



A Review into Domestic Homicide and  
Safeguarding Adults Reviews relating  
to Victims with Additional  
Vulnerabilities

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## Introduction

A Domestic Homicide Review (DHR) is a multi-agency review 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 as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria.

According to the Crime Survey for England and Wales year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million) experienced domestic abuse in the last year. There were 357 domestic homicides recorded by the police in England and Wales in the three-year period between year ending March 2017 and year ending March 2019.

Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs). Safeguarding Adults Reviews provide a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

In 2016, the Home Office published a themed review of Domestic Homicide Reviews from 2013-2016 involving intimate partner homicide or familial homicide. The recommendations from these DHRs were themed, with the most common theme being around training<sup>i</sup>.



Research by Dr Ravi Thiara (2011)<sup>ii</sup> suggests that women with disabilities are twice as likely to experience domestic abuse than women with no disabilities. Data from the Office of National Statistics (2021)<sup>iii</sup> indicates that people with disabilities (male and female combined) are three times more likely to experience domestic abuse as non-disabled people. A Spotlight on Older People and Domestic Abuse in 2016<sup>iv</sup> estimates that 120,000 people over 65 experience domestic abuse in England every year. Sian Oram et al (2016)<sup>v</sup> concluded in their paper 'Violence against women and mental health' that Mental health problems are a common consequence of experiencing domestic abuse.

The Crime Survey for England and Wales has historically only collated data from people up to age 74, meaning a significant number of domestic abuse victims are excluded from official data but this has recently been changed and the next survey will include people aged over 74.

A national analysis of Safeguarding Adult Reviews (SARs) in England was carried out in 2017 by the Care and Health Improvement Programme<sup>vi</sup>. This research analysed 231 reviews and investigated a range of types of abuse and neglect, sometimes including multiple types per case [8], the most common being self-neglect. Its purpose was to identify priorities for sector-led improvement.

To date, there has not been a thematic review of domestic homicides and Safeguarding Adults Reviews focusing on cases where the victim has an additional vulnerability. For the purposes of this research, 'additional vulnerability' covers victims with disabilities, significant mental health issues, and those aged over 65.



Subsequently, this report has been commissioned by Shaping Our Lives to explore recurring recommendations from Domestic Homicide Reviews and Safeguarding Adults Reviews across the Eastern Region where the victim had an additional vulnerability.

## **Aim of the Research:**

The aims of the research are several-fold:

1. To review Domestic Homicide Reviews and Safeguarding Adults Reviews from 2013 onwards in the Eastern Region to identify those where the victim had an additional vulnerability.
2. To theme the recommendations from these reviews with a view to identifying recurring themes.
3. To identify, in particular, those cases where the perpetrator/alleged perpetrator was also known to be providing unpaid care to the victim, also known as a family carer.
4. To inform domestic abuse services and adult social care of where additional risks may need to be considered in order to protect victims of domestic abuse with additional vulnerabilities.

## **Methodology:**

The research involved analysing all published Domestic Homicide Review Reports for the Eastern Region – Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk – as well as available Safeguarding Adults Reviews, to establish those where the victim had an additional



vulnerability (disability, significant mental health issues or aged over 65).

To undertake the review, the author:

- Examined published Domestic Homicide Reviews (from 2013 onwards) and Safeguarding Adults Reviews (from 2014 onwards) to identify those involving domestic abuse and victims with additional vulnerabilities.
- Examined Safeguarding Adults Reviews that were not published but were shared with the author on the condition that no specific details were included in the research report.
- Identified the relationship between the perpetrator (where there was one) and victim and the type of abuse the victim was experiencing.
- Identified those where the perpetrator or alleged perpetrator was providing unpaid care (family carer) to the victim.
- Identified recommendations from the Reviews and grouped these into themes.
- Interpreted the results of the review and made relevant recommendations.

## Issues with Methodology:

The author has identified three primary issues with the research methodology:



- On occasion, Domestic Homicide Reviews are not published where it is deemed that publishing the report could have a negative effect on surviving family members of the victim, especially children.
- Safeguarding Adults Reviews are not routinely published – The Care Act (2014) requires only that lessons learned are included in the annual report of each Safeguarding Adults Board.

