Vulnerability Knowledge & Practice Programme

NPCC National Police Chiefs' Council

Executive Summary, Findings and Recommendations: Domestic Homicides and Suspected Victim Suicides Year 3 Report (2020-2023)

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Introduction

This is a stand-alone Executive Summary of the third annual report from the police-led Domestic Homicide Project hosted within the Vulnerability, Knowledge and Practice Programme (VKPP). A list of Findings and Recommendations from the full report are included at the end of this Summary, and the full report can be read **here**.

The Domestic Homicide Project is funded by the Home Office, with strategic leadership from the NPCC (leads for Domestic Abuse, Homicide and Suicide Prevention) and the College of Policing. In 2020, the Project was established by the police and government in England and Wales to collect, review, and share quick-time learning from all police-recorded domestic homicides, unexpected deaths and suspected suicides of individuals with a history of domestic abuse victimisation. The Project includes all deaths identified by police as meeting these categories, not only those meeting the statutory definition for a Domestic Homicide Review. We classify deaths into six types for analysis: adult family homicide (AFH), child death, intimate partner homicide (IPH), other, suspected victim suicide following domestic abuse (SVSDA), and unexpected deaths.[1]

[1] Further information on these types can be found in the full report, Chapter 1.1.

Headline figures Year 3

Across the three-year dataset (1st April 2020 – 31st March 2023), there were a total of 723 deaths recorded. This included 248 intimate partner homicides (IPH), 216 suspected victim suicides following domestic abuse (SVSDA), 121 adult family homicides (AFH), 74 unexpected deaths, 46 child deaths and 18 deaths classified as 'other'.

In Year 3 (1st April 2022 – 31st March 2023), a total of 242 deaths were recorded. This compares with 222 in Year 1 and 259 in Year 2. Year 3 included 93 SVSDA, 80 IPHs, 31 AFHs, 23 unexpected deaths, 11 child deaths and four deaths classified as 'other'. Overall, these Year 3 numbers are in line with those reported in Years 1 and 2 for all the types, with the exception of SVSDA which rose year-on-year, from 51 in Year 1, 72 in Year 2 and 93 in Year 3. SVSDA cases have now overtaken IPH as the most common type, accounting for over one-third of deaths submitted to the Project. This continuing rise likely reflects better awareness, identification and associated submission of these cases to this Project, rather than an empirical increase in cases,[2] but an empirical increase cannot be ruled out.

Victims and suspects

Victim and suspect demographics remained consistent with previous years. The majority of victims were female and aged 25-54 years old, with the majority of suspects male and in the same age bracket. An overall increase in older victims noted in Year 2 of the Project was not carried over into Year 3.

The police-recorded ethnicity of victims and suspects continued to be predominantly White, albeit overall those from minority ethnic heritages remain slightly over-represented compared with their presence in the general population. The proportion of victims identified as LGBTQ+ remained consistent with previous years, although in this year again appear to be highly represented in the SVSDA type.

[2] See full report chapter 2.2.

Risks and responses

As in previous years, the top five prior risk factors identified by police as present in the suspect's case history were: controlling and coercive behaviour (CCB), mental ill health, alcohol use, drug use and separation/ending of the relationship. Notably, this year, three factors were identified as overall present in more cases than previous years: separation/ending of the relationship, the suspect having been a previous domestic abuse victim, and the suspect having previously been suicidal.

Year 3 also saw some changes in the relative importance of these risk factors by case type. For IPH, somewhat fewer cases identified CCB, prior suspect substance use and prior suspect weapons use; but there was an increase in cases where a protection order was known to be in place against the suspect before the death. For SVSDA, more cases this year identified prior non-fatal strangulation by the domestic abuse perpetrator. For SVSDA, the overlapping identification of CCB, separation, prior non-fatal strangulation and the involvement of children's social care remain relevant to the risk of victim suicide. And for AFH, there were four noticeable changes from the previous year – there were more cases where: the suspect was known to have previously used a weapon, the suspect had previously attempted to kill the victim, the suspect was previously reported missing, and the suspect was previously suicidal. None of these factors had been especially prominent in AFH cases before and may be worth further scrutiny in deepening understanding of the risk profile of these cases. Overall, changes to these identified risk factors may indicate better recording by police or could indicate an empirical increase.

