




Please cite the Published Version

Chantler, Khatidja , Baker, Victoria, Heyes, Kim  and Gunby, Clare  (2023) Domestic Homicide Oversight Mechanism for the Criminal Justice System: Summary Report. In: Domestic Homicide Oversight Mechanism: HALT study briefings. Research Report. Domestic Abuse Commissioner, London.

Publisher: Domestic Abuse Commissioner

Version: Published Version

Downloaded from: <https://e-space.mmu.ac.uk/633461/>

Usage rights:  In Copyright

Enquiries:

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)



domestic
abuse
commissioner

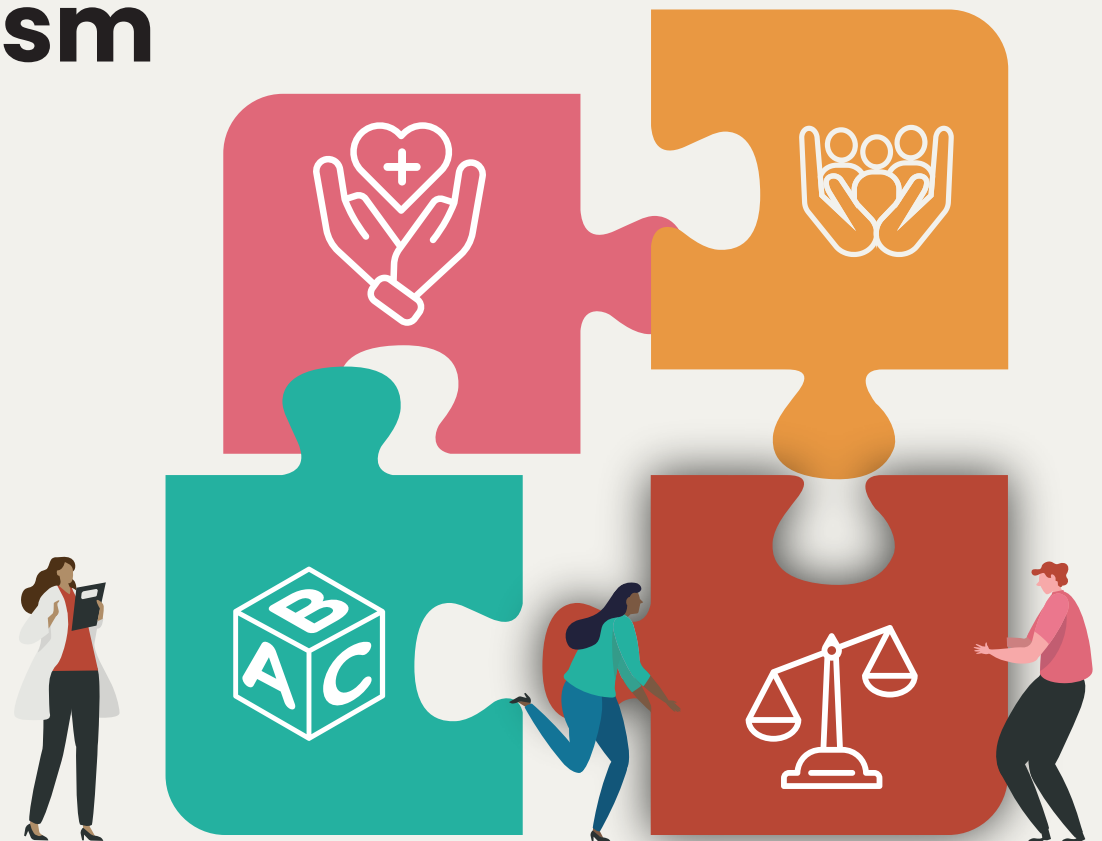


Manchester
Metropolitan
University

Summary Report

Domestic Homicide Oversight Mechanism for the Criminal Justice System

Authors: Khatidja Chantler; Victoria Baker;
Kim Heyes; Clare Gunby



Domestic Homicide Oversight Mechanism for the Criminal Justice System

Summary of Findings

Khatidja Chantler, Victoria Baker, Clare Gunby, Kim Heyes

Introduction

In England and Wales, criminal law responses to Domestic Violence and Abuse (DVA) have advanced significantly in the last fifteen years. However, despite an emphasis on criminalisation, concern remains around the ability of the Criminal Justice System to manage the needs of victims and secure convictions. The purpose of this work is to better understand the types of recommendations made in Domestic Homicide Reviews (DHRs) and will help to inform the Domestic Abuse Commissioner's Domestic Homicide Oversight Mechanism for the Criminal Justice System.

qualitative themes and subthemes, identifying the most prevalent recommendation types, any specific recommendations related to protected characteristics, and the targets of those recommendations within Criminal Justice services. An additional descriptive analysis of quantitative data already collected on the DHRs within the [HALT study](#) provided an overview of characteristics.

