

Prepared for the Home Office by Analytics Cambridge and QE Assessments Ltd

Domestic Homicide Reviews

**Quantitative Analysis of Domestic Homicide Reviews
October 2020 – September 2021**

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1 Executive Summary

Statistics from Domestic Homicide Reviews

This report summarises information from Domestic Homicide Reviews (DHRs) for the 12 months from October 2020. DHRs are multi-agency reviews, commissioned by Community Safety Partnerships into the deaths¹ of adults which may have resulted from violence, abuse, or neglect; by a person to whom they were related, or with whom they had an intimate relationship, or where they were a member of the same household. Reviews should also take place where a victim took their own life (suicide) and the circumstances give rise to concern.

Overview

- This report presents key information from data provided by 108 Domestic Homicide reviews which were assessed through the Home Office quality assurance process from October 2020 to the end of September 2021.
- Sixty-nine percent of the deaths in the reviews occurred in 2018 and 2019.
- Across all the reviews there have been 113 victims (of which 15 were, or appeared to be, victims of domestic abuse who died by suicide).
- The age of victims was from under 18 yrs to 92yrs (the average was 43 years old). The oldest perpetrator was aged 88 and the average age was 39.
- 77 percent of the victims were female and 23% were male. For perpetrators, 89% were male and 10% female.
- The 108 reviews have information on 94 perpetrators.
- In 40% of the DHRs children were living or staying in the household.
- Analysing the relationships between the victims and perpetrators shows that for 68% of the victims the perpetrator was a partner or ex-partner. Within these relationships 29% were partners who had separated or were separating from the perpetrator.
- Thirty-two percent of the victims had a family relationship with the perpetrator and, of these, half the victims were parents.

Victims

- Fifty-eight percent of victims had vulnerabilities. One third of the vulnerabilities was mental ill-health, for 27% it was problem alcohol use and for 18% illicit drug use.
- Looking at the mental health issues identified for half the victims, of these issues 22% was depression, followed by low mood / anxiety.
- It is estimated that 36% of victims had been the target of an abuser before.
- Aggravating factors were recorded in 61% of the reviews. Of these, coercive control was the largest and financial control second.

¹ The word death has been used as not all the deaths in the DHRs are proven homicides. A proportion are death by suicide.

Perpetrators

- Sixty-eight percent of perpetrators were identified as having a vulnerability with mental ill-health being the most common, followed by problem alcohol use and illicit drug use.
- Sixty percent of the perpetrators had mental health issues, with depression and suicidal thoughts together being one third of these.
- Also 60% of perpetrators where information was given were recorded as having a previous offending history.
- Slightly over half (55%) of perpetrators were known to agencies as abusers. Of these agencies 44% were the Police, 18% Probation, seven percent Children's Social Services and four percent Adult Social Care.
- The reviews were asked to identify whether the perpetrators were being managed or supervised by, or attending a number of different services. This was the case for 40% of perpetrators and, of these, for 37% this was for mental health, 28% Probation and 21% for drugs and alcohol.

Family contributions

- Families made contributions to 78% of the reviews. Seventy percent were consulted about the terms of reference and 75% received the draft report to comment on.
- Support from an expert specialist advocate was taken up by 43% of the families.

Comparisons with previous reports quality assured in 2019-20

- Comparisons with the previous 2019-20 report can be influenced by the quality of the data. Differences or similarities should be seen as indicative rather than definite.
- A decrease in the proportion of reviews in London was matched by an increase in South East England.
- A larger proportion of perpetrators were male, an increase from 83% to 89%.
- The means by which victims were killed saw an increase in blunt force trauma and a decrease in strangulation.
- The proportion of reviews where the victim had died by suicide increased slightly from 11% to 14%.
- The proportion of both victims and perpetrators who are White has increased (for victims 80% to 86%, for perpetrators from 74% to 85%).
- The proportion of perpetrators where mental health issues have been identified increased from 31% in the 2019-20 report to 60% in the 2020-21 report.
- In the 2019-20 report 46% of victims had been the target of an abuser before, in the 2020-21 reports this is 36%.
- In terms of the offenders known to agencies as an abuser, the share of these known by Probation increased from seven percent to 18%.
- In the 2020-21 reports 40% of perpetrators were being supervised or managed by an agency in the previous report this was 15%. Some of the change may come from improvements in the data recorded.

2 Introduction

1. This report summarises information submitted from Domestic Homicide Reviews (DHRs) for the twelve months from October 2020 to the end of September 2021.
2. As the “Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews”² states, a DHR is a multi-agency review, commissioned by a Community Safety Partnership, of 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 they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household. Reviews should also take place where a victim took their own life (suicide) and the circumstances give rise to concern. If, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted.
3. The purpose of a DHR is to:
 - Establish lessons to be learned from the domestic homicide for the way local professionals and organisations can work individually and together to safeguard victims;
 - Identify lessons both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
 - Apply the lessons to service responses;
 - Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that abuse is identified and responded to effectively at the earliest opportunity;
 - Contribute to a better understanding of the nature of domestic violence and abuse; and
 - Highlight good practice.
4. This report is of 108 Domestic Homicide Reviews which have been through the quality assurance process set out by the Home Office³.
5. The reviews are of 113 victims⁴, 15 are people who died by suicide.
6. The report is structured to give:
 - a) Information on trends, location, age and sex of victims and perpetrators;
 - b) Characteristics or experience of victims in terms of their vulnerability, mental health, and whether they had been the target of an abuser before;
 - c) Characteristics or experience of perpetrators, including vulnerabilities and mental health, any previous offending history, and details of criminal charges;
 - d) Contributions from and support for families in the DHR process; and
 - e) Comparison with the previous report which covered October 2019 to September 2020.

² Home Office, (2016) “Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews”, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

³ Home Office (2013) Terms of reference: Domestic Homicide Review Quality Assurance Panel, <https://www.gov.uk/government/publications/terms-of-reference-domestic-homicide-review-quality-assurance-panel>

⁴ Whilst the report reviews the 113 victims who died, it is recognised that domestic homicide also has a wide impact on family, friends and others who knew the victim.

7. Much of the information in the report is given as percentages. These are rounded to the nearest percent and, because of this, in some cases they do not add up to 100. Answers to some questions in the management information requested can include relatively large numbers where the answers have been given as “Not Known”, this is indicated in the text.

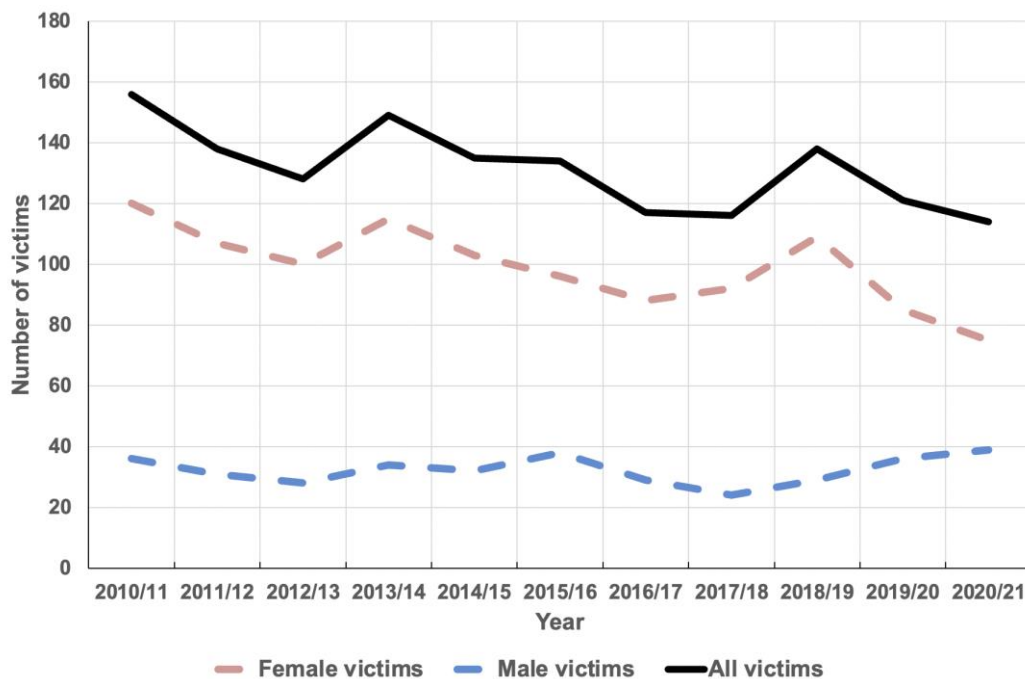
3 Domestic Homicide Reviews: trends, location and demography

8. This chapter begins with national trends in domestic homicides. It then describes information from the Domestic Homicide Reviews on the dates of death, and the time between the death and when the reviews were submitted to the Home Office. This is followed with the number of reviews in each region. The chapter then provides information on the victims and the perpetrators including their age, sex, and relationships.

