Gateshead Council

Community Safety
Overview and Scrutiny Sub Committee
17 January 2017

TITLE OF REPORT: **Domestic Homicide Reviews (DHRs) – Update**

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Summary
This report provides Community Safety Overview and Scrutiny Sub-Committee with an overview of Domestic Homicide Reviews (DHR) and provides an update on the DHRs currently being undertaken in Gateshead as well as the national and regional context.

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1 Introduction

1.1 This report provides Community Safety Overview and Scrutiny Sub-Committee with an overview of Domestic Homicide Reviews (DHR), sets out the legislative requirements for the Community Safety Partnership and provides an update on the national, regional and local context around DHRs.

2 Background – National Context

2.1 As a reminder, DHRs were established on a statutory basis under Section 9 (3) of Domestic Violence, Crime and Victims Act (2004) and came into force on 13 April 2011. DHRs require certain partner agencies to come together to review a domestic-related homicide (in order to identify any lessons to be learnt so as to minimise the potential for future deaths).

2.2 The overall responsibility for establishing a DHR rests with the Chair of the local Community Safety Partnership and involves reviewing the circumstances in which the death of a person aged 16yrs+ has, or appears to have, resulted from violence, abuse or neglect by:

- a person to whom he was related;
- a person with whom he was or had been in an intimate relationship, or
- a member of the same household as himself.

2.4 The Act, and subsequent DHR Guidance, states that the public bodies required to participate and contribute to a DHR are: Police, Local Authorities, providers of Probation Services and Health bodies as well as any other agency involved with either the victim and/or perpetrator.

2.5 The purpose of a DHR is not to reinvestigate the death or apportion blame, but:

- establish what lessons are to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- identify clearly what those lessons are, both within and between agencies, how they will be acted on, within what timescales, and what is expected to change as a result;
- apply these lessons to service responses including changes to policies and procedures as appropriate; and to,
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children, through improved intra and inter-agency working.

2.6 The full process involved in undertaking a DHR is set in Appendix. However, a DHR is usually chaired and authored by an appropriate independent person – and the findings will be produced by drawing upon information obtained from:

- interviewing family members;
- interviewing significant people who may have known the victim; and,
- obtaining information from participating agencies by way of an Individual Management Reviews (IMR).

3 National Context – Statistics

3.1 In the five years, since the statutory requirement for local areas to conduct a DHR was introduced, there have been more than 400+ DHRs carried out and completed throughout England and Wales. Full statistics can be found, up until the end of March 2015 in Appendix.

3.2 In December 2016, the Home Office published the Key Findings from Research into DHRs undertaken nationally – which aims to identify common themes and trends in domestic-related homicides. Further information can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

3.3 The key statistical highlights from the study are:

- Although the number of both male and female domestic homicide victims fluctuated from year to year, there is a clear downward trend – although the volume of female victims remains significantly higher.
- Among women, the majority of victims were killed by partner/ex-partner.
- Highest proportion of domestic homicides was among those aged 30 to 50 years old (around two-fifths).
- Most common method of killing was by a knife or other sharp instrument.
- Majority of suspects were male (87%) and nearly half were 30-50yrs.
- Just under half of cases included dependent children in the family.
- Mental health issues were present in 72% of intimate partner homicides and in just over half of all DHRs, substance use was mentioned.
- Almost seven in every ten DHRs, the perpetrator had a previous history of violence towards the victim or a previous partner, and in a smaller proportion of cases; the victim also had a history of violence towards the perpetrator.

3.3 The key themes/findings for improvement from the study are:

- Record keeping – highlighted as an issue in 85% of DHRs sampled.
- Risk assessment was the next most commonly occurring theme followed by communication/information sharing between agencies.

- In 73% of sampled DHRs, victims or perpetrators presented to agencies with possible signs of domestic abuse and/or domestic violence, but this sign was not recognised or explored further by professionals.
- There have been a total of 600 recommendations made by these DHRs, of which Community Safety Partnerships and health were identified as having the highest proportion.
- Training and development for professionals was consistently the highest proportion of recommendations.

