diagnosed, undiagnosed and short-term mental health conditions can play a role in homicide – but they are not always captured in existing codes

We identified more cases where we considered mental health as a contributing factor to the homicide than were originally flagged by existing Met codes. A possible explanation for this is that mental health tends to be flagged only when there is a formal diagnosis, meaning that shorter-term mental health struggles, or those that are less likely to be diagnosed (e.g. those living with a hoarding disorder), are not captured.

Recommendation 4: Record possible mental health conditions as well as diagnosed ones
Undiagnosed mental health conditions provide a clear opportunity for intervention. If the data captures both diagnosed and undiagnosed cases (for example by

---

[12] Empathy, Exposure to Community Violence, and Use of Violence Among Urban, At-Risk Adolescents , Sams & Truscott (2004)

recording possible cases, or linking with Liaison and Diversion service data), there is an opportunity to understand where cases might be being missed, what opportunities there are to identify them earlier, and therefore where people could be receiving help that might avoid mental health deteriorating to where it is a homicide risk. This would also enable analyses such as whether the proportion of mental health issues diagnosed is rising, falling, or varies from area to area; as well as which types of conditions are appearing. This would help to spot gaps in local mental health provision, as well as target training for officers on specific mental health issues of concern.

5. Concerns about deteriorating mental health were noted, but evidence on its role in the homicide is missing *(see case study #16 in Annex)*

This fifth narrative includes cases where we could not determine, based on the evidence available, whether poor mental health played a contributing role to the homicide in question. They were characterised by the little amount of evidence available regarding the mental health of the victim(s)/suspect(s), which did not allow us to paint a detailed picture of its influence on the incident. These included cases where mental health was discussed at length, but mainly regarding whether the suspect would be granted diminished responsibility. Where diminished responsibility wasn't granted, there wasn't additional detail on the suspect's specific experience of their poor mental health, which didn't allow us to understand whether and how it could have played a role in the homicide (beyond the legal definition of it).

What makes mental health-related homicides distinct?

The below associations concern cases where a mental health condition was confirmed or suspected. As such they exclude cases where the victim(s)/suspect(s)' mental state in the lead up was of note, but they had no underlying condition.

Reminder: our sample of 50 cases is relatively small and is deliberately not representative. These findings should be treated as indicative, but do not necessarily reflect patterns across all homicides in London.

Fig. 4: This figure shows how often mental health related cases were labelled with other themes in comparison to all other cases combined.

Compared to other cases combined, mental health cases were
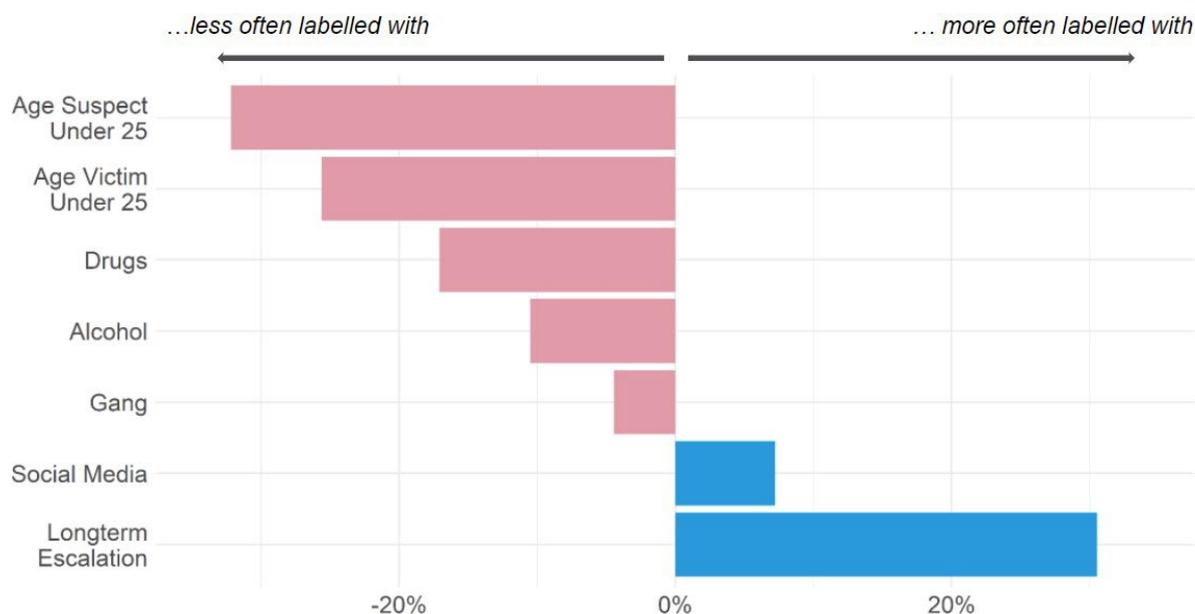
Age

Mental-health related cases in our sample involved older suspects and victims. The only mental-health related cases where the victim was under 25 were those involving a child under 5 years of age. Similarly, the only cases where suspects were under 25 were those where poor mental health was only one of a number of contributing factors (for example, a gang-related case where concerns had been shared about one of the suspects' deteriorating mental health). One possible explanation for this could be that the typical age of onset of certain mental health conditions (e.g. schizophrenia) is later in life, towards an individual's twenties.

Complex vulnerabilities

The cases included in this framework paint the picture of poor mental health as only one of numerous vulnerabilities in individuals. These could include:

- *(Signs of) financial struggles:* for particularly vulnerable individuals, poor mental health and financial vulnerabilities co-occurred. It is hard to say from this data how they could be linked, but further analysis with a wider sample could help refine our understanding.
- *Housing situation:* where poor mental health co-occurred with a less secure housing situation for the victim and / or the suspect, the individual was living in supported or temporary accomodation as a result of their mental health condition.

- *Addictions:* as mentioned in other sections of this report, confirmed and suspected mental health conditions in individuals could co-occur with addictions to substances. There is a potential of heightened violence as a result of the interaction between different medications and drugs, of withdrawal from these substances, but also of being involved in the drugs commodity market as a result of addiction (see Drugs section).

At the very least these co-occurrences suggest that individuals with confirmed mental health conditions could be more at risk for other vulnerabilities, which could be targeted with interventions through further touchpoints with public services.

Long term escalation

Cases related to poor mental health were more likely to be related to a longer escalation timeline in our sample. This was particularly related to domestic and familial cases, where the victim and suspect knew each other previously, and the relationship gradually deteriorated over time.

2.3 Drugs

Subsections:

1. Drugs in our sample
2. How do drugs contribute to homicides?
   a. A drug deal is used as a pretense to commit a robbery, escalating to a homicide
   b. Drug dealers are homicide victims, due to the specific risks of the drug commodity market
   c. Drug dealing contributes to the escalation of violence in gang-related cases
   d. Abuse of CNS stimulants contributes to violent outbursts
   e. Drug usage noted, but does *not* appear to contribute to the homicide
3. What makes drug-related homicides distinct?

Drugs in our sample [26 cases]

During our coding, we identified four key ways in which drugs can be involved in homicide cases.

1. **Drugs contributing to the homicide:** drugs were considered to be a contributing factor to the homicide if there was evidence of drug consumption in the lead up affecting the individual's behaviour, and / or if there was evidence of the homicide being linked to a drug deal. We identified five ways in which drugs contributed to the homicides in our sample, which we outline below (see How drugs contribute to homicide). [10 cases]
2. **Drug usage-related vulnerabilities in victim(s)/suspect(s):** we recorded a history of drug addiction for either the victim or the suspect, as this could have long term effects on their mental state, their cognitive ability, and their interactions with others. [22 cases]
3. **Consumption of drugs in the lead up to the incident:** we recorded whether drugs were consumed (by victim or suspect), and what type of drugs, as this could impact victim(s)/suspect(s)' mental state and behaviour at the time of the incident. [19 cases]
4. **Drugs recovered at the scene:** we also recorded whether drugs were recovered at the scene, regardless of whether they had a clear link to the homicide. [3 cases]

Fig. 5: Drug related cases in our framework

	Contributing factor	Long-term factors		Lead up to incident		Incident		
Cases with drug related codes (26 total individual cases, 10 where drugs are coded as a contributing factor.) Ordered most common combination - least	Drugs contributing to the homicide	Primary suspect(s) - drug usage-related vulnerabilities	Victim(s) - drug usage-related vulnerabilities	Primary suspect(s) - consumption of drugs in lead up to incident	Victim(s) - consumption of drugs in lead up to incident	Drugs recovered at the scene	# Cases coded this way	Case numbers*
Cases where drugs coded as a contributing factor	✔		✔	✔	✔		2	46, 50
	✔				✔	✔	2	32, 52
	✔	✔	✔	✔	✔		1	7
	✔	✔		✔	✔		1	22
	✔	✔		✔			1	20
	✔			✔			1	41
	✔				✔		1	33
	✔						1	9
Total for each category								
Drugs coded as contributing factor	10	3	3	6	7	2	-	*As above*
Drugs *not* coded as contributing factor	-	14	2	4	2	1		6, 10, 11, 13, 14, 24, 25, 27, 31, 34, 38, 45, 47, 51, 53, 55

*Case numbers in **black** (e.g. 50) coded in both new and MET frame as drugs related, case numbers in **grey** (e.g. 46) not coded as drugs related in MET frame.

How do drugs contribute to homicides?

We identified five ways drugs contributed to the homicides in our sample:

1. A drug deal is used as a pretense to commit a robbery, escalating to a homicide *(see case study #7 in Annex)*

In this first type of case, the victim was under the impression that they were going to be purchasing drugs, when the suspect really had the intention of robbing the victim. There was evidence that the set up had been planned by the suspect in advance of the incident taking place, for example by communicating about it with accomplices and / or the victim in the days leading up to the homicide; however it was unclear whether the suspect had also intended to murder the victim. Additionally, the victim

and suspect characteristics in these cases could be very similar, and painted the picture of particularly vulnerable individuals with an addiction to drugs and signs of financial struggles. This suggests that the economic motivation behind the incident could be directly related to the suspect's drug addiction.

2. Drug dealers are homicide victims, due to the specific risks of the drug commodity market *(see case study #32 in [Annex])*

In cases where the victim was a known drug-dealer, their drug-dealing occupation had contributed to putting them specifically at-risk via the connections that they made as a drug dealer, for example through regular interactions with potentially unstable drug addicts. These cases could involve suspects with known mental health conditions combined with a drug addiction, where it appeared the drug-dealer was targeted as they completed a transaction with the suspect at a time where the suspect was mentally unstable. Drug-dealing could also contribute to an individual's vulnerability by the way they were perceived by their network, where the escalation of violence started with a disagreement between the suspect and a member of their community over the suspect's choice of occupation (see case study in Annex).

3. Drug dealing contributes to the escalation of violence in gang-related cases

This third type of case highlighted the role of the drugs commodity market in escalating tensions in gangs. Although these cases were mostly characterised by the small amount of evidence available, what we could code suggested that the escalation was related to drug dealing. Cases identified as both gang-related and drug-related resembled assassinations, where the immediate escalation between the victim and suspect prior to the homicide was short, and the victim had clearly been personally targeted by the suspect(s). However, we did not have sufficient evidence in our sample to understand how the drug dealing activities had led to such an escalation.

> **Finding: Case notes (often) do not make links between gang activity and the drugs commodity market explicit**
> Whilst we found some cases where there appeared to be an escalation in gang activity due to the drugs commodity market, this was not always stated within the case notes. This may be because the background context is assumed, because the complexity of gang-and-drug cases means the details cannot easily be summarised in the documents we reviewed, or because such information is redacted due to sensitivities. This lack of a clear record makes it hard to understand how interactions between gangs and drug commodity markets evolve over time.

Recommendation 5: Include recent gang activity when recording data on gang-related cases
To better understand the link between gangs and the drug commodity market, we would recommend ensuring that future coding focuses on the circumstance preceding the homicide, to be able to highlight whether, for example, this was related to territorial disputes *between* gangs, or the settling of an internal dispute *within* a gang. This information may be common knowledge amongst investigators at the time, and recording it will enable analyses in the future, or by researchers removed from the context, to better understand these factors.

Case #9: Drugs apparently contributing to tensions in gang activities

Victim / suspect facts:
Single victim: 35-44 yo male, known gang associations, no other known vulnerabilities, previously arrested for drugs possession and other offences

Two suspects: 16-24 yo males, one of them affiliated to a gang alliance known for gang violence, no known vulnerabilities or interactions with any services including MPS

This gang-related case shared some of the observed characteristics of homicides where gang tensions were a motivation to escalating violence (see Gangs section): it appeared premeditated and targeted one specific individual; it also involved the use of a firearm and multiple suspects.

Gang affiliations were also noted in both the victim and one of the suspects, although there was no evidence of escalating tensions between or amongst a gang(s) in the documents we reviewed. Similarly, although drugs were noted as a factor in this case, this was in the context of the suspect's history of offending, and there was no evidence (stated in the documents we reviewed) that drugs were directly involved in the circumstance of this homicide. Nonetheless, the motive given by MPS in the documents stated a possible drugs link. Without the additional evidence of how this conclusion was made, it is impossible to say how or even if drugs contributed to the building of tensions in this particular case.

Coding : contributing factors?	Contributing factors: drug-related sub-type?	
Drug-related Gang-related	Unknown	
Victim drug use	Type of drug	Frequency
Unknown	NA	NA
Suspect(s) drug use	Type of drug	Frequency
Unknown	NA	NA
Were drugs found at the incident?	Type of drug	Amount
No drugs recovered at scene	NA	NA

Drug use prior to incident (victim)?		Type of drug?
Unknown		NA
Drug use prior to incident (suspect(s))?		Type of drug?
Unknown		NA

4. Abuse of Central Nervous System (CNS) stimulants contributes to violent outbursts

Studies examining the link between substance abuse and violence have suggested that abuse of CNS stimulants specifically may contribute to heightened violence[13]. The fourth narrative identified during our analysis supports this theory, as consumption of CNS stimulants in the lead up to the homicide appeared to contribute to the escalation of violence by impacting on the suspect's behaviour patterns (for example, the suspect's actions were described as against their usual nature). These cases were also characterised by longer term use of CNS stimulants in the suspect, suggesting this may also be a specific risk factor. As noted in the Alcohol and Mental Health sections, there appeared to be a relationship between drug abuse, other substance abuse and / or mental health conditions in our sample.

> **Finding: Substance addictions and mental health conditions can interact, making an individual particularly vulnerable**
> Although drug-related cases weren't in general more frequently associated with alcohol-related cases or mental-health related cases (see Fig 6), cases involving *sustained* consumption of drugs also revealed additional vulnerabilities, such as alcohol addiction and / or confirmed mental health conditions. The heightened vulnerability of individuals both experiencing addictions and with a mental health condition renders this comorbidity particularly important to understand.

> **Recommendation 6: Look for correlations between different vulnerabilities to build data-led classifications of risk**
> Where an individual is a greater homicide risk (victim or perpetrator) because of multiple vulnerabilities, tackling these vulnerabilities as a whole will be important. Data analysis should therefore look at correlations between different vulnerabilities, rather than each vulnerability in isolation only. Research teams (within the Met or externally) can use classification approaches (see What next?) on a larger dataset to identify frequently co-occuring vulnerabilities, highlight moments of specific vulnerability (e.g. where they are experiencing a mental health breakdown and could benefit from additional support with their substance addiction), and identify potential touchpoints where interventions could be delivered.

---

[13] Substance abuse and violence: A review of the literature (Boles and Miotto, 2003)

5. Drug usage is noted, but does *not* appear to contribute to the homicide

These cases represented a more 'recreational' pattern of drug use (e.g. occasional cannabis usage), in one or more of the victim(s) and suspect(s), which didn't appear to alter their behaviour or contribute to the escalation of violence. In cases where the influence of drugs could be completely ruled out, this was because a small amount of drugs had been found while gathering evidence (e.g. at the scene, or at the suspect's home address), but there was no evidence of drug usage or dealing in the lead up to the incident. It is worth noting that some of these cases were indicated as being drug-related by the existing Met codes. This may be because of additional information not captured in the files we saw. However it may also suggest that by having binary measures of drug involvement, the role of drugs in homicides becomes overstated.

What makes drug-related homicides distinct?

Reminder: our sample of 50 cases is relatively small and is deliberately not representative. These findings should be treated as indicative, but do not necessarily reflect patterns across all homicides in London.

Fig. 6: How often drugs cases were labelled with other themes in comparison to all other cases combined. Drug-related homicides generally involved older victims and suspects (which may also explain the lower prevalence of social media use).