Trends in domestic homicides in England and Wales, 2010/11 to 2020/21

9. For context, Figure 1 shows the number of victims of domestic homicide from 2010/11 to 2020/21. These have fallen from 156 in 2010/11 to 114 in 2020/21. The number of victims has decreased by 27%, with the number of female victims declining by 38% while the number of male victims increased by eight percent.

Figure 1 Number of domestic homicides in England and Wales: 2010/11 to 2020/21

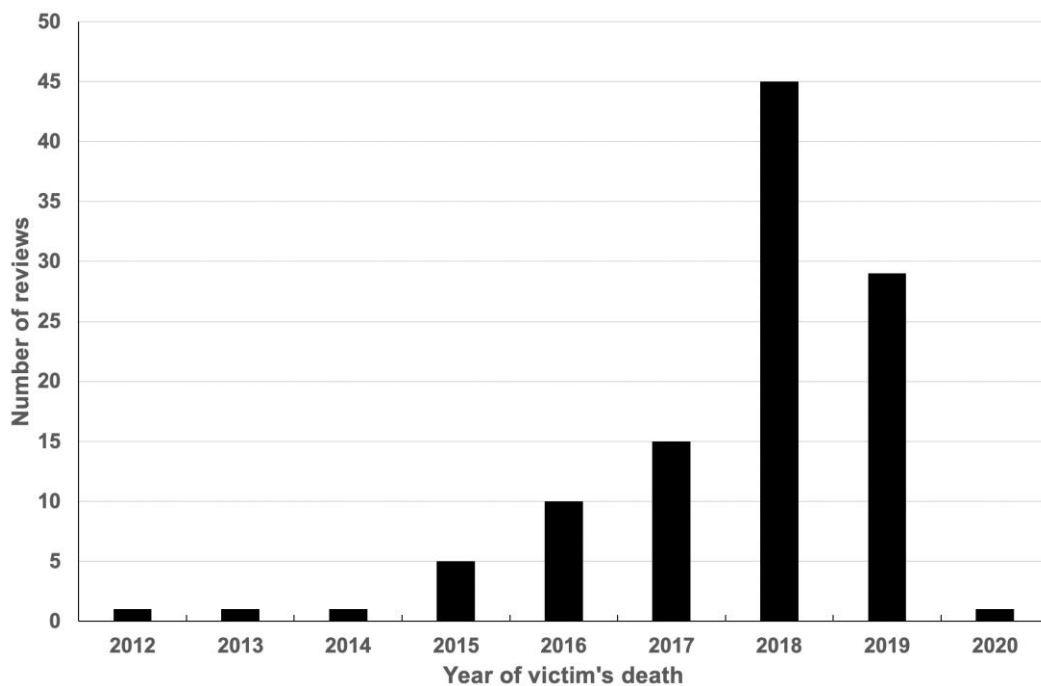


Source: Office for National Statistics, Homicide in England and Wales: year ending March 2021 - Appendix Tables. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtableshomicideinenglandandwales> Table 31.

Domestic Homicide Reviews: date of death of victim

10. The DHRs in this report are the 108 which were reviewed by the Home Office Quality Assurance Panel from October 2020 to the end of September 2021. The time between the date of the victim's death and the completion of the review is influenced by a range of factors, including:
- Time of police investigation;
 - Completion of the criminal trial;
 - Coroner's Inquest;
 - Contact with family members and others to enable them to contribute to the review;
 - Community Safety Partnership meetings; report sign off and submission to Home Office;
 - Quality assurance process through Home Office.
11. Figure 2 shows the years in which the victims in this report died. 2018 is the year with most deaths: 45 deaths being 42% of the total. 2019 is the year with second largest: 29 deaths.

Figure 2 Year of death of victims in DHRs



Location of the deaths of victims

12. The DHRs have taken place in 74 Local Authorities in England and five in Wales. Sixty Community Safety Partnerships have commissioned one DHR. Seven reviews were submitted within the timeframe of this report by the Cardiff Community Safety Partnership⁵.

⁵ The years in which the victims died in the reviews by the Cardiff Community Safety Partnership ranged from 2014 to 2017.

13. Table 1 shows where the deaths occurred by region in England and in Wales⁶. Relating these to the number of people in each area, Wales has the highest rate of DHRs (3.8 per million) with East Midlands having the second highest rate (2.5 per million). The lowest rate was in the East of England (0.8 per million).

Table 1 Number of Domestic Homicide Reviews by region or nation

Region / Nation	Number of reviews
North East	3
North West	14
Yorkshire and the Humber	7
East Midlands	12
West Midlands	9
East	5
London	13
South East	20
South West	13
England	96
Wales	12
England and Wales	108

Age of victims and perpetrators

14. The average⁷ age of victims was 43 yrs old and the average age of perpetrators 39. The youngest victim was aged 11 and the oldest 92⁸. The youngest perpetrators were aged 14⁹ and the oldest was aged 88.
15. Figure 3 shows the proportions of victims and perpetrators in different age groups. Two age groups, 18 to 29 and 30 to 39 each had 21% of victims. For perpetrators one quarter (25%) were also aged 18 to 29 and 24% were aged 40 to 49.
16. There are similar numbers of reviews where the victim was younger than the perpetrator compared to the reviews where the victim was older than the perpetrator. The overall similarity of age has differences which change depending on the nature of the relationship between the victim and perpetrator. If the victim was the partner of the perpetrator, then the average age of victims is three years younger than that of perpetrators. There were victims where there was a family relationship with the perpetrator. The section on Relationships between victims and perpetrators gives more detail - there are three victims where the victim was a child of the perpetrator and 21 victims who were the parent or grandparent of the perpetrator.

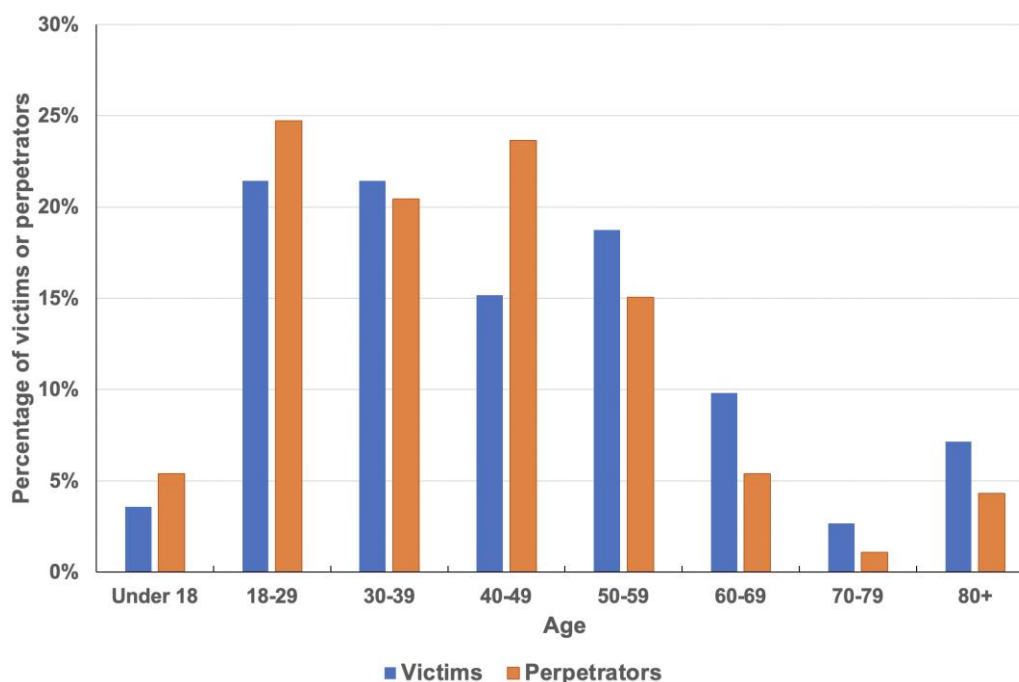
⁶ The regions used are those as shown by the Office for National Statistics
<https://www.ons.gov.uk/methodology/geography/ukgeographies/administrativegeography/england>

⁷ Average as median.