Study methods

Forty-six DHRs published between 2017–2019 comprised the sample for analysis. Our mixed methods approach comprised a qualitative template to identify examples of good practice, areas for development and learning, and to analyse recommendations made in relation to the Criminal Justice System. After extraction, a thematic approach was used. A quantitative matrix was developed based on the

Key findings

Victim and perpetrator demographics

Sex: Most victims were female (39/46, 85%), most perpetrators were male (43/46, 93%).

Ethnicity: Victims (31/43, 72%) and perpetrators (29/43, 67%) were in the majority white British. The remainder came from minority backgrounds, including white Europeans. Three victims and three perpetrators had missing ethnicity data.

Age: Victims ranged in age from 16 to 70 years. Perpetrators ranged in age from 18 to 71 years. The spread of ages was fairly even with the majority sitting across the 26 to 55 age categories.

Homicide types

- 38 of the 46 homicides (83%) were intimate partner homicides (IPH).
- Seven of the 46 homicides (15%) were adult family homicides (AFH).
- One was an amicicide (killing of a friend). In this case a victim killed by the sons of a woman she cohabited with.

IPH relationship details

- IPH perpetrators were mostly male partners (25/38, 66%) or ex-partners (10/38, 26%).
- There were three female perpetrators as partners (2/38, 5%) or ex partners (1/38, 3%).
- 29% of the victim-perpetrator dyads (11/38) were separated at the time of the homicide.
- The majority of dyads (22/35, 63%) had been in their relationship for over three years.
- Just under a quarter (8/35, 23%) had been together for over 10 years.
- Just under a quarter (8/35, 23%) had been together for a year or less.

AFH relationships

- All AFH perpetrators were male (7/7, 100%)
 - Brothers (4/7, 57%)
 - Sons (3/7, 43%)

Living arrangements

- In over half of cases (27/46, 59%), victims and perpetrators were living together at the time of the homicide.
- In a third of cases (15/46, 33%) there were children under 18 living in the home.

Prior domestic abuse

- 89% of DHRs (41/46) reported prior domestic abuse within the victim-perpetrator relationship.
- This was true of both IPH and AFH cases (92% vs. 71%).
- In all 41 cases perpetrators had been abusive to the victim.
- In 11 of the 41 cases (27%) there had been abusive behaviour from the victim.

Homicide context

- In 11% of DHRs (5/46) there were multiple victims of homicide.
- In 9% of DHRs (4/46) the perpetrator took their own life shortly after killing the victim.
- The most common modus operandi was stabbing (19/46, 41%).
- The most common contextual or escalating factor appeared to be the victim's attempts to end the relationship with the perpetrator (8/46, 17%).
- In over half of cases (24/46, 52%) no single escalating feature could be identified, although intersecting factors of entrenched and escalating domestic abuse, perpetrator criminality and serial IPVA perpetration, victim and perpetrator poverty, homelessness, mental ill health, substance use (particularly alcohol), and learning difficulties appeared to shape the homicide context.