Compared to other cases combined, drugs cases were
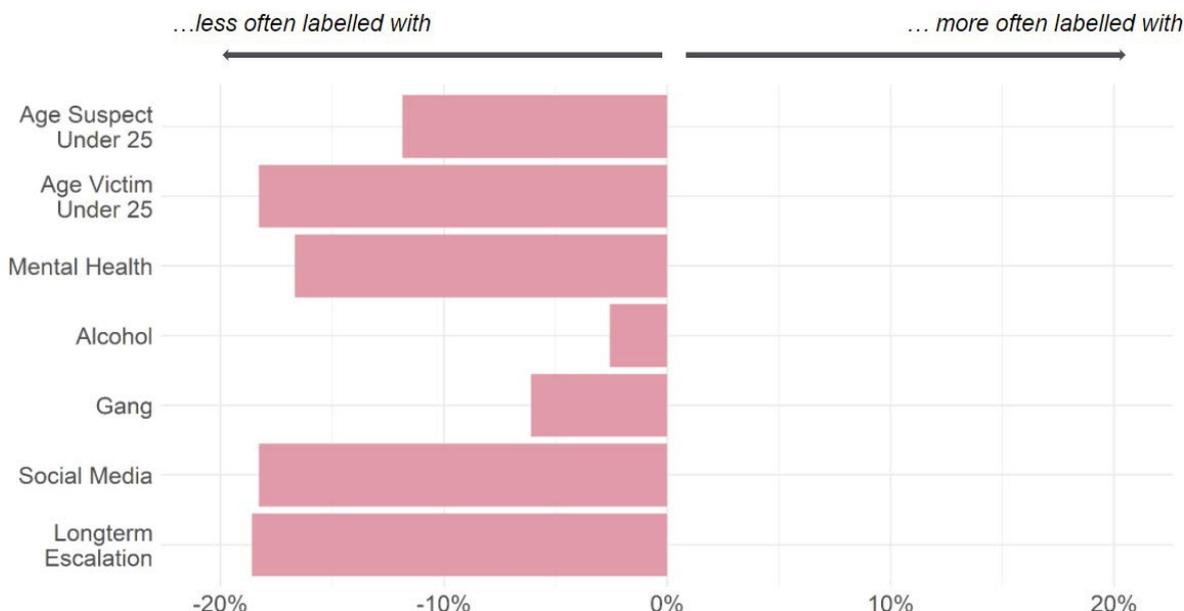
Age

Drug-related cases included suspects and victims that were both over and under 25 year old, although within our sample we found drug-related cases were more likely to involve over 25s (as both the victim and the suspect) than other cases.

Where drugs were involved in youth violence cases (either victim or suspect under 25), the profile may be slightly different from drug cases more generally. We noticed potential links with the specific location of the homicide (outside, in a public space), male victims and suspects, and an unknown relationship between the victim(s) and suspect(s).

A note on prevalence

Drug-related homicides were quite prevalent in our sample - nearly half of our sample ended up being coded as drug related, many more than had been given the drug 'flag' in our original sampling criteria. Perhaps as a result of this, we saw few clear links between drug-related homicides and other contributing factors, as they overlapped with all of the factors included in this analysis (see also Figure 6 above).

Future analysis could look at specific drug codes within this dataset. For example, we may see clearer patterns by focusing only on cases where drugs were a contributing factor, or where drugs were consumed in the run-up to the incident.

This also underscores the need for more detailed data (see making data informative & policing relevant).

2.4 Alcohol

Subsections:

1. Alcohol in our sample

2. How does alcohol contribute to homicides?

   a. Alcohol consumption contributes to an otherwise unplanned homicide

   b. Comorbidity: alcohol consumption, combined with other conditions, contributes to the escalation of violence

   c. Alcohol lowers inhibitions in victim(s) and / or suspect(s)

   d. Alcohol is noted as a factor in the case, but does not directly contribute to homicide

3. What makes alcohol-related cases distinct?

   a. Age

   b. Other vulnerabilities (addiction and mental health)

   c. Clarity of motives

Alcohol in our sample [16 cases]

We identified three key ways in which alcohol can be considered a factor in homicide cases during our coding. Often if alcohol appeared as a factor in a case, it appeared in more than one way (for example, as a history of alcoholism for the suspect and as the presence of drinking in the run-up to the incident).

1. **Alcohol contributing to the homicide:** alcohol was considered to be a contributing factor if there was evidence of alcohol consumption affecting the individual's behaviour in a material way. We identified four ways in which alcohol contributed to the homicides in our sample, which we outline below (see How does alcohol contribute to homicides). **[9 cases]**

2. **Alcohol addictions in victim(s) / suspect(s):** a history of alcoholism for either the victim or the suspect could affect their mental state, their interactions with others and authorities, or change the interpretation of alcohol consumption at the time. We therefore captured whether the victim(s) / suspect(s) had an alcohol addiction, or any signs that they potentially had an alcohol addiction. **[8 cases]**

3. **Alcohol involvement during the lead up to the incident:** consumption of alcohol could impact individuals' state at the time of the incident. We therefore

coded the victim(s) and suspect(s)' consumption of alcohol in the lead up to the homicide, and their level of inebriation. **[19 cases]**

Fig. 7: alcohol related cases in our framework

	Contributing factor	Long-term factors		Lead up to incident			
	Alcohol contributing to the homicide	Primary suspect(s) - alcoholism	Victim(s) - alcoholism	Alcohol consumed prior to incident - primary suspect(s)	Alcohol consumed prior to incident - victim(s)	# Cases coded this way	Case numbers*
Cases where alcohol coded as a contributing factor	✔			✔	✔	3	24, 35, 37
	✔			✔		2	20, 26
	✔				✔	2	34, 43
	✔	✔	✔	✔	✔	1	55
	✔	✔		✔		1	47
Total for each category							
Alcohol coded as contributing factor	9	2	1	7	6	-	*As above*
Alcohol *not* coded as contributing factor	-	4	1	1	5		7, 21, 28, 31, 36, 44, 45
	All cases were coded as alcohol related by both the new framework and the MET sampling frame.						

Cases with alcohol related codes
(16 total individual cases, 9 where alcohol is coded as a contributing factor.)
Ordered most common combination - least

How does alcohol contribute to homicides?

Through an illustrative analysis, we identified four ways in which alcohol contributed to the homicides in our sample.

1. Alcohol consumption contributes to an otherwise unplanned homicide

In these cases, alcohol was the main explanatory factor for why the homicide took place, as the evidence suggested an unplanned and very quick escalation of violence. These cases were mainly characterised by a 'random' choice of victim: the suspect(s) and the victim(s) did not know each other prior to the incident, and it appeared that the victim has not been especially 'singled out' when part of a group. Further illustrating the fact that the victim(s) and suspect(s) were not known to each

other, their consumption of alcohol could happen concurrently, but not together as part of a group. Similarly, the escalation between the victim(s) and the suspect(s) was short, less than an hour, and happened in a public place close to the location where the alcohol was consumed (for example a public house). Alcohol has repeatedly been linked to higher levels of violence and aggression[14] in those under its influence, and the evidence in these cases contributes to this theory.

Finding: Cases where alcohol was contributing to the homicide could occur within specific times and locations

Consumption of alcohol in our sample happened in the late evening and / or early hours of the morning, and with homicides happening after a drinking session, this suggests a specific distribution of time of the day for these cases. Further, evidence from our sample also suggests that the areas immediately surrounding the location where the individuals have been drinking are at particular risk of becoming the location of the escalation to the homicide, if not the incident itself. This is not wholly surprising given the extensive work to date on alcohol outlet density and violence,[15] but emphasises how this dataset can be used to complement existing research areas.

Recommendation 7: Identify specific 'at risk' locations to target preventative measures

Coding the type of place where homicides have taken place, as well as the exact location (e.g. through its postcode), will allow a spatial mapping of 'hotspots' for alcohol-related homicides that can be used alongside existing work in this area to target policing interventions. Similarly, with a wider sample of cases, trends in specific times during which alcohol-related homicides happen could be identified. This would then help specifically target moments and places with preventative measures regarding alcohol-related violence.

There have been a number of similar analyses conducted worldwide,[16] partly enabled by the availability of location data – sometimes it is scraped from news reports, other times it is shared by law enforcement (it is consistently collected, and rarely sensitive). Because of the relative ease of accessing crime location data, this is analysis that can be undertaken and funded by research bodies outside of the Met.

---

[14] [Drugs of abuse and the elicitation of human aggressive behavior](#)

[15] Fone, D., Morgan, J., Fry, R., Rodgers, S., Orford, S., Farewell, D., & Lyons, R. (2016). Change in alcohol outlet density and alcohol-related harm to population health (CHALICE): a comprehensive record-linked database study in Wales. Public Health Research, 4(3).

[16] For example: Messner, S. F., Anselin, L., Baller, R. D., Hawkins, D. F., Deane, G., & Tolnay, S. E. (1999). The spatial patterning of county homicide rates: An application of exploratory spatial data analysis. *Journal of Quantitative criminology*, *15*(4), 423-450.;

Groff, E., & McEwen, T. (2006). *Exploring the spatial configuration of places related to homicide events*. Alexandria, VA: Institute for Law and Justice.

Case #26: Alcohol as an isolated contributing factor (MG5, 5007)

Victim / suspect facts:
Single victim: 16-24yo male, no alcohol addiction, no gang associations, no previous interactions with police, mental health condition unknown

Single suspect: 16-24 yo male, known historic associations with gang but not a gang nominal, signs of financial struggle (unemployed), has previous convictions related to the offence, alcohol addiction and mental health condition unknown

In this case, the victim and suspect were not known to each other. The suspect was seen consuming alcohol prior to the incident, and the victim was specifically confirmed *not* to have been drinking, as they were planning on driving home. The incident happened in the early hours of the morning, close to a late night music venue. The homicide itself appears to be unprovoked and unanticipated: the victim was not part of the initial escalation of violence which took place between the suspect, their associate, and another male. This led to a gathering of the people witnessing this escalation, one of whom was the victim.

Alcohol was coded as the main contributing factor in this case as, when the suspect was arrested post-incident, police officers stated that he was heavily inebriated and the suspect also made statements to that effect. Although the suspect was known to have historic gang associations, the method and context for the homicide suggested an erratic pattern of behaviour, where the suspect was randomly thrusting a knife at the group of witnesses, at which point they stabbed the victim. This suggests that the victim wasn't purposefully chosen, and that the homicide itself is not gang-related.

Coding : contributing factors?	Contributing factors: Alcohol-related sub-type?	Victim alcoholism?	Suspect(s) alcoholism?
Alcohol-related Non gang-related youth homicide (under 25s involved)	Heavy alcohol consumption	No alcohol addiction	Unknown if current/recovered
Alcohol consumption prior to incident (victim)?	Time from consumption?	Length of time spent drinking?	Scale of alcohol intoxication?
No alcohol consumption	NA	NA	NA
Alcohol consumption prior to incident (suspect(s))?	Time from consumption?	Length of time spent drinking?	Scale of alcohol intoxication?
Consumption of alcohol prior to event	Unknown	Under 2 hours	Incoherent / Blank Expression / Argumentative

2. Comorbidity: alcohol consumption, combined with other conditions, contributes to the escalation of violence

During the analysis we identified a second type of case, where alcohol also contributed to the homicide, but as part of a wider cluster of comorbid conditions. In this type of case, alcohol played a role in the escalation of violence, but it couldn't be

separated from other vulnerabilities identified in the individual. For example, an individual with a drug addiction attempting to replace drugs with alcohol may have triggered withdrawal symptoms, these symptoms combined with the consumption of alcohol ultimately contributing to the escalation of violence. In these cases, all comorbidities are considered as one key contributing factor to that individual's actions.

3. Alcohol lowers inhibitions in victim(s) and / or suspect(s)

A third type of case identified via this framework was one where the victim(s) and suspect(s)' alcohol consumption appeared to lower their inhibitions, contributing to an altercation between them becoming violent. In these, the primary suspect and the victim were both attending a social event where alcohol was involved, and an altercation started between them during the social event. This escalation appeared to be pride-related, with the suspect expressing feelings of humiliation (for example, public humiliation at being called out in front of the rest of the attendees at the social event). For these cases, it seems that alcohol played a role in the escalation by lowering the victim(s) and / or suspect(s) inhibitions, ultimately leading to excessive use of violence as a response to one of the suspect(s) and / or victim(s)' pride being hurt.

Finding: MPS are often involved in the lead-up to alcohol-driven homicides
We noted that cases where alcohol played a contributing role were also linked to interactions with MPS in the lead up: to visit an unlicensed party, or called because of drunken and / or violent behaviour. Particularly in cases where MPS were involved because of specific behaviour patterns, this suggests an opportunity for intervention prior to the homicide.

Recommendation 8: Review interactions in alcohol-related homicides
To understand how MPS interactions could more effectively prevent alcohol-related homicides, there needs to be an understanding of current interactions prior to homicide, and visible risk factors.
Coding for homicides where alcohol was a contributing factor, and whether MPS had been involved, would enable analysts to easily identify and review these cases. This could form the basis of interventions, for example educating the public on where and how to involve MPS in these situations, and giving officers additional tools to identify situations at particular risk, and how to address them.
Whilst our analysis specifically identified MPS interactions in alcohol-related homicides, the implications of further analysis could also provide guidelines for other professions (such as hospitality) that interact with those under the influence of alcohol.

4. **Alcohol is noted as a factor in the case, but does not directly contribute to homicide** *(see case study #36 in [Annex](#))*

The cases where we didn't code alcohol as a contributing factor typically involved 1) lighter drinking where the individual did not show any behavioural signs of inebriation, 2) unknowns on how much alcohol was consumed and for how long, or 3) noted alcohol addiction in the victim(s) / suspect(s), but no evidence of drinking in the lead up to the homicide. There were also cases where we could not determine whether or how alcohol played a factor due to missing data.

What makes alcohol-related cases distinct?

Due to the prevalence of alcohol, our analyses below have specifically focused on cases where alcohol was a contributing factor.

Reminder: our sample of 50 cases is relatively small and is deliberately not representative. These findings should be treated as indicative, but do not necessarily reflect patterns across all homicides in London.

Fig. 8: This figure shows how often cases where alcohol was a contributing factor* were labelled with other themes in comparison to all other cases combined. Other big motivators – mental health and gangs – were less common, but there was some positive association with drugs.

Compared to other cases combined, alcohol cases were
…less often labelled with … more often labelled with
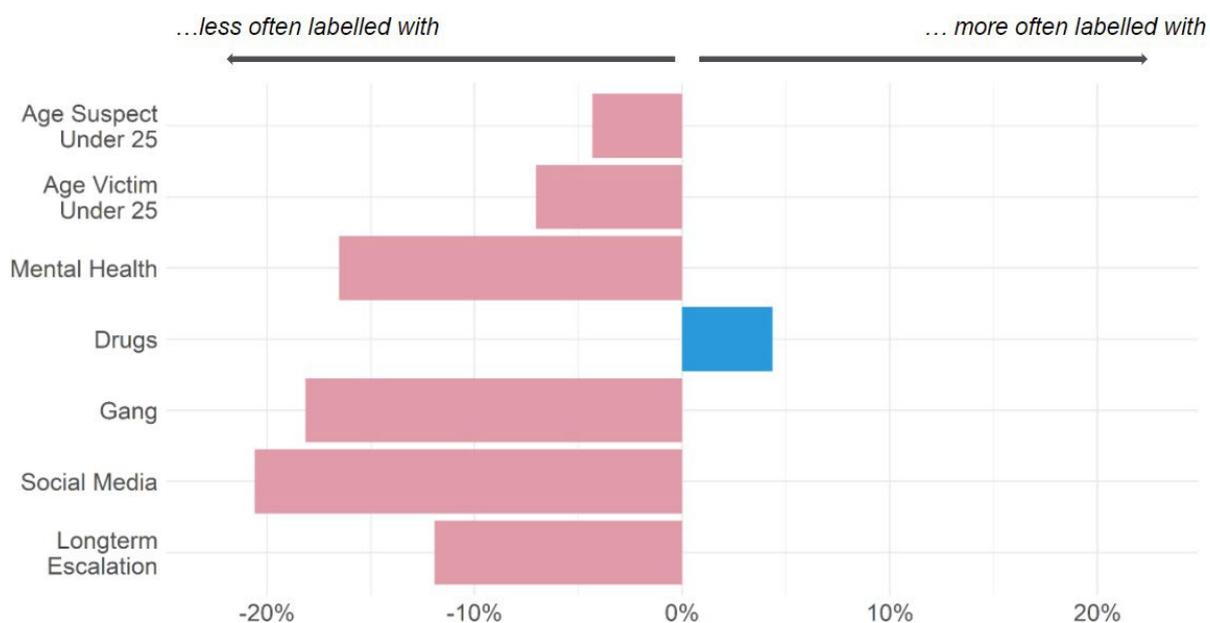
*This chart shows alcohol as a contributing factor. However, the charts in other sections reflect any *alcohol codes, for consistency with the other categories.*

Age

Cases where alcohol was coded as a contributing factor to the homicide included individuals both under and over 25 (victims and suspects), although we note that

where alcohol was a contributing factor there was a lower proportion of young victims and suspects in our sample. Where alcohol-related cases involved under 25s there were no female victims or suspects; they were exclusively male on male homicides.

Clarity of motives

In our sample, there was a link between unclear motives - where it is unknown whether the homicide was planned or not - and cases where alcohol was identified to play a contributing role. This could be related to the erratic, random behaviour patterns observed and described above.

Other vulnerabilities (addiction and mental health)

As mentioned above (and in the Drugs and Mental Health sections), in cases where alcohol use was only one of the symptoms of the individual's vulnerability, it was conjoined with drug abuse and / or noted mental health issues. However, we do not in general find that alcohol-related cases had more instances of mental health issues than other cases, or that they were more associated with drugs. This suggests a potentially complex relationship that merits further analysis, to understand under what circumstances alcohol, mental health and drugs interact.

2.5 Gang involvement

Subsections:

1. Gangs in our sample
2. How do gangs contribute to homicides?
    a. Existing gang / organised crime tensions motivating the violence lead to the homicide
    b. Gang-related, but the motivation remains unclear
    c. Missing data: cases that couldn't be flagged as gang-related
3. What makes gang-related homicides distinct?
    a. Age
    b. Weapon type
    c. Consumption of substances

Gangs in our sample [14 cases]

The definition for what a "gang" is varies between entities, and between individuals. As a result, our coding only coded something as gang-related or organised crime-related if it was explicitly stated in the documents we reviewed. During our coding, we identified four key ways in which gang involvement was represented in homicide cases.