As in previous years, four in five suspects were previously known to the police, with three in five as suspects for domestic abuse. In Year 3, proportionally fewer IPH and SVSDA suspects were previously known to the police for domestic abuse, whereas proportionately more AFH and unexpected deaths suspects were. In Year 3, suspects in AFH cases were more likely than suspects in any other category to be known to the police already, but not for domestic abuse. In summary, AFH suspects may well have been known but not exclusively for domestic abuse, and only half of IPH suspects were previously known to the police.

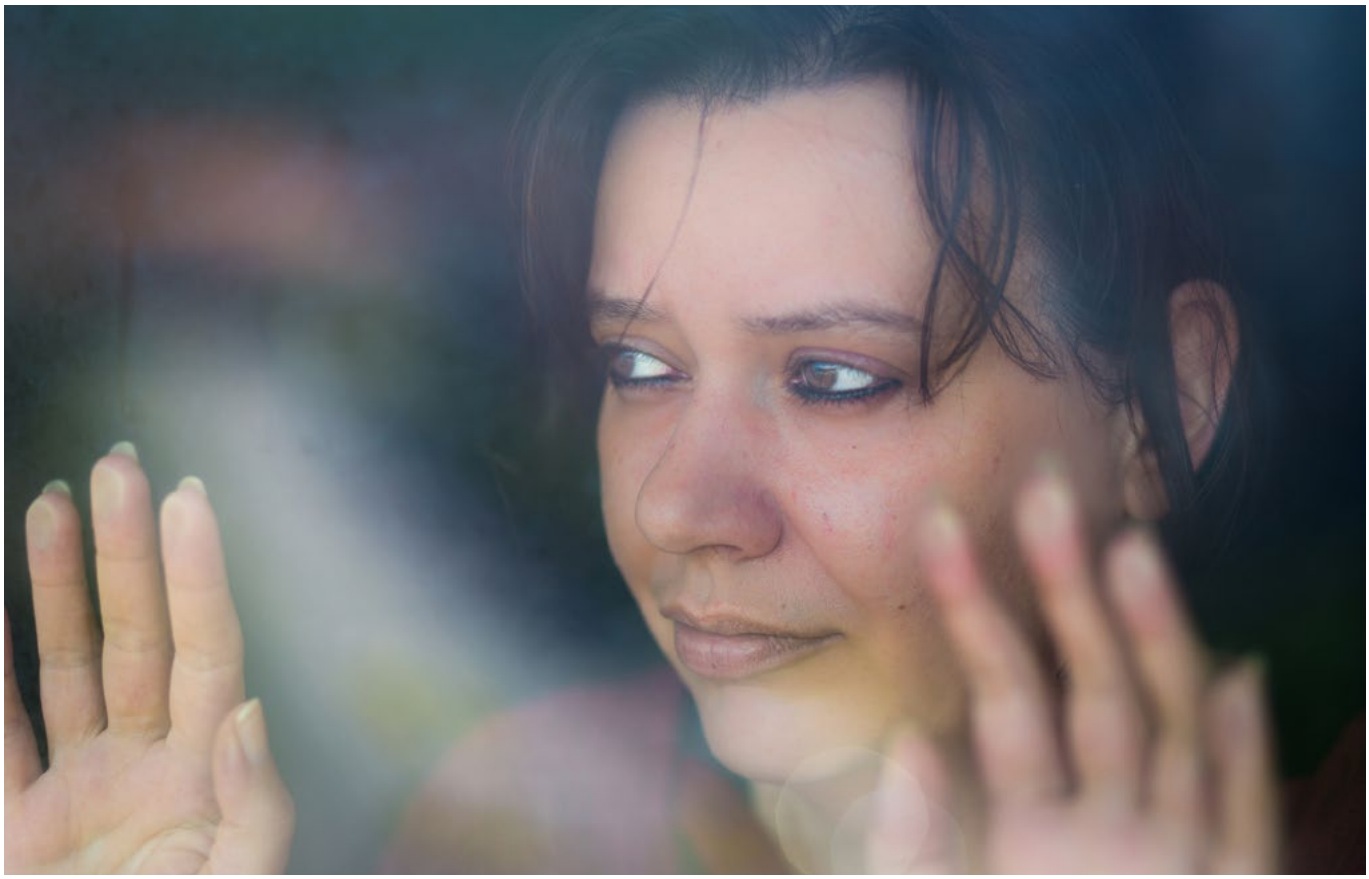
Similar proportions of victims and suspects were known to non-police agencies as in previous years. The fact that over one-third continue to be known to agencies other than police again underscores the key importance of a multi-agency response to domestic homicide prevention.