Risk and vulnerability factors

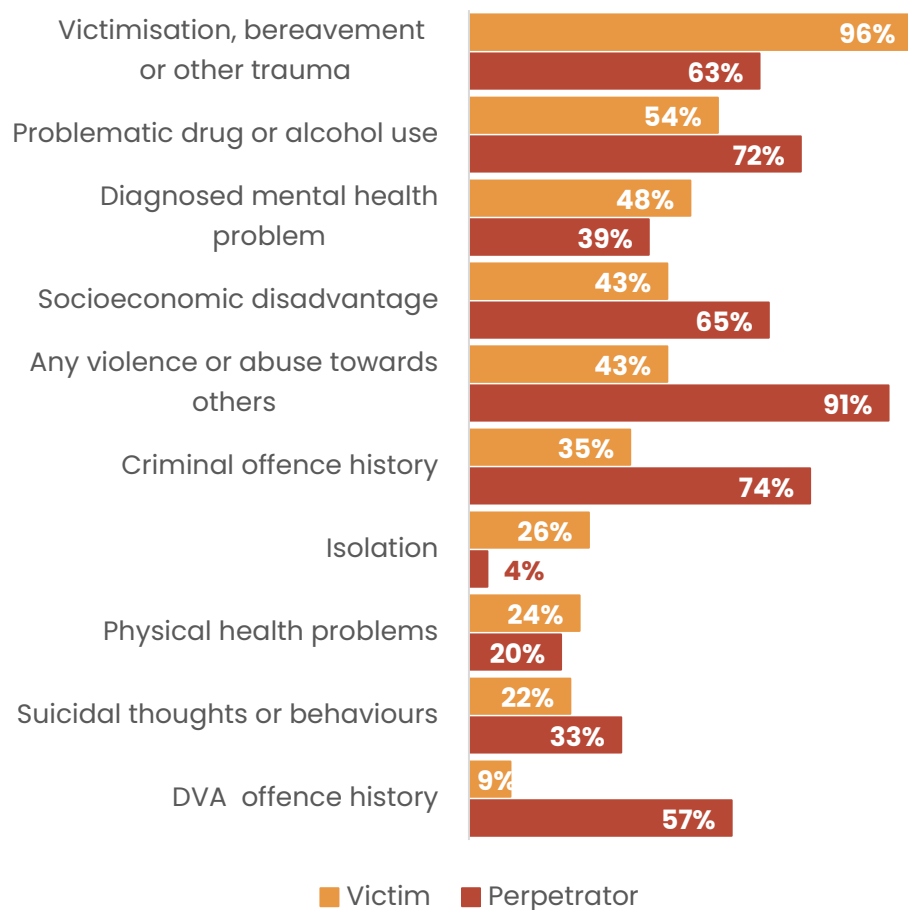
Victims

The most prevalent risk factor identified for victims was victimisation or trauma reported in 96% (44/46) of DHRs – due mostly to DVA from the perpetrator. Over half (25/46) had substance use issues – most commonly alcohol (22/46, 48%) and drugs (13/46, 28%). Nearly half of victims 22/46, 48% had been diagnosed with a mental health condition, with 22% (10/46) having had suicidal thoughts or behaviours, and 28% (13/46) having comorbid substance use and mental health problems. Socioeconomic disadvantage was also prevalent, reported in nearly half of the DHRs (20/46, 43%). Violence or abuse towards others was also common (20/46, 43%) and criminality featured for just over a third of victims (16/46, 35%). Isolation was a factor identified in just over a quarter of DHRs (12/46, 26%) and although 24% (11/46) of victims had physical health problems, just 7% (3/46) were reported as having a disability.

Perpetrators

The most prevalent risk factor identified for perpetrators was violent/abusive behaviour (42/46, 91%). Perpetrators experiences of victimisation and trauma were lower than victims experiences albeit still relatively high (29/46, 63%). More prevalent in perpetrators were difficulties with criminality (34/46, 74%), substance use (33/46, 72%), and socio-economic disadvantage (30/46, 65%). Interestingly diagnosed mental health conditions (16/46, 35%) were less prevalent in perpetrators and victims within this sample. A third of perpetrators had reported suicidal thoughts or behaviours (15/46, 33%). Unlike victims, over half of perpetrators had criminal histories of DVA related offences (26/46, 57%). Only two perpetrators (4%) were identified by DHR authors as having a disability.