1. **Gangs contributing to the homicide:** we only coded gangs as contributing where the homicide appeared to be gang-motivated, rather than simply if there were gang affiliations. We elaborate on the three ways we identified in which gangs contributed to homicides in our sample below (see How do gangs contribute to homicides?) **[10 cases]**
2. **Individuals affiliated with gangs:** an individual affiliated with a gang can mean many things: they may be associated with gang members but not take part in any gang-related activity, they may be part of a breakaway group within a gang, they may be a senior leader within a gang. The exact nature of the individual's gang associations and networks may also be linked to the outcomes they experience as a result of that association. **[14 cases]**
3. **Gang usage of online networks:** social media appeared to be a preferred channel of communication in gang structures (more on this in the Social Media section) which is why we aimed to capture specifically where it was used by gang members to communicate among themselves. **[3 cases]**

4. **Gang-related activity leading to the incident:** in the lead up to a gang-related homicide, there could also be wider gang-related activity. We also included details on interactions with MPS, as police action against gangs is common, and may have consequences on the dynamics of gang relations (for example, the incarceration of a gang member may create a vacuum of power, whilst dispersion tactics may lead to changes in territory). **[6 cases]**

Despite only coding a case as gang-related if it explicitly said so in the documents we reviewed, we found a relatively low correlation between our codes and those used by the Met. For example, of the ten cases identified by the Met as gang-related, we only identified six in any of our gang codes. Conversely, less than half of those we captured were identified by the existing Met code. It is possible that Met coding was based on information other than that in the case files we reviewed, emphasising the need for a consistent framework for recording case information, in particular regarding gang involvement. For example, it is possible that some of the cases we reviewed where gang involvement was mentioned, that this had been reviewed and that it was considered as irrelevant, as the individual was only on the periphery.

Fig. 9: Drug gang cases in our framework

Cases with gang related codes
(14 total individual cases, 10 where gang is coded as a contributing factor.)
Ordered most common combination - least

	Contributing factor	Long-term factors		Lead up to incident	Social media		
	Gangs contributing to the homicide	Primary suspect(s) - gang affiliation	Victim(s) - gang affiliation	Gang related activity leading to incident	Gang usage of online networks	# Cases coded this way	Case numbers*
Cases where gangs coded as a contributing factor	✔	✔				**3**	26, 53, 54
	✔	✔	✔	✔	✔	**1**	3
	✔	✔	✔	✔		**1**	1
	✔	✔		✔	✔	**1**	49
	✔	✔		✔		**1**	25
	✔		✔	✔		**1**	9
	✔		✔			**1**	6
	✔			✔		**1**	39
Total for each category							
Gang coded as contributing factor	10	7	4	6	2	-	*As above*
Gang *not* coded as contributing factor	-	2	1	-	1		29, 32, 38, 54

*Case numbers in **black** (e.g. 53) coded in both new and MET frame as gang related, case numbers in grey (e.g. 26) not coded as gang related in MET frame.

How do gangs contribute to homicides?

Our illustrative analysis highlighted three notable ways in which gangs contributed to homicides in our sample.

1. Existing gang / organised crime tensions motivating the violence lead to the homicide

In this type of case, gang-related tensions played a central role in the escalation to the homicide, via threats shared or an escalation of physical violence, which could lead to multiple "retaliating" homicides. Premeditation and planning was a key component of these cases; although varying degrees of premeditation were observed, from choosing to carry a weapon, to several days of reconnaissance. Perhaps linked to this level of planning was the number of primary suspects in these types of cases: every gang case in our sample had multiple suspects, with as many as seven identified suspects for one case.

Also linked to the level of planning, the victim 'choice' wasn't random: suspect(s) were targeting specific individuals within one group, and there was evidence of growing tensions specifically between victim(s) and suspects or the groups that they belonged to in the lead up to the homicide (although, in some cases, the victim was part of the same group as the suspects). Social media appeared to be an important channel in the escalation of violence and / or the communication between gang members in the planning stage (this is something we cover in more detail in the social media section).

Case #25 : Gang-motivated	
Victim / suspect facts: Single victim: 5-15yo male, no gang associations, had previously expressed concerns over their own personal safety to justify carrying a knife, for which they had been arrested and referred to YOT. Unknown alcohol and drug use, mental health condition unknown Four suspects, only one identified: 16-24yo male, possibly using drugs (CNS stimulants and cannabis found in his home), known involvement with a gang and in prior disputes,	In this case, multiple elements suggested it was *gang-motivated*: ● At the group level: escalating tensions between two local gangs had been noted (no additional details known), the attack on the victim was carried out by a group of 4 individuals ● At the individual level: the suspect arrested was known to be affiliated with a gang ● At a behavioural level: the suspects' behaviour at the time of the incident suggested a level of premeditation, as they were wearing face coverings and expressed satisfaction at having "got one" after stabbing the victim. ● At the environmental level: the location of the homicide was in an area which was known to be associated with the rival gang to the one the suspect was affiliated with. The vehicle used by suspects to flee was also dumped

pattern of repeated offending in the two years leading to the incident including robbery, possession of drugs / weapons, and juvenile reprimands. Unknown alcohol use, mental health condition unknown	in an area associated with the gang the suspect was believed to belong to. Details of this case further point to the complex risks associated with gang presence in a community. Despite having no known gang affiliation, the victim had previously been arrested for possession of a knife and had stated that they were carrying it specifically to protect themselves. Carrying a weapon may have contributed to making the victim more of a target to gang members, or (by carrying a weapon at the time of the attack or previously) heightened the risk of serious violence taking place.		
Coding : contributing factors?	Contributing factors: gang subtype?	Victim known to MPS for gang connection	Suspect known to MPS for gang connection
Gang-related	Gang motivated	No	Yes
Victim gang connections	Attributes within gang	Connections with gang members	Gang disputes
No gang association	NA	NA	NA
Suspect gang connections	Attributes within gang	Connections with gang members	Gang disputes
Known member of gang	Associate	Unknown	Involved in prior disputes between gangs
Gang-related activity leading to event	Planning homicide with gang members	Timeline	
There is gang related activity leading to incident	Existing tensions between gangs	Unknown	

2. Gang-related, but the motivation remains unclear *(see case study #49 in the Annex)*

In these cases, gang involvement was characterised by affiliations or suspected affiliation in one or more of the victim(s) and suspect(s). However, the circumstances of the case did not appear to be a response to existing gang tensions, and the documents of the case either explicitly said that the homicide didn't appear to be gang-motivated or did not indicate that it was. Nonetheless, gang associations still appeared to play a role in these cases, for example by influencing the choice of modus operandi (MO) for the homicide (see case study in Annex), or in the victim / suspects' apparent access to weapons and history of violence, as evidenced by their previous interactions with the police.

3. Missing data: cases that couldn't be flagged as gang-related

Where cases had been originally flagged as gang-related during our sampling process, but we didn't code them as such in our framework, this was because there were no mentions of gang associations or involvement in the documents we reviewed. It is possible that the evidence existed but the SIO judged the gang associations not to be relevant to the prosecution choices, and didn't include them in the MG5; that the associations came to light after the MG5 was completed; or that they judged the intelligence too sensitive to share. In any case, the examples mentioned above highlight the importance of understanding not only whether there were *any* gang associations, but also differentiating the level of gang involvement between cases to develop a more nuanced understanding of exactly where gang associations matter, as well as where they matter less.

Finding: Case notes in gang-related homicides often lack detail, including about the nature of the gang involvement

Gang involvement presented a particularly complex collection of risks in the cases we analysed, and highlighted some of the clearest gaps in our understanding. We also found that, perhaps due to the number of individuals involved in these types of homicides, there tended to be less information available on the suspects' backgrounds in gang-related cases. Similarly, any wider information about gang activity and tensions (links to police activity, the drugs trade) tended to be limited, and fewer witnesses were involved in the investigation. In one of the cases, it was suggested that witnesses weren't willing to collaborate with the police due to gang pressure on the community. This has important implications for our understanding of gang-related homicides: it means that we cannot explain exactly what triggered tensions leading to the homicide, beyond whether it was gang-motivated or not. This in turn limits our ability to develop policy specifically targeting these types of homicides, by not allowing us to understand whether any specific touchpoints or moments are particularly key in the escalation of violence.

Recommendation 9: Capture information about the circumstances preceding the homicide in gang-related cases
The precise implications of the drugs commodity market, and the inherent tensions related to the drugs trade, are crucial to understanding a variety of crimes in London. For homicides, focusing on gang activity (including drug-related activity) preceding the homicide could unlock meaning regarding exactly what event and interventions are likely to increase tensions within gangs. For example, this could include understanding the role of social media, or of any arrests related to the victim or the offender made in the lead up. This would help identify potential 'heat' moments in gang activities, and target interventions within these.

Further, as highlighted above, including further information in case notes would allow for a better assessment and recording of gang involvement. For example, it will be important to be able to make a distinction between active gang involvement, versus those who are on the periphery of a gang, or who know gang members but aren't involved in any of their activities.

What makes gang-related homicides distinct?

Reminder: our sample of 50 cases is relatively small and is deliberately not representative. These findings should be treated as indicative, but do not necessarily reflect patterns across all homicides in London.

Fig. 10: This figure shows how often gang cases were labelled with other themes in comparison to all other cases combined. Gang cases more often involve young suspects and victims than other cases.

Compared to other cases combined, gang cases were
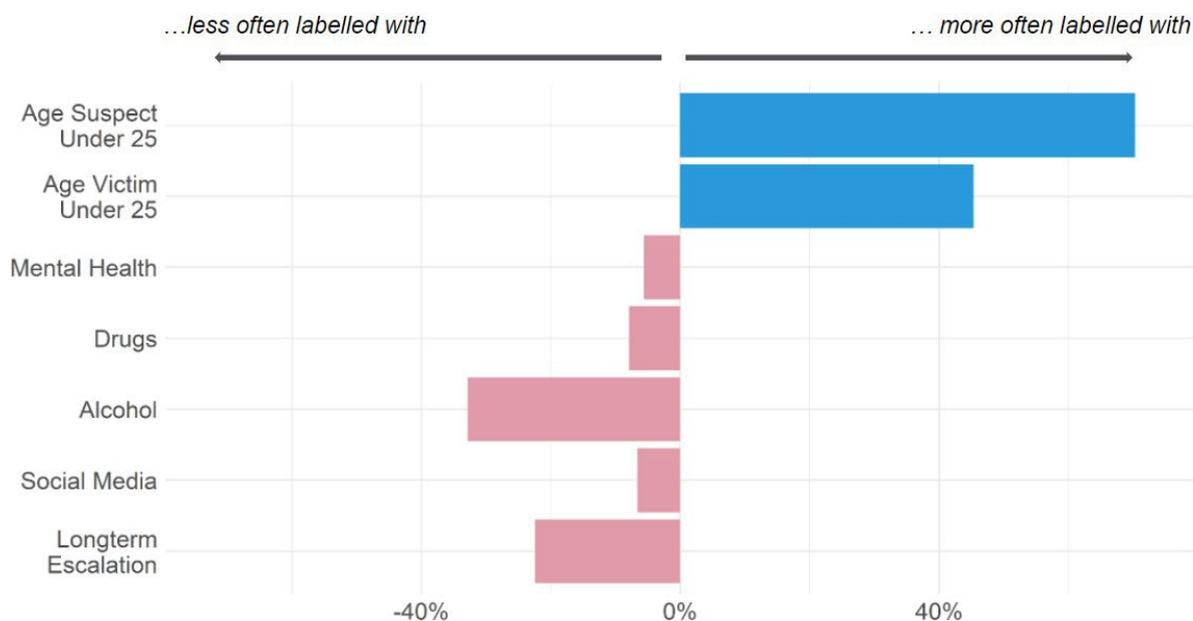
Age

In all gang-related cases in our sample the primary suspect was under the age of 25 (and in some cases, under 16), which is in stark contrast to non-gang related cases. There also appears to be a pattern in offending style, where suspects started offending early on and were involved with youth offending services in the past. There was a wider range of ages for victims involved in these cases, although some were similarly young (under 16 years old).

Recommendation 10: Evaluate interventions for young people at risk of gang involvement

Gang violence presents a particular homicide risk in relation to young people. It also, as highlighted in Case Study #25 (above), appears to often relate to premeditated homicides, suggesting that there are more opportunities for intervention. There are several such interventions being developed and implemented, either directly tackling gang violence, or addressing wider vulnerabilities that could present risk factors (including an extensive mentoring scheme for vulnerable young people commissioned by the VRU and the Mayor of London).[17] However, whilst some youth offending initiatives have been shown to be effective,[18] others have backfired significantly[19]. There is therefore a clear need to develop the evidence base by robustly evaluating new and existing interventions, particularly ones operating at a large scale.

Weapon type

The weapons used to commit these homicides appeared particularly deadly. To illustrate, two out of the three cases involving firearms in our sample were gang-related, and all other gang-related cases involved knives.

Consumption of substances

In gang-motivated cases in particular, we observed fewer examples of consumption of substances (drugs or alcohol) in the lead up to the homicide. This could reflect the level of planning observed in these homicides, for example through a desire to not be under the influence of substances and risk derailing the plan. Where drugs were involved in gang-motivated cases, it was generally because the dispute arose over drugs, rather than because of their consumption prior to the event.

---

[17] Mayor of London. (2022). *Mayor announces plans to provide mentor for every young Londoner*. https://www.london.gov.uk/press-releases/mayoral/mayor-and-london-boroughs-announce-plans

[18] Tolan, P., Henry, D., Schoeny, M., & Bass, A. (2008). Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews*, *4*(1), 1-112.

[19] Petrosino, A., Turpin-Petrosino, C., Hollis-Peel, M. E., & Lavenberg, J. G. (2013). Scared Straight and other juvenile awareness programs for preventing juvenile delinquency: A systematic review. *Campbell Systematic Reviews*, *9*(1), 1-55.

2.6 Social media

Subsections:

1. Social media usage in our sample
2. How does social media usage contribute to homicides?
   a. Social media is used to lure victims into a robbery
   b. Social media is used to organise gang-related activities
   c. Social media is as a channel for the escalation of violence between the victim and suspect
3. What makes homicides where social media was used distinct?
   a. Age
   b. Gang activity

Social media usage in our sample [14 cases]

Social media usage in the UK is highly prevalent: in 2020, 70% of adults had used social media in the last 3 months.[20] We aimed to capture where social media was being used to communicate with individuals in the context of homicides, considering three factors to help differentiate between general social media usage, and the contributing role of social media in homicides:

1. **Use of social media in the escalation prior to the incident:** we recorded whether there had been an escalation of tensions between the victim(s) and suspect(s) prior to the homicide, and how that escalation was communicated. Within this, we specifically captured written communication that took place through social media. **[3 cases]**
2. **Victim(s) and suspect(s)' general use of social media:** this captured whether victim(s) or suspect(s) were users of social media, and whether this included closed-group (e.g. Whatsapp) or broadcast (e.g. Snapchat) media. This was only if it was flagged in case notes, which is unlikely to cover all individuals who use social media. **[21 cases]**
3. **Use of social media in post-incident communication:** we recorded whether there was any post-incident communication about the homicide, by

---

[20] ONS, *Internet access - households and individuals*, 2020 dataset

the suspect(s) or others involved in the event. Within this, we captured communications through social media. **[2 cases]**

The specific social media platforms mentioned in the cases we reviewed included : WhatsApp, Snapchat, Instagram, and Facebook. We anticipate that additional social media platforms may be mentioned in a wider sample, which is why we split this into *broadcast* and *closed group* social media in our codes.

Fig. 11: Cases where social media usage was noted (social media was not flagged as a contributing factor in our framework)

	Cases with social media related codes (14 total individual cases) Ordered most common combination - least					
	General use		Lead up to incident	Post incident		
	Primary suspect(s)	Victim(s)	Escalation - use of social media	Use of social media	# Cases coded this way	Case numbers*
Cases where social media usage was noted	✔				4	11, 40, 27, 23
	✔	✔			4	21,13,17, 24
		✔			2	2, 16
	✔	✔	✔		2	33, 54
	✔	✔		✔	1	3
	✔		✔	✔	1	49
	12	9	3	2	-	*As above*

How does social media usage contribute to homicides?

During our analysis, we identified three ways in which social media usage contributed to the homicides in our sample.

1. Social media is used to lure victims into a robbery

In these cases, social media was used to set up a transaction between the victim and the suspect, which would eventually become the setting within which the homicide was committed. The transaction was used as a lure by the suspect, with the unspoken objective of robbing the victim. This included cases where the transaction was a drug deal, similar to those discussed in the Drugs section, but also other types of transactions (*see case study below)*. However, the escalation of

violence between the suspect and the victim occurred in person, during the transaction, rather than on social media. Interestingly, the social media platform could be used by peers or associates of the victim(s) and suspect(s) to organise the transaction, meaning that the victim(s) and suspect(s) did not always directly communicate with each other using this channel. For example, in one case related to a drug deal, the transaction was organised between two individuals who were not directly involved in the incident, over snapchat.

