



One minute guide

Domestic Homicide Reviews

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What are Domestic Homicide Reviews?

A Domestic Homicide Review (DHR) considers the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: a person to whom s/he was related or with whom s/he was or had been in an intimate personal relationship; or a member of the same household as him/herself.

The purposes of DHRs are to:

- **Identify any lessons to be learned** about the way in which local practitioners and agencies work to safeguard victims, and identify how agencies will respond to these lessons; and
- **Improve intra and inter-agency working** to improve service responses for all domestic violence victims and their children, in order to prevent further domestic homicides.

As part of the Domestic Violence Crime and Victims Act (2004), from April 2011, Community Safety Partnerships have had a statutory responsibility to commission DHRs. The community safety partnership in Leeds is called Safer Leeds, and published DHR reports from the previous two years can be found on the [website](#) which includes executive summaries and lessons learned briefings from those DHRs.

What have we learned from Domestic Homicide Reviews in Leeds?

From the 20 DHRs started and/or completed in Leeds since April 2011, the following **demographic features** were noted:

- 16 of the victims in these 20 cases were women, in 17 the perpetrator was male; 2 were female and 1 male took his own life;
- 2 children were killed alongside their mother; and the youngest victim was only 17, so herself a child;
- Five cases featured perpetrators with mental health issues;
- 5 of the cases identified substance misuse (alcohol and drugs) as a factor with both the victim and perpetrator;
- In 6 of the 20 cases, both victims and perpetrators were aged over 50 years; and
- 3 of the cases involved both victims and perpetrators from black and minority ethnic backgrounds.

The following **issues** were identified from the DHRs:

- Some risk assessments underestimated the significance of coercive and controlling behaviour; now a recognised 'high risk' indicator of potential homicide.
- We need to improve the way agencies and services engage in a culturally sensitive way with vulnerable and isolated people and communities, e.g. migrant communities;
- Whilst improvements have been made, we need to further improve how we identify domestic abuse, respond to disclosures, and both record and flag information on systems;
- Services and interventions with abusive men are limited;
- Agencies need to improve information sharing, and linking service users who are in abusive relationships; and
- Many agencies respond to presenting issues such as substance misuse without also addressing domestic abuse when it is present and known.

Learning from DHRs is integrated into all key areas of workforce development, service improvement and commissioning activity.

How has Leeds responded to lessons from Domestic Homicide Reviews?

Learning and recommendations from DHRs have informed a number of developments in Leeds over the last 11 years and have also fed into the domestic violence breakthrough priorities. These include the following:

Routine Enquiry - this is a proactive approach whereby practitioners ask all women seen alone whether they are experiencing domestic abuse. This is already established in a wide range of settings, and has been shown to be effective in promoting early identification of domestic abuse;

Improved understanding of coercive control - The longer the period of coercive and controlling behaviour and the level to which this is perpetrated, increase the risk, especially when the victim decides to leave the relationship and so (in the eyes of the perpetrator) reclaim control;

Improved responses to mental health - DHRs have identified difficulties in accessing mental health services amongst both victims and perpetrators of domestic violence. Referral procedures into some statutory mental health services have been revised to secure timely responses and offer a range of support and services;

Improved recognition of Adverse Childhood Experiences (ACEs) - across the partnership, practitioners are increasingly aware that victims may have significant ACEs e.g. experience of family breakdowns, being care experienced, entering the criminal justice system, alcohol and/or substance misuse, risk of Child Sexual Exploitation (CSE), risk of Child Criminal Exploitation (CCE) etc.;

Safeguarding Lead GPs have been identified in an increasing number of practices, and are playing a key role in advising colleagues on domestic violence related issues, risk assessments, signposting and referring cases to specialist services;

Commissioning activity - DHRs have influenced the way we commission a range of services, including housing and substance misuse support services as well as specialist domestic abuse support; and

Equality and diversity - Work is underway to ensure that particularly isolated and vulnerable victims can access services and support. This includes training practitioners and commissioning domestic violence services with a requirement to show how they are serving victims from all communities, including migrant communities, victims with substance misuse and mental health issues and victims from LGBT groups.

Key contacts or for more information

Published DHRs, executive summaries and lessons learned briefings and for more information about the response to domestic violence in Leeds, please visit the Leeds [Domestic Violence and Abuse web pages](#), and read the other one minute guides on domestic violence and children and families services.

For more information about support in Leeds you can also visit the: [Leeds Domestic Violence Service website](#)



Safer Leeds
Working in partnership to keep communities safe

[One minute guides homepage](#)

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