Consequently, the findings of this review only cover those DHRs and SARs which have been published, along with some SARs that were shared with the author on condition that specific details were not included in this report.

## Terminology

As not all of the victims involved a criminal conviction, I will use the term 'abuser' rather than 'perpetrator' although it should be noted that there was a convicted perpetrator in many of the DHRs. The Safeguarding Adults Reviews analysed did not all involve a murder (but all subjects were deceased) so I will use the term 'victim/subject' to indicate this.

## Key findings:

- 30% of the victims/subjects in the cases reviewed were male. This would indicate that men with vulnerabilities are at higher risk of domestic homicide, or of experiencing abuse leading to premature death, than the general population.
- 55% of the victims/subjects were known to Adult Social Care prior to death.



- 45% of victims/subjects had vulnerabilities but likely did not meet thresholds for Adult at Risk criteria.
- In 60% of cases it was recommended that professionals need to take into account additional risks posed when someone has vulnerabilities and is also experiencing domestic abuse.
- 55% of cases had recommendations around training for professionals in domestic abuse awareness and specific issues around victims with vulnerabilities.

## Findings:

The author found that 14 DHRs and 6 SARs from the periods 2013 onwards (DHRs) and 2014 onwards (SARs) involved victims with additional vulnerabilities. There was also one SAR that did not relate specifically to domestic abuse but where the author felt it was an issue that should have been considered because the subject had experienced significant domestic abuse from a number of partners in the past and this likely impacted on her life choices that led to her death.

## Vulnerability types

Twelve of the cases mentioned the victim (or subject of SAR) having singular vulnerability - two of the cases were physical disabilities, 5 were significant mental health issues and 4 were older people (over the age of 65), and one victim had alcohol misuse issues.

In the remaining nine cases, the victim (or subject) had more than one vulnerability:



- Older person and physical disabilities
- Older person and mental health issues (including dementia)
- Physical disability and mental health issues

## Relationships and gender

In nine of the cases the relationship between victim and abuser was intimate partner (spouse/boyfriend/girlfriend). Six of the cases involved familial abuse.

The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy<sup>vii</sup>. Familial abuse involves close family members i.e. adult siblings, adult children against parents.

The table below shows a breakdown of all twenty cases.

<b>Sex of</b>	<b>Sex of</b>	<b>Relationship</b>
F	M	Intimate partner
F	M	Ex-Intimate partner
M	F	Intimate partner
M	M	Son & son’s partner
M	M & Fx2	Wife, son, Daughter in law
F	M	Intimate partner
M	F	Friend (SAR)
F	M	Friend (SAR)
F	M	Intimate partner
F	M	Son
F	M	Intimate partner
F	M	Son
M	F	Daughter



F	M	Intimate partner
F	M	Intimate partner
F	M	Intimate partner
M	F	Intimate partner
F	unknown	Family members (more than one)
F	M	Intimate partner(s)
F	M	Intimate partner

Fourteen of the victims/subjects were female and six were male.

In eleven of the cases, the abuser was known to be providing informal care to the victim. In five cases the victim/subject was acting as carer to the abuser. This was known by at least one agency involved in the cases.

## Types of domestic abuse

The majority of cases identified more than one known type of domestic abuse, only one case involved solely financial abuse and no other known abuse type. It is worth noting that just because a domestic abuse type wasn't identified, it doesn't mean it wasn't present. In four cases there was no known abuse prior to the death and all these involved older people, however in one of these the perpetrator was known to have been violent to intimate partners – this individual then went on to murder his mother.

The table below shows the frequency of the types of abuse found identified across the remaining sixteen cases:

Type of abuse	No of
Coercive Control	9
Physical Abuse	8
Financial Abuse	5
Neglect	2



Emotional abuse	4
Sexual abuse	1

## Professional involvement

In eleven of the cases reviewed, the victim/subject was to Adult Social Care either as an open case or at least one referral had been made to them. A range of other agencies were involved with all of the cases including mental health services, GP and hospital services.

## Recommendation themes

The recommendations from the DHRs and SARs analysed were generally repetitive throughout the research. The table below sets out the themes of recommendations.