Case #2: Transaction (robbery) organised over social media	
Victim / suspect facts: Single victim: 16-24yo male, no known vulnerabilities or interactions with services, use of social media to advertise merchandise Two suspects: 16-4yo males, both living in sheltered accomodation (separately), no other known vulnerabilities, previous arrests for possession of a weapon, robbery, theft, assault, possession of counterfeit currency, battery, ABH	This case involved three males who were under 25, with no apparent connections between the victim and the suspect(s) prior to the homicide. The victim was selling high end clothes online, using social media to advertise these, and had arranged to meet up with the suspects for them to purchase one of their items of clothing. Although social media had originally been used to organise the transaction, there was no evidence of an escalation of violence or threats being made prior to the victim and suspects meeting up in person to complete the transaction. The escalation of violence took place at the victim's home, where the suspects refused to pay for their purchase and threatened the victim and their family using knives. The suspects' offense history suggests that this is a MO they may have already used in the past, and that the plan had always been to rob the victim from the item of clothing.

Coding : contributing factors?	Victim(s): use of online social media	Suspect(s): use of online social media
Other (Robbery)	Closed group and broadcast social media to interact with friends	Unknown
	Escalation between victim and suspect via social media	Post incident primary suspect communicating about incident via social media
	Unknown	No

2. Social media is used to organise gang-related activities *(see case study #54 in Annex)*

Social media appeared to be a preferred communication channel for gang-affiliated individuals, including apps such as Telegram, Whatsapp and Snapchat. There were three reasons for which social media was used in our cases:

- **Planning and discussing the homicide:** we found evidence of conversations on social media between individuals in the lead up to and post a gang-related homicide. These conversations appeared to be related to organising the homicide itself (for example, discussing where and when to meet), and discussing the circumstances of the homicide with others who weren't present at the incident after the fact. In these cases, there is also evidence that the individuals involved believed social media to be a safer means of discussing the incident, because of their belief that messages could be erased or wouldn't be accessible by others.
- **As a means of escalating tensions:** in these situations, social media appeared to be the main platform for escalating the tensions between the victim and the suspect, by sending threats and insults to each other. This could happen with 'selected witnesses' (for example, within a group chat), within a private chat, or publicly broadcast threats (for example, within a song) on a social media platform. See case study below for an example of such an escalation.
- **As a channel of communication:** there also appeared to be wider communication between gang-affiliated individuals beyond the context of the homicide, as a means to socialise or organise other activities such as parties.

3. Social media is a channel for escalating violence between the victim and suspect *(see case study #23 in Annex)*

Outside of gang-related cases, we also observed a third type of case where social media played a role in enabling the escalation of tensions between the victim and suspect: for example through abusive or threatening language shared between romantic partners in the lead up to a domestic homicide. However, there was not always enough detail in case files to understand the exact role of social media, even when it seemed to be a contributing factor to the homicide. Our analysis also suggested that social media could also be used by the suspect as a tool to stalk the victim (for example, by using Facebook to keep up to date with an ex partner's romantic relationships after said partner changed their number in an effort to be forgotten). This suggests that social media could play a role in escalations of violence even where there isn't direct communication between victims and suspects.

Finding: Social media usage in the context of homicides goes beyond the sharing of threats online

Evidence from our sample shows that social media usage in homicides was more sophisticated than sharing threats or aggressive language online. It was also used to lure victims into a trap, plan attacks or discuss the incident, as well as a tool to stalk the victim. Indeed, although social media could be used as a channel for the escalation of violence between the victim and suspect, in some cases no threats were shared directly on the platforms prior to the incident taking place.

Recommendation 11: Social media analysis should aim to detect controlling activity as well as aggressive behaviours
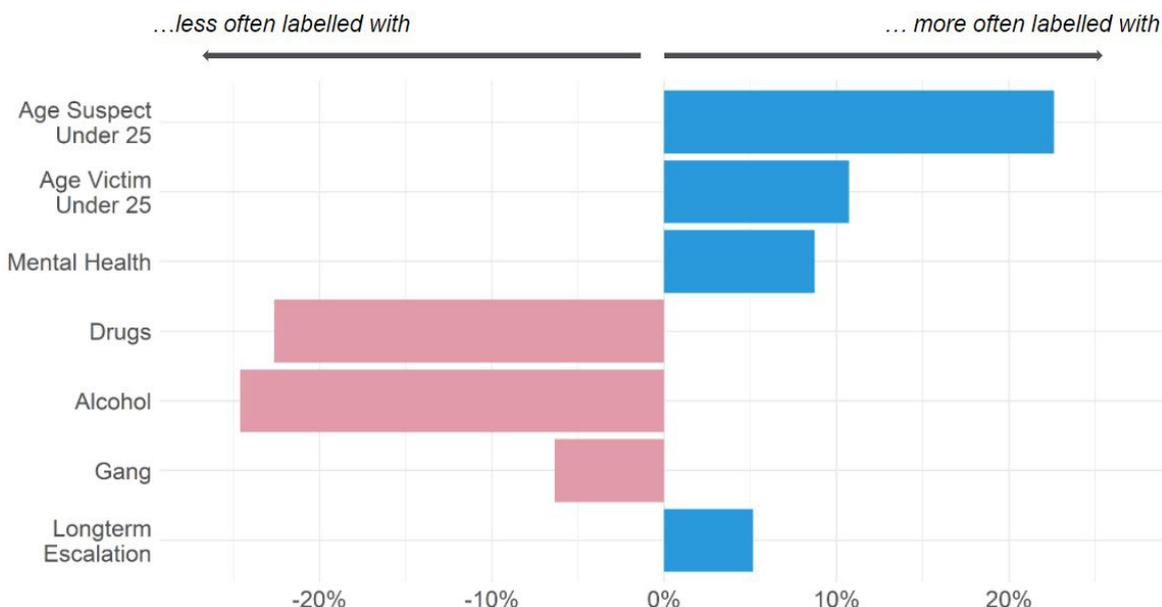Social media analysis can be used to identify and target high risk behaviour online. However, any analysis should go beyond identifying aggressive language, and also focus on identifying specific behaviour patterns (such as online stalking, or organising patterns) that might present more nuanced risks.

What makes homicides where social media was used distinct?

Reminder: our sample of 50 cases is relatively small and is deliberately not representative. These findings should be treated as indicative, but do not necessarily reflect patterns across all homicides in London.

Fig. 12: This figure shows how often social media cases were labelled with other themes in comparison to all other cases combined. Social media cases more often involve young suspects and victims, but far less often drugs or alcohol.

Compared to other cases combined, social media cases were

...less often labelled with   ... more often labelled with

Age Suspect Under 25
Age Victim Under 25
Mental Health
Drugs
Alcohol
Gang
Longterm Escalation

-20%   -10%   0%   10%   20%

Age

Social media usage wasn't exclusively found in cases involving younger individuals, which reflects the prevalence of social media usage across the UK population. However, when analysing the specific cases of social media usage which involved individuals under 25, it seemed that certain types of social media usage may be more age-specific: for example, Snapchat appeared to be used particularly by a younger population. Evidence from these cases shows that the ability to delete messages on Snapchat was known and used by individuals, which may explain why it was favoured in the context of committing a crime. Outside of the type of social media platform used, what it was used *for* could also be related to age: for example, escalations of violence that had happened mainly or exclusively over social media appeared to typically involve younger males.

> **Recommendation 12: Provide touchpoints for young people to seek help following social media threats**
> The escalation of tensions over social media presents an opportunity for young people to seek help before it spreads to in-person aggression and violence. However, the help-seeking routes are less well developed than for other challenges young people might face. For example, an online search for "someone is threatening me on social media" brings up an article from a business magazine and links to the Met website. But there is little targeted at young people, or options for support that don't involve making a formal report. There is a clear opportunity to develop tailored guidance that young people can access anonymously, which could include both online advice and helplines, and promote these through schools.

Gang activity

Although social media usage wasn't more common in gang-related cases than other cases in our sample, the specific nature of social media usage in gang-related cases is discussed above. It isn't the case that we saw social media was more likely to be used in gang-related cases in our sample, but rather that it was more likely to play an instrumental role in the incident in those cases. Reasons that could explain the specificity of this usage among gang members include the perceived confidentiality of social media apps which may contribute to a false sense of security in discussing illegal activities, as well as the age of gang affiliated individuals, which may make them more likely to communicate using these channels anyway.

2.7 Patterns of escalation

Subsections:

1. Patterns of escalation in our sample
2. How do incidents escalate to homicides?
   a. Short outbursts of violence: *immediate escalation of around 5 minutes*
   b. Longer outburst of short-term violence: *immediate escalation of between 5 mins and an hour*
   c. Escalating tensions between young people: *involvement of others in escalation, presence of longitudinal and short term escalation*
   d. *Longitudinal undetected abuse or neglect: homicides where the victim is the small child of the suspect*
   e. Long term relationship decline culminating in relationship breakdown: *homicides involving romantic partners*

Patterns of escalation in our sample

We built our framework so that it covered patterns of escalation in two main ways: the interactions immediately leading to the homicide, and longitudinal interactions

1. **Short term escalation - the events leading to the homicide:** a set of specific actions, behaviours and interactions will occur immediately prior to the homicide, that will eventually lead to the homicide itself: for example, an altercation between the victim and suspect, an attack, or threats being shared. Defining the 'immediate lead up' with strict timelines would have been too limiting: in some cases the lead up was very short, while in some cases the actions that eventually led to the homicide took place over a few days or weeks. This is why, where known, the specific length of the immediate escalation for the homicide in question was also coded.

2. **Longitudinal escalation of tensions:** the short term behaviours and interactions that lead to a homicide could also be influenced by historical interactions and the wider social context. Separating longitudinal and short term patterns brings richer data for analysing violence patterns. For example, we can understand whether the immediate lead-up followed similar patterns to the longitudinal escalation, or took on a different form. It also enables us to identify potential touchpoints in the immediate and longer-term.

How do incidents escalate to homicides?

Through an illustrative analysis of our sample, we identified five subtypes of escalation patterns in homicides:

1. Short outbursts of violence: *immediate escalation of around 5 minutes*

Such a short escalation took place exclusively in person, with no evidence of previous online or in person violence or threats between the victim(s) and suspect(s). A short but chaotic escalation was unprovoked and appeared to be a random attack from the suspect(s). These more chaotic cases were for example related to a consumption of drugs or alcohol, which could have played a role in such rapidly violent responses from the victim(s) and/or suspect(s). However, in some cases (as below), consumption of substances did not appear to contribute to the immediate, rapid and violent response from the suspect. Accessibility of weapons at the location of the homicide also seemed to enable such a violent escalation, with for example the suspect grabbing a nearby kitchen knife during the altercation.

Case #40: Short outburst of violence - chaotic	
Victim / suspect facts: Single victim: 45-54yo male, no known vulnerabilities or interactions with services (including MPS) Single suspect: 16-24yo male, no known vulnerabilities, expressed positive attitude towards victim, use of social media, no known interactions with services (including MPS)	This case involved two coworkers: the victim was the suspect's supervisor on construction sites. It involved a short escalation of violence, with no evidence of longitudinal tensions between the victim and suspect. *Events leading up to the incident:* Immediately before the incident, the suspect was unsettled: he was seen to be pacing around at his place of work, and was complaining about his pay to other employees. The escalation between the victim and suspect took place over a very short time: CCTV records show it lasted only a few minutes. The suspect was seen to walk up to the victim's office, and the next records show the suspect attacking the victim two minutes afterwards using construction materials as a weapon. The only evidence explaining such a violent outburst were the witness testimonies recalling the suspect's complaints about their pay immediately prior to the incident taking place. *Longitudinal escalation:* The evidence in this case painted the picture of a positive relationship between the victim and suspect, witnesses explaining that the victim had been helping the suspect with their English, and the suspect expressing gratitude as a result.

	As a result, there didn't seem to be a longitudinal escalation of tensions between the victim and suspect.		
Coding : contributing factors?	Presence of escalation	Details of escalation	Timeline
Non gang-related youth violence Other	There is an escalation between the victim and suspect	Verbal, in person communication; violence perpetrated by primary suspect	2 minutes
	Longitudinal interaction: escalations of tensions	Details of longitudinal escalation	
	There is no longitudinal escalation	NA	
	History of domestic violence	Perpetrators	Timeline
	Unknown	NA	NA

2. Longer outburst of short-term violence: *immediate escalation of between 5 mins and an hour*

The main difference between these cases and the first type of escalation is that there appeared to be more back and forth or hesitation in the escalation. For example, the escalation may have started over the phone; or it may have started, cooled down, but only to escalate again. The suspect may have intentionally walked away to go get a weapon, showing intention to harm, or the victim may have attempted to defend themself or flee, which logically extended the timeline.

Finding: Cases which take at least five minutes to escalate provide opportunities for intervention

From a prevention perspective, the short-length immediate escalation cases do not provide many opportunities to intervene to de-escalate. However, cases with a more medium-length immediate escalation could bear more opportunities for "cooling down" interventions, to prevent the escalation from becoming so violent.

Recommendation 13: Develop and deliver training on de-escalating tensions for staff working in public services
There are several examples from this work where tensions escalated to homicide over the space of several minutes, in a public space. Training for those who work in and around hotspots could be delivered by the Met or local organisations, and funded by local authorities or even business associations. The training should address different types of escalation, such as where mental distress is involved (Case #48) or where a group is involved, in order to provide practical and nuanced guidance. There is an also an opportunity to develop training for at-risk offenders,

that focuses on slowing down their responses in high-stress situations.
The framework (if expanded) could also be used to inform training, by conducting additional analysis into medium-term escalations. For example, if they generally occur in specific location types, then de-escalation training could be targeted at staff within those locations. The data could also be used to expand on the types of medium-term escalation we have identified, then adapting the training to a wider set of scenarios.

Case #48: Longer outburst of violence

Victim / suspect facts:
Single victim: 55-64yo male, no known vulnerabilities or interactions with services (including MPS)

Single suspect: 45-54yo male, with a possible mental health condition (evidence of delusions), expressed negative attitudes towards the victim, with prior convictions / cautions (details unknown). No other known vulnerabilities or interactions with services.

This case involved a suspect with a possible mental health condition, as their account of the incident when being interviewed showed signs that they were experiencing delusions, for example claiming that the victim had the devil inside them. There was little evidence about the victim's background included in the documents reviewed.

Events leading up to the incident:
As mentioned above, the suspect appeared to be delusional at the time of the incident, however the victim's mental state was not mentioned in the documents. The suspect walked up to the victim, who was sitting on a bench, and attempted to shake their hand. When the victim refused, the suspect first walked away for a little while, then returned. At that point, as stated in their testimony, they had the intention of killing the victim as they believed they were the devil. The victim attempted to escape the suspect's attacks, however the suspect gave chase to the victim and fatally stabbed them.

Longitudinal escalation:
The suspect and the victim did not appear to know each other before the incident that led to the victim's death.

Coding : contributing factors?	Presence of escalation	Details of escalation	Timeline
Mental health-related	Homicide appears to be unprovoked / unanticipated	Verbal, in person communication; violence perpetrated by primary suspect; victim tries to escape	15 minutes
	Longitudinal interaction: escalations of tensions	Details of longitudinal escalation	
	Unknown	NA	
	History of domestic violence	Perpetrators	Timeline
	Unknown	NA	NA

3. Escalating tensions between young people: *involvement of others in escalation, presence of longitudinal and short term escalation*

A third escalation-type identified appeared to specifically apply to younger men, where the case involved an apparently small fight eventually snowballing into the violence that led to the homicide. The timeline for these cases was longer (could be months), and involved young men who knew each other previously and may have even historically been friends. There was also evidence of multiple touchpoints with services during the escalation: these young men may have been fighting at school, may have had contact with the police if gang affiliated, or had contact with families or carers when they didn't live independently. Both the slow pace of these escalations and the number of touchpoints with the individuals involved suggests that there are opportunities to intervene and prevent this type of escalation of violence.

Finding: Cases involving younger men show particular opportunities for de-escalation

The number of touchpoints provided in these escalations is an opportunity to predict and prevent escalation. The breadth of services accessed in some cases suggests a multi-agency approach could be the most appropriate in preventing homicide cases, even where the victim / suspect do not have pre-existing convictions.

Recommendation 14: Build a predictive model to identify high-risk patterns of touchpoint interactions
This data provides an opportunity to highlight the specific services that could be key in targeting victim(s)/suspect(s) before the homicide with preventative interventions. It could help better understand where resources are best placed based on the specific target population or homicide type in question, by enabling an analysis of the touchpoints accessed at critical moments during the escalation. By recording all interactions with services (including police, schools, hospitals and mental health services) and whether or not they result in a serious conviction (including, but not limited to, homicide), a machine learning approach could be used to identify patterns that are likely to escalate, enabling targeted interventions to be put in place. If shared, these patterns could in turn inform prevention opportunities and professional practice across a wide range of services outside of MPS, including health, education, social care, and the voluntary sector.

4. **Longitudinal undetected abuse or neglect:** *homicides where the victim is the small child of the suspect (see case study #11 in Annex)*

Infanticides, or homicides involving small children as victims, also appeared to be characterised by specific longitudinal patterns of escalation. There was evidence of long-term abuse on the child which came from visits to health services (e.g. emergency services). The cases were also characterised by the lack of identification of the risks for the child: despite the touchpoints with the health services, and even in some cases a referral to social services as a result of their injuries, the child was not currently under a safeguarding plan at the time of the homicide.

5. **Long term relationship decline culminating in relationship breakdown:** *homicides involving romantic partners (see case study #20 in Annex)*

Homicides involving partners or ex-partners also appeared to follow specific escalation patterns. These cases were characterised by an escalation of the disputes between the victim and suspect, which was evidenced either by their friends and relatives; through interactions with public services for example with officers visiting their place of residence due to reports of domestic incidents; or even through referrals being made to social services as a result of regularly occurring violent fights. Nonetheless, the immediate escalation of violence to the homicide appeared to be triggered by a specific event, rather than be a continuation of the longitudinal escalation: the possible ending of the relationship. Whether that transpired from threats made by one of the individuals to leave the relationship, or from one of the individuals effectively moving out of the shared home, the finality of the relationship potentially ending appeared to have triggered the final escalation to the homicide.

