Home Office

Domestic Homicide Reviews
Common Themes Identified as Lessons to be Learned
In April 2011, the Government implemented section 9 of the Domestic Violence, Crime and Victims Act 2004. This means that local areas are expected to undertake a multi-agency review, following a domestic homicide, to assist all those involved in the review process, in identifying the lessons that can be learned with a view to preventing future homicides and violence.

Between 13 April 2011 and 31 March 2013, 54 completed reports were received by the Home Office. The reports are quality assured by the Home Office Quality Assurance Panel which consists of both voluntary and statutory representatives and is chaired by the Head of Violent Crime Unit.

This paper sets out the most common themes that were identified as lessons to be learned. These lessons are the most common issues that emerged and therefore will not necessarily have been identified in all reports.

The paper also reports on what is being done nationally to respond to these issues and makes suggestions for work that can be undertaken locally.

1 The Guidance Paragraph 5.8

Domestic Homicide Reviews Common Themes Identified as Lessons to be Learned
Awareness raising and communication

There appears to be gaps in awareness and understanding of what constitutes domestic violence and abuse. A key misunderstanding is that domestic violence only means physical violence. There are also some examples where financial and emotional abuse are not regarded as forms of domestic violence. A clear understanding of domestic violence and abuse is important as in many of the cases there was evidence of domestic abuse incidents prior to the homicide.

There have also been reports where the power and control aspects of domestic violence have not been recognised. This is important because coercive control makes up a large proportion of domestic abuse and is considered to be an important risk factor for domestic homicide.

What we are doing nationally

• We have extended the Government definition of domestic violence and abuse to include coercive control and 16 and 17 year olds.
• We are supporting local areas to embed a practical response to teenage domestic abuse and other inter-personal violence into safeguarding.
• We have reviewed our communication campaigns to ensure that we highlight all forms of domestic violence and abuse.
• We are developing a Communications Insight pack as practical guide for practitioners on how effective communication can increase public awareness in tackling violence against women and girls. The pack will include key messages, insight, statistics and examples of communications activity on domestic violence and abuse which partners can use to develop local campaigns. It will be published on GOV.UK shortly.
• We have introduced the new responsibility deal pledge on domestic violence which will help to tackle the impact of domestic violence in the workplace and will help to protect victims who are at high risk.

Suggestions for what can be done locally

• Review your communications to ensure that all forms of domestic violence and abuse are covered.
• Review your internal training to ensure these key messages are highlighted.
• Support the national, This is Abuse, campaign, aimed at tackling domestic and sexual abuse in teenage relationships in your local area. Email VAWGCampaign@homeoffice.gsi.gov.uk for further information on the This is Abuse campaign and how to access support materials.
• Publicise that help and support is available even if the abuse has not been physical.
• Consider using survivors’ experiences to support training and communication.

1 Stark (2007), Regan et al. (2007)
Awareness and training for healthcare professionals

A number of reports identified the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals. There have been cases where victims had made disclosures but they had not been followed up or referred on to the appropriate agencies. In some cases, the review has stated that the healthcare professional had not known what to do when a patient disclosed domestic violence.

What we are doing nationally

• “Responding to Domestic Abuse: a handbook for health professionals” gives practical guidance to healthcare professionals on working with patients who may have experienced or are experiencing domestic abuse. The Handbook is being updated and will be republished by December. A copy of the current publication is available at: http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DH_4126619.pdf

• We have supported the Royal College of General Practitioners (RCPG) to develop an e-learning training course for GPs. http://elearning.rcgp.org.uk/course/info.php?id=88


• The National Institute for Health and Care Excellence (NICE) are developing guidelines on preventing domestic violence which is expected to be published in 2014.

• Training tools are being developed for health visitors on domestic violence and are expected to be launched in 2015.

Suggestions for what can be done locally

• The Identification and Referral to Improve Safety (IRIS) project, is a general practice-based domestic violence and abuse training support and referral programme, based on collaboration between primary care and third sector organisations specialising in domestic violence abuse. It can be commissioned by clinical commissioning groups. The Department of Health is also funding some roll-out of IRIS through its Innovation, Excellence and Strategic Development (IESD) Fund.