4 Regional Context

4.1 Northumbria Police commissioned a Problem Profile in order to assess the key pre-cursors and drivers of DHRs within the local area (over the period 1 April 2011 to 30 September 2016). Key issues identified as part of this profile were:

- 51 homicides took place in the force area, of which 24 were deemed to be domestic-related, and met the criteria for a DHR to be undertaken.
- There is a clear link between domestic homicide, population density and deprivation and is caused by a combination of social economic factors (such as employment, lifestyle and location) – of which these factors are more prevalent in urban locations.
- Similar to national trends, the risk of domestic homicide is much greater for females and the most common form of killing is stabbing.
- 32% of victims were subject to incidents of domestic abuse prior to the murder taking place, which may indicate the extent of under-reporting of domestic abuse incidents to the Police.
- 60% of perpetrators had previous convictions – many involving offences for violence and 29% had drug and/or alcohol markers attached.
- A combination of pre-cursor factors such as physical or mental health, relationship breakdown and financial problems (including unemployment) contributed to domestic homicides in Northumbria.

5 Local Context – Finalised DHRs

5.1 Within Gateshead, we have successfully completed a total of 2 DHRs:

- Adult A (finalised September 2011) which related to the death of a father from his son; and,
- Adult B (finalised August 2016) which related to the murder of a female from her current partner.

5.2 An Independent Chair and an Overview Report Writer were commissioned to undertake each of the DHRs on behalf of the Community Safety Board and a formal Domestic Homicide Review Panel was established. The DHR Panel was comprised of statutory and non-statutory partners, internal Council services and representatives from voluntary and community sectors.

5.3 The Panels have identified the scope/remit of each DHR, establish appropriate timescales, for both the chronological documents and Individual Management Reviews, and scrutinizing the various drafts of the Overview Report to ensure that the information contained from their organisation is fairly represented within the report (prior to being submitted to Community Safety Board for approval).

5.4 Neither DHR found any evidence that there was any serious risk to the victim prior to death that should have been acted upon by any of the agencies. Each

DHR identified a number of recommendations for improved practice; however, recognised that none of these would have helped to prevent the homicide from occurring. The Executive Summary from each DHR has been included in the Appendix for information.

5.5 From a Gateshead perspective, as a result of the DHRs, we have implemented MASH (Multi-Agency Safeguarding Hub) and MATAC (Multi-Agency Tasking and Co-ordination) models to help address some of these pre-cursor factors. By sharing timely information, in a multi-agency setting, partners and services are able to intervene at an earlier opportunity and provide additional specialist support (e.g. via the Serial Victims Pilot). All of these models were discussed in detail at the previous OSC meeting (held in October 2016).

5.6 The documents relating to the DHRs have been submitted to the Home Office DHR Quality Assurance Panel which assesses the quality of the Reviews – both of which were deemed to be 'Adequate' with only minor amendments required. Upon completion, these documents have been published, as per the national guidelines.

6 Local Context – Current DHRs

6.1 We are also undertaking a further 2 x DHRs (which are yet to be finalised):

- Adult C – relates to a homicide of a female in September 2015, which involved French national and it is hoped the DHR will be concluded soon.
- Adult D – relates to the murder of a female that took place in October 2016. The first Panel meeting is due to take place in January 2017.

7 Refreshed Guidance

7.1 The refresh guidance, published by the Home Office in December 2016, places a greater emphasis on 'victim prominence' within the process (including further interaction with the victims' family members, friends and colleagues etc). It also includes an additional element, and states that where a victim takes their own life (through suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a DHR should be undertaken. Community Safety is currently drafting a process for when and how this should be completed, which will be shared with relevant Boards for endorsement.

8 Funding

8.1 Gateshead Council has previously picked up the costs in relation to undertaking a DHR (which includes providing the co-ordination/administration elements of the process) with each DHR costing in region of £6-8k. An Options Paper has been produced for discussion at the Community Safety Board to outline areas that could be applied to minimise future costs and to seek partner contributions.

9 Proposals

9.1 The Committee is asked to consider the following proposals:

(i) Comment on contents of report;
(ii) Identify if there are any specific issues for future discussion, and
(iii) Agree to receive regular updates on Domestic Homicide Reviews.