Missing information on escalations *(see case study #31 in Annex)*

We could not always code the timeline for the immediate and longitudinal escalation of tensions and violence. These cases included those where there were no immediate witnesses to the homicide incident: for example, domestic and infanticide cases where we knew about the longitudinal escalation through the touchpoints with services and interviews with relatives, but where the circumstances surrounding the homicide itself were not known as it had happened in the home. These also included cases where the evidence placed the victim and suspect at the same place, which was enough to provide evidence for the prosecution, but not enough to know how or why they came to be in that same place, or why the situation had become violent.

Section 3: What next?

Understanding and combating homicide through better data

3.1 Building a data system

Data are critical to understanding (and combatting) the drivers and risk factors for homicide. At a basic level, knowing how many homicides involve mental health issues (and which ones), for example, can inform funding decisions on mental health or training for officers or local mental health services, whilst data on the prevalence of different weapons can inform which weapons should be targeted through amnesties and sales restrictions.

However, there are opportunities to go well beyond this. Taking a machine learning approach to a large dataset can identify factors that often appear in combination but are less likely to be detected by observation only. For example, a classification approach (such as decision trees or latent class regression) could identify new case types that combine specific case, victim or suspect characteristics, and case outcomes. At the cutting-edge, it might also be possible to use natural language processing to quickly codify cases and -- in the longer-term -- aid investigation through flagging similarities with other cases; prompt new lines of inquiry; or in combination with co-offending histories and intelligence data, create long-lists of individuals at high-risk of retaliatory homicide for proactive crime prevention activities (see e.g. Papachristos and Wildeman, 2014)[21].

The application of these high-impact approaches is limited by how much data are available and how it is coded. This project is a first step towards a data driven approach to homicide, but it is not yet complete. An effective data system would need to be:

- **Representative & high volume:** the dataset should be a representative sample of homicide, and include as many cases as possible.

- **Comprehensive & consistent:** all variables should be recorded for each case.

- **Informative & policing relevant:** variables should be specific enough to have clear implications.

- **Accessible to the research community:** non-personal framework data could be made open-source or available to researchers to provide fresh insights.

The remainder of this section outlines what the requirements are, and practical recommendations to move from first steps to a comprehensive, data-driven approach to homicide reduction.

---

[21] Papachristos, A. V., & Wildeman, C. (2014). Network exposure and homicide victimization in an African American community. *American Journal of Public Health*, *104*(1), 143-150.

Representative & high volume: the dataset should be a representative sample of homicide, and include as many cases as possible.

Quantitative analyses, particularly machine learning approaches, are data hungry. A small sample will lead to imprecise findings (at best) and no findings at all in many cases. It also generally assumes that the data being analysed is representative – there is no point in a statement such as "X% of homicides are gang-motivated" if the dataset only includes homicides from an area of London with unusually high gang activity.

The current dataset is, so far, neither large nor representative. We were limited in the number we could code and so deliberately chose cases that captured the range and diversity of homicides in London, to ensure the framework was suitable for a wide range of cases.

Whilst the dataset will always be limited by the number of homicide cases that occur, there is a wealth of historical data that could be drawn on to immediately increase the sample and make it suitable for quantitative analysis. It also needs to be kept updated – addressed in the next section.

> **Recommendation 15: Retro-actively code all cases from the last few years**
> There have been over 600 homicides in the past five years, and coding them all would create a substantial (and representative) dataset that could be immediately used for analysis. This is not a small task – we estimate each case will take 2-3 hours to code, so the full dataset would take one person around 9 months to code. However the framework is designed to be used by anyone, with or without a research background, and several people could work on the analysis at once to speed up the process.

Comprehensive & consistent: all variables should be recorded for each case.

We were often unable to identify the data we were looking for in case files. For example, in a quarter of cases we were unable to establish whether the victim and suspect knew each other or not. For more complex metrics, such as mental health, 44 out of 50 cases were recorded as "unknown" – we do not know if this is because there was no mental health history, or because it simply was not recorded.

By recording information primarily through open text forms such as the MG5, what is included is highly subjective and dependent on what is deemed relevant at the time. There are also several forms, completed at different stages in the investigation, which contain different details on the case, so a definitive record is hard to find.

This makes it difficult to draw firm conclusions. Most problematically, it makes it very unlikely that patterns not picked up by officers will ever be detected because, by definition, officers are unlikely to record this information if they do not see it as relevant. Conversely, it is precisely this sort of missed information that data-based approaches (such as classification approaches, discussed above) can be so valuable at detecting. Improving data collection is therefore critical for these approaches, and there are several steps required to ensure this happens.

Recommendation 16: Use a standardised form for summarising information as cases close

Coding cases from case files means that you are necessarily limited by what is recorded in the files. To build a comprehensive dataset, all data should be entered by someone familiar with the case, most likely the SIO. This would also be significantly faster than coding by someone unfamiliar with the case (likely less than an hour). To make it easier for SIOs to record this data, we recommend adapting the current framework (which is an Excel file) to use a survey-style input (see right).

1. Method of homicide
   - ● Blade
   - ○ Firearm
   - ○ Explosive
   - ○ Heavy object
   - ○ Poisoning
   - ○ Manual (no weapon)
   - ○ Other
   - ○ Unknown

2. Blade subtype
   - ○ Zombie knife
   - ○ Scissors
   - ○ Cleaver

Recommendation 17: Prompt SIOs to complete the form at key case milestones

This data are more likely to be entered if there are regular timepoints for collection. In conversations with a Met SIO, we identified two suggested timepoints:

1. **Six months from the case being opened.** At this point many cases will have been closed, so the information collected will be complete and final, but it is not so long that SIOs will have trouble recalling the details. Setting a reminder for this point should be relatively easy, and it does not depend on a set action (such as a case being put away) which may not happen for all cases.

2. **After a court case is completed.** New information, for example about suspect motives, will often be shared by the defense during a court case, and it is important that this is captured. However, not all cases will go to court, or there may be a significant delay. Therefore, this should not be used as the only timepoint.

We recommend sending SIOs automated reminders to complete the form whenever the first of these occurs. If it is not completed within a week, a follow-up

email could prompt them to select a time when they will complete it, and set a reminder. For cases that complete a court case after six months, a follow-up message should be sent containing their completed form and asking them to make any updates required.

Recommendation 18: Provide SIOs with feedback on how data are being used
Getting a complete dataset depends on the support of SIOs, but we are unlikely to do something without recognition or evidence of impact. Even simple feedback loops, such as calling out SIOs who completed the data for all their cases in a given year, can help increase completion rates. Even better, this should be accompanied by an example of the analyses the dataset was used for over the past year, to demonstrate why the data are being collected.

Informative & policing relevant: variables should be specific enough to have clear implications.

At present, the Met primarily uses flags to categorise cases. For example, a case can be flagged as "drug-related" or "mental health-related", but this is a binary yes/no indicator. This is expedient, but limits the ability to analyse and interpret underlying causes.

Firstly, this approach rarely gives enough information to inform policing practices. For example, a drug-related homicide might mean that the victim was high, the suspect was high, that it took place during a drug-deal, or that it was a dispute between rival gangs over drug market territory. As well as encompassing very different types of homicide (with different policing responses), the flags don't capture which drugs were involved, which could inform classification decisions.

Secondly, a binary approach appears to provide limited clarity on when factors contributed to a homicide. For example, of the thirteen cases flagged as "drug-related" by the Met codes, we only noted four as being ones where drugs appeared to be a motivating factor, and there were another six cases where we identified drugs as a motivating factor where this was not captured in the Met codes. Determining whether a factor is a critical motivator for the homicide is subjective, and there is likely to always be some discrepancy. However this is unlikely to explain the level of discrepancy between our codes and the Met flag, which is more likely to occur from using a single code to capture very varied factors.

Finally, and related to the above, this binary approach may overstate the role of common background factors. For example, for both drugs and alcohol codes, the single Met flag identified more cases than our "contributing factor" code. This may be because the Met code has to encompass all relevant content for alcohol / drugs,

which makes the boundary of whether it contributed to the homicide more blurred. The result, however, is that the role of drugs and alcohol may be overstated, leading to policy responses that disproportionately focus on them in relation to homicide.

Recommendation 19: Distinguish the different roles a factor plays in homicide
Rather than using a single flag for complex variables, incorporate codes that allow for the role of the factor to be reflected. This could be done by using our coding framework, or by adapting the existing Met framework. For example, there should be (at minimum) an opportunity to record whether drugs were involved because consumption affected someone's behaviour, or whether the homicide was related to a drug transaction.

Recommendation 20: Include separate codes for *related factors* and *critical motivators*
Any framework for coding cases should distinguish between whether a factor (e.g. alcohol) is related to the incident and whether it is a critical factor in the case. This could be done by using our coding framework, or simply by adding a second code for key factors into the existing Met framework (for example, adding a second alcohol code that focuses on it as a critical factor, and a second similar drug code).

Accessible to the research community: data in the framework could be made open-source or available to researchers to provide fresh insights.

The current framework provides incredibly rich data on homicide, and there are countless questions that it could be used to answer. Opening it up to external researchers would vastly increase the analysis that could be done, and likely address different questions by taking an outside view. The coding process also removes personal data, because almost all the codes use pre-specified drop-down menus, making it possible (with small adaptations) to share the data without breaching data and privacy requirements.

Recommendation 21: Make the dataset available to researchers and other partners
The existing framework (ideally with retrospective and future data) should be made available to researchers with specific policy questions on request. Learnings from the framework should also be continually shared widely, particularly with partners such as the VRU who can tailor responses, and contribute to targeting resources towards relevant interventions. A lighter dataset, removing potentially identifiable measures such as postcode and exact date, could even be made publicly available through the ONS Secure Research Service, to lower the barriers to analysis and new insights.

3.2 The role of external organisations in building a data architecture

This work has focused on using data held by the Met, who have the greatest access to information specific to each homicide. However, as we have highlighted throughout this report, there are a wide range of contextual factors that interact with homicide, from the location and environment, to individual stressors and interactions with services. Here the Met must rely on other data sources to supplement their understanding, and there is a substantial role for other organisations to play in gathering and making available that data, as well as supporting the analyses we have recommended.

Below we have summarised three ways in which organisations – including local service providers, local authorities, research bodies and funders – can help to build the data capabilities needed to develop our collective understanding of homicide: collecting the right data, creating linkable datasets, and building analytical capacity.

Collecting the right data

Information on many of the contextual factors we have highlighted through this work is held by local services, not the police. The better they gather data – in terms of both richness and consistency – the more we can learn about how these contextual factors interact with homicide. For example, mental health services should be recording non-attendance, or sudden and unexplained changes in attendance patterns, if they are not already. Local authorities often have a number of touchpoints with vulnerable individuals, and should use consistent flags for possible substance abuse issues or mental health struggles. A range of local charities may also hold similar information – on how often someone engages with their service, changes in usage patterns, and possible vulnerabilities.

Organisations with a broader remit (not specifically tied to one service) can also help by helping to ensure consistency in data collection. For example, they can help to develop data collection templates that organisations can easily use, to ensure common metrics are collected in a consistent way.

Creating linkable datasets

In order to inform our understanding of homicide, we need to be able to link the data collected to data on homicide. This encompasses two key types of linking, which relate to different types of data and analysis.

1. **Individual-level data to inform a specific investigation.** There are two key challenges to sharing the data described above (such as attendance at local services, or potential substance issues). Firstly, this data is personal and highly sensitive, presenting barriers to both collection and sharing with other organisations. Secondly, it is likely to be held across a series of small organisations, rather than centrally. If the Met wanted to quickly identify whether a victim or suspect had engaged with these services, they would need to make a number of individual queries to organisations. Research and funding organisations could help reduce some of these barriers to information sharing by standardising processes. For example, they could work develop standard data protection templates to reduce the legal burden on small organisations. This would work particularly well alongside standardised metrics, because the templates would be referring to consistent data types.

2. **Anonymous hyper-local data to enable spatial analyses.** Some of the most interesting analyses of crime and homicide come from spatial analyses using local-level data rather than data on individuals. This includes analyses of the effect of job access on homicide rates,[22] or green space.[23] Creating datasets that map local contexts like these would enable a wide range of analyses – not just for homicide, but for all types of crime. Much of this data is freely available (green space, for example, can be implied from Google Maps), but can require substantial work to pull together. Funders and researchers working to tackle crime can provide the resource to make this happen. Other datasets will not be publically available at present, but could be made so by partnering with data owners (such as Local Authorities) and working with them to map their data.

Building analytical capacity

If the steps above are taken, there will be a wealth of data available to analyse, and finite resource available to analyse it within the Met. In our recommendations in Section 3.1 we suggested that Met datasets be made accessible to researchers, which would create a large role for research organisations and funders in this space. But new analysis does not have to wait for this to happen. We have discussed already the opportunity to use published data on the location of crimes[24] to analyse the relationship between crime and contextual factors. Researchers and funders can

---

[22] Wang, F. (2005). Job access and homicide patterns in Chicago: An analysis at multiple geographic levels based on scale-space theory. *Journal of Quantitative Criminology*, *21*(2), 195-217.

[23] El-Mallakh, T. V., Hedges, S., Rai, J. P., Bhatnagar, A., Moyer, S., & El-Mallakh, R. S. (2022). Suicide and Homicide More Common with Limited Urban Tree Canopy Cover. *Cities and the Environment (CATE)*, *14*(2), 4.

[24] Available at https://data.police.uk/data/

drive these developments themselves, using open-source data to create hyper-local data (see above) and conducting the analysis. While this type of analysis requires strong analytical skills, the wealth of similar studies conducted abroad provide helpful guidance on the data requirements, interesting analyses to run, and the analytical approach.

3.3 Summary of recommendations

1	Record the evolution of individuals' relationships with mental health services
2	Target additional help at those withdrawing from mental health support
3	Record specific mental health conditions, rather than treating it as a single category
4	Record possible mental health struggles as well as diagnosed ones
5	Include recent gang activity when recording data on gang-related cases
6	Use data-led classification approaches to identify interactions between multiple vulnerabilities
7	Identify specific 'at risk' locations to target preventative measures
8	Review interactions in alcohol-related homicides
9	Capture information about the circumstances preceding the homicide in gang-related cases
10	Evaluate interventions for young people at risk of gang involvement
11	Social media analysis should aim to detect controlling activity as well as aggressive behaviours
12	Provide touchpoints for young people to seek help following social media threats
13	Develop and deliver training on de-escalating tensions for staff working in public services
14	Build a predictive model to identify high-risk patterns of touchpoint interactions
15	Retro-actively code all cases from the last few years
16	Use a standardised form for summarising information as cases close
17	Prompt SIOs to complete the form at key case milestones
18	Provide SIOs with feedback on how data are being used
19	Distinguish the different roles a factor plays in homicide
20	Include separate codes for related factors and critical motivators
21	Make the dataset available to researchers through the ONS Secure Research Service

Annex

Annex 1 - Methods

This first annex outlines in more detail the methods and processes followed during this project. It serves as an extension to [Section 1.](#)

1.1 Project stages

1.1.1 Assess

The aim of the first stage was to inform the overall approach in two respects:

1. **The boundaries of the research.** We wanted to better understand which factors are generally considered important when trying to understand homicide, so that we could ensure they were captured in our coding frame.
2. **How we would conduct the project.** We wanted to better understand the files available for understanding homicide, so that we could identify the best ones to work with through the project.

We addressed these through a literature scan (*The boundaries of the research*); a review of homicide case files (*How we would conduct the project*); and expert interviews with academics, and homicide specialists and analysts at the Met, the Home Office and the Mayor's Office for Policing and Crime (MOPAC). Below we outline the findings of the literature scan and review of case files in more detail.

Literature scan

The primary focus of the scan was to understand existing theories on the nature and drivers of homicide. We searched the academic literature to identify key factors and how they were measured, so that we could ensure they were reflected in our coding frame. For example, one paper looked at victim-offender relationships in homicide, and found that relationships were often weaker and more transitory than earlier research had suggested.[25] Crucially, they found nearly half of homicides involved acquaintances, with only weak social ties. As a result, we ensured that our coding frame distinguished between friends and acquaintances (as well as allowing for relatives, romantic attachments and strangers -- in total reflecting the five typologies proposed by this research).

---

[25] Decker, S. H. (1993). Exploring victim-offender relationships in homicide: The role of individual and event characteristics. *Justice Quarterly*, *10*(4), 585-612.

Alongside the search of the academic literature, we looked at data sources in the UK -- primarily ONS data and the Home Office Homicide Index -- to understand how data was currently recorded so that we could align with it for relevant categories. We also spoke to Prof. Fiona Brookman, a leading criminologist and author of *Understanding Homicide*[26], to better understand psychological risk factors for homicide and how we could capture them.

At the end of this process we had a starting list of factors to explore through our research, and guidelines on how they had been classified in the past.