⁸ Two victims were aged 92.

⁹ Two perpetrators were aged 14.

Figure 3 Percentage of victims and perpetrators by age



Sex of victims and perpetrators

17. In the reviews 77% of the victims were female and 23% were male. Eighty-nine percent of perpetrators were male and 10% were female, one perpetrator's sex has been described as "in transition".

Ethnicity

18. The proportions of victims and perpetrators by ethnicity are shown in Table 2.

Table 2 Ethnicity of victims and perpetrators

Ethnicity	Percent of DHR victims	Percent of DHR perpetrators
Asian/Asian British	9%	7%
Black/African/Caribbean/Black British	5%	9%
Other or multiple ethnic group	1%	0%
White: English/Welsh/Scottish/Northern Irish/British	74%	76%
White: any other White background	12%	9%

Note: For DHR victims (and perpetrators) the terms used for types of ethnicity are from the Government guidelines on categories: <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>. The percentages may not add to 100 as they are rounded to the nearest whole number.

Nationality

19. For victims, 90% were British, five percent were from other European countries and six percent were from other nations¹⁰. The nationality of perpetrators was similar: 88% were British, six percent were from other European countries and seven percent were from other nations.

Dependent Children

20. In 40% of the DHRs children (aged under 18) were living, or regularly staying, in the household. Information is given in 29 of the DHRs on “were children present when the homicide occurred?": in 45% of these 29 reviews children were present at the time of the homicide.
21. Children were subject to Child Protection procedures due to domestic abuse before the homicide in 11 DHRs. In four of these DHRs children were in the care of the local authority.

Relationships between victims and perpetrators

22. In the relationships between victims and perpetrators, 67% of the victims were or had been a partner of the perpetrator. For 71% of these victims the reviews used term partner, and for 29% the terms ex-partner or separating were used.
23. For 33% of victims the relationship can be described as familial. A more detailed breakdown is given in Table 3. This shows that in just over half the familial relationships the victim was a parent of the perpetrator.

Table 3 Type of familial relationship between victim and perpetrator

Familial relationship of victim to perpetrator	Number of victims	Percent victims with familial relationship
Child	3	9%
Grandparent	3	9%
Parent	19	54%
Sibling	4	11%
Other	6	17%
Total	35	

Note: e.g., three of the victims were the child of the perpetrator. Their ages were 11, 23 and 35 yrs old. Where the victim was 11 years old, she was the second victim in the DHR

¹⁰ In answer to the question on nationality, for 82 victims this was recorded as British, for nine English, and four include Welsh. The percentages have been rounded to the nearest whole number.

Method of Killing

24. The Domestic Homicide Reviews include the method of killing, summarised in Table 4. Close to half of the killings were by stabbing with a knife, and for one in five (20%) the cause of death was blunt force trauma. In 10 reviews more than one method of killing has been noted.

Table 4 Method of killing in Domestic Homicide Reviews

Method of killing	Percent
Blunt Force trauma	20%
Fire-Arm	5%
Stabbing Knife	48%
Strangulation	14%
Other	14%

Note: the percentages add to 101 due to rounding. There are three reviews with missing information and 10 reviews where more than one method killing has been recorded.

4 Characteristics of victims

25. This chapter summarises the information on the vulnerabilities and mental health issues identified and which were experienced by the 113 victims. It then looks at whether the victim was a carer or had a life limiting illness. This is followed by whether the victim had been the target of an abuser before and whether they had been referred to a Multi-Agency Risk Assessment Conference (MARAC)¹¹. There is a summary of aggravating factors that the victim experienced. It finishes with the number of victims whose death was by suicide.

Vulnerability

26. The DHRs were asked to consider the vulnerabilities victims may have had, in terms of:

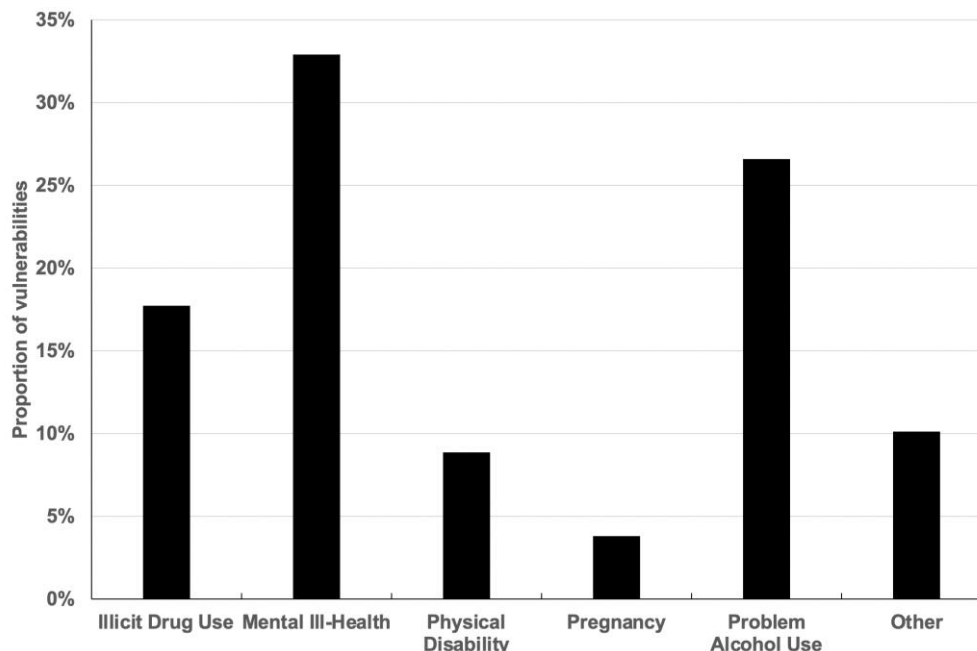
- Illicit Drug Use
- Mental Ill-Health
- Physical Disability
- Pregnancy
- Problem Alcohol Use

Or to indicate another vulnerability.

27. Fifty-eight percent of victims were recorded with **at least** one vulnerability¹². It was indicated that 27% of the victims had one vulnerability and 19% two vulnerabilities. Overall, 31% of victims had more than one vulnerability.

28. Figure 4 shows the proportions of the types of vulnerability recorded. Thirty-three percent were issues of mental ill-health, 27% were problem alcohol use, and 18% illicit drug use.

Figure 4 Vulnerabilities of victims: where a vulnerability was noted



¹¹ A local, multi-agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse (includes considerations of child protection) between different statutory and voluntary sector agencies (<https://ministry-of-justice-acronyms.service.justice.gov.uk/>).

