Socialstyrelsen
THE NATIONAL BOARD OF HEALTH AND WELFARE

Serious case reviews by the National Board of Health and Welfare to prevent certain injuries and fatalities 2018–2021

Summary

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Under certain circumstances, such as the murder, manslaughter or attempted murder of a child or the murder, manslaughter or attempted murder of an adult by a current or former intimate partner, the National Board of Health and Welfare has a legal duty to conduct a serious case review.[1] In this report, the National Board of Health and Welfare provides an overall analysis of the reviews conducted during the period 2018–2021. These reviews involved 83 victims of crime: 26 children and 57 adults. Serious case reviews are mainly based on written documents provided by relevant societal actors. These have been analysed with the help of experts from the National Board of Health and Welfare and a large number of other government agencies.[2]

Reviewed cases in brief

Children as victims of crime

Of the 26 children killed or seriously assaulted, 16 were boys and 10 girls. The majority (17 children) were attacked by a parent.[3] The others were attacked by a peer (6) or an adult with no parental relationship to the child (3). Of the 21 perpetrators, 17 were men and 4 women. On average, the children subjected to violence by their parents were younger than those subjected to violence by a peer or other adult.

In total, three children had been subjected to violence by the perpetrator before the offence in question was committed. In most cases where a parent was the perpetrator, concerns regarding the family's situation had already been raised by, for example, healthcare professionals, often due to the parents mental ill health, a dispute between the child's parents in conjunction with a separation, financial problems or the child's long-term health problems. In some cases where a child was killed by a peer or an adult other than a parent, the perpetrator or victim, although more often the perpetrator, had difficulties such as a psychiatric condition and/or substance abuse issues.

[1] Sections 2 and 2a of the Swedish Act (SFS 2007:606) concerning inquiries to prevent certain injuries and fatalities.

[2] See Appendix: Experts who participated in the work.

[3] Biological parent, stepparent or foster parent.

Adult victims of crime

Of the 57 adult victims of crime, 43 were women and 14 men. The majority (44 adults) had been subjected to crime by a current or former intimate partner, most being women who were the victim of murder, manslaughter or attempted murder at the hands of a male intimate partner or former intimate partner. The others (13) had been subjected to crime by their (usually adult) children or another person to whom they were close. Of the 55 perpetrators[4] , 44 were men and 11 women. The age range was wide among both victims and perpetrators. Many of those involved, both victims and perpetrators, had a psychiatric condition and/or substance abuse issues, were unemployed and/or had housing insecurity. Two thirds of victims (38 of 57) had already been subjected to violence by the perpetrator before the offence in question was committed.

Much preventive work to be done

Many of the victims and perpetrators had extensive contacts with various societal actors, often shortly before the offence in question was committed. A range of interventions have been implemented without those concerned receiving the support and protection they needed. The investigation unit[5] identified numerous holes in the social safety net. Some of these flaws have been highlighted in earlier reports, including shortcomings in cooperation between agencies and in social services' handling of cases involving children, as well as the failure of healthcare professionals and social workers to ask questions about violence to assess vulnerability. There are also shortcomings that the inquiries highlight for the first time, such as the failure of the police to gather sufficient, relevant support evidence and the fact that the Swedish Prison and Probation Service and the health service are not permitted to contact social services even though they are aware of a risk that a client or patient may commit acts of domestic violence.

The National Board of Health and Welfare's overall assessment is that societal actors need to do more to prevent this type of

[4] The discrepancy between the number of victims and perpetrators is due to the fact that two perpetrators killed more than one adult.
[5] i.e., the National Board of Health and Welfare's organisation for conducting serious case reviews.

serious crime. When societal actors become aware of or suspect that a child is being harmed or that an adult is being subjected to domestic violence, they must take proactive, urgent and coordinated action. As the needs of those involved are often complex, it is insufficient for a single societal actor to develop their work in isolation. It is crucial that the entire chain of measures functions and that long-term measures are taken to strengthen the work.

The National Board of Health and Welfare's assessment of necessary developments can be summarised in the following four areas:

Strengthen the implementation of existing regulations and support material. Although regulations and support materials are largely already in place, these are not complied with to a sufficient extent. It is therefore important to strengthen their use based on research into successful implementations. It is crucial that management drives this change work.