Figure 1 Victim and perpetrator risks and vulnerabilities

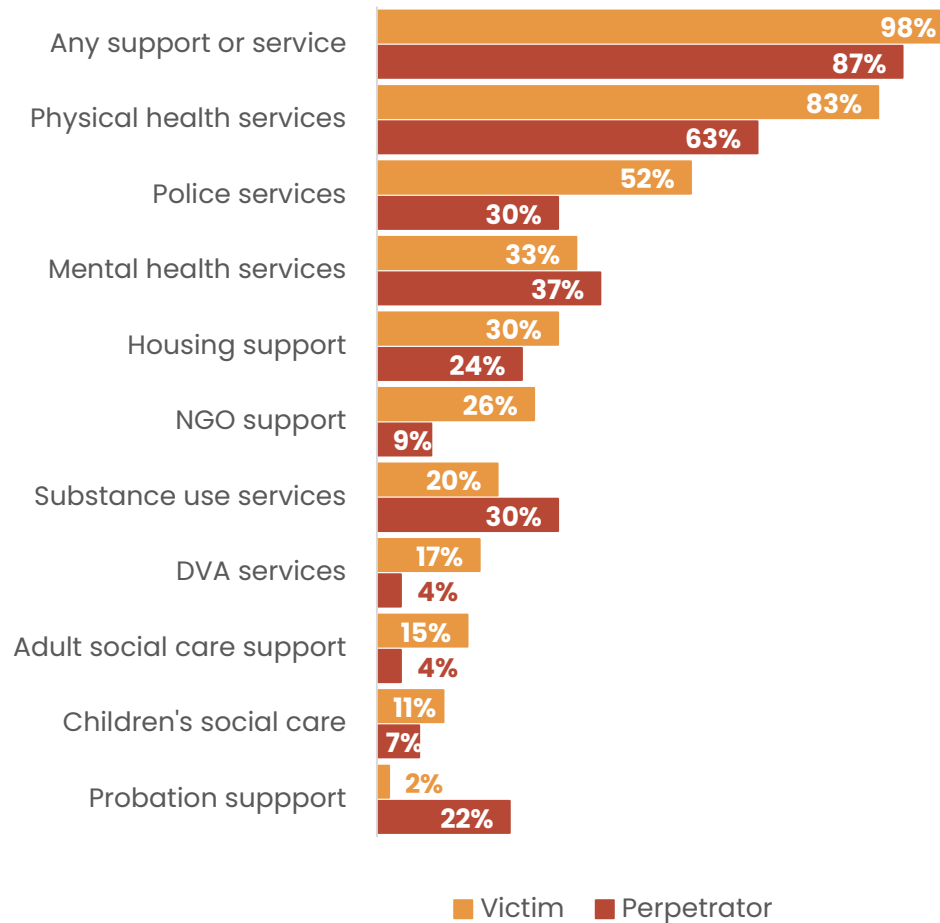


Service involvement

Nearly all victims (45/46, 98%) had received the support or service of some kind over the time period covered by the DHR. Most commonly this included provision by physical health services (38/46, 83%), but also police (24/46, 52%), mental health services (15/46, 33%), housing support (14/46, 30%), substance use services (9/46, 20%). Only a small number of victims (8/46, 17%) had received specialist DVA support, although 26% (12/46) had received support from an NGO covering a range of services relating to substance use, homelessness, family conflict and parenting, mental health, and experiences of crime.

Most perpetrators (40/46, 87%) had received support or service of some kind over the time period covered by the DHR. Most commonly this included provision by physical health services (29/46, 63%), but also mental health services (17/46, 37%), police (14/46, 30%), substance use services (14/46, 30%), housing support (11/46, 24%), and probation (10/46, 22%).

Figure 2 Victim and perpetrator service involvement



Risk assessment and service awareness

In over three-quarters of cases (35/46, 76%) services were aware of domestic abuse in the relationship between the victim and perpetrator, and this represents 85% of those victim-perpetrator relationships where prior DVA was reported in the DHR.

A 'high' rating was given in just over a third of DVA risk assessed cases (11/32, 34%). Ten cases (22%) were reported as having been referred to a Multi-Agency Risk Assessment Conference (MARAC)² prior to the homicide and all 10 were cases of intimate partner homicide.

Thematic Analysis of Recommendations

It should be noted that many of the themes overlap, for example training regarding domestic abuse will hopefully enhance professional curiosity, risk assessment, improve record keeping and generate a multi-agency response. The following topics have also been considered: Equality and Diversity, Female Perpetrators, and Adult Family Homicide. Each theme will be discussed in turn.

Lack of multi-agency working and information management

The analysis of recommendations relating to criminal justice identified a lack of multi-agency working and poor information management in 30 of the 46 DHRs (65%). Most commonly, recommendations were targeted towards Police (26 DHRs) and Probation (8 DHRs), but also CRCs (3 DHRs), MAPPA Boards (2 DHRs) and Integrated Offender Management (IOM) (1 DHR). National recommendations were made in four DHRs, targeted towards the Home Office, the Ministry of Justice, and HM Prison and Probation Service (HMPPS). Specifically, recommendations most often highlighted the need for: improved gathering, reporting and sharing of information to and from partner agencies, as well as better intra-agency communication and co-ordination (20 DHRs); improved recording and maintenance of information (15 DHRs); and improved review of information (10 DHRs). The need for improved processes relating to referral into other agencies also featured (8 DHRs) and lastly, recommendations were made in relation to improving victims' (and their families') access to information (7 DHRs).