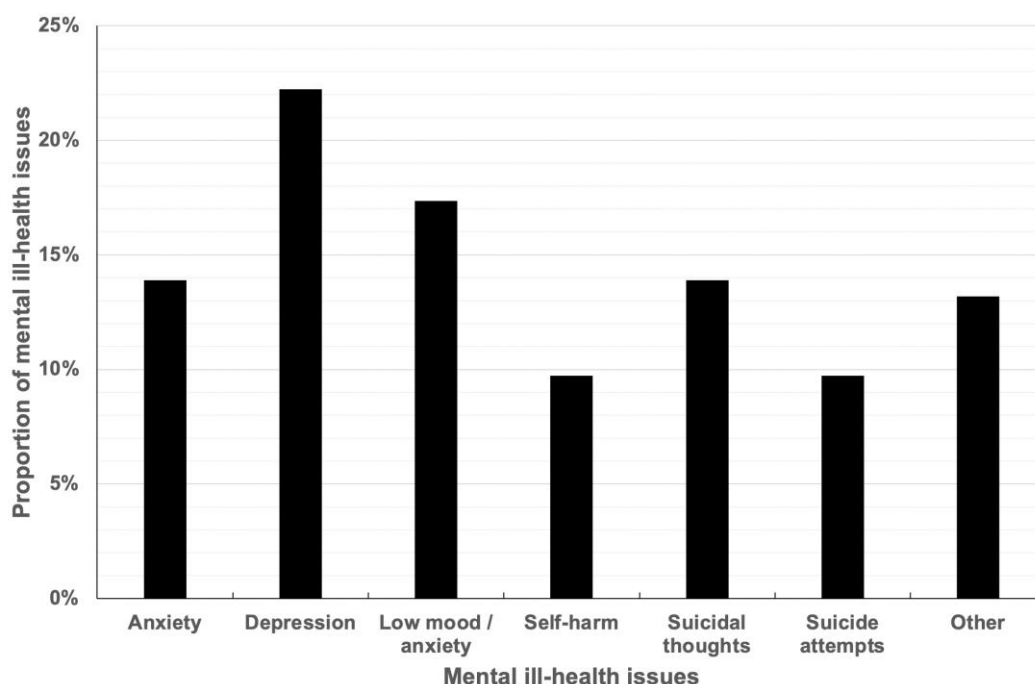
¹² The figures relating to vulnerabilities are from 74 DHRs which used the more recent data form. This included the option to indicate a vulnerability as "other", so not Illicit Drug Use, Mental Ill-Health, Physical Disability, Pregnancy, or Problem Alcohol Use.

Mental health

29. Reviews also gave mental health issues identified and recorded for the victim, through the following categories:
- Adjustment Disorder
 - Anxiety
 - Dementia or Alzheimer's
 - Depression
 - Low mood / anxiety
 - Panic attacks
 - Psychosis
 - Post-Traumatic Stress Disorder (PTSD)
 - Self-harm
 - Suicidal thoughts
 - Suicide attempts
 - Other
30. Mental ill-health issues were recorded for half the victims. These do not differentiate between those which existed prior to their experience of domestic abuse and those which were directly related to the abuse. For 13% of victims one mental ill-health identified in the DHR was noted, for 18% it was two, and for 19% there were more than two mental ill-health issues.
31. Figure 5 shows the proportion of the total mental ill-health issues identified for victims¹³. Depression was 22% of the issues, low mood/anxiety was the second highest (17% of those reported), followed by 16% which were suicidal thoughts. The other mental health categories which each represent 10% or more were: anxiety, self-harm, and suicide attempts.

¹³ The category "other" has been used for some mental health issues which are each less than five per cent: adjustment disorder, dementia or Alzheimer's, panic attacks, psychosis, Post-Traumatic Stress Disorder (PTSD), or other.

Figure 5 Reported mental ill-health issues of victims: by category



Carer

32. The DHRs indicated that 11% of the victims were carers¹⁴. One of these victims had received a Carer's Assessment (and nine had not)¹⁵.

Life limiting illness

33. The DHRs were asked to note if victims had a life limiting illness¹⁶, and answers Yes or No were given for 79%. Of these, 11% were considered to have such an illness. Their average age was 64yrs old (six were aged under 65).

Target of abuser before

34. Information on whether the victim had been the target of an abuser before was given for 64% of victims¹⁷. For these, 36% had been the target of an abuser before. For 46% of these victims the abuser was the previous partner.

Multi-Agency Risk Assessment Conference

35. Eighteen percent of victims had been referred to a Multi-Agency Risk Assessment Conference (MARAC). For the victims referred to a MARAC, 83% were heard before the victim's death.

¹⁴ The definition of a carer in this context refers to an adult or young person who is caring for someone due to their health and social care needs. This includes mental health as well as physical health support, which would entitle the carer to a Carer's Assessment under the Care Act 2014. The Children and Families Act 2014 also includes duties for the assessment of young carers and parent carers of children under 18.

¹⁵ For the 12 victims where it was indicated that they were carers information on whether they had had received a Carer's Assessment was not known for two.

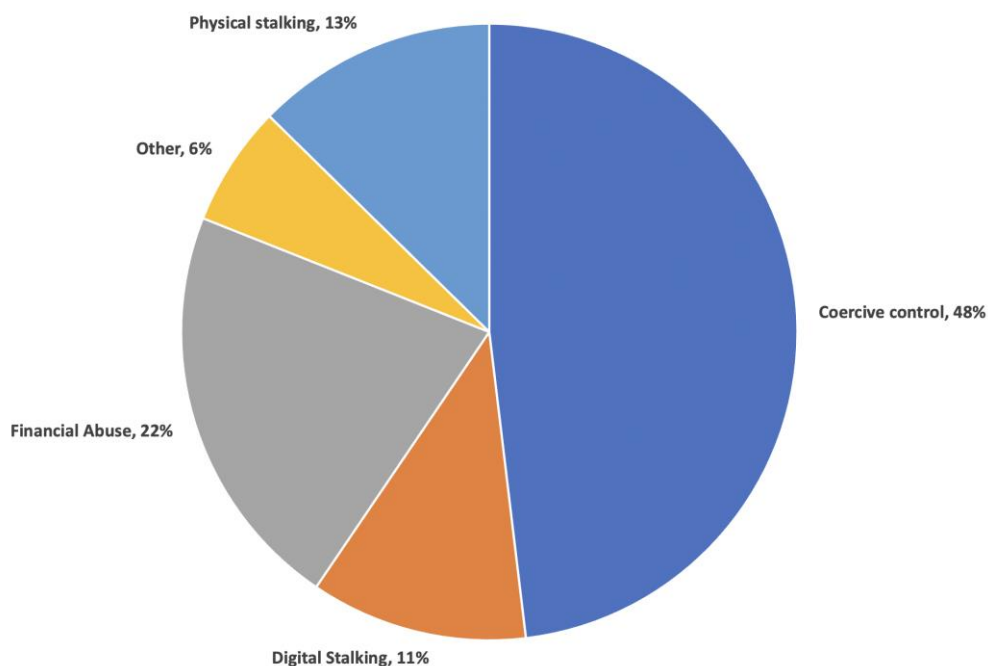
¹⁶ Life-limiting illness describes an incurable condition that will shorten a person's life, though they may continue to live active lives for many years. There is a wide range of life-limiting illnesses, including: heart failure, lung disease, neurological conditions, such as Parkinson's and Multiple Sclerosis, and cancer that is no longer responding to treatment intended to cure.

¹⁷ The percentages are given relating to the 72 victims where an answer Y or N was given. There are 41 victims where the answer was given N/K (Not Known). The answer Y includes 5 victims where the answer to the question "Has the victim been a target of an abuser before?" was given as current partner.

Aggravating factors

36. The information from the DHRs includes aggravating factors experienced by victims. The factors which were asked to be noted were: coercive control, digital stalking, forced marriage, honour-based violence, financial abuse, immigration issues, and physical stalking.
37. Aggravating factors were recorded in 61% of the reviews¹⁸ (and none were recorded in 31%). Of the reviews where aggravating factors were noted, in 42% of these there was one factor noted, and 58% where there was more than one.
38. Figure 6 shows the aggravating factors in the reviews where they were recorded. Coercive control is recorded in close to half of these reviews (48%), with financial control being the second highest (22%).

Figure 6 Occurrence of aggravating factors



Note: the data is from the 71 DHRs where a new MI form was used. This had Financial Abuse added as a category.

Suicide

39. In fifteen of the 108 reviews the victims died by suicide. Eleven were female and four were male. The average age of those taking their own life was 32¹⁹.

¹⁸ This is phrased as relating to reviews rather than victims because where there has been more than one victim aggravating factors have been noted only once.

¹⁹ Thirty-two is median as one victim who died by suicide was aged 92.