Strengthen cooperation on individuals. Cooperation between societal actors must be strengthened to ensure that those concerned receive the support and, where applicable, protection that they need. This demands a holistic view and, in many cases, coordinated planning, implementation and follow-up.

Develop working methods. Areas have been identified within the social services, police and healthcare where there is a need to develop working methods. One of these is violence prevention initiatives targeted at those who commit acts of domestic violence. Another is work with children as next of kin.

Review the need for regulation. Further regulation may be needed in certain areas to ensure that the victims of crime receive the protection and support they need, such as regulations on following up ongoing interventions with the victims of violence and increasing opportunities for public authorities to share information in certain situations.

In the next section, the National Board of Health and Welfare describes the development needs identified in its reviews. The Board first addresses cases in which children are the victims of crime, and then cases involving adult victims.

Development needs identified in cases in which children are the victims of crime

Healthcare

Severe psychiatric conditions are not adequately assessed and treated. Psychiatric disorders – depression, for example – have often been shown to be key factors when parents kill their children. There is a need to strengthen coordination between primary healthcare and specialist psychiatric units regarding patients with symptoms of disorders such as psychosis or depression. To this end, among other things the National Board of Health and Welfare has initiated a dialogue within the framework of the National System for Knowledge Management in Healthcare.[6]

Conduct disorder is neither examined nor treated. Several of the children who killed peers had been in contact with healthcare due to complex psychiatric difficulties and severe behavioural problems. Despite this, no consideration was given to the possibility that the child might have conduct disorder. It is important to diagnose children with conduct disorder as they are at risk of continued, severe behavioural problems. Increased knowledge and stricter implementation of existing clinical guidelines are required in order to strengthen efforts with this patient group. To this end, among other things the National Board of Health and Welfare has initiated a dialogue within the framework of the National System for Knowledge Management in Healthcare.[7]

Contact with healthcare ceases despite a need for continued care. In some cases, contact with healthcare ceased despite the fact that the patients (both victims and perpetrators) suffered from conditions such as depression or somatic symptom disorder and still had relatively extensive care needs. There is a need for flexible working methods, motivational and outreach work and greater accessibility,

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[6] The National Board of Health and Welfare is a partner in the National System for Knowledge Management in Healthcare with the Swedish Medical Products Agency, the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU), the Dental and Pharmaceutical Benefits Agency (TLV), the Swedish eHealth Agency and the Public Health Agency of Sweden. The purpose of this partnership is to contribute to the development of needs-adapted healthcare knowledge through cooperation, dialogue and the coordination of various initiatives. The partnership is also intended to ensure that the best possible knowledge is available when healthcare professionals and patients meet.

[7] ibid.

so that patients with complex difficulties and failing motivation receive adequate, high-quality care.

Depression in parents of young children is not diagnosed to a sufficient extent. It is important that depression in parents of young children is diagnosed, as the parent's psychiatric condition has been shown to be a significant risk factor in cases involving the killing of younger children. It should be possible to follow up how routine depression screening works or can be supplemented. It is also important to review what interventions can and should be implemented for parents with depression.

Patients with substance abuse issues are not examined for neuropsychiatric disabilities. No examination is carried out with the explanation that the patient needs to be drug-free first. It is important that patients with both a neuropsychiatric condition and a substance abuse problem receive the correct support, not least because these problems may entail an increased risk of violence if left untreated. Measures to address neuropsychiatric conditions and substance abuse, including examination, should be integrated and conducted in parallel in a patient-centred manner.

Flaws in the holistic view of complex problems. In several cases in which patients (both victims and perpetrators) have complex problems, healthcare focuses on a limited issue that addresses only part of the problem. Healthcare should be designed to ensure that patients with complex needs receive adequate, high-quality care. There is a need for long-term care interventions, a more holistic view of the patient and functioning cooperation.