<b>Recommendation Theme</b>	<b>No. of occurrences</b>
Information sharing	12
Risk assessment	12
Training for professionals	11
GP issues	6
Carer support	7
Public awareness raising	4

## Information Sharing

This related to lack of sharing of key information between agencies that the DHR/SAR felt may have impacted on the outcome for the victim/subject.



## **Risk Assessment**

This theme relates specifically to recommendations around professionals not taking into account the additional risks posed to victims/subjects due to their vulnerabilities in addition to being victims of domestic abuse.

## **Training for Professionals**

A number of cases recommended that professionals involved required more in-depth training around domestic abuse and, in particular, how this impacts on people with additional vulnerabilities.

## **GP issues**

Some of the cases identified specific issues around the involvement of the GP with the victim/subject. The recommendations related mainly to GP knowledge of domestic abuse and process to record this on case notes and share with other professionals. Interestingly, three cases involving an older victim/subject flagged up the need for increased scrutiny from GPs when issuing repeat prescriptions as over-use of medication featured in those cases.

## **Carer Support**

Although eleven of the cases involved either abuser or victim/subject providing informal care, only seven cases included recommendations around carer support. These were generally highlighting lack of carer assessments or lack of professional curiosity around family carers and professionals being too ready to accept explanations/reassurance from carers rather than seeking to speak to the victim/subject alone.



## Public Awareness Raising

Four cases recommended that improvements need to be made to public awareness raising of domestic abuse on either a local or national basis, specifically awareness campaigns featuring people with disabilities or older people.

## Analysis

This research found that information sharing was the joint top recommendation across the cases reviewed. However, the 2016 Home Office Thematic Review of DHRs concluded that information sharing was the third most identified recommendation. This suggests that information sharing may be more of an issue in cases involving adults with vulnerabilities.

The other most frequent recommendation from the cases examined focussed on the knowledge of professionals around additional risks posed to victims of domestic abuse who have additional vulnerabilities. The Home Office thematic review found risk assessment in general to be the second highest most frequent recommendation theme. Whilst only 55% of the victims/subjects in this review were known to adult social care, all had health conditions that would impact significantly on their day to day living so would be a protected characteristic under the Equality Act 2010. In the cases where there was no social care or adult safeguarding involvement, the victim/subject may well still have benefitted from additional support to access relevant support services but did not meet local thresholds for this.

In England and Wales the Domestic Abuse, Stalking and Honour-based violence (DASH) Risk Identification Checklist is most commonly used to identify the level of risk to victims.



However, the DASH focuses on young victims and abusers and many of the questions are around pregnancy and young children. This issue is also raised in the paper *Domestic Homicide of Older People* (Bows 2015)<sup>viii</sup>. With older adults and victims without children, this can lead to a lower risk score so the professional completing the DASH needs to rely on their own professional judgement of risk to the individual and this relies on them having a good knowledge of the additional risks posed when the victim has additional vulnerabilities.

In addition to the above, the Adult at Risk criteria introduced under the Care (Act 2014) has meant that a significant number of referrals made under Adult Safeguarding procedures do not meet the Adult at Risk criteria (67% in one area). However, this does not necessarily mean they are able to self-refer to relevant support services. In more than one of the reports examined for this research, a referral under Adult Safeguarding was either declined due to criteria not being met or investigated but closed as the victim did not engage. One Adult Safeguarding closure commented that the victim 'could ask the perpetrator to leave if they were unhappy with the situation' which appears to disregard both the vulnerabilities of the victim and the risk to them if they took this action.

Just over half of the cases reviewed involved either the victim/subject or the abuser providing informal care to the other (sometimes mutually). However, only 7 of the DHR/SAR reports included recommendations around carer support. This indicates that both professionals involved with adults with vulnerabilities and DHR/SAR Chairs/Authors should have more training in recognising issues around carers and domestic abuse. Carers UK State of Caring report for 2019<sup>ix</sup> shows that only 27% of carers in England reported that they had an assessment, or a review of their assessment, in the last 12



months. In their paper *Older adults and violence*: (Benbow, et al 2018)<sup>x</sup> the authors conclude that 'The most common action identified in Reports in respect of caring responsibilities is to carry out a carer's assessment, and, whilst this may be helpful and an important message for practitioners, it fails to address the complexity of many caring situations. Training of health and social care professionals needs to address the complexities of caring and the myths and stereotypes that distort risk assessments of older adults: in particular, the myths that people with dementia are predisposed to violence and that frail older adults are not physically capable of extreme violence.'