Fig. 13: areas of interest highlighted during the literature scan

Gang and drug-related homicides:
Systemic, psycho-pharmacological, and economic understandings of gang-related homicides; and the impact of governance on gang rule

Role of the community:
Understanding what role the community and the social networks around the victim and offender play in precipitating homicides

Culture of violence:
Considering exposure to violence, and normalisation of violence, as well as the role of offender beliefs and emotions in instigating violence

Interactions with agencies:
Highlighting how interactions with the police, but also social and health care agencies play into individual drivers of homicides

Role of the victim:
Context of escalation of violence between victim and offender and influence of relationship on circumstances of homicide

Temporality:
Building an understanding of longitudinal drivers to homicide and how they interact with immediate drivers during the incident

Review of homicide case files

The primary focus of this review was to understand the type of documents available for homicide cases, and identify which ones would be best to work with. By this, we were looking for documents that were both:

- Complete and relevant sources of information for this research
- Systematically and consistently completed across cases

We reviewed MG5s, 5007 and some Current Situation Reports on four cases: two of which appeared to be gang-related, one of which was domestic, and one of which appeared to be a hate crime. We aimed to get some different types of cases in order to review the consistency of the documents between cases. We also had conversations with colleagues at the Met to identify potential additional documents that we may want to consider as our unit of analysis. During these conversations we discussed in particular the victim / suspect timelines, which are completed when a case is opened, and may cover more background on the victim and suspect than the

---

[26] Brookman, F. (2005). *Understanding homicide*. Sage.

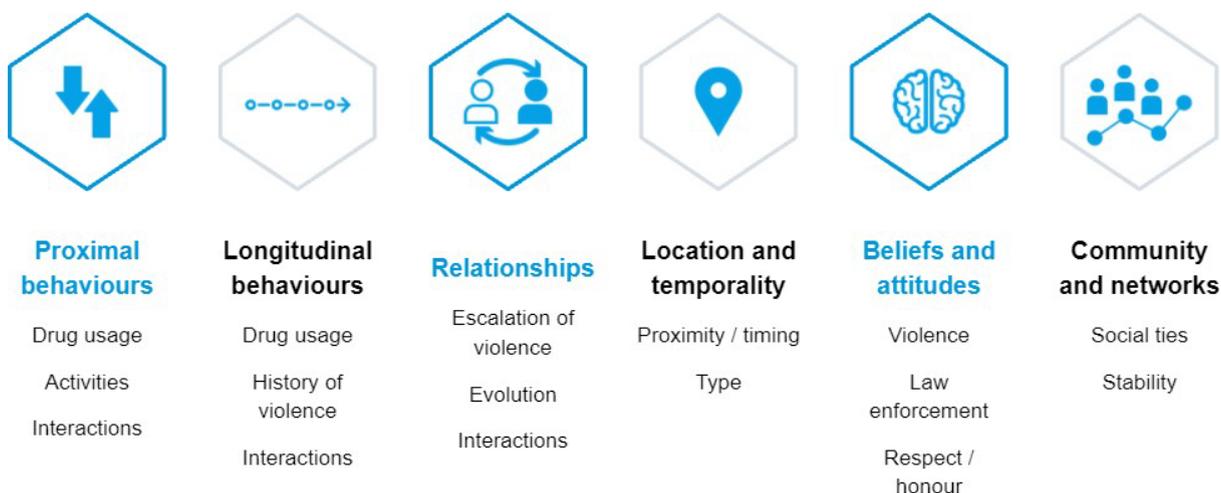MG5 / 5007 / Current Situation Reports. A summary of our findings on these documents is presented below:

- **MG5 / 5007:** Some structured sections (demographics, history of convictions, CCTV, witness accounts, toxicology) and some narrative text. Style and content vary between types. Both are completed for all cases, but might miss information not directly relevant to the court case. MG5 misses information that is gathered after the point of charge, 5007 is generally more complete as a final case summary but may be more inconsistent as an administrative/statutory document.
- **Current Situation Report:** Less structured than the MG5 / 5007, but likely to contain more information on background circumstances and relationships. However it is not completed for all cases (internal document) and the information included varies.
- **Victim / suspect timelines:** May contain more detailed information on the victim / suspect background and touchpoints, for example with other agencies with the police. Whilst we understand it is completed for all cases, it includes intelligence which means access is restricted (we were not able to review these).

At the end of this process we agreed to use MG5 documents as our primary unit of analysis, but include Situation Reports and 5007s where available to supplement this information. One limitation of this approach is that we may have missed data that was captured later in the investigation. In the long run, having data entered by the Senior Investigating Officer (SIOs) six-months after the case was opened would be preferable.

Creating an outline of the coding frame

At the end of this stage we combined the insights from the literature review, conversations with colleagues at the Met and the VRU, and the content of the available documents to create an outline of the coding framework. This set out the overarching categories to be addressed in the coding frame (at this point: incident, victim, suspect, interactions), and suggestions for Tier 1 categories to go into them (e.g. "Method of killing" and "Suspect mental health").

Fig. 14: Initial coding categories identified

Proximal behaviours	**Longitudinal behaviours**	**Relationships**	**Location and temporality**	**Beliefs and attitudes**	**Community and networks**
Drug usage	Drug usage	Escalation of violence	Proximity / timing	Violence	Social ties
Activities	History of violence	Evolution	Type	Law enforcement	Stability
Interactions	Interactions	Interactions		Respect / honour	

1.1.2 Develop

The aim of the second stage was to develop the coding framework. There were three considerations that were particularly important:

1. **Relevance**. First and foremost, the aim of the coding frame is to help us understand patterns of homicide *in order to inform policies and interventions to combat it*, by systematically and consistently collecting relevant data for each case. The framework therefore needs to focus on categories that shed light on existing theories and assumptions (the findings of the literature scan contribute here), as well as those that can improve targeting of police resources.
2. **Versatility**. The framework was intended for use across all homicide cases, so it needed to be as appropriate for, say, a gang-related homicide as it would be for a case of domestic homicide or infanticide. This means that the categories and codes used needed to be pitched at a level of detail that would work for different types of cases.
3. **Consistency and interpretability (face validity)**. Cases would be coded by three researchers during this project and, in the long-run, the aim is for it to be added to by others. It was therefore important that the codes were clearly defined, so that a single case would be coded in the same way regardless of who was coding it. Clear and consistent codes are also critical for the ability of future researchers to interpret the data within the coding frame.

For this stage we reviewed eleven cases, covering a diverse range of homicides (e.g. gang-related, drug-related, mental health-related, domestic, etc.) to ensure our framework met the versatility criteria (see 1.4 Our sample for more detail on our sampling approach). In order to test inter-rater reliability, each case was independently coded by two researchers, who each developed their own coding frame by adding categories and codes to the outline developed at the end of the *Assess* stage. For example, under the Tier 1 code *Method of homicide*, researchers might suggest categories for *weapon* and *type of injury*.

After coding the eleven cases, the two researchers met with a third to discuss the differences in their coding frames and agree on which codes they would use going forward. For example, if one researcher had included *type of injury* in their framework and the other had included *severity of injury*, they may decide to include both codes or choose one instead of the other. They also needed to agree on the drop-down options (or "levels") for each code, for example what the options for *severity of injury* would be.

Coding the eleven cases independently, as well as discussing with another researcher, helped to raise any potential discrepancies and ensure the final framework can be consistently applied. At the end of this stage a working framework had been agreed upon to code each case going forward.
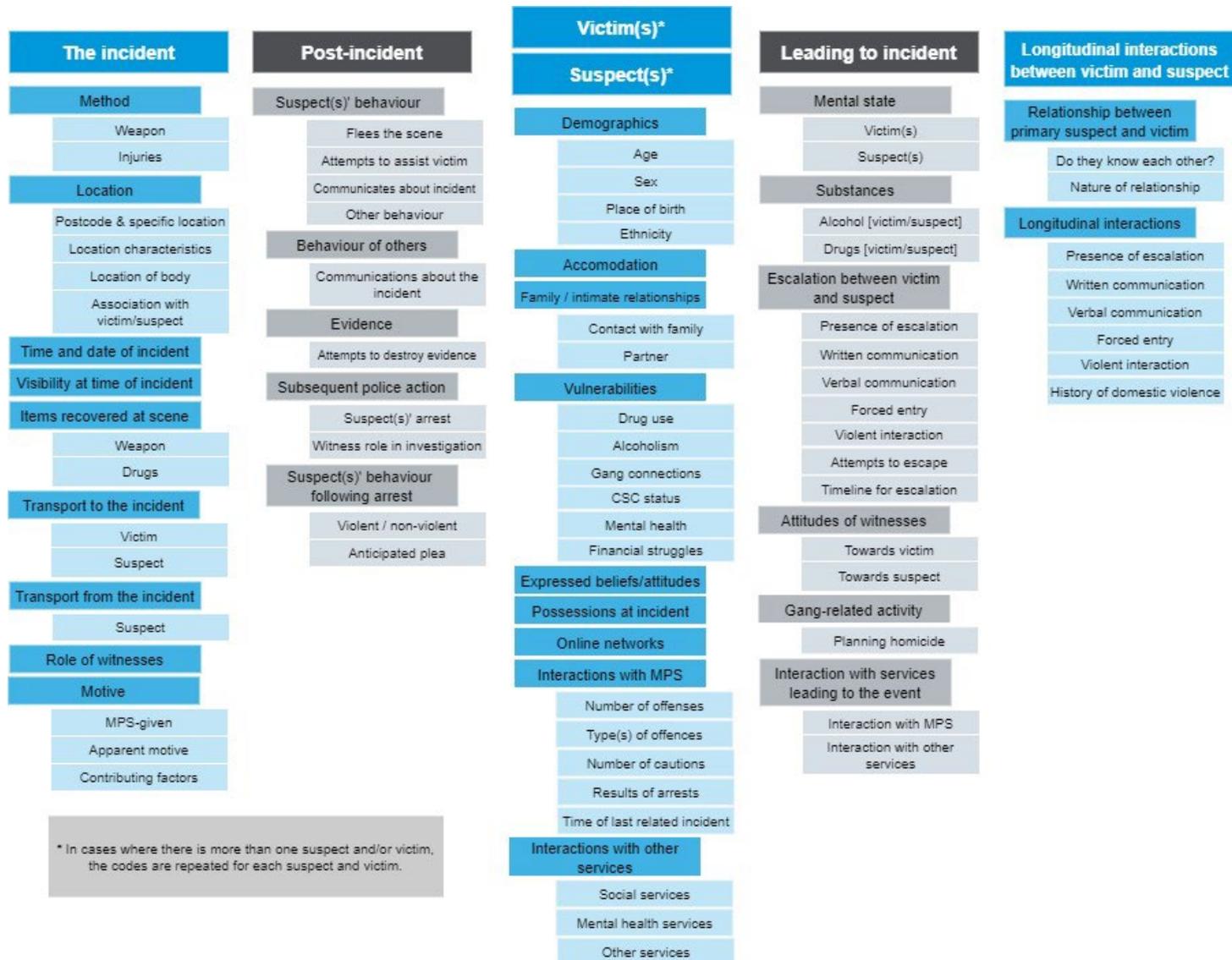
1.1.3 Code

In the last stage of the framework development, a total of fifty cases were coded using the framework. As well as creating the final dataset (the sample of cases that we would use to conduct the illustrative qualitative analysis, see 1.1.4. Explore) from this process, it was used to further refine the framework.

Researchers coded separate cases, but worked together to iterate the framework when it did not yet fit a specific case. Most of the refinements involved adding additional levels to specific codes, for example adding new weapon types or motivating factors. These would be discussed between the researchers, agreed, and added to the framework. In a small number of cases, there were bigger challenges. For example, in the case of infanticide some of the victim codes were not easily applicable, because the victim was too young to have agency. In that case it was agreed that the child's primary carer would be coded in as a second victim (unless they were also the suspect). Decisions like this were recorded and later written up as an FAQ for future researchers to ensure the framework would be consistently coded.

At the end of this stage, the coding framework was complete. The working version developed through the *Assess* and *Develop* stages had now been refined on a large and diverse sample of cases to ensure that the specific codes, and the levels within them, would be appropriate for the vast majority of cases. In addition, we had a dataset of 50 coded cases to be used for the final analysis.

More detail on the coding process is available in a separate short guide aimed at those wishing to code cases themselves.

Coding framework overview: main themes and categories

The incident

Method
- Weapon
- Injuries

Location
- Postcode & specific location
- Location characteristics
- Location of body
- Association with victim/suspect

Time and date of incident

Visibility at time of incident

Items recovered at scene
- Weapon
- Drugs

Transport to the incident
- Victim
- Suspect

Transport from the incident
- Suspect

Role of witnesses

Motive
- MPS-given
- Apparent motive
- Contributing factors

*In cases where there is more than one suspect and/or victim, the codes are repeated for each suspect and victim.

Post-incident

Suspect(s)' behaviour
- Flees the scene
- Attempts to assist victim
- Communicates about incident
- Other behaviour

Behaviour of others
- Communications about the incident

Evidence
- Attempts to destroy evidence

Subsequent police action
- Suspect(s)' arrest
- Witness role in investigation

Suspect(s)' behaviour following arrest
- Violent / non-violent
- Anticipated plea

Victim(s)*
Suspect(s)*

Demographics
- Age
- Sex
- Place of birth
- Ethnicity

Accomodation

Family / intimate relationships
- Contact with family
- Partner

Vulnerabilities
- Drug use
- Alcoholism
- Gang connections
- CSC status
- Mental health
- Financial struggles

Expressed beliefs/attitudes

Possessions at incident

Online networks

Interactions with MPS
- Number of offenses
- Type(s) of offences
- Number of cautions
- Results of arrests
- Time of last related incident

Interactions with other services
- Social services
- Mental health services
- Other services

Leading to incident

Mental state
- Victim(s)
- Suspect(s)

Substances
- Alcohol [victim/suspect]
- Drugs [victim/suspect]

Escalation between victim and suspect
- Presence of escalation
- Written communication
- Verbal communication
- Forced entry
- Violent interaction
- Attempts to escape
- Timeline for escalation

Attitudes of witnesses
- Towards victim
- Towards suspect

Gang-related activity
- Planning homicide

Interaction with services leading to the event
- Interaction with MPS
- Interaction with other services

Longitudinal interactions between victim and suspect

Relationship between primary suspect and victim
- Do they know each other?
- Nature of relationship

Longitudinal interactions
- Presence of escalation
- Written communication
- Verbal communication
- Forced entry
- Violent interaction
- History of domestic violence

1.1.4 Explore

Once the 50 cases were coded, we set to extract further meaning from our sample by doing a light-touch qualitative thematic analysis. The main objective of this analysis was to dig deeper into six specific factors of interest in order to explore their role in the homicides included in the sample. The factors identified were gang involvement, mental health, consumption of substances (both alcohol and illegal drugs), social media, and the patterns of escalation. For each of these factors, we focused on identifying narratives that explained how the factor was related to the homicide, and whether and how these factors played a contributing role to the homicide in question. In order to do so, we reviewed the cases thematically, one factor at a time, taking into account both the codes attributed to cases, and also the raw data from the documents that had allowed us to code these cases in the first place. This allowed us to delve deeper into the reason why, for example, gang involvement had played a role in a specific case. We complemented this analysis with a review of how factors appeared to relate to each other, which drew on both qualitative observations and quantitative data from the coding frame (for example, whether some codes were often seen in combination with each other).

The explorative nature of this analysis means that the narratives and links identified are illustrative of the kind of meaning that can be extracted from the framework created, but do not aim to be exhaustive. It is likely, and indeed desirable, that coding a wider sample of cases would lead to the identification of additional narratives. We hope that this analysis, and the findings presented below, will serve as hypotheses on which to base further analysis to confirm or dispute some of the narratives and links identified with robust quantitative methods.

1.2 Our sample

1.2.1 Our approach to sampling

We chose a purposive approach to sampling, which means that we chose specific cases to analyse based on prespecified characteristics viewed by the researchers as important (for example, specifically selecting a case with a female perpetrator). The aim of this sampling method was to capture the range and diversity of cases, to ensure that our framework could be widely applied and to ensure that our analysis included the breadth of cases available. However, it has important implications for the analysis and findings. Critically, we did not intend to generate a sample that is statistically representative of homicide cases in London. Because of this, reporting that (for example) thirty percent of our cases involved victims aged under 20 'tells us nothing about the prevalence within [the true] population' (Ritchie et al. 2014, p.329). Coding a wider sample could allow us to get to a statistically representative sample, but would involve further work.

We were given access to a spreadsheet covering homicide for the financial years 2016/17 up to present, including information about each homicide case (for example, the age of the victim, or whether the case was flagged as alcohol / drug / gang related). We chose our sampling criteria based on the information available in the spreadsheet and prioritised between primary and secondary criteria based on our understanding of the literature and discussions with the VRU. Our main objective was to achieve a sample that covered the range and diversity that we had been able to observe in this spreadsheet.

|	*Criteria*	*Quota*	*Quota met?*
Primary sampling criteria	**Gang related** Determined through a composite of multiple 'flags' in the spreadsheet	At least 10	y
	Domestic Determined through a composite which goes beyond IPV	At least 12	y
	Victim is under 25	Aim for a range of below 20, 20-25, and above 25, spread across domestic / gang / other	y
	Suspect is under 25	Aim for a range of above and below 20, spread across domestic / gang / other	y
	Drug involvement	At least 10	y
Secondary sampling criteria	**Mental health**	Aim to include cases with and without the 'flag' within the primary criteria	y
	Alcohol	As above	y
	Method of killing	Aim for a range of methods outside of knife	y
	Location	Aim for a range of outside / inside	y
	Victim / suspect demographics	Aim for a range of ethnicities & sexes	y

1.2.2 Our final sample in figures

Our final sample consisted of 13 gang related, 12 domestic, 26 drug related, 29 mental health, and finally, 16 alcohol related cases. Concerning method of killing, in addition to a diverse range of knives we had 16 cases (also) involving other weapons, such as firearms (3 cases), manual (4 cases), vehicles (2 cases) and heavy objects (3 cases). We had 22 cases inside and 26 outside. Below we have included two figures further detailing the age distribution as well as the ethnic diversity of our sample. In cases where there were multiple victims and / or suspects, we have only included one of the victims and suspects per case in the graphs below. This was to avoid putting too much weight on gang-related cases compared to other cases, as these had multiple suspects. The distribution of age is skewed towards 16-24yos for both victims and suspects as this was a specific area of interest for this research, and thus informed our choice of cases.