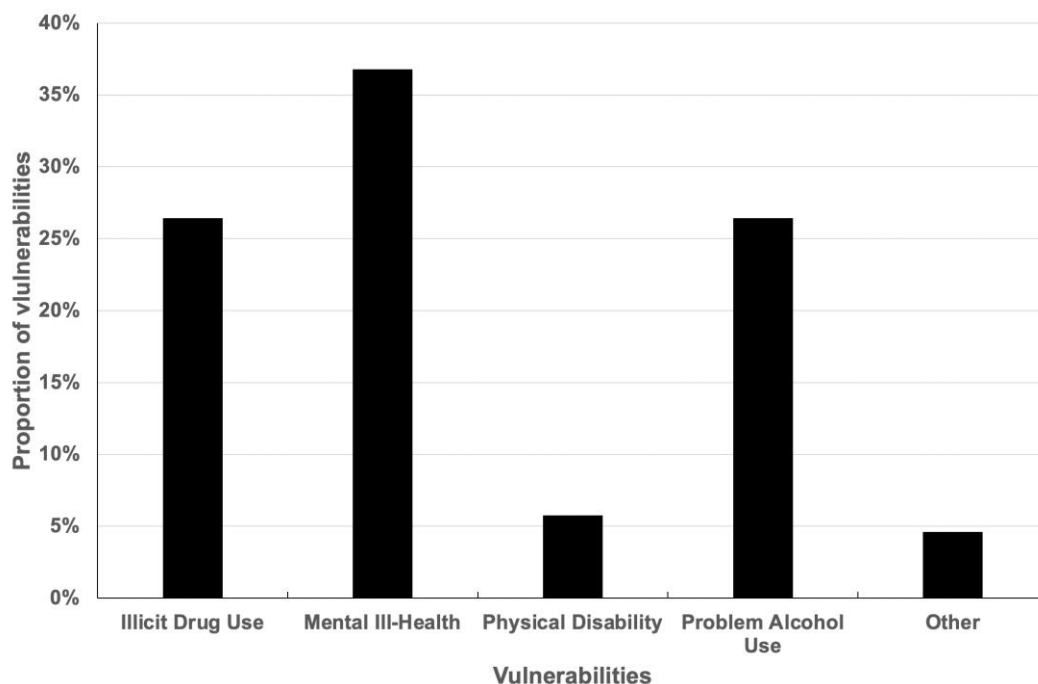
5 Characteristics of perpetrators

40. This chapter summarises information on 94 perpetrators²⁰ in the Domestic Homicide Reviews. The vulnerabilities and mental health categories considered are as those for victims. The chapter looks at whether the perpetrator was a carer or had a life limiting illness. Information is then summarised on whether the perpetrator had abused previous partners or family members and whether this was known to agencies. The chapter provides the number of perpetrators with a previous offending history and then reviews the court verdicts where a criminal trial had taken place.

Vulnerability

41. DHRs were asked to record vulnerabilities of perpetrators and 68% were recorded with at least one.
42. Of those where at least one vulnerability was recorded, for 27% this was one vulnerability, for 16% two vulnerabilities and for 22% three.
43. Figure 7 shows the proportion of vulnerabilities recorded in the categories asked for from the DHRs²¹. Mental ill-health was the most common (37%), illicit drug use and problem alcohol use were both 26%²².

Figure 7 Vulnerabilities of perpetrators: where a vulnerability was noted



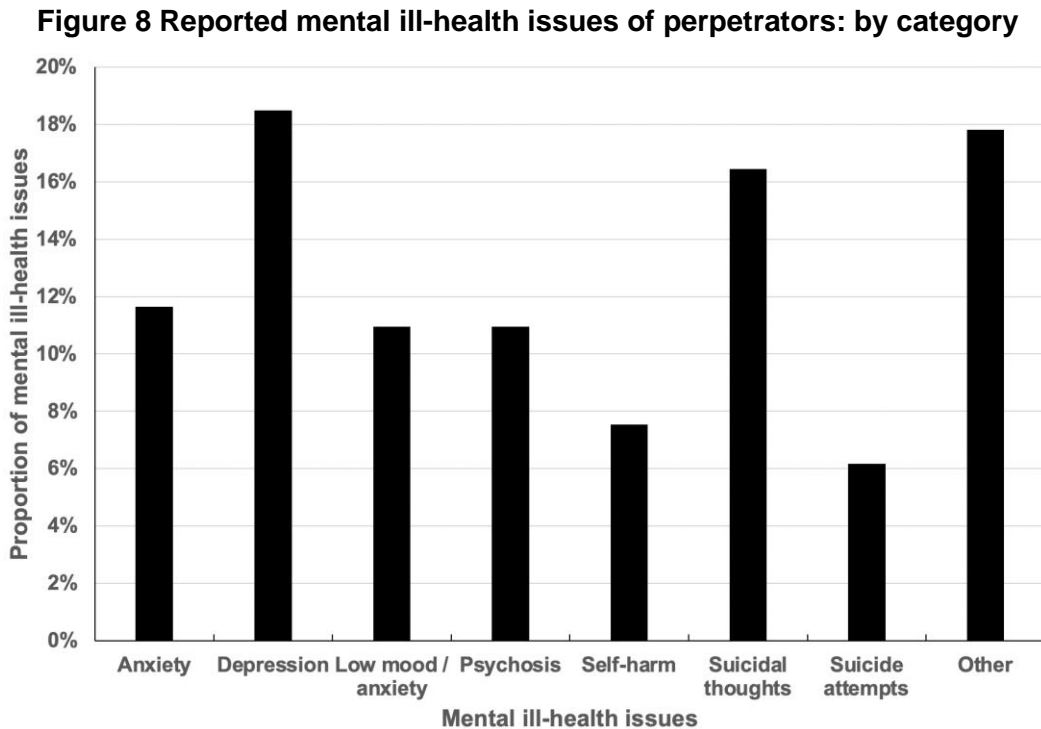
²⁰ The number of perpetrators for this chapter relates to the DHRs in the following ways: in four DHRs the perpetrators were either not charged or not found guilty, therefore the information has not been included; there are four reviews where there was more than one perpetrator and the information available on all where available has been included.

²¹ The figures relating to vulnerabilities are from 63 perpetrators in DHRs which used the more recent information collection form, this included the additional option to indicate a vulnerability as "other".

²² Twenty-three (of the 63) perpetrators have the vulnerability of problem alcohol use and for 15 illicit drug use was also indicated.

Mental health

44. DHRs are asked to identify and record mental ill-health issues which affected perpetrators. These were identified for 60% of perpetrators; this is more than the 50% of victims where mental ill-health was noted.
45. Figure 8 shows the mental ill-health categories reported²³. Depression accounts for 18% of these and suicidal thoughts 16%.



Life limiting illness

46. Nine percent of perpetrators had a life limiting illness.

Carer

47. Eleven percent of perpetrators were carers. Of these none was recorded as having received a Carer's Assessment under the Care Act 2014.

Previous offending history, previous history of abuse and whether the perpetrator was known to agencies²⁴

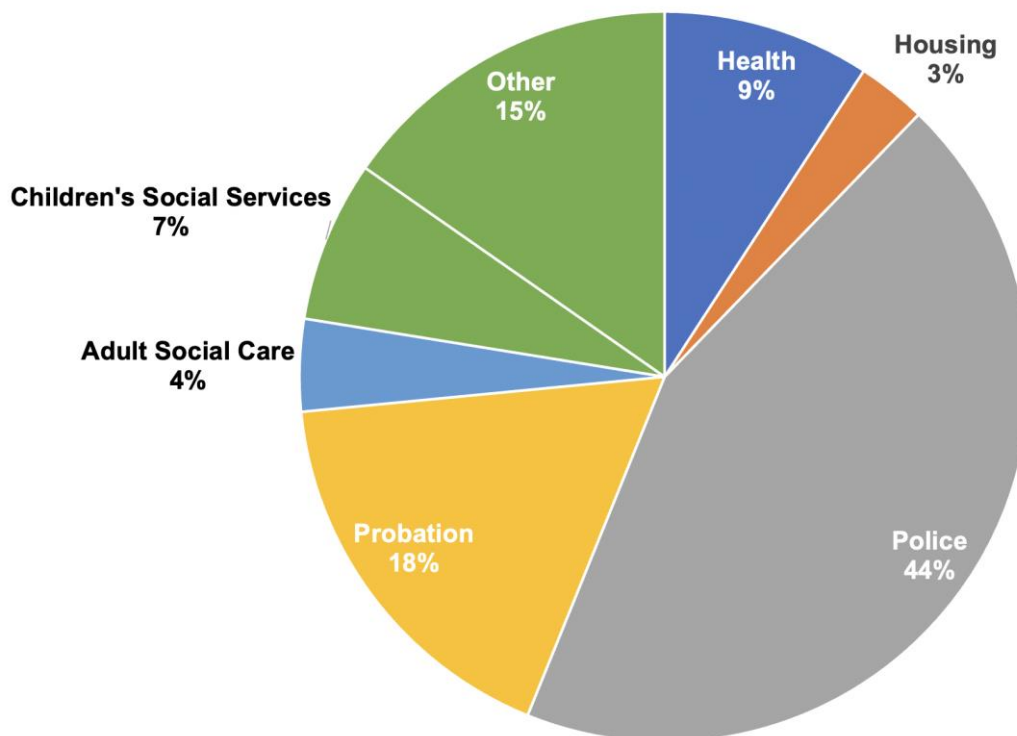
48. The information forms were asked to record if the perpetrator had abused previous partner/s or family members. Information was given for 68% of the perpetrators and of these 56% had abused previous partner/s or family members.