• Midwives should undertake routine enquiry by asking all pregnant women whether they are at risk of, or are suffering/suffered from domestic violence.

• Make sure your GPs are aware of the guidance published by the RCPG, IRIS and CAADA on responding to domestic violence.

Risk Assessment

The importance of a consistent approach to risk identification, assessment and management for all professionals was identified in a number of reports. This was often supported by recommendations for effective implementation and training. This included the operation of the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment tool by police and the Coordinated Action Against Domestic Abuse (CAADA) DASH for multi-agency partners. There were some examples where risk assessments did not take account of prior known incidents which meant that the true picture of escalation of abuse was not presented. There were also cases where there had been an increase in the severity of violence but the risk had not been reviewed where it may have been appropriate to do so.

What we are doing nationally

- We have asked HMIC to consider whether risk to victims is adequately managed and their inspection will cover the risk assessment process.
- We are speaking to the College of Policing to ensure training on risk assessment is covered.
- The Department of Health is funding some roll-out of the Identification and Referral to Improve Safety (IRIS) project through its IESD Fund. This is a general practice-based domestic violence and abuse training support and referral programme, based on collaboration between primary care and third sector organisations specialising in domestic violence abuse. It can be commissioned by clinical commissioning groups.
- We have asked the regional Multi-Agency Risk Assessment Conference (MARAC) Development Officers to reinforce their existing guidance around risk assessment. The charity CAADA will also re-circulate this via their e-News letter and reiterate these messages in their Independent Domestic Violence Adviser (IDVA) training.

Suggestions for what can be done locally

- Service providers to consider reviewing their risk assessment and management approach to ensure it is robust – consider using dip-sampling of forms to test effectiveness.
- Ensure that staff in your agency or service have the appropriate training in risk assessment and management.
- Contact your local MARAC Development Officer and discuss how they can help you improve your assessment of risk of domestic violence in your work.
- Use the materials available on the CAADA website regarding risk assessment which are tailored for a wide range of agencies and available in many languages. http://www.caada.org.uk/marac/RIC_for_MARAC.html

Information sharing and multi-agency working

Many of the reports highlighted the importance of sharing information about risk of domestic violence or abuse between agencies. In some cases information sharing was identified as inadequate where individual agencies had some knowledge of the victim and or perpetrator but this was not shared, even where it was lawful to do so, to give a full picture of the situation and ultimately a full understanding of the potential risks. This included some cases where agencies knew about previous domestic violence and abuse or other victim vulnerabilities. However it is also important that agencies make informed decisions – preferably with victim consent - to share information and only share when it is safe to do so, to ensure that the victim is not placed at greater risk.
In some cases referrals between agencies or to the MARAC were not made when it would have been appropriate to do so. There were also sometimes inconsistencies with how agencies refer to MARAC.

The challenge of accessing records and information from other areas was identified. This was usually in relation to the police records of a perpetrator who had moved to a different police force area.

What we are doing nationally

- We have undertaken a project looking at different models of multi-agency information sharing (not only domestic violence and abuse information). The early findings are available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225012/MASH_Product.pdf
- We have asked the regional MARAC Development Officers to reinforce their existing guidance around the importance of clear and consistent referral criteria, and how to establish these. CAADA will also re-circulate this via their e-News letter and reiterate these messages in the Independent Domestic Violence Adviser (IDVA) training.
- The Police National Database (PND) already enables users to access all events records relating to domestic incidents regardless of location, place of residence, or police force dealing with incidents. We will discuss with the College of Policing whether further guidance or training is needed to ensure police use the system to its fullest capability.
- The new Code of Practice on information sharing in the NHS is due to be published shortly by the Health and Social Care Information Centre (HSCIC).

Suggestions for what can be done locally

- Review information sharing protocols locally and consider options for multi-agency information sharing.
- Contact your local MARAC Development Officer and discuss how they can help. with advice and best practice on information sharing, referral criteria, transferring MARAC cases between areas and risk assessment. http://www.caada.org.uk/marac/Regional_support_for_MARACs.html
- Ensure that the appropriate agencies are attending your MARAC.