Whilst the overall acceptance rate for Domestic Homicide Reviews (DHRs) remains at a similar level to previous years, the Year 3 report finds that the non-acceptance rate of SVSDA cases for DHRs has risen, from around one in five in Years 1 and 2, to two in five in Year 3. The Government has encouraged greater take-up of DHRs for suspected suicides, but additional guidance to the police, partners and Community Safety Partnerships to aid referral and acceptance decisions may also be needed.

Suspected victim suicide

Year 3 saw an increase of one-third in the number of SVSDA cases reported to the Project compared with Year 2, with this type now accounting for the majority of cases. As in previous years, almost all of the deceased were victims of domestic abuse from an intimate partner, with a small number experiencing abuse from family member/s, or both. Half were living with their (current or ex) partner at the time of death, and half were not. This year saw a rise in the proportion of SVSDA victims reporting abuse from an ex rather than current partner, a rise in victims aged 45-54 years old, and a rise in male victims.

For the first time, further analysis was conducted of victim-perpetrator dyads to better understand the directional history of abuse. In Year 3, all 28 cases (14 with male and 14 with female victims) where the police record showed that the reported perpetrator was also previously known as a domestic abuse victim were coded to indicate whether that perpetrator was the primary perpetrator of prior abuse, the primary victim of prior abuse, or there was no identifiable primary. With some caveats about limits to data available, this analysis supports the suggestion made in the Year 2 report, that male victims of SVSDA are much more likely than female victims to involve a police record where the deceased was known to have been the primary perpetrator of the domestic abuse; conversely, female perpetrators in these cases were much more likely to have been identified as primary victims in the case history.



Progress against our Year 2 recommendations

In last year's report, we made specific recommendations to policing about how to strengthen their responses to suspected victim suicide following domestic abuse, in partnership with the CPS and government. Appendix A of the **full Year 3 report** contains detailed updates against each of those recommendations.

Overall, the recommendations made in the Year 2 report have already led to significant changes by police forces across England and Wales to increase awareness and strengthen their responses to unexpected deaths and suspected suicides following domestic abuse. Action has been taken to train and better equip officers in coercive control and to apply an investigative mindset when attending unexpected or sudden deaths; guidance around unexpected deaths, including suspected suicides, has been updated; and more Real Time Suicide Surveillance (RTSS) systems are being established to work with partners on suicide prevention.

There is, though, work still to be done: there appeared to be a lack of consistency across forces in how they approach when checks are made and information shared about domestic abuse history when there is an unexpected death; the inclusion of all relevant information in the circumstances of death report to coroners can still be improved; and resourcing issues mean that Detective Inspector (DI) review rather than PIP3 oversight of death investigations is common practice. Since receiving these responses, the National Homicide Working Group has been working to provide additional guidance and improve consistency across force responses.

Additionally, whilst there is much still to be done on pursuing posthumous prosecutions in SVSDA cases, during the period covered by the Year 3 report, at least one domestic abuse perpetrator was charged with physical violence, harassment, non-fatal strangulation and the breach of a restraining order. Additionally, five further cases were being considered for posthumous charges, including four for CCB. Though still a minority of cases, these examples provide evidence of improvements in the police response to SVSDA by working to hold the prior domestic abuse perpetrators to account.