²³ The category "other" in Figure 8 comprises some named mental health issues: adjustment disorder, dementia or Alzheimer's, panic attacks, and Post-Traumatic Stress Disorder (PTSD) of which each is less than five percent of the total number of mental ill-health issues, and also the category "other" in the management information reports (which was used for eight percent of all ill-mental health issues).

²⁴ Some information in this section is given as numbers rather than percentages. This is because there can be larger numbers where the answer has been left blank or N/K (not known). It is possible that the answers blank or N/K may not be evenly divided with those where the answer is Yes or No Appendix 2 Methods of abstraction of data for analysis, gives more information.

49. The forms were also asked to note if the perpetrator was known agencies as an abuser, and this was the case for 55%. Of these, 44% were known by one agency, 27% by two, and 21% by three.
50. If a perpetrator was known to agencies as an abuser, then the type of agency was requested, these are shown in Figure 9. Knowledge by the Police is 44% of the total and Probation²⁵ 18%. Nine percent of perpetrators were known to a Health agency²⁶. For seven percent of the perpetrators Children’s Social Service was indicated and for four percent it was Adult Social Care.

Figure 9 Proportion of agencies to whom perpetrator was known as an abuser



Note: The referral to Health agencies can refer to more than one Health agency e.g., GP and hospital can both be mentioned.

51. Information on whether the perpetrator had a previous offending history was given in 78% of DHRs and 60% of these perpetrators were indicated to have a previous offending history.

²⁵ On the management information form the option requested for Probation was National Probation. Some of the answers given, and included, referred to a Community Rehabilitation Company which at the time were providing Probation services for medium to lower risk offenders.

²⁶ A range of descriptions were used, including GP, Health Visiting, Hospital and NHS.

Was the perpetrator being managed or supervised?

52. Forty percent of the perpetrators were being managed, supervised or attending a service. Of these, for 47% this was one service, for seven percent it was two services, and for 10% it was three.
53. The types of management or supervision are shown in Table 5, with mental health management or supervision being 37% of the total.
54. For Probation, it was asked that National Probation was recorded. The details in the reviews indicates that 14 were supervised by National Probation and 6 by a Community Rehabilitation Company who were in place at this time to supervise low to medium risk offenders.

Table 5 Management, supervision, or attending by perpetrators

Managed or supervised by, or attending	Percent of all occurrences of management or supervision
Drug and Alcohol Services	21%
Multi-Agency Public Protection Arrangement (MAPPA)	7%
Mental Health Services	37%
Perpetrator Programme - attending or had attended	7%
Probation	28%

Court verdict and sentence

55. Table 6 shows the types of court verdict handed down to perpetrators, with murder being the most common and manslaughter being second. There were nine perpetrators who have more than one verdict (e.g. manslaughter, diminished responsibility and unfit to plead).

Table 6 Details of court verdicts for perpetrators

Court verdict	Percent of court verdicts
Diminished responsibility	8%
Manslaughter	27%
Murder	55%
Other offence	4%
Unfit to plead	5%

Note: the percentages add to 99 due to rounding.

56. The information requested included the tariff for the sentences. Table 7 shows these, where this was given, for verdicts of manslaughter and murder.

Table 7 Summary information on length of sentences (years)

Court verdict	Maximum	Average	Minimum
Manslaughter	17	6	2
Murder	38	21	11

Homicide / Suicide

57. In nine DHRs the perpetrator died by suicide following the homicide of the victim(s). Of these nine DHRs, eight identified the sex and for these all were male.

6 Family contribution and support through engagement in the Domestic Homicide Reviews

58. The Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016)²⁷ sets out how DHRs should engage with family, friends, work colleagues, neighbours and the wider community: *“the review panel should recognise that the quality and accuracy of the review is likely to be significantly enhanced by family, friends and wider community involvement. Families should be given the opportunity to be integral to reviews and should be treated as a key stakeholder”* (paragraph 52).
59. The information requested included questions to record family contributions: the responses for the 108 DHRs are shown below.

Did the family contribute to the DHR?

60. Families did contribute to 78% of the DHRs.
61. In four DHRs the families did not live in the UK, limiting the extent to which they could contribute.

Were the family consulted about the terms of reference?

62. Information on whether the family were consulted about the terms of reference was provided for 83 of the 108 reviews. In seventy percent of these reviews the families were consulted about the terms of reference.

Did the family have the support of an expert specialist advocate?

63. Support from an expert specialist advocate was taken up by 43% of the families. It is also noted that support was offered in an additional 11% of reviews but the support was declined e.g. *“N we offered AAFDAs services in the initial letter”*.
64. More detail was given on the organisation chosen by the family in 36 reviews. In 23 of these reviews the support offered or taken up was the specialist service Advocacy After Fatal Domestic Abuse (AAFDA). In 10 reviews support was through Victim Support Homicide Service.

Did the family receive the draft report to comment on?

65. In 75% of the DHRs the family did receive the draft report on which to comment.

Did the family attend the DHR panel?

66. In 10% of the reviews the family attended the DHR panel. In five DHRs there is note of virtual meetings (due to Covid-19 pandemic arrangements). In two of these five reviews the family attended a panel meeting, in three the virtual meetings were not of the panel, but were of contact by the chair e.g. *“contact between Chair and Family was made exclusively by telephone due to distance and COVID restrictions.”*

²⁷ <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

7 Comparisons with October 2019 to September 2020 report

67. This chapters draws out a number of the changes between these 108 reviews and the 124 from the previous twelve months, October 2019 to September 2020²⁸.
68. Differences between the two reports are generally described only if they are more than five percentage points and the value in 2020-21 is more than five percent.
69. In the information for both reports years there can be a relatively high level of answers given as not known: N/K. There are also some questions where the request is simply to give an answer X if it occurs. Answers which are blank could indicate a vulnerability has not been identified or that it has not been found. Greater rigour in completing the forms could account for some of the change. If change is noted the next step should be more detailed examination.

Trends, location and demography

70. In terms of the percentage of all domestic homicide reviews, there has been a decrease in London matched by an increase in South East England. The proportion of reviews in the North West of England increased by six percentage points.
71. For the 2020-21 report compare to the 2019-20 report, the proportion of victims aged 50-59 has increased, while the proportion aged 30 to 39 has fallen.
72. Comparing the 2020-21 report with the 2020-19 report the fall in the proportion of perpetrators aged 30-39 and 50-59 are matched by increases in the age groups 18-29 and 40-49.
73. A larger proportion of perpetrators in the 2020-21 report were male (an increase from 83% to 89%).
74. Considering the ethnicity of both victims and perpetrators, the proportion who are White²⁹ has increased. In the 2020-21 report 86% of victims were White, as were 85% of perpetrators; in the 2019-20 report the proportions were 80% and 74%. The proportion who were in an “other or multiple ethnic group”³⁰ has fallen.
75. A comparison in the methods by which victims were killed shows that the proportion killed by blunt force trauma has increased from eight percent to 20% and the proportion killed by strangulation has fallen from 25% to 14%.

Characteristics of victims

76. In the vulnerabilities of victims there is a slight decline in the proportion of victims where a vulnerability has been identified. For those where a vulnerability was seen, a higher proportion (in 2020-2021) have more than one vulnerability. There were no great differences in the proportion of vulnerabilities by type.
77. The proportion of victims with a mental health recorded is similar in both reports. Looking at the individual mental health categories, the largest difference is the increase in self harm: to 10% from four percent.