Improving Assessments

Recommendations calling for improvements to assessment processes were present in 21 of the 46 DHRs (46%). Most commonly, recommendations were targeted towards Police (17 DHRs) and Probation (7 DHRs), but also MAPPA Boards (3 DHRs), a CRC (1 DHR) and Integrated Offender Management (IOM) (1 DHR). National recommendations were made in three DHRs, targeted towards the National Offender Management Service (NOMS) (now HMPPS), with the remaining two having no specific national target.

Most commonly, recommendations highlighted the importance of carrying out (and embedding) domestic abuse assessments, or other assessments of relational risk (16 DHRs). Eight DHRs called for improved monitoring and oversight of risk assessment processes. Recommendations calling for improvements to multi-agency risk assessment processes such as MAPPA and MARAC were also prevalent (9 DHRs). One DHR made recommendations relating to the need for mental health (re)assessments prior to any movement of prisoners between facilities.

Regarding adult family homicide, the wider HALT sample shows that these cases were less likely to be assessed as

high risk compared to intimate partner abuse and that dyads involving Black and Minoritised victims or perpetrators were also assessed as lower risk compared to White British dyads. Hence, the type of domestic abuse being assessed, the ethnicity of the dyad and 'officer effect' appear to mediate risk assessments (Chantler et al, 2023).

Developing Practice

Recommendations calling for developments in practice appeared in 17 of the 46 DHRs (37%). Most commonly, recommendations were targeted towards Police (14 DHRs) and Probation (5 DHRs), but also CRCs (3 DHRs). National recommendations were made in two DHRs, although neither named a specific national agency or body.

Most commonly, recommendations highlighted the importance of: increasing professional curiosity and assertiveness (11 DHRs); and specifically, this meant asking direct questions (safely), working with victims who were reluctant to engage, looking beyond alcohol use, and recognising alcohol use and mental health as possible risk factors for DVA. Recommendations also pointed towards the need for thinking holistically and systemically (7 DHRs), whilst six DHRs made recommendations relating to case building and corroboration of evidence.

Training and development for staff

Recommendations relating to staff training and development appeared in 17 of the 46 DHRs (37%). Most commonly, recommendations were targeted towards Police (15 DHRs), but also CRCs (2 DHRs), Integrated Offender Management (IOM) (2 DHRs), Probation (1 DHR), a solicitor (1 DHR), and a MAPPA Board (1 DHR). No recommendations were made to national bodies with respects to staff training and development. Recommendations most often related to an increase in or development of domestic abuse training (12 DHRs); but also training relating to adult and child safeguarding (5 DHRs); record keeping, information sharing, and multi-agency professional working (4 DHRs); and on missing persons enquiries. Recommendations relating to improvements in supervision arrangements were also common (8 DHRs). Lastly, one DHR highlighted the need to monitor the effectiveness of training and supervision.

Policy and Process: develop, amend or follow

Recommendations to implement, revise, update or expand organisational policies, practice and process appeared in 30 of the 46 DHRs (65%). Most commonly, recommendations were targeted towards Police (23 DHRs), but also Probation (4 DHRs), CRCs (4 DHRs), Police and Crime Commissioners

(PCCs) (2 DHRs), the Crown Prosecution Service (CPS) (2 DHRs), Integrated Offender Management (IOM) (1 DHR), and Prisons (1 DHR). National recommendations were made in seven DHRs, targeted towards the Home Office, HM Prison and Probation Service, and the Ministry of Justice, with two naming no specific national agency or body. Most frequently, recommendations were targeted at developing or reviewing domestic abuse policy (13 DHRs), followed by eight DHRs making recommendations relating to the reviewing of Police powers, process and evidence/intelligence gathering. Recommendations were also made in relation to reviewing, amending and auditing charging decisions, prosecution processes and legislation (7 DHRs).