10 Recommendations

10.1 The Committee are asked to consider and agree the report proposals set out in Section 9.1 above.

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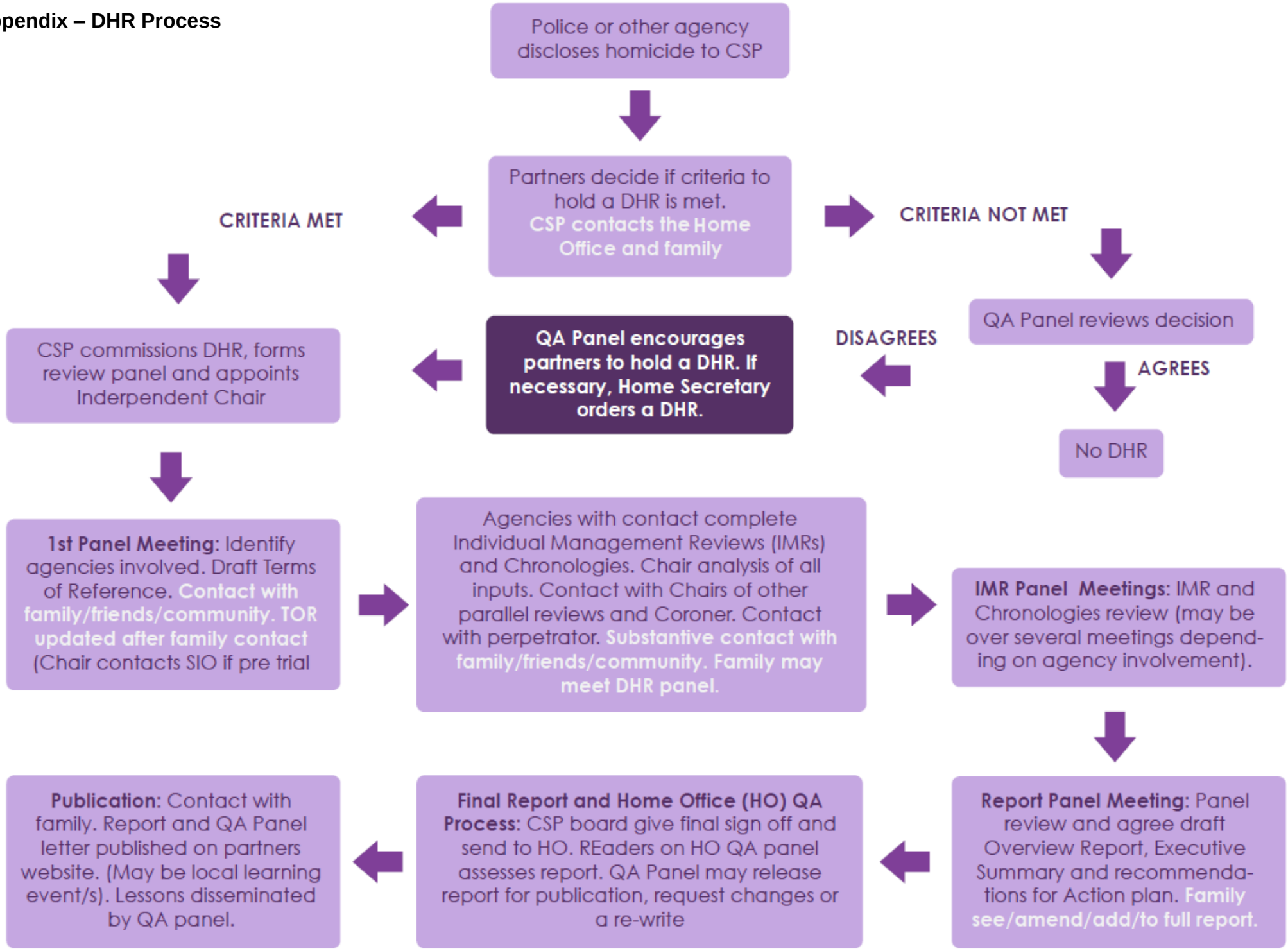
Appendix – DHR Process



Appendix: National Statistics

Women and men killed by partners: year ending March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	106	90	90	80	102	94	97	89	77	85	81
Men	39	23	29	30	32	19	20	18	16	25	19

Women and men killed by sons/daughters: year ending March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	2	3	1	4	1	3	1	0	1	4	1
Men	2	1	1	3	3	2	1	1	2	3	1

Women and men killed by 'other family': year ending from March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	8	5	4	12	5	7	6	10	5	10	4
Men	14	12	13	17	9	19	10	14	6	8	11

Appendix: DHR – Executive Summary

Adult A:

Adult A - Executive Summary (Final)

Adult A - Home Office QA Letter

Adult B:

Adult B - Executive Summary (Final)

Adult B - Home Office QA Letter