²⁸ Published at <https://www.gov.uk/government/publications/key-findings-from-analysis-of-domestic-homicide-reviews>

²⁹ The number of White ethnicity are all the four categories of White as used by the Office for National Statistics. Full details are given at the end of Appendix 1, Questions on management information forms.

³⁰ The groups “other or multiple ethnic group” are those who are not Asian/Asian British, Black/Africa/Caribbean/Black British or White.

78. The information requested asked whether the victim had been the target of an abuser before. This report found 36% of victims had previously experienced abuse which is less than the 46% of the victims in the 2019-20 report. However, there are a large number of reviews where the answer to the question is given as N/K (not known)³¹.
79. Change in different aggravating factors as a proportion of all of the factors is hard to compare as a new category of financial abuse had been added by the Home Office since the 2019-2020 report. This category of financial abuse is 22% of all aggravating factors. In the reviews for the 2019-2020 report there was the possibility of mentioning finance under the category “other” but when this was done it was only in four reviews.
80. The proportion of reviews where there was a victim who died by suicide has increased from 11% to 14%.

Characteristics of perpetrators

81. For the vulnerabilities identified for perpetrators those with the largest changes are mental ill-health (risen by six percentage points), and problem alcohol use (decreased by seven percentage points).
82. There are three categories of mental ill-health recorded where their proportion of all mental health categories has gone down by five percentage points each: depression, suicidal thoughts, and suicide attempts. To match this there have been increases in the mental health categories (listed in paragraph 28): other / not specified, panic attacks, Dementia or Alzheimer’s and self-harm.
83. Examining the offenders known to agencies as an abuser there is some change – the proportion or share of perpetrators known to Probation has increased from seven percent to 18%.
84. In the reviews submitted for the 2020-21 report 40% of perpetrators were being supervised or managed by an agency, in the 2019-20 report the proportion was 15%.

Family contribution and support

85. The proportions of reviews where families contributed are very similar on both reports. For the other questions on family contribution and support there was a major problem in the 2019-20 report with the large number where the answer was “not known”. For this reason a comparison between one report and the next is difficult to make.

Change in quality of data

86. The most main change between 2020-21 and 2019-20 has been the improvement in the quality of the DHR information data submitted with the reviews. There has been a large reduction in the number of answers which had been given as N/K (not known). While this means that comparison from the previous year cannot be made it does give promise for future years.

³¹ This may be because the DHR did not include this information indicating that this part of the victim’s history was not probed, or because there was no record or evidence to show a previous history of abuse experienced by the victim.

Appendix 1. Questions on management information forms

The following management information form is that used for each DHR from December 2020. This contains some modifications to answers to the antecedent form.

Guidance or definition is given with some questions, these are here placed at the end of the Appendix.

The form uses the following abbreviations:

CSP	Community Safety Partnership
DHR	Domestic Homicide Review
PTSD	Post-Traumatic Stress Disorder
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference

PLEASE MARK EACH BOX: IF QUESTION IS NOT APPLICABLE PLEASE STATE: N/A
IF ANSWER IS NOT KNOWN PLEASE STATE THIS OR PUT: N/K

Name of Community Safety Partnership

Local Authority

Police Force Area

Date of death

Location of death

Is location victim's home address? (Y, N or N/K)

Review Panel Chair

Review Author

Date Home Office notified of DHR

Local DHR Reference

Date report completed by author

Date signed off by CSP Board

Date submitted to Home Office by CSP Board

Home Office Reference Number given for report

1. Victim/s

	Victim 1	Victim 2	Victim 3
Sex of victim/s			
Age at time of death			
Relationship to perpetrator			
Ethnicity			
Nationality			
Is or was the victim a Carer? (Y, N or N/K)			
If Yes, had they had a Carer's Assessment under the Care Act? (Y, N or N/K)			
<i>Vulnerabilities. Please mark (e.g. X) for ALL that apply</i>			
Illicit Drug Use			
Mental Ill-Health			
Physical Disability			
Pregnancy			
Problem Alcohol Use			
Other - Please state			
<i>Mental health Issue/s identified in the DHR. Please mark 'X' for ALL that apply</i>			
Adjustment Disorder			
Anxiety			
Dementia or Alzheimer's disease			
Depression			
Low mood / anxiety			
Panic attacks			
Psychosis			
PTSD			

Self-harm			
Suicidal thoughts			
Suicide attempt/s			
Not specified (please state)			
Any serious or life limiting illness? (Y, N or N/K)			
If Yes please describe			
Has the victim been a target of an abuser before? (Y, N or N/K)			
if Yes please state by whom?			

2. Perpetrator/s

	Perpetrator 1	Perpetrator 2
Sex of perpetrator		
Age at time of death		
Relationship to victim/s		
Ethnicity		
Nationality		
Is or was the perpetrator a Carer? (Y, N or N/K) If YES state for whom they were a carer?		
If Yes, had they had a Carer's Assessment under the Care Act? (Y, N or N/K)		
<i>Vulnerabilities. Please mark (e.g. X) for ALL that apply</i>		
Illicit Drug Use		
Mental Ill-Health		
Physical Disability		
Problem Alcohol Use		
Other - Please state		

<i>Mental health Issue/s identified in the DHR. Please mark 'X' for ALL that apply</i>		
Adjustment Disorder		
Anxiety		
Dementia or Alzheimer's disease		
Depression		
Low mood / anxiety		
Panic attacks		
Psychosis		
PTSD		
Self-harm		
Suicidal thoughts		
Suicide attempt/s		
Not specified (please state)		
Any serious or life limiting illness? (Y, N or N/K)		
If Yes please describe		
Had the perpetrator abused previous partner/s or family member before? (Y, N or N/K)		
If Yes please state who the victim was		
Was the perpetrator known to agencies as an abuser? (Y, N or N/K)		
If Yes please state which agencies		
Has the perpetrator any previous offending history? (Y, N or N/K)		
If Yes please state offences committed		
Was the perpetrator being managed or supervised by, or attending any of the following? Please mark (e.g. X) for ALL that apply		
Attending or had attended a Perpetrator Programme		
Drug and Alcohol Services		

MAPPA		
Mental Health Services		
National Probation		

3. Crime details, MARAC and Outcome of Trial

Had the victim been referred to MARAC? (Y, N or N/K)	
Was the case heard at MARAC before the homicide? (Y, N or N/K)	
<i>Method of killing. If relevant please state weapon used</i>	
Blunt Force trauma	
Fire Arm	
Stabbing Knife	
Strangulation	
Other, please state	
Cause of death - results from Post-Mortem	
<i>Details of Court verdict. Please mark (e.g. X) for ALL that apply</i>	
Murder	
Manslaughter	
Diminished responsibility	
Unfit to Plead	
Not Guilty	
Details of sentence/s AND sentence tariff/s	

4. Details, if reviewing suicide or murder / suicide

Is DHR reviewing a murder and suicide? (Y or N)	
<i>If DHR is reviewing a death by suicide, please answer the following about the Person who took their Life by Suicide</i>	
Sex and Age of deceased	
Method of suicide	
Is the suicide by the Perpetrator who is responsible for the victim's homicide? (Y, N, N/K)	

5. Aggravating factors

<i>Aggravating factors in DHR. Please mark (e.g. X) for ALL that apply</i>	
Coercive control	
Digital Stalking	
Forced Marriage	
Honour Based Violence	
Financial Abuse	
Immigration issues (V if relevant for victim and / or P if relevant for perpetrator)	
Physical stalking	

6. Details of children if relevant (0-18yrs)

	Child/Children's details
Were there any children living, or regularly staying in the household? (Y, N or N/K)	
Were children present when the homicide occurred?	
If YES, please give sex of child/ren	
If YES, please give age of child/ren	

Were children subject to Child Protection procedures due to Domestic Abuse prior to the homicide? (Y, N or N/K)	
Any children removed into Care of Local Authority? (Y, N or N/K)	

7. Family contribution and support through DHR process

Did the family contribute to the DHR? (Y, N or N/K)	
If answer is N, please comment	
Were the family consulted about the terms of reference? (Y, N or N/K)	
If answer is N, please comment	
Did the family have the support of an expert specialist advocate? (Y, N or N/K)	
If answer is Y, please specify	
Did the family receive the draft report to comment on? (Y, N or N/K)	
If answer is N, please comment	
Did the family attend the DHR panel? (Y, N or N/K)	
If answer is N, please comment	