Fig. 16: Distribution of age for primary suspects and first victims in our sample
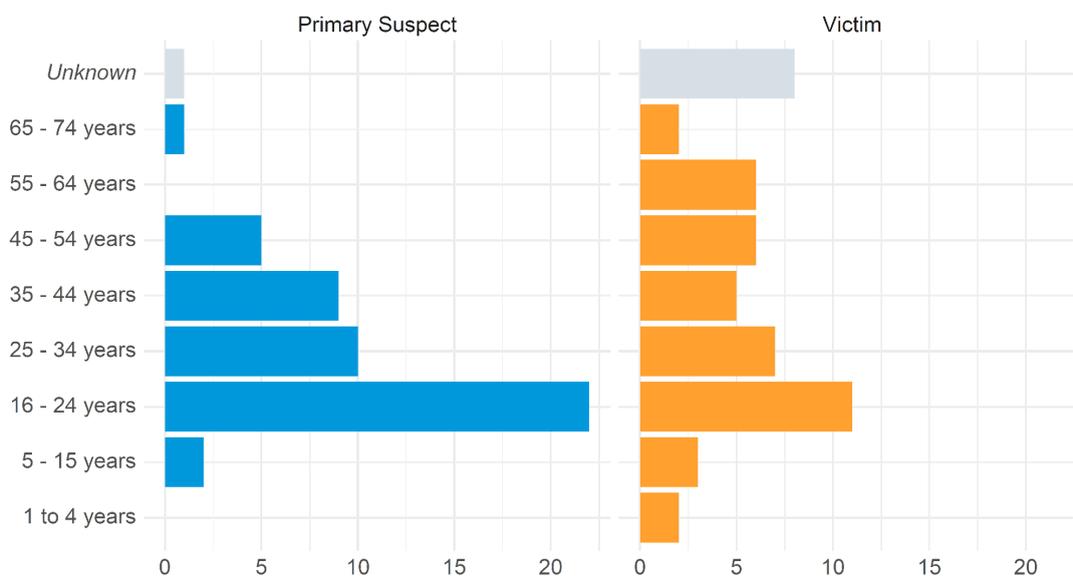
Fig. 17: Distribution of ethnicity for primary suspects (MPS reported) and first victims in our sample
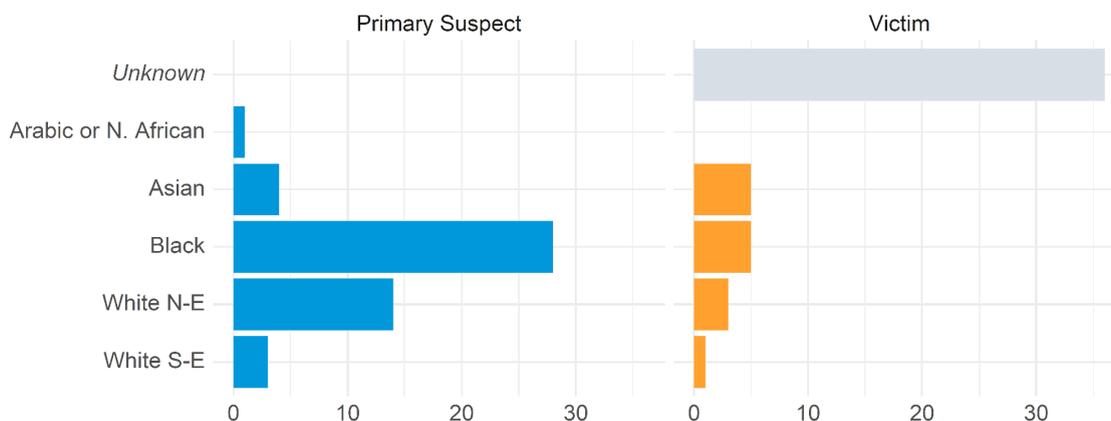
Annex 2 - Case studies

The case studies included below relate to some of the types of homicides identified in the analysis, and outlined in section 2.

2.1 Mental health case studies

Case #50 : Mental health condition as a symptom of victim's particular vulnerability	
Victim / suspect facts: Single victim: 45-54yo female, addiction to CNS depressant drugs (methadone), unknown alcohol use, with a possible hoarding disorder, currently receiving support at a drug and alcohol service. Possible signs of financial struggles (asked a relative for money) Single suspect: 35-44yo male, addiction to CNS depressant drugs, currently receiving support for their addiction, unknown alcohol use. Expressed concerns over personal safety due to alleged previous altercations with the victim. Had prior convictions / cautions from MPS, nature unknown.	In this case, the victim and the suspect also lived together, although the victim had denied that they were in a romantic relationship (to a relative, prior to the homicide). The victim wasn't officially diagnosed with a mental health condition, although from the evidence of the case, it is possible she was living with hoarding disorder. The facts in this case show that the victim was particularly vulnerable, and that a possible mental health condition was only part of the factors that rendered her vulnerable. Indeed, she was also a confirmed drug addict and had an HIV positive diagnosis. There is evidence of an escalation of abuse from the suspect on the victim, with suggestions that he was contributing to her financial distress and encouraging her to ask relatives for money on his behalf. The homicide appears to have been committed during a fight between the victim and the suspect, although the suspect's testimony is the only one available and there were no witnesses to the crime. It appears that the victim's possible mental health condition played a role in them starting a relationship with the suspect, as the victim had expressed gratitude at the suspect moving in with her and helping to tidy up their home. Some of the victim's other vulnerabilities seem to have further contributed to the relationship blooming, as the suspect shared the same addiction to CNS depressants as the victim. As such, although it is impossible to say whether the victim's vulnerabilities were the main reason for the victim and the suspect meeting and the suspect moving into the victim's home, it does appear that they played a contributing role.

Coding : contributing factors?	Contributing factors: mental-health related subtype?	Victim mental health?	Suspect(s) mental health?
Drug-related	NA	Possible mental health condition: hoarding	Unknown

		disorder	
Victim interaction with MH services?	**Suspect(s) interaction with MH services?**	**Victim mental state at incident?**	**Suspect(s) mental state at incident?**
Known to mental health services	Unknown	Unknown	Unknown

Case #16 : The contributing role of mental health beyond diminished responsibility

Victim / suspect facts:
Single victim: 25-34yo female, no known vulnerabilities (including mental health, addictions and financial), no past interactions with MPS

Single suspect: 25-34yo male, no drug or alcohol addiction, diagnosed with mild depression, no medication or current support. Expressed negative attitudes towards the victim due to a perceived betrayal. No past interactions with MPS

This was a case of domestic homicide, where the victim and the suspect used to be married and had separated a year prior to the homicide. The suspect's mental health condition came into question during the investigation, with some of his friends expressing concerns about his physical and mental health as a result of the separation. A psychiatrist conducted a report on the suspect and gave a diagnosis of mild depression. However they ruled out a *not guilty by reason of insanity* defence for the suspect, as they believed that the suspect's mental health did not substantially impair his ability to understand the nature of his conduct or exercise self-control. While it is clear that the suspect could not claim diminished responsibility for their action, it is still possible that their mental health contributed to their motivation to commit the homicide. Indeed, while their mental health condition holds no legal weight in terms of their condamnation, as expressed by the psychiatrist, it could help understand the circumstances leading to the homicide and the suspect's sudden and extreme demonstration of violence towards the victim.

Coding : contributing factors?	**Contributing factors: mental-health related subtype?**	**Victim mental health?**	**Suspect(s) mental health?**
Other Domestic / familial	NA	Unknown	Possible mental health condition: depression (mild)
Victim interaction with MH services?	**Suspect(s) interaction with MH services?**	**Victim mental state at incident?**	**Suspect(s) mental state at incident?**
Unknown	Psychological report conducted, Relative or friend expressed concerns	Unknown	Unknown

2.2 Drugs case studies

Case #7: Drug deal gone wrong	
Victim / suspect facts: Single victim: 35-44yo male, street homeless and struggling financially, a drug user and alcoholic, no known previous interactions with MPS Two suspects: suspects are in a relationship. Suspect one is a 25-34yo male, with a history of domestic incidents (perpetrator), a regular drug user (CNS stimulant and depressant) and alcoholic, with previous arrests for robbery, possession of a weapon, and domestic incidents. Suspect 2 is a 25-34yo female, with a history of domestic incidents (victim), a regular drug user (CNSdepressants and stimulants)	Based on the evidence available for this case, the suspects had called one of the victim's friends to an apparent drug transaction with the intention of robbing them. The victim, who had been accompanying their friend, interceded when the suspects attempted to harm their friend, at which point they were fatally stabbed by one of the suspects. This case highlights the similarity of profiles between the victim and suspects: all of the victim and suspects were known to have a drug and alcohol addiction, and there were signs of financial struggles (for example, relying on others' financial help and government benefits to live, or being street homeless). The victim's friends, who were present at the scene, appeared to share some of these characteristics too. This paints the picture of a group of particularly vulnerable individuals, and a situation where drugs could have played a number of contributing roles: the suspects may have been motivated to set up the robbery to be able to sustain their drug addiction (e.g. one of the suspects mentioned spending upwards of £100 on drugs a week); and drug use could also have affected the suspects', victim and witnesses' mental state or interactions with others, contributing to the escalation of violence. Across all of these factors, the evidence suggests that drugs played an important contributing role in this homicide.

Coding : contributing factors?	Contributing factors: drug-related sub-type?	
Drug-related	Linked to drug dealing	
Victim drug use	Type of drug	Frequency
Drug use	Unknown	Unknown
Suspect(s) drug use	Type of drug	Frequency
Drug use	Central nervous system (CNS) depressants, CNS Stimulants	Frequent drug use (i.e. fortnightly or more
Were drugs found at the incident?	Type of drug	Amount
Unknown	NA	NA

Drug use prior to incident (victim)?	Type of drug?
Purchase or looking to purchase drugs prior to incident	Unknown
Drug use prior to incident (suspect(s))?	Type of drug?
Consumption of drugs prior to event, MG5 drug classification	Central Nervous System (CNS) depressants; CNS stimulants

Case #32: Drug dealing as a risk factor / vulnerability

Victim / suspect facts:
Single victim: 25-34 yo male, drug user, suspected gang associations, expressed negative attitude towas suspect, multiple previous arrests by MPS (including for acid attacks)

Single suspect: 16-24 yo male, no gang affiliations or other known vulnerabilities, expressed negative attitude towards victim, two previous convictions and a caution by MPS

In this case, the victim and suspect lived on the same road, and their respective families had historically had a good relationship with each other. There was no previously recorded history of violence between them, however there seemed to have been a breakdown in their relationship due to the victim's activities outside their homes. Indeed, during their interrogations, the suspect explained that the victim was a well-known drug dealer in their local areas, and that they *"caused a lot of problems"*.

The altercation, which started with the suspect and their associates consuming cannabis outside of the victim's address, rapidly escalated to violent threats being made. The escalation started with the suspect asking the victim to leave the road due to their illegal activities, which the victim refused to do, and took affront to, verbally threatening the suspect. The victim and suspect both had access to knives, and the suspect claimed to have used theirs in self defence. Although drug dealing appears to be the main reason behind the argument, it is unclear whether drug usage played a role in their mental states during the escalation. Nonetheless, it is clear that the victim's illegal activities were a cause of resentment from the suspect, and instigated this altercation.

Coding : contributing factors?	Contributing factors: drug-related sub-type?	
Drug-related Non gang-related youth homicide (under 25s involved)	Drug consumption (unknown if heavy)	
Victim drug use	Type of drug	Frequency
Drug use	Cannabis, CNS Stimulants/ unknown	Unknown

Suspect(s) drug use	Type of drug	Frequency
Unknown	NA	NA
Were drugs found at the incident?	Type of drug	Amount
Unknown	NA	NA

Drug use prior to incident (victim)?		Type of drug?
Consumption of drugs prior to event		Cannabis
Drug use prior to incident (suspect(s))?		Type of drug?
Unknown		NA

2.3 Alcohol case studies

Case #36: Possible alcohol role, but detail missing

Victim / suspect facts:
Single victim: age unknown, male, all other characteristics and factors unknown

Single suspect: 25-34 yo male, no prior convictions, all other characteristics and factors unknown

In this case, it was impossible to determine what role alcohol played in the homicide using the document available. The only alcohol-related relevant code we were able to input was "possible consumption of alcohol" as a bottle of spirit was found at the location of the incident, which also took place during a party. However, no further information was available on the role of alcohol in the incident, which led to this case being coded as "other" in *Type and contributing factors*.

Nonetheless, the facts of this case suggest some similarities with other cases where alcohol was identified as a contributing factor. First, the suspect's behaviour does appear to be erratic, where (similarly to the above case) they were reported to be swinging a knife at a group of people after an initial altercation. Second, the altercation appears to have escalated from the suspect being publicly "belittled" at the party. As mentioned above, the literature on this matter suggests that alcohol lowers inhibitions and favours violent responses, and this is a pattern we have also seen in other alcohol-related cases. As such, it is possible that alcohol consumption could have contributed to such a violent response from the suspect.

Similarly, the document does not allow for consideration of other factors, as most of the details about the victim and suspect backgrounds and characteristics were not disclosed. It is thus possible that alcohol was only one of the factors contributing to this homicide, or didn't contribute at all, and that

	other factors (for example, mental health or consumption of other substances) could have contributed, but we could neither confirm nor deny this based on the information available to us.		
Coding : contributing factors?	Contributing factors: Alcohol-related sub-type?	Victim alcoholism?	Suspect(s) alcoholism?
Other		Unknown if current/recovered	Unknown if current/recovered
Alcohol consumption prior to incident (victim)?	Time from consumption?	Length of time spent drinking?	Scale of alcohol intoxication?
Possible consumption of alcohol prior to event	Unknown	Unknown	Unknown
Alcohol consumption prior to incident (suspect(s))?	Time from consumption?	Length of time spent drinking?	Scale of alcohol intoxication?
Possible consumption of alcohol prior to event	Unknown	Unknown	Unknown

2.4 Gang case studies

Case #49: Doesn't appear to be gang-motivated, but appears to be influenced influenced by gang involvement

Victim / suspect facts:
Single victim: 35-44yo male, all other characteristics and factors unknown

6 primary suspects (all identified): all under 25yo males, all have suspected associations with a gang, and tensions had been noted within that gang. One of the suspect was in a care home specialised in children with trauma, and professionals had expressed concerns for their mental health. Unknown drug and alcohol use. Three of them had previous offenses, ranging from possession of an offensive weapon to

This case wasn't coded as gang-motivated because it didn't appear to be motivated by tensions within or between gangs, and the victim appeared to have been chosen at random. The victim was a driver of a ride-hailing app, and the incident happened during a ride that had been booked via the app by the primary suspects, using a stolen phone.

There was evidence of relatively sophisticated planning for this homicide, where the primary suspect(s) arranged to steal a phone on the day of the incident, in order to book the ride with the taxi. This was also a modus operandi (MO) that was noted by the SIO as being used as a ruse to get taxi drivers out of their car and commit a robbery. Cases of this nature had been occurring recently before the homicide. As such, it is unclear whether the homicide itself was premeditated, as it is not possible to say (based on the documents reviewed) whether the primary suspects intended to murder the victim, but the evidence does point to a robbery bring planned. Further, the suspects were communicating with each other about the homicide on a social media app on the day of the incident. The use of a known MO, and the level and manner of planning that went into the incident, suggests that the primary suspects'

robbery.	suspected association with a gang could have been relevant in this case. For example, it is possible that their association with a gang could have facilitated their access to weapons, and the accomplices to plan and commit the homicide with.		
Coding : contributing factors?	Contributing factors: gang subtype?	Victim known to MPS for gang connection	Suspect known to MPS for gang connection
Gang-related	Gang affiliated	Unknown	Yes
Victim gang connections	Attributes within gang	Connections with gang members	Gang disputes
Unknown	NA	NA	NA
Suspect gang connections	Attributes within gang	Connections with gang members	Gang disputes
Suspected gang associations	Unknown	Unknown	Involved in prior disputes with gang
Gang-related activity leading to event	Planning homicide with gang members	Timeline	
Possible gang-related activity	Organised travel to location of homicide, Discussion on social media, Discussion on mobile phone	Unknown	

2.5 Social media case studies

Case #54: Escalating tensions on social media

| **Victim / suspect facts:** Single victim: 16-24yo male, with autism, no other known vulnerabilities, expressed negative attitude towards suspect, use of closed group social media, previously received a cannabis-related warning

Single suspect: 16-4yo male, known member of a gang, no other known vulnerabilities, both living in sheltered accomodation | In this case, only the suspect was a known member of a gang, and the homicide itself didn't appear to be gang-motivated. The victim and the suspect were both part of a group discussion on Whatsapp, which also included some of their friends. Prior to the incident, the conversation escalated into a fight between the victim and the suspect, escalating to the point where they made arrangements to meet up in person to settle their differences. The victim, suspect and their friends then met up in a park where the victim and suspect fought, and the suspect fatally stabbed the victim.