Training was identified as having the third highest frequency of recommendations, but this ranked 9<sup>th</sup> in the Home Office Thematic Review which suggests that specialised training is required focusing on the particular needs and barriers to accessing support that are relevant to victims of domestic abuse with additional vulnerabilities. This links in with recommendations around risk and indicates that professionals working with adults with vulnerabilities should have domestic abuse training that covers people with vulnerabilities and the additional impacts and risks. A review of DHRs carried out by Standing Together in 2016<sup>xi</sup> found that the GP practices involved in their review did not have a domestic violence policy or had ever received specific training on domestic violence awareness and conducting clinical screening and enquiry for domestic violence. The report also recommends that 'Adult social services should receive training on the dynamics of domestic abuse, identification and risk assessment. Training should take an intersectional approach and explore the multiple barriers and increased risk faced by particular groups.'

Data from ONS states that male victims made up 8% of domestic homicide victims in the year ending March 2019<sup>xii</sup> .



However, this research found that 30% of the cases reviewed had a male victim. Although some of these cases did not involve a homicide, this indicates that men with additional vulnerabilities are more at risk of domestic abuse than the general male population.

Public Awareness raising counted for 20% of recommendations. The Home Office Thematic Review found this to feature in only 3.5% of recommendations. As this research focussed on people with additional vulnerabilities, this indicates that awareness raising needs to reflect the full diversity of victims. The Standing Together research recommended that Public awareness campaigns should be tailored to specific minority communities who may face multiple barriers when accessing services and support.

A point of interest is that this review did not find any DHRs or SARs relating to women with learning disabilities or learning difficulties. In the paper *Domestic Violence and Women with Learning Disabilities* (McCarthy, et al 2015)<sup>xiii</sup> the researchers conclude that full range of mental, physical and sexual cruelty which is inflicted on other women, is also inflicted on women with learning disabilities. Societal issues around people with learning disabilities having intimate relationships may be relevant here as may the high thresholds for qualifying for adult social care support so these victims could be 'invisible' to professionals.

## Conclusions

As demonstrated by a number of reviews and papers discussed above, information sharing amongst professionals needs to be improved. This may particularly be an issue in health services



where the range of services used over a lifetime are commissioned and managed by separate providers.

Professionals working with adults with vulnerabilities and with adults experiencing domestic abuse need more awareness of the additional risks posed to victims of domestic abuse with additional vulnerabilities. This is irrelevant to whether the vulnerabilities they have qualify them to meet adult social care thresholds or not.

Considerations could be made by Adult Social Care commissioners around supporting adults who do not meet Adult at Risk criteria but still need some level of support to enable them to safely engage with domestic abuse specialist support services. Also, when an Adult Safeguarding referral does meet criteria, the victim should be made aware of the range of support available to them including self-referral or supported referral to specialist domestic abuse services and other non-criminal justice related support routes.

A person with vulnerabilities who is experiencing domestic abuse may not meet thresholds for adult social care or adult safeguarding support, but this does not mean they are able to access support for themselves. Consideration should be given to linking with local third sector services providing specialist support (i.e. around disability or mental health) to proactively assist people with accessing the support they need for domestic abuse rather than just signposting to self-referral.

Where a person is providing informal care (family carer) and there are concerns about domestic abuse, this should be looked into carefully. The carer and cared for person should be spoken to separately and sensitively to identify any abuse issues, how long they have been happening, if there is any link to



medication or health changes for either person, and possible ways to support both the carer and the cared for person.

Awareness raising materials need to be diverse and include images of a range of different people. Many awareness campaigns focus on younger women with children (as this demographic makes up the majority of domestic abuse victims) but awareness materials should include people with a range of disabilities, sex and ages. In addition, awareness raising should include family abuse as well as intimate partner abuse.



# Shaping Our Lives

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