Complex needs

In a number of cases the victim and/or the perpetrator had complex needs which could include domestic violence and abuse, sexual abuse, alcohol, substance misuse and mental health illness. In some cases the domestic violence and abuse was not always identified because agencies were focusing on addressing, for example, the mental health or substance misuse. In these cases there was often more silo working which meant an appropriate multi-agency intervention was not considered. There appeared to be a need to raise awareness and understanding of how best to engage and work with those with complex needs.
What we are doing nationally

- The NOMS Multi-Agency Public Protection Arrangements (MAPPA) team have a project planned to be going out to visit and observe level 2 and 3 meetings on Category 2 violent offenders (it is highly likely that there will be some domestic violence and abuse cases) to look for best practice of risk assessment risk management planning and sharing of information and this will include management of offenders with complex needs. This project is not as a result of lessons learnt from DHR, but it will cover similar themes.

- We have supported the Royal College of General Practitioners to develop an e-learning training course for GPs. http://elearning.rcgp.org.uk/course/info.php?id=88

- The training provided by CAADA for IDVAs includes guidance on supporting high risk victims with complex needs.

- The CAADA guidance on best practice at MARAC confirms that both mental health and substance use services should form part of the core agencies attending every MARAC meeting.

- The National Institute for Health and Care Excellence (NICE) are developing guidelines on preventing domestic violence which is expected to be published in 2014.

Suggestions for what can be done locally

- Drug and alcohol services should review, amend and make robust use of their risk assessment frameworks, which involve assessment of risk in relation to violence and abuse.


- Promote the CAADA guidance on attendance of mental health and substance use services at MARAC.

Perpetrators and Bail

Inadequate information sharing between agencies was also identified in some cases where a perpetrator is released on bail or from prison. Some reviews highlighted the importance of compliance with existing processes and procedures specifically in relation to bail management including breach of bail as this is critical in protecting victims and managing suspects.

There have also been a number of reviews where a lack of suitable accommodation for individuals leaving prison has led to perpetrators either returning or attempting to return to a victim’s home. There should be checks made before accommodation is confirmed to verify circumstances and assess risk.

What we are doing nationally

- The CPS is looking to strengthen guidance given to prosecutors on bail considerations in domestic violence and abuse cases - the emphasis remains on the safety of the victim above all.

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Suggestions for what can be done locally

- Ensure police and prison staff are aware of the marker on OFFLOC to identify prisoners who are assessed as presenting a risk of domestic violence and abuse.
- Ensure where relevant that bail conditions are shared with agencies at your MARAC meeting.

Awareness of the safeguarding needs of children

In a smaller number of reports there were cases where opportunities were missed to refer cases to Children’s Services. This included those cases where children were in households where domestic violence and abuse occurred between adults but the impact on the children was not necessarily considered. The Quality Assurance Panel felt this was an important issue to highlight to local areas.

What we are doing nationally

- We are leading a national group to tackle sexual violence against children and vulnerable people which has identified prevention as a priority area for accelerated action. We have already published early findings report into multi-agency working and information sharing approaches. The report provides information for local agencies looking to amend or put in place new or different multi-agency working models to better protect children.
- The Government has published revised guidance, Working Together to Safeguard Children (2013) which brings together all the statutory responsibilities on organisations and individuals to safeguard children and makes it explicit that safeguarding is the responsibility of all professionals who work with children.
- The College of Policing will issue professional guidance for the police in respect of child abuse. This guidance reminds police officers of their statutory duty to safeguard and promote the welfare of children. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a domestic abuse incident should be aware of the effect of such behaviour on any children in the household.

Suggestions for what can be done locally

- Section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 provides that the Police and Crime Commissioner (PCC) must, in particular, hold the chief constable to account for the exercise of duties in relation to the safeguarding of children and the promotion of child welfare.
Further advice and guidance

Link to guidance and information on domestic homicides:
https://www.gov.uk/domestic-violence-and-abuse#domestic-homicide-reviews-how-to-conduct-a-review

Link to PCC Information Pack on ending violence against women and girls:

Link to Call to End Violence Against Women and Girls Action Plan 2013:

Link to Sexual Violence Against Children and Vulnerable People Progress report and action plan

Link to Multi-Agency Working and Information Sharing Project – Early Findings report