Insufficient attention is paid to at-risk children. Healthcare professionals do not always pay attention to the risk of child neglect and therefore fail to report concerns for the child's welfare to social services. Healthcare professionals need more knowledge about neglect and the risk of children being neglected for reasons such as their parents' psychiatric condition. The perspective of the child's best interests needs to be strengthened in organisations that encounter adult patients, so that greater attention is paid to children as next of kin. To this end, among other things the National Board of Health and Welfare has initiated a dialogue within the framework of the National System for Knowledge Management in Healthcare.[8]

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[8] The National Board of Health and Welfare is a partner in the National System for Knowled-

Suspected violence against children is not reported to the police. The inquiries show that healthcare professionals do not always avail themselves of the opportunity to make a report to the police when they suspect that a child may have been assaulted. Knowledge needs to be improved about rules that permit breaches of confidentiality so that healthcare professionals can report certain crimes to the police. In the interests of strengthening the work of healthcare to bring attention to at-risk children, the National Board of Health and Welfare has initiated a dialogue within the framwork of the National System for Knowledge Management in Healthcare.[9]

Social services

Flaws in case management, from dealing with reports of concern to following up measures. Social services investigations of children's need for protection and support contain a number of flaws, including the following. Social services do not always investigate a child's need for protection and support when they receive a report of concern. In cases where an investigation is launched, there are flaws in the assessment of the immediate need for protection, in questions about what should be investigated (questions are often ambiguously formulated) and in the analysis of the child's need for intervention. In situations where a child's need for protection and support has been established, there is often no follow-up of interventions that have been decided on, and the interventions are terminated despite the fact that the child's needs remain. The work of social services with children and young people has developed over recent years and knowledge has increased, in part due to the measures taken by the government to strengthen and develop social care for children and young people. It is imperative that this development continues and is intensified.

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ge Management in Healthcare with the Swedish Medical Products Agency, the SBU, the TLV, the Swedish eHealth Agency and the Public Health Agency of Sweden. The purpose of this partnership is to contribute to the development of needs-adapted healthcare knowledge through cooperation, dialogue and the coordination of various initiatives. The partnership is also intended to ensure that the best possible knowledge is available when healthcare professionals and patients meet.

[9] ibid.

The Swedish Police Authority

Concerns for the welfare of a child are not always reported. The inquiries contain examples of the police failing to report concerns for a child to social services, despite indications that the child was at risk of coming to harm. It is important that the Swedish Police Authority considers redoubling its efforts so that reports of concern are made whenever the police become aware of or suspect that a child is at risk in the course of their operations.[10]

Preschools and schools

Lack of cooperation regarding at-risk children. It is apparent from the reviews that preschools and schools are seldom included in coordination and cooperation with agencies such as social services and child and adolescent psychiatry, this despite the fact that schools play a key role in terms of awareness of children's situations. The initiatives that are taken to improve cooperation – with social services, for example – need to be implemented in all municipalities.[11] Schools and preschools could contribute further by clearly describing the problems they wish to draw attention to in reports of concern to social services.

Multiple stakeholders

Flaws in support for unaccompanied minors. Unaccompanied minors arriving in Sweden as refugees constitute a vulnerable group. The reviews offer several examples of children (both victims and perpetrators) who have received inadequate care from government agencies on arrival, with limited cooperation between social services, schools, homes and appointed guardians. In the opinion of the National Board of Health and Welfare, there is a need for support for all involved societal actors, including to ensure compliance with existing regulations.

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[10] Section 1 of Chapter 14 of the Swedish Social Services Act (SFS 2001:453) and Section 6 of the Swedish Police Act (SFS 1984:387).

[11] In 2017, the Swedish National Agency for Education and National Board of Health and Welfare were jointly tasked by the government with implementing a project to promote early and coordinated initiatives for children and young people.

Development needs identified in cases in which adults are the victims of crime

Social services

Little attention is paid to the perpetrators of domestic violence. The inquiries show that questions about the use of violence are rarely asked and that few interventions with the emphasis on preventing recurring domestic violence are targeted at those who have committed violent offences. After clarification in the Social Services Act of 2001 that municipal social welfare committees shall work to alter the behaviour of those who commit, or have committed, acts of domestic violence or other abuse, many municipalities are faced with the task of building up their violence-prevention work aimed at the perpetrators of violence.[12] Measures to support the development work of municipalities are reviewed within the scope of the National Board of Health and Welfare's assignment, which includes responsibility for coordinating and developing knowledge to support violence-prevention efforts. Additional support may be required in development work.