Families bereaved by fatal domestic abuse

Finally, as in Year 2, we are immensely grateful to families bereaved by fatal domestic abuse and their supporters in AAFDA for their powerful contributions at our families' consultation in February 2023. Their experience, advice and courage continue to influence our recommendations and to be communicated on to policymakers and police, as described in the full report Chapter 7.2.

Findings

Finding 1

There was a 7% (n = -17) decrease in the recorded number of deaths in Year 3 compared with Year 2. Suspected victim suicides following domestic abuse (SVSDA) demonstrated the greatest increase in recorded cases across years of data collection, accounting for 28% (n = 72/250) of Year 2 cases and 38% (n = 93/233) of Year 3 cases. The increase in submissions is likely to reflect better awareness and identification of these cases by the police rather than an increase in the number of deaths. This increase in identification of cases also follows from the impact of work by this Project, recent coronial judgments and relevant research on suicide following domestic abuse. In Year 3, as compared to Year 2, there was an increase of two percentage points in the proportion of Intimate Partner Homicides (IPH) (from 31%, n= 80/259 to 33%, n = 80/242), and a decrease of seven percentage points (from 20%, n= 53/259 to 13%, n = 31/242) in the proportion of Adult Family Homicides (AFHs). The small proportion of child deaths reported in Year 3 (5%, n = 11/242) may be due to a limited number of force areas reporting all child deaths in line with the project definition. The reported data is likely to reflect child deaths with a perceived link to domestic abuse or associated with a familicide.

Finding 2

Last year's report noted an increase in deaths in April, August and December 2021 compared to Year 1 data. Across all typologies, Year 3 saw an increase in the number of deaths reported in the months of August and November (primarily attributed to a rise in reported SVSDA), with decreases in October and December. Importantly, monthly fluctuation is expected when analysing smaller samples. Additionally, the increased awareness and reporting of SVSDA in Year 3 will impact year-to-year comparisons. Further data collection may help discern a seasonal pattern, but the prevalence of SVSA in this dataset highlights the potential links between domestic abuse and suicide, requiring continued analysis.

Finding 3

Strangulation (including hanging) was the most common method of death across the three-year dataset. However, this includes SVSDA deaths by hanging, which remains the most recorded method of deaths for SVSDA across the three-year dataset (from 47%, n = 24/51 in Year 1 to 65%, n = 47/72 in Year 2 to 63%, n = 59/93 in Year 3). When considering domestic homicides only, the most common method of death remains the use of a 'sharp instrument' (such as a knife), accounting for 54% (n = 62/114) of AFHs and 43% (n = 106/248) of IPHs across the three-year dataset.

Finding 4

Across the three-year dataset there remains a high proportion of older victims (aged 65 years old and over) in AFH cases (43%, n = 16/37 in Year 1; 38%, n = 20/53 in Year 2; 45%, n = 14/31 in Year 3). The perpetrator in AFH cases was primarily the adult child or grandchild of the victim (63%, n = 79/125).

Finding 5

Across the three-year dataset, and in line with wider literature on domestic homicide and suicide following domestic abuse, the majority of victims were female (71%, n = 514/723). In Year 3, there were fewer male victims (27%, n = 65/242) compared to Year 2 (32%, n = 83/259). However, the number of male victims of SVSDA has increased between Year 1 (12%, n = 6/51), Year 2 (19%, n = 14/72) and Year 3 (26%, n = 24/93). Additional analysis of SVSDA cases by sex of the victim is included in Chapter 7 of the full report.

Finding 6

In Year 3, the number of victims identified as LGBTQ+ (5% n = 11/242) remained the same as reported in Year 2 (4%, n = 11/259). Notably, 17 out of the 28 LGBTQ+ victims across the three-year dataset were recorded within SVSDA. This demonstrates an area for further research and work to improve the identification and response to domestic abuse involving LGBTQ+ victim and suspects.