Further, recommendations were made in relation to learning from, contributing to and implementing actions from DHRs themselves (7 DHRs); developing or reviewing policy relating to information management (5 DHRs); and reviewing of non-engagers/compliance procedure (3 DHRs). There were a number of recommendations which featured only in one or two DHRs, and these included: reviewing commissioning arrangements for specialist DVA services (2 DHRs); disseminating DVA information to the general public (2 DHRs); reviewing compliance of adult safeguarding policy (1 DHR); evaluating implementation of IDVAs accompanying

Police officers on DVA callouts (1 DHR); adherence to Police policy on circulating information on wanted individuals (1 DHR); and reviewing and amending processes relating to prisoners who are released and entitled to mental health services (1 DHR). Lastly, one DHR recommended changes in relation to retention and recruitment.



























































































Good Practices

Examples of good practice were flagged in 11 of the 46 DHRs (24%) and were mostly in relation to policing. Good practices most commonly included: recognition and recording of risk – including seeing the cumulative evidence across individual incidents (6 DHRs); information sharing and effective co-ordination of a multi-agency response (3 DHRs); and consideration of the needs of partners/victims and families (2 DHRs). Single examples of good practice included: delivery of effective DVA training; implementation of DVA publicity initiatives; and, with respects to working with victims and perpetrators, the use of interpreting services, and seeing victims and perpetrators separately to assess risk/ and the likelihood of DVA.

National Recommendations

National recommendations appeared in 21 of the 46 DHRs (46%), most commonly relating to developing/reviewing policy and processes (7 DHRs), but also multi-agency working and information management (4 DHRs), improving assessments (3 DHRs), and developing practice (2 DHRs). Some DHRs did not name a specific national agency or body to take responsibility for 'national' recommendations, most were targeted towards the Home Office, the Ministry of Justice (MoJ), the Crown Prosecution Service (CPS), and HM Prison and Probation Service (HMPPS).

Table 1 Theme frequency by agency

	Target Agency (📄 = 2 DHRs 📄 = DHR)									
Theme	Police & Crime Commissioners (PCCs)	Police	Crown Prosecution Service (CPS)	Probation	MAPPA Board	Integrated Offender Management (IOM)	Community Rehabilitation Companies (CRCs)	Solicitors	Prisons	
 		            		   				 		
 		         		   	 					
 		      		  			 			
 		       								
 		      		 			 			

Key Messages

- All but two of the victims (96%) experienced victimisation or trauma prior to the homicide, largely at the hands of the domestic homicide perpetrators.
- Where victims have vulnerabilities such as alcohol misuse and/or mental health difficulties, organisational and individual understanding of the Vulnerable Adults Framework is key.
- Barriers to victim non- or dis-engagement should be understood and the onus placed on the service rather than the victim to increase engagement.
- Risk assessments need to be conducted with more detail, processes for referral need to be followed, and these should be regularly reviewed and audited, including the management of these by MARAC and MAPPA.
- Histories for both the suspected perpetrator and victim should be looked at to see if there are any patterns of behaviours, criminal reports, or past DVA.
- DVA training was widely recommended by DHRs. This should also include specific training on reducing the influence of problematic assumptions related to victims and perpetrators.
- Training in adult and child safeguarding; record keeping, information sharing, multi-agency professional working, and on missing persons enquiries were recommended. All of these should be monitored for effectiveness.
- Unconscious bias training should also be conducted, as cases involving Minoritised victims were found to be assessed at a lower risk than those cases involving white British victims.
- The ethnicity of victims and perpetrators must be recorded by the police and sustained efforts made to counter cultural stereotypes and ensure interpreting services are routinely offered.
- Risk assessments should be conducted at crucial points such as being released from prison, or after a significant reduction in physical health or mobility.

- The dynamic and changing nature of risk, the influence of victims' and perpetrators' characteristics and the type of abuse experienced needs to be better understood and assessed.
- Those assessed at standard or medium risk, or where victims do not want to pursue criminal justice outcomes, meaningful support via referral to other agencies is needed that can monitor changing circumstances and offer responsive services.
- Building strong and collaborative relationships with the DVA specialist sector (including Black and Minoritised DVA organisations) may well help to offer standard and medium risk victims more tailored support.
- Continuing with perpetrator programmes whilst at the same time ensuring that survivor-centred services are adequately resourced, should be key priorities.
- A survivor-centred approach should also ensure that victims are kept informed of the progress of their case, and if the perpetrator is being bailed, release dates from custody and any court orders imposed.
- DVA policies and processes should be regularly reviewed, updated and operationalised.
- No DHR recommendations were made pertaining to tackling the systemic discrimination or 'institutional racism', misogyny or homophobia of criminal justice services, but this remains a concern.



**domestic
abuse
commissioner**

The Domestic Abuse Commissioner for England and Wales,
2 Marsham Street, London SW1P 4JA

commissioner@domesticabusecommissioner.independent.gov.uk

www.domesticabusecommissioner.uk

© 2021 Domestic Abuse Commissioner. All Rights Reserved.