The role of the 'selected witnesses' (their other friends in the Whatsapp group) in this case is also important: instead of attempting to calm the situation down, they played an active role in encouraging the escalation, by suggesting locations for the victim and the suspect to meet up for their fight, and even |

(separately), no other known vulnerabilities, expressed negative attitude towards victim, numerous previous arrests and known drug dealer	suggesting that they should bring weapons. Although it is impossible to say for sure whether this conversation would have taken place in person and if it would have had the same consequences, it does seem that social media played an enabling role in allowing the victim, suspect and their friends to share threats and make plans that eventually led to the victim's death.	
Coding : contributing factors?	Victim(s): use of online social media	Suspect(s): use of online social media
Gang Other	Closed group social media to interact with friends (use of broadcast unknown)	Closed group social media to interact with friends (use of broadcast unknown)
	Escalation between victim and suspect via social media	Post incident primary suspect communicating about incident via social media
	Written communication	No

Case #23: Social media as one of the channels for the escalation of violence

Victim / suspect facts: Single victim: 5-15yo male, no known vulnerabilities, one previous arrest for driving without a license Single suspect: 5-15yo male, no known vulnerabilities, use of broadcast social media (Instagram) to interact with friends, no known previous interactions with MPS	This case involved students who were at college together (the victim and their friend), as well as a third young man, the suspect - it was not stated whether the suspect also attended the same college. At the end of a school day, the suspect was seen waiting for the victim outside of school, at which point the victim attempted to run away, and was chased and fatally stabbed by the suspect. From the evidence available for this case, it appears that the suspect and the victim's friend had a *"virtual dispute"* on Instagram a few months prior to the homicide, which the SIO mentioned as the motive behind this incident. However, there was no additional detail about the reason behind that dispute and the continuation of the escalation, which didn't allow us to understand when and why the victim had become involved, and why they had then specifically been targeted by the suspect. There were also no other explanatory factors brought forward in the documents reviewed (e.g. mental health, drugs or gangs for example) which suggests that it would be key to understand how the Instagram dispute started and escalated to the homicide.	
Coding : contributing factors?	Victim(s): use of online social media	Suspect(s): use of online social media
Non gang-related youth homicide (under 25s	Unknown	Broadcast social media to interact with friends (use of closed groups unknown)

involved)		
	Escalation between victim and suspect via social media	Post incident primary suspect communicating about incident via social media
	Unknown	No

2.6 Patterns of escalation case studies

Case #20: Long term relationship decline culminating in violent relationship breakdown	
Victim / suspect facts: Single victim: female (age unknown), no known vulnerabilities, previous interactions with MPS and with social services as a result of domestic incidents involving the suspect Single suspect (victim's partner): 35-44yo male, frequent drug user (CNS depressants and stimulants), no alcohol addiction, with a confirmed mental health condition (schizophrenia) for which they were receiving support and were medicated, expressed motivation to commit homicide and extreme religious beliefs, previous interactions with MPS and with social services as a result of domestic incidents involving the victim	This case involved a victim and suspect who were in a relationship at the time of the incident. There was evidence of the relationship declining over time, however, the homicide appeared to happen in the aftermath of the ending of the relationship by the suspect. *Events leading up to the incident:* In the morning before the incident took place, the suspect informed the victim that they were planning to obtain an injunction against them, effectively ending the relationship. There was evidence of the victim being upset at the apparent end of the relationship, and at the injunction being sought. In the evening, the victim then visited the suspect at their home address, at which time neighbours heard evidence of a fight. After not hearing from their mother the next morning, the victim's children called the police, and the victim was found deceased at the suspect's address. Both the victim and the suspect's mental states at the time of the incident showed signs of mental distress, and there was also evidence of drug usage and alcohol consumption in the suspect's flat, which suggests that their actions may have been under the influence of substances at the time of the homicide. *Longitudinal escalation:* The long-term decline in the relationship appeared to be particularly relevant in this case. For example, although neighbours did hear shouts coming from the victim on the night of the incident, they were accustomed to such outbursts from the victim and suspects and didn't react at the time. Additionally, although there had been multiple occurrences of domestic incidents between the victim and the suspect in the

past, they had always refused to substantiate allegations against one another. Finally, outside of the relationship, it appeared that the suspect was experiencing a decline in their mental health condition; as evidenced by their family; and had expressed a motivation to commit the homicide. As a result of all of the above events, there were multiple touchpoints with services, relatives and medical professionals in the longitudinal escalation of this case.

This highlights the potential of multi-agency working in preventing such cases in order to protect individuals from the potential consequences of a relationship breakdown before it takes place.

Coding : contributing factors?	Presence of escalation	Details of escalation	Timeline
Domestic / familial Mental health-related Drug-related	There is an escalation between the victim and suspect	Verbal communication - in person and phone call; violence perpetrated by both victim and primary suspect; victim attempts to escape	Within the day
	Longitudinal interaction: escalations of tensions	Details of longitudinal escalation	
	Month preceding	Violence perpetrated by both victim and primary suspect	
	History of domestic violence	Perpetrators	Timeline
	Known	Mutual	Month preceding

Case #31: Details of escalation unknown

Victim / suspect facts:
Single victim: Male (age unknown), no known vulnerabilities or previous interactions with services (including MPS)

Single suspect : 16-24yo male, possible drug use (CNS stimulants found at home address), current

This case involved two individuals who did not appear to know each other. There were very few details available about the escalation of violence between the victim and the suspect at the time of the incident.

Events leading up to the incident:
The victim had been at the pub that evening and was walking a friend home immediately prior to the incident. The victim and suspect were not seen to interact prior to the incident, and the evidence available (CCTV and testimony from the suspect's friend) did not help understand the nature of their relationship. The homicide seemed unprovoked, with the suspect following

| alcoholic, no other known vulnerabilities, previously arrested for possession of fraudulent identity documents | and attacking the victim for no apparent reason.

Longitudinal escalation:
It was not stated whether the victim and suspect knew each other prior to the time of the incident.

Without additional details about the escalation (e.g. the suspect/victim's mental state or conversations immediately prior to the incident); nor additional information about the context of the homicide (e.g. any long-term relationship between the victim and suspect, any tensions in their community), it is hard to understand what factors contributed to this homicide. Indeed, it is possible that consumption of substances played a role (with the victim having drunk alcohol, and the suspect's potential drug use), but it is equally possible that there were long-term or contextual factors (e.g. gang tensions, or romantic rivalries) that we didn't know about. |

Coding : contributing factors?	Presence of escalation	Details of escalation	Timeline
Unknown	Homicide appears to be unprovoked / unanticipated	NA	NA
	Longitudinal interaction: escalations of tensions	Details of longitudinal escalation	
	Unknown	NA	
	History of domestic violence	Perpetrators	Timeline
	Unknown	NA	NA

Case #11: Longitudinal abuse and violent outbursts - homicide involving a child

| **Victim / suspect facts:**
Single victim: 1-4yo male, no substance addictions or gang associations (victim was under 5), in contact with social services but not receiving support, previous interactions with NHS as a result of head trauma | This case involved a very young child (the victim), their mother and their mother's partner (the two suspects). There was evidence pointing to the long term abuse of the child, however the specific circumstances leading to the death of the child were unknown. A post mortem of the child led to the case being considered as a homicide, although the child had originally been brought in to emergency services by the suspects themselves (as their carers).

Events leading up to the incident:
The exact events that led to the child's death were unknown, although the post mortem concluded the child had suffered |

Two suspects (partners): a 16-24yo male and female (mother of the victim), both frequent drug users (cannabis), experiencing financial struggles, no other known vulnerabilities, male suspect was previously arrested and incarcerated including for domestic incidents; and a 16-24yo female (mother of the victim)	many injuries that had to have been inflicted by someone (i.e. could not have resulted from a fall). *Longitudinal escalation:* There was possible evidence of long-term abuse on the child: for example, they had been brought in to hospital a few months prior to the homicide with a head injury. This had led to interactions with social services, and even to a MASH (Multi Agency Safeguarding Hub) unit referral. However, this hadn't taken place yet at the time of the homicide. Additionally, one of the suspects had a history of violent behaviour, as they had been arrested previously for domestic abuse on their ex-partner. Finally, the post mortem conducted on the child suggested that they had been suffering abuse for a while, with evidence of injuries being inflicted on them up to 4 weeks prior to their death. This case highlights the importance of (missed) touchpoints in the long-term events happening prior to homicides such as this one, particularly in order to better safeguard children.

Coding : contributing factors?	Presence of escalation	Details of escalation	Timeline
Domestic / familial	Homicide appears to be unprovoked / unanticipated	Violence perpetrated by primary suspect	Unknown
	Longitudinal interaction: escalations of tensions	Details of longitudinal escalation	
	Weeks preceding	Violence perpetrated by primary suspect	
	History of domestic violence	Perpetrators	Timeline
	Known	Suspect on victim	At least 4 weeks. One of the primary suspects (male partner) was previously arrested for domestic violence towards partner.

Annex 3 - detail of codes

Our analysis focused on six factors of particular interest. To show the detail of our coding processes, we provide an exhaustive list of all the codes for each of these six factors below. The final framework is more comprehensive, and includes codes for other factors of interest in homicides. The full breakdown of all codes used is available in a separate short guide aimed at those wishing to code cases using the framework.

Mental health-related codes in the framework

The incident < Motive < Type / contributing factors < Mental health subtype	Victim(s) < Vulnerabilities < Mental Health	Suspect(s) < Vulnerabilities < Mental Health
- Psychotic episode - Murder-suicide - Possible link to suspect's mental health	- Confirmed mental health condition - Possible mental health condition - No mental health condition - Unknown	

Victim(s) / Suspect(s) < Vulnerabilities < Interaction with services... < Mental Health Services; Suspect(s) < Vulnerabilities < Interaction with services < Mental Health Services...		
.. > Support/ contact	.. > Mental health concerns	.. > # of times sectioned under MH act
- Known to mental health services - Previously received support - Currently receiving support - In contact but no support - Not known to mental health services - Unknown	- MH professional expressed concerns - Previously sectioned under Mental Health Act - Currently sectioned under Mental Health Act - Relative or friend expressed concerns - Psychological report conducted - Unknown	Free text

Activity and interactions leading to homicide < Mental state < [Victim / Suspect]		
• Unsettled • Mania/manic state • Difficulty concentrating • Depressed mood • Sleeping too much or not enough	• Anxiety,Suspiciousness • Withdrawal from family / friends • Delusions • Hallucinations	• Disorganised speech • Suicidal thoughts / actions • Calm • Unknown

Drugs-related codes in the framework

The incident < Motive < Type / contributing factors < Drug-related subtype	The incident < Recovered at scene of incident < drugs...		
	.. < y/n/ unknown	.. < Type of drug [multicode]	.. < Amount [open text]
• Heavy drug consumption • Linked to drug dealing • Drug consumption (unknown if heavy) • Possibly linked to drug dealing, Possibly linked to drug consumption • Unknown	• Drugs recovered at scene • No drugs recovered at scene • Unknown	*[See list for victim/suspect vulnerabilities, below]*	• Free text

Victim(s) < Vulnerabilities < Drug use...; Suspect(s) < Vulnerabilities < Drug use...			
.. <y/n	.. < Type of drug [multicode]		.. < Frequency
- Drug use - Possible drug use - No drug use - Unknown	- Central nervous system (CNS) depressants - CNS Stimulants - Hallucinogens - Dissociative anesthetics	- Narcotic analgesics - Inhalants - Cannabis - Unknown	- Frequent drug use (i.e. fortnightly or more) - Infrequent drug use (i.e. monthly or less) - Unknown

Activity and interactions leading to homicide < Consumption of substances < Drugs < [Victim / Suspect] ...		
.. < y/n	.. < Type of drug [multicode]	
- Consumption of drugs prior to event - No consumption of drugs prior to event - MG5 drug classification - Unknown	- Central Nervous System (CNS) depressants - CNS stimulants - Hallucinogens - Dissociative anesthetics	- Narcotic analgesics - Inhalants - Cannabis - Unknown

Alcohol-related codes in the framework

The incident < Motive < Type / contributing factors < Alcohol-related subtype	Victim(s) < Vulnerabilities < Alcoholism	Suspect(s) < Vulnerabilities < Alcoholism
- Heavy alcohol consumption - Possible link to alcohol consumption {blank}	- Current alcoholic - Recovering from alcohol addiction - Recovered from an alcohol addiction - Unknown if current/recovered - No alcohol addiction	

Activity and interactions leading to homicide < Consumption of substances < Alcohol < [Victim / Suspect] ...			
.. < y/n	.. < Time period between homicide and last alcohol consumption	.. < Length of time spent drinking	.. < Scale of alcohol intoxication[27]
- Consumption of alcohol prior to event - Possible consumption of alcohol prior to event - No alcohol consumption - MG5 alcohol classification - Unknown	[open-ended]	- Under 2 hours - Over 2 hours - Unknown	1. Relaxed / Alert / Coordinated 2. Slurring / Swaying / Emotional 3. Stumbling / Vomiting / Fading Attention 4. Incoherent / Blank Expression / Argumentative 5. Unconscious / continuous vomiting 6. Unknown

Gang-related codes in the framework

The incident < Motive < Type / contributing factors < Gang subtype	Victim(s) < Vulnerabilities < Gang connections…; Suspect(s) < Vulnerabilities < Gang connections...			
	.. < y/n	.. < Attributes within gang	.. < Connections with gang members	.. < Gang disputes
Gang affiliated - involves gang members but not directly gang motivated	- Known member of a gang - Known gang associations - Suspected gang	- Senior member of a gang - Leading member - Associate	- Friends - Relatives - Acquaintances (i.e. same school) - Associate	- Involved in prior disputes between gangs - Involved in prior disputes within gang - Involved in gang but dispute

[27] https://uhs.berkeley.edu/sites/default/files/alcohol_intoxication.pdf

● Gang motivated ● Unknown	associations ● No gang associations ● Unknown	● Drug dealer ● Unknown	● Unknown	involvement unknown ● No known gang-related involvement ● Unknown

Victim(s) < Interactions with MPS < Nature of interaction	Suspect(s) < Interactions with MPS < Nature of interaction
● Previous arrest ● Previous victim ● Previous incarceration ● **Known to police for gang involvement** ● Domestic incidents ● No interaction ● Suspected domestic incidents ● Unknown ● Known only on IIP	● Previous arrest ● Interactions (details unknown) ● **Known to police for gang involvement** ● Domestic incidents ● Previous incarceration ● Neighbour disputes ● No interactions ● Unknown

Activity and interactions leading to homicide < Gang-related activity leading to event < Planning homicide...		
.. < y/n	.. <Planning homicide	.. < Timeline
● There is gang related activity leading to incident ● There is no gang related activity leading to the incident ● Possible organised crime activity ● Possible gang-related activity ● Unknown	● Meeting with gang members to plan in person ● Money transfers ● Organised travel to location of homicide ● Discussion on social media ● Discussion on mobile phone ● Existing tensions between gangs	● Free text

Social media-related codes in the framework

Post incident < Primary suspect(s)' behaviour immediately after incident < Communications about incident < Means of communication	Victim(s) < Social networks < Use of online social media…; Suspect(s) < Online Networks...	
	..< Closed group	..< Broadcast
- On social media - In person - Via text - Unknown	- Closed group social media to interact with gang members - Closed group social media to interact with friends - No social media use - Use of online dating app / website - Unknown	- Broadcast social media to interact with gang members - Broadcast social media to interact with friends - No social media use - Unknown

Activity and interactions leading to homicide < Escalation between victim(s) and suspect(s) < Presence of escalation...	
..< Written communication	..< Verbal communication
- None - Text message - Social media - NA - Unknown	- None - Phone call - In person - Video on social media - Unknown

Patterns of escalation codes in the framework

Activity and interactions leading to homicide < Escalation between victim(s) and suspect(s)...						
..< Presence of escalation	..< Detail of events leading up to incident...					
	..< Written communication	..< Verbal communication	..< Forced entry	..< Violent interaction	..< Attempts to escape	..< Timeline for escalation
• Homicide appears to be unprovoked / unanticipated • There is an escalation between the victim and suspect • Unknown	• None • Text message • Social media • NA • Unknown	• None • Phone call • In person • Video or social media • Unknown	• Of victim in suspect's home • Of suspect in victim's home • Of other location • No evidence of forced entry • Victim and suspect lived together • Unknown	• Violence perpetrated by victim • Violence perpetrated by primary suspect • Violence perpetrated by both victim and primary suspect • Violence perpetrated by accomplice • Violence perpetrated by other • Unknown	• Victim attempts to escape • Suspect attempts to escape • Associate of victim attempts to escape • No attempts to escape • Unknown	• Free text - When prior to incident escalation started

Longitudinal interactions < Longitudinal interactions...				
..< Escalation of tensions	..< Details of escalation			
	..< Written communication	..< Verbal communication	..< Forced entry	..< Violent interaction
- Weeks preceding - Months preceding - Years preceding - Escalation (timeline unknown) - There is no escalation - Unknown	- Text message - Social media - NA - Unknown	- Phone call - In person - Video or social media - Unknown	- Of victim in suspect's home - Of suspect in victim's home - Victim and suspect lived together - Unknown	- Violence perpetrated by victim - Violence perpetrated by primary suspect - Violence perpetrated by both victim and primary suspect - No history of violence - Unknown

Longitudinal interactions < History of domestic violence...		
..< Known/ possible	..< Perpetrator(s)	..< Timeline
- Known - Possible - No history of domestic violence - Unknown	- Victim on suspect - Suspect on victim - Mutual - Suspect on others - Unknown	- Free text - length of time prior to homicide inc - ident