Finding 7

Overall, the three-year dataset includes a slightly lower proportion of victims and suspects with White ethnicities and a higher proportion of victims and suspects of minority ethnic heritages compared to the general population, as measured by the 2021 Census (23% of victims and 19% of suspects were of minority ethnic heritages, compared to 18% in the Census). This was particularly true for victims and suspects of Black ethnicities (8% of victims and 7% of suspects, compared to 4% in the Census). The Project's previous Spotlight Briefing on Ethnicity (Perry et al., 2022) found that victims of Black ethnicities were less likely to have reported domestic abuse to the police, but equally likely to seek help from independent advocates. These findings highlight the importance of officers developing cultural competence and working in partnership with local domestic abuse services to help improve reporting and provide opportunities for support.

Finding 8

Consistent with last year's findings, victims of Polish nationality were the second most common after victims of British nationality across the three-year dataset, at 4% (n = 24/723). The Femicide Census analysis of ten years' femicide data similarly highlights Eastern European, post-communist nationalities – and especially Polish – as being relatively highly represented in terms of victim nationality (Femicide Census, 2020). Moreover, according to the 2021 Census, Polish has been the most common non-British nationality in the UK since 2007 (ONS 2021a).

Finding 9

Overall, the findings in this chapter show the importance of analysing information about victims and suspects/perpetrators, including protected characteristics. This analysis could help to identify communities who may be over-represented or under-served, facilitating partnership working, engagement and targeted prevention programmes.

Finding 10

Across the three-year dataset, the most commonly identified antecedent risk factors for all suspects in domestic homicides and the perpetrators of prior domestic abuse in SVSDA were:

- Coercive controlling behaviour (CCB);
- Mental ill health;
- Alcohol and drug misuse, and;
- (threat/fear of, or actual) Relationship ending/separation

These risk factors varied by typology, with mental ill health needs and CCB being particularly prominent in IPHs. A history of CCB was also a prominent risk factor for domestic abuse perpetrators in SVSDA, appearing to be more common than IPHs (in Year 3: 47%, n = 48/102 vs. 36%, n = 29/81 respectively). Mental ill health and alcohol and/or drug misuse were most prominent in suspects of AFHs. Notably, the presence of CCB behaviour was significantly associated with the suspect being identified by the police as a high risk and/or serial perpetrator of domestic abuse. This finding suggests that police officers are appropriately using the presence of CCB when assessing risk.

Finding 11

When comparing Year 2 and Year 3, there was an increase of eight percentage points in the proportion of cases where the suspect had previously been a victim of domestic abuse (17%, n = 44/265 in Year 2; 25%, n = 63/249 in Year 3), and where the suspect previously had suicidal thoughts or attempted suicide (16%, n = 42/265 in Year 2; 23%, n = 59/249 in Year 3). Furthermore, there were increases in reported risk factors by typology between Year 2 and Year 3. For instance, within IPHs, recorded cases where the suspect had previously been a domestic abuse victim increased by 14 percentage points (15%, n = 13/82 in Year 2; 30%, n = 24/81 in Year 3). Additionally, in cases of SVSDA, there was an increase of 11 percentage points in the proportion of cases where the suspect had previously non-fatally strangled the victim (9%, n = 7/76 in Year 2; 20%, n = 20/102 in Year 3). This increase in recording may have been influenced by the criminalisation of non-fatal strangulation by the Domestic Abuse Act 2021 and associated improved awareness. As in previous reports (Bates et al. 2021; 2022), changes in recorded risk factors from year to year may also reflect improved data quality and or coding and follow up processes rather than an empirical rise in the presence of these risk factors.

Finding 12

Reinforcing findings from last year, this report demonstrates that risk factors present in intimate partner abuse and family member abuse can differ. To intervene effectively and introduce appropriate prevention activities, police need to understand the 'problem profiles' of different domestic abuse-related deaths in their force (see also Recommendation 2).

Finding 13

Overall, 61% (n = 457/754) of all suspects in the three-year dataset were known to the police for domestic abuse prior to the victim's death. Demonstrating potential opportunities for intervention by the police, in Year 3, the proportion of suspects/ perpetrators previously known to the police for domestic abuse was highest in cases of SVSDA (83%, n = 85/102; 92%, n = 70/76 in Year 2). Contrary to last year, a larger proportion of suspects in AFHs were known to the police for domestic abuse compared to IPHs (60%, n = 18/30; 48%, n = 39/81, respectively). However, this finding may have been impacted by the decrease in reported AFHs in Year 3 as compared to Year 2.