Few questions about being subjected to violence. Questions about being subjected to violence have not been asked to the necessary extent to uncover violence and offer relevant interventions. In the interests of strengthening this work, municipalities may require continued support to implement relevant questions about being subjected to violence.

Risk assessments are often lacking in contacts with the victims of violence. In their contacts with the victims of violence, social services rarely performed risk assessments. In the interests of strengthening this work, municipalities may require continued support to implement standardised risk-assessment methods.

Lack of security planning to protect the victims of violence. In the inquiries, it is seldom noted that social services has prepared a security plan in contacts with the victims of violence. There is currently no regulation and limited guidance on this matter. The National Board of Health and Welfare will therefore consider the possibility of drawing up guidelines for security planning in collaboration with the Police and Prison and Probation Service.

[12] Section 11a of Chapter 5 of the Social Services Act.

Victims of violence receive no help to arrange permanent housing. One recurring problem is that victims do not receive help to move to another permanent residence in order to avoid the perpetrator. This has contributed to a situation in which victims have moved back in with the perpetrator after spending time in temporary accommodation, or have remained at an address known to the perpetrator. In an earlier report on homelessness, the National Board of Health and Welfare made a number of proposals regarding how social services might address this, including social priority and social contracts [78].

Lack of follow-up regarding the victim's situation. In several cases it was apparent that social services had not followed up the victim's situation to assess whether ongoing measures were adequate or if they should be supplemented or changed. Once the acute situation had been dealt with, contact was often sporadic. There is currently no clear regulation regarding how ongoing interventions on behalf of adult victims of violence should be monitored. In the opinion of the National Board of Health and Welfare, there is therefore reason to consider whether specific regulations are required with regard to monitoring ongoing interventions for adult victims of violence.

Social networks are not mobilised to strengthen support. Social services could work with social networks to a greater extent in cases involving domestic violence. The social network can play a crucial role in giving the victim the courage to leave a violent relationship and in convincing the perpetrator to desist from violence. There is currently limited guidance in this area. In the interests of strengthening this work, the National Board of Health and Welfare is considering drawing up guidelines.

Healthcare

Little attention is paid to the perpetrators of domestic violence. The inquiries show that questions about the use of violence are rarely asked and that treatment designed to prevent recurring violence is rarely targeted at the perpetrators of violence. Healthcare professionals are the societal actors with whom most of the perpetrators had contact during the year preceding the offence, often due to substance abuse and/or psychiatric condition. Healthcare could therefore have an important role to play in violence-prevention

efforts. Measures are required to strengthen the work of regional health authorities in this field. To this end, the National Board of Health and Welfare has initiated a dialogue within the framwork of the National System for Knowledge Management in Healthcare.[13]

Few questions about being subjected to violence. Questions about being subjected to violence have not been asked to the necessary extent to uncover violence. Healthcare has an important role in identifying the victims of violence and offering them support, not least given the serious health consequences of violence. Furthermore, healthcare professionals are the societal actors with whom most of the victims of crime had contact, often shortly before the offence was committed. To strengthen work in this area, the National Board of Health and Welfare has initiated a dialogue witin the framwork of the National System for Knowledge Management in Healthcare.[14]

Motivational and outreach work is lacking. In several cases, contact between healthcare and patients (both victims and perpetrators) was terminated because the patient did not want the treatment or failed to attend appointments for ongoing treatment even though extensive care needs remained, often for substance abuse or a psychiatric condition. It appears that in such cases, healthcare has failed to motivate or reach out to patients. It is imperative that healthcare is provided in a manner that ensures that patients lacking in motivation who have substance abuse issues and/or psychiatric conditions receive adequate, high-quality care. There is a need for flexible working methods and motivational and outreach work, as well as greater accessibility.

Police and social workers are not informed of the risk that a patient may commit an act of domestic violence. In the inquiries, it emerges that some perpetrators have expressed a desire to kill or seriously injure the victim in contacts with specialist psychiatry shortly before

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[14] ibid

committing the offence. It is problematic that healthcare professionals are unable to provide information to social services when they are aware of a risk that a patient may commit an act of domestic violence. It is therefore necessary to investigate the conditions for introducing additional rules that permit breaches of confidentiality between healthcare and social services.