For Ethnicity (Office for National Statistics)

White

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe

Other ethnic group

17. Arab
18. Any other ethnic group, please describe

Notes given in form, next to relevant questions

- Ethnicity: please use codes / descriptions given at foot of the form.
- Carer: the definition of a carer in this context refers to an adult or young person who is caring for someone due to their health and social care needs. This includes mental health as well as physical health support, which would entitle the carer to a Carer's Assessment under the Care Act 2014. The Children and Families Act 2014 also includes duties for the assessment of young carers and parent carers of children under 18.
- Physical disability: a person is considered to have a disability if they have a long-standing illness, disability or impairment which causes difficulty with day-to-day activities (Equality Act 2010).
- Life-limiting illness is a term used to describe an incurable condition that will shorten a person's life, though they may continue to live active lives for many years. There is a wide range of life-limiting illnesses, including heart failure, lung disease, neurological conditions, such as Parkinson's and Multiple Sclerosis, and cancer that is no longer responding to treatment intended to cure. stclarehospice.org.uk/what-does-that-mean/
- Details of sentence/s AND sentence tariff/s: i.e. Guilty of Murder, Manslaughter, or Manslaughter Diminished Responsibility etc, then the sentence tariff i.e. minimum 25yrs, Hospital Order with Restriction etc.

Appendix 2. Data from information required with Domestic Homicide Reviews

This table gives the number of answers in each management information form. It indicates the number with data (used), the number where the answer N/K is given and the number where the answers is left blank.

There are some differences between the total number of records for different analyses resulting from the differing records for reviews, victims, perpetrators, and crimes. There can be some small differences on when records have been marked as N/K for not known and N/A as Not Applicable. The totals from records on vulnerabilities and aggravating factors, marked with a *, are those where the data is from the 71 newer MI forms.

Question	Number with data	N/K
Date of death	108	
Is location victim's home address? (Y, N or N/K)	Y = 85 N = 21	2
Questions on victim/s		
Sex of victim/s	113	
Age at time of death	112	1
Relationship to perpetrator ³²	98	
Ethnicity	110	3
Nationality	106	7
Is or was the victim a Carer? (Y, N or N/K)	Y = 12 N = 98	3
If Yes, had they had a Carer's Assessment under the Care Act? (Y, N or N/K)	Y = 1 N = 107	5
Vulnerabilities. Please mark (e.g. X) for ALL that apply		
Illicit Drug Use *	14	
Mental Ill-Health *	26	

³² Information on relationship with perpetrator is not there for the 15 victims whose death was by suicide.

Question	Number with data	N/K
Physical Disability *	7	
Pregnancy *	3	
Problem Alcohol Use *	21	
Other *	8	
<i>Mental health Issue/s identified in the DHR. Please mark 'X' for ALL that apply</i>		
Adjustment Disorder	2	
Anxiety	20	
Dementia or Alzheimer's disease	3	
Depression	32	
Low mood / anxiety	25	
Panic attacks	1	
Psychosis	3	
PTSD	4	
Self-harm	14	
Suicidal thoughts	20	
Suicide attempt/s	14	
Not specified (please state)	6	
Any serious or life limiting illness? (Y, N or N/K)	Y = 10 N = 79	24
Has the victim been a target of an abuser before? (Y, N or N/K)	Y = 26 N = 46	41

Question	Number with data	N/K
Questions on perpetrator/s		
Sex of perpetrator/s	93	1
Age at time of death	93	1
Relationship to victim	93	1
Ethnicity	91	3
Nationality	90	3
Is or was the perpetrator a Carer? (Y, N or N/K)	Y = 10 N = 79	5
If Yes, had they had a Carer's Assessment under the Care Act? (Y, N or N/K)	Y = 0 N = 86	8
<i>Vulnerabilities. Please mark (e.g. X) for ALL that apply</i>		
Illicit Drug Use *	23	
Mental Ill-Health *	32	
Physical Disability *	5	
Problem Alcohol Use *	23	
Other - Please state *	4	
<i>Mental health Issue/s identified in the DHR. Please mark 'X' for ALL that apply</i>		
Adjustment Disorder	3	
Anxiety	17	
Dementia or Alzheimer's disease	3	
Depression	27	
Low mood / anxiety	16	
Panic attacks	5	
Psychosis	16	

Question	Number with data	N/K
PTSD	3	
Self-harm	11	
Suicidal thoughts	24	
Suicide attempt/s	9	
Not specified (please state)	12	
Any serious or life limiting illness? (Y, N or N/K)	Y = 7 N = 70	17
Had the perpetrator abused previous partner/s or family member before? (Y, N or N/K)	Y = 36 N = 28	30
Was the perpetrator known to agencies as an abuser? (Y, N or N/K)	Y = 49 N = 40	5
Has the perpetrator any previous offending history? (Y, N or N/K)	Y = 44 N = 29	21
Was the perpetrator being managed or supervised by, or attending any of the following? Please mark (e.g. X) for ALL that apply		
Attending or had attended a Perpetrator Programme	5	
Drug and Alcohol Services	15	
MAPPA	5	
Mental Health Services	26	
National Probation ³³	14	

³³ In addition to 14 marked for National Probation six were marked as Community Rehabilitation Company

Question	Number with data	N/K
Crime Details, MARAC and Outcome of Trial		
Had the victim been referred to MARAC? (Y, N or N/K) ³⁴	Y = 18 N = 82	12
Was the case heard at MARAC before the homicide? (Y, N or N/K)	Y = 15 N = 85	12
Method of killing. If relevant please state weapon used		
Blunt Force trauma	21	
Fire Arm	5	
Stabbing Knife	49	
Strangulation	14	
Other, please state	14	
Details of Court verdict. Please mark (e.g. X) for ALL that apply		
Murder	52	
Manslaughter	26	
Diminished responsibility	8	
Unfit to Plead	5	
Other	4	
Not Guilty	1	

³⁴ The number of victims relating to the questions on MARAC add to 112 and not 113 as one victim, a second victim, in a domestic homicide was aged under 18

Question	Number with data	N/K
Details, if reviewing suicide or murder / suicide		
Is DHR reviewing a murder and suicide? (Y or N) *	Y = 9	
If DHR is reviewing a death by suicide, please answer the following about the Person who took their Life by Suicide		
Sex of deceased	Male = 4 Female = 11	
Age of deceased ³⁵	8	2
Method of suicide	13	2
Is the suicide by the Perpetrator who is responsible for the victim's homicide? (Y, N, N/K)	Y = 7 N = 9	
Aggravating factors		
Aggravating factors in DHR. Please mark (e.g. X) for ALL that apply		
Coercive control *	38	
Digital Stalking *	9	
Forced Marriage *	1	
Honour Based Violence *	1	
Financial Abuse *	17	
Immigration issues (V if relevant for victim and / or P if relevant for perpetrator) *	V = 1 P = 1	(X) = 1
Physical stalking *	10	
Details of children if relevant (0-18yrs)		
Were there any children living, or regularly staying in the household? (Y, N or N/K) *	Y = 27 N = 40	4

³⁵ Information on five of the fifteen victims who died by suicide is from the older forms where the question on age was not asked.

Question	Number with data	N/K
Were children present when the homicide occurred? *	Y = 13 N = 16	42
If YES, please give sex of child/ren	Information varies in numbers of children and data on sex and age	
If YES, please give age of child/ren		
Were children subject to Child Protection procedures due to Domestic Abuse prior to the homicide? (Y, N or N/K)	Y = 11 N = 36	61
Any children removed into Care of Local Authority? (Y, N or N/K)	Y = 10 N = 42	56
Family contribution and support through DHR process		
Did the family contribute to the DHR? (Y, N or N/K)	Y = 83 N = 24	1
Were the family consulted about the terms of reference? (Y, N or N/K)	Y = 58 N = 25	25
Did the family have the support of an expert specialist advocate? (Y, N or N/K)	Y = 41 N = 44 O (offered) = 11	12
Did the family receive the draft report to comment on? (Y, N or N/K)	Y = 72 N = 24	12
Did the family attend the DHR panel? (Y, N or N/K)	Y = 10 N = 90	8