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## Briefing Paper

# Domestic Homicide Oversight Mechanism for the Criminal Justice System

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In England and Wales, criminal law responses to Domestic Violence and Abuse (DVA) have advanced significantly in the last fifteen years. Prior to the Serious Crime Act (2015) and introduction of the offence of 'coercive control', domestic abuse did not exist as a crime in law but was dealt with as part of a set of existing legal provisions. The introduction of coercive control criminalised specifically the repeated patterns of coercive behaviour that typify victims' experiences (Stark, 2007), communicating firmly that DVA was much more than physical violence.



### Aims

The study focused on understanding the types of recommendations made in Domestic Homicide Reviews (DHRs) for the Criminal Justice System relating to intimate partner homicide (IPH) and adult family homicide (AFH). The study findings will help inform the Domestic Homicide Oversight Mechanism for the Criminal Justice System.



### Methods

The sample comprised 46 DHRs published between 2017 and 2019. A mixed methods approach was used, with the qualitative analysis informing the structure of the quantitative framework. The qualitative methods comprised the creation of a template to extract information systematically, identifying examples of good practice, areas for development and learning, and an analysis of the recommendations made in relation to criminal justice system services. After extraction, a thematic approach was utilised (Braun & Clarke, 2022).



### Findings

Thirty eight of the 46 homicides (83%) were intimate partner homicides (IPH), and 7 (15%) were adult family homicides (AFH). One was an amicide (killing of a friend) – in this case a victim killed by the sons of a woman she cohabited with.

## Victim and perpetrator demographics

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

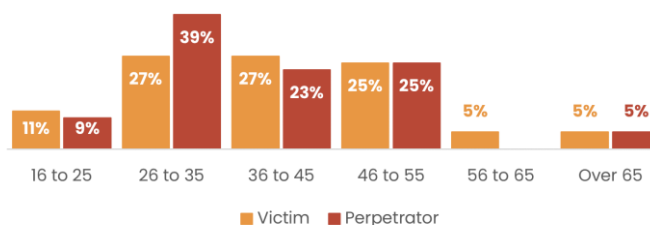
**Ethnicity:** Victims (31/43, 72%) and perpetrators (29/43, 67%) were in the majority White British. The remainder came from Minority backgrounds, including White Europeans. Three victims and three perpetrators had missing ethnicity data.

**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.

Victims



Perpetrators



## The victim-perpetrator relationship and context

- The most common contextual or escalating factor leading up to the homicides appeared to be victims' attempts to end the relationship with the perpetrator (8/46, 17%).
- IPH perpetrators were mostly male partners (25/38, 66%) or ex-partners (10/38, 26%).
- All AFH perpetrators were male (7/7, 100%).
- 89% of DHRs (41/46) reported prior domestic abuse within the victim-perpetrator relationship.
- In 52% of cases (24/46) no single escalating feature could be identified, although intersecting factors of entrenched and escalating domestic abuse (particularly physical and coercive/controlling), perpetrator criminality and serial IPVA perpetration, victim and perpetrator poverty, mental ill health, and substance use (both alcohol and drugs) appeared to shape the homicide context.



## Thematic Analysis of Recommendations



### Theme 1: Lack of multi-agency working and information management

Many of the DHRs (30/46, 65%) highlighted a lack of multi-agency working and poor information management. Specifically, recommendations focused on:

- improving how information is gathered, reported, and shared between partner agencies, including better communication and co-ordination (20 DHRs),
- regularly reviewing information (15 DHRs)
- regularly maintaining information (10 DHRs),

There were also issues identified in relation to the process of referral into other agencies, and to improving the victims (and their families) access to information (8 and 7 DHRs respectively).



### Theme 2: Improving assessments

Almost half of the DHRs (21/46, 46%) included recommendations for better assessment processes, including:

- carrying out, and embedding, domestic abuse assessments or other assessments of relational risk (16 DHRs),
- improved monitoring and oversight of risk assessment processes (8 DHRs),
- improvements to multi-agency risk assessment processes such as MAPPA and MARAC (9 DHRs),
- carrying out mental health (re)assessments prior to any movement of prisoners between facilities.

Based on the wider HALT sample, cases involving Minoritised victims were found to be assessed at a lower risk level than those cases involving White British victims.



### Theme 3: Developing practice

Recommendations for developing practice were found in 37% (17/46) of the DHRs. These included the need to increase professional curiosity and assertiveness (11 DHRs). More specifically, this meant:

- asking direct questions (safely) about DVA (7 DHRs),
- 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 (7 DHRs),
- understanding the need to think holistically and systemically (7 DHRs),
- recognising the need for case building and corroboration of evidence (6 DHRs).



### Theme 4: Training and development for staff

Just over a third of the DHRs (17/46, 37%) included recommendations for staff training and development. Recommendations most often related to:

- an increase in or development of domestic abuse training (12 DHRs),
- training relating to adult and child safeguarding (5 DHRs),
- record keeping, information sharing, and multi-agency professional working (4 DHRs),
- missing persons enquiries (1 DHR),
- improvements in supervision arrangements (8 DHRs),
- monitoring the effectiveness of training and supervision (1 DHR).



#### Theme 5: Policy and process: develop, amend or follow

Recommendations to implement, revise, update or expand organisational policies, practice and process appeared in almost two thirds of the DHRs (30/46, 65%). Recommendations most often related to:

- developing or reviewing domestic abuse policy (13 DHRs),
- reviewing of Police powers, process and evidence/intelligence gathering (8 DHRs),
- reviewing, amending, and auditing charging decisions, prosecution processes and legislation (7 DHRs),
- learning from, contributing to, and implementing actions from DHRs themselves (7 DHRs),
- developing or reviewing policy relating to information management (5 DHRs),
- reviewing policies related to those reluctant to engage/compliance procedure (3 DHRs),
- 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),
- reviewing and amending processes relating to prisoners who are released and entitled to mental health services (1 DHR),
- making changes in relation to retention and recruitment (1 DHR).



#### Theme 6: Good practices

Examples of good practice were flagged in almost a quarter of the DHRs (11/46, 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),
- consideration of the needs of partners/victims and families (2 DHRs),
- delivery of effective DVA training (1 DHR),
- implementation of DVA publicity initiatives (1 DHR),
- the use of interpreting services (with respects to working with victims and perpetrators) and seeing victims and perpetrators separately to assess risk (1 DHR).



#### Theme 7: National Recommendations

National recommendations appeared in just under half of DHRs (21/46, 46%). These most commonly related to:

- developing and reviewing policy and processes (7 DHRs),
- multi-agency working and information management (4 DHRs),
- improving assessments (3 DHRs),
- 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).

## 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 of both suspected perpetrator and victim should be examined 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 constructions and 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.