The Swedish Police Authority

The police do not always launch a preliminary investigation. In the reviews, it emerges that in some cases the police have failed to launch a preliminary investigation into reported violence against women who were heavily intoxicated or noticeably suffering the effects of a psychiatric condition at the time of the attack. This is an area for improvement that the Swedish Police Authority is aware of. In addition to preparing a handbook on interviewing people who are under the influence of alcohol or drugs, it may be appropriate for the Swedish Police Authority to take other measures.

Failure to actively enable victim participation. In certain cases it is apparent that the police could have been more active in enabling the victims of violent crime to report the offence or to participate in a preliminary investigation. It may be necessary to direct efforts towards the causes of victim nonparticipation, such as fear of repeated violence. It may also be necessary to urgently review the need for victim support and protection in the initial stage of an investigation. In its supervision of the cases looked at in the reviews, the Swedish Police Authority itself has underlined the importance of clarifying the obligation to inform victims of crime of their right to protection, support and assistance, which may prove to be a step in the right direction.

Failure to gather sufficient supporting evidence. In the reviews, it repeatedly emerges that the police have failed to gather evidence to support a report of and preliminary investigation into domestic violence, something that is crucial to commencing a prosecution. Although the Swedish Police Authority provides methodological support for dealing with domestic violence cases, in which the importance of gathering support evidence is stated, this is not adequately followed. The Swedish Police Authority may therefore need to look at whether steps should be taken to strengthen the implementation of this methodological support.

Risk assessments are rarely performed. In several of the cases, one or more reports that the victim had been subjected to violence by the perpetrator had been made to the police prior to the offence in question. Despite this, it was rare for a risk assessment of the victim's situation to be performed so that relevant protection measures could be taken. Guidelines are available on crime victims and personal safety measures, including how risk assessments should be performed, but these are not followed to a sufficient extent. The Swedish Police Authority may therefore need to strengthen the implementation of the guidelines. The Swedish Police Authority itself has highlighted this issue in its supervision of individual cases that have been subject to serious case reviews. Among other things, the Authority noted a need to clarify and inform about the content of the guidelines on crime victims and personal safety measures in order to improve work with risk assessments.

The Police and the Swedish Prosecution Authority

Restraining orders are not combined with other protection and support measures. In no case in which the perpetrator was issued with a restraining order does it appear that this was used in combination with other protection and support measures on the part of the police or social services. This despite the fact that it is clear from the cases that a restraining order alone was not sufficient protection. Consequently, the National Board of Health and Welfare proposes a review of whether the Police or Swedish Prosecution Authority should have a duty to notify social services whenever a restraining order is issued. In addition, the National Board of Health and Welfare proposes that the Swedish Police Authority conduct a review into how cooperation with social services in conjunction with the issuing of a restraining order can be developed.

Swedish Prison and Probation Service

Police and social workers are not informed of the risk that a patient may commit an act of domestic violence. In the reviews, it emerges that the Swedish Prison and Probation Service has on occasion highlighted the risk that a client may commit domestic violence, for example in a risk assessment. It is problematic that, in such situations, the Swedish Prison and Probation Service is not permitted

to share this information with the police and social services. It is therefore necessary to study the conditions for introducing additional rules that permit breaches of confidentiality between the Swedish Prison and Probation Service, police and social services.

Swedish Migration Agency

Failure to assist the victims of violence to contact social services. In the reviews, it emerges that the Swedish Migration Agency has failed to assist asylum seekers who have been subjected to violence to contact social services, despite the Agency's assessment that they are in need of protection. One reason for this is the lack of clarity regarding whether the Swedish Migration Agency or municipalities are responsible for offering sheltered accommodation to asylum seekers who are victims of violence. There is clearly a need to clarify the division of responsibilities between the Swedish Migration Agency and municipalities to ensure that asylum seekers receive the support and protection they need. It may also be necessary to strengthen knowledge among social workers regarding the rights of asylum seekers to assistance from social services.

Multiple stakeholders: Flaws in cooperation

Lack of cooperation to prevent repeated violence. One recurring problem revealed in the inquiries is the lack of cooperation between the relevant societal stakeholders to prevent repeated violence. This is primarily a matter of a lack of cooperation between the police, social services, healthcare and, in some cases, the Swedish Prison and Probation Service. Measures must be taken to strengthen cooperation, such as preparing local interagency cooperation agreements based on the legal provisions on coordinated individual plans.[15]

Inadequate support to people with psychiatric conditions and substance abuse issues. The inquiries reveal flaws in support from healthcare and social services to patients with both a psychiatric condition and substance abuse issues. Psychiatric conditions and substance abuse are problems that when untreated can increase

[15] Section 7 of Chapter 2 of the Social Services Act and Section 4 of Chapter 16 of the Swedish Health and Medical Services Act (SFS 2017:30).

the risk of domestic violence [8, 61, 97][16]. It is therefore imperative to coordinate support focused on these problems to help reduce the risk of domestic violence.

Operational conditions

Failure to comply with a duty of notification

Either the prosecutor or the police shall notify the National Board of Health and Welfare of certain decisions and judgments regarding suspected offences covered by the Act concerning inquiries to prevent certain injuries and fatalities. [17] Since the Act entered into force in 2008, prosecutors and the Swedish Police Authority have consistently failed to comply with their duty of notification. Despite the various improvement measures implemented by the agencies, the problem persists.

The Swedish Prosecution Authority[18] has reviewed the extent to which it fulfils its duty of notification and concluded that it does so to only a very limited extent [23]. After the review, the Authority has taken certain measures; however, in the opinion of the National Board of Health and Welfare these measures are inadequate and their is clearly a risk that this problem will persist.

Should this failure to comply with the duty of notification continue, one consequence will be a significantly smaller basis for the next report, which will be published in two years. This being the case, in the judgement of the National Board of Health and Welfare further measures are necessary, such as instituting a central function at the Swedish Prosecution Authority to monitor the types of case in question. The National Board of Health and Welfare also proposes that an appropriate government agency be tasked with making a new assessment of how many serious cases the Board's investigation unit ought to be notified of annually by prosecutors and the police. This given that the previous estimate is unreliable, something the Government has also noted.[19]

[16] Reference [97] refers to psychiatric conditions as a factor increasing risk, although not to substance abuse.
[17] Section 4 of the Act concerning inquiries to prevent certain injuries and fatalities.
[18] In the majority of cases, it is the prosecutor's duty to notify the National Board of Health and Welfare, as it is usually the prosecutor who leads the preliminary investigation of this type of crime.
[19] Government Bill 2017/18:215 containing amendments to the Act concerning inquiries to prevent certain injuries and fatalities p. 80.

Amendments to legislation

Certain amendments to legislation entered into force on 1 January 2019. These amendments mean that: 1) other types of cases in addition to murder and manslaughter will be investigated, including attempted murder of a child or of an adult by a close relative and aggravated assault of a child by a close relative; 2) there will be greater emphasis on perpetrators as it will be possible to collect information concerning the perpetrator in cases involving adult victims; 3) conditions will be improved for performing multi-professional analysis; and 4) central government administrative authorities shall carry out supervision, or internal supervision, of organisations being investigated under the act.[20]

The National Board of Health and Welfare confirms that:

1. only 13 notifications of the new types of crime that now meet the criteria for a serious case review pursuant to the Act have been received by the investigation unit so that a review can be initiated,[21] significantly fewer than the Government's estimate;[22] [23]
2. the opportunity to request information on perpetrators has contributed to a better overall picture, and to identifying further holes in the social safety net;
3. amendments concerning improved conditions for multi-professional analysis have created greater stability in terms of meeting the need for external expertise when performing analyses; and
4. the new provisions on supervision have only resulted in a small number of supervisory cases being submitted for review. In the opinion of the National Board of Health and Welfare, the purpose of the provision on supervision has not been achieved and it is doubtful that it will function in future given its present design.

[20] Government Bill 2017/18:215.
[21] See the Section "Notifications received" in the full report.
[22] Government Bill 2017/18:215 p. 21 ff.
[23] This does however provide a relatively large basis for this report as it covers a four-year period.

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