Finding 14

The proportion of suspects known as high-risk and/or serial domestic abuse perpetrators rose from Year 2 to Year 3 within IPHs (from 34%, n = 16/47, to 49%, n = 19/39) and AFHs (from 18%, n = 4/22, to 39%, n =7/18). Consistent with previous findings, the data also suggests that IPH suspects and prior domestic abuse perpetrators in SVSDA are more likely to be referred to MARAC compared to AFH suspects.

Finding 15

Across the three-year dataset and consistent with last year's findings, only 10% (n = 75/754) of suspects (or prior domestic abuse perpetrators in SVSDA) were recorded as (currently or previously) having been managed by police or probation (e.g., under MAPPA, IOM or DRIVE). Calculated as a proportion of those suspects/perpetrators who were previously known to the police as domestic abuse perpetrators, this rose to 16%. Our previous reports highlighted that further investigation was needed to test whether this figure is accurately capturing all offenders who are being managed, or there was under-reporting to this Project. Following previous recommendations and ongoing work by the Project on the management of perpetrators, the Year 3 data mirrors previous findings; in fact, there were no suspects that were currently being managed by police or probation in Year 3. This shows that additional investigation is necessary as to whether management of domestic abuse perpetrators demonstrates any preventative effects, and if the 'correct' individuals are being identified for management.

Finding 16

Across the three-year dataset, the victim and/or suspect was known to a partner agency in 60% of cases (n = 422/701). Notably, of the 145 cases in which the individuals were not previously known to the police for any reason, 39% (n = 57) were known to one or more non-police agency. In Year 3, victims and suspects were most commonly known to mental health services (25%, n = 59/233) and child social services (18%, n = 41/233). These findings show that effective multi-agency partnerships are vital to identify those most at risk and put in place appropriate interventions.

Finding 17

In Year 3, the overall number of domestic homicides and accepted for Domestic Homicide Reviews (DHRs), or other types of review, decreased from 76% (n = 148/195) in Year 2 to 60% (n = 305/511) in Year 3. When cases in which the acceptance outcome was not (yet) known were removed, the acceptance rate rose to 84% (n = 305/511) overall. The relatively high proportion of SVSDA cases that were not accepted for a review in Year 3 (41%, n = 19/46) is notable given the increased sample size.

Finding 18

In Year 3, 28% (n = 28/102) of domestic abuse perpetrators associated with SVSDA were also previously known to the police as a victim of domestic abuse. Whilst this included an equal split (n = 14) of both male and female domestic abuse perpetrators, the dynamics of the abuse appeared to differ. Specifically, male perpetrators of domestic abuse who were previously known to the police as victims of domestic abuse were more often identified as the primary perpetrator of the abuse. In contrast, female perpetrators of domestic abuse who were previously known to the police as victims of domestic abuse were more often identified as the primary victim. As noted, additional analysis of the prior perpetration of domestic abuse by both parties (the deceased and the associated prior domestic abuse perpetrator) would be necessary to draw further conclusions.

Finding 19

Year 3 did not see another increase in younger victims of SVSDA, with just 10% (n = 9/93) of victims aged 16 to 24. Additionally, decreasing slightly from Year 2 (13%, n = 9/72), 6% (n = 6/93) of victims of SVSDA were recorded as being LGBTQ+ in Year 3, with associated prior perpetrators of domestic abuse including both current and ex-intimate partners (n = 4 cases) as well as family members (n = 2 cases).

Finding 20

A history of CCB was the most common risk factor in SVSDA (47%, n = 48/102) in Year 3, again being more common in these cases than any other typology. 'In addition to their separately identified prevalence within SVSDA (see Chapter 4 of the full report), the co-occurrence of the risk factors of relationship ending/separation and CCB (56%, n = 27/48), as well as non-fatal strangulation and CCB (27%, n = 13/48), were relatively common.

Finding 21

In Year 3, contact with (non-police) partner agencies in cases of SVSDA most often involved mental health services (28%, n = 26/93) and children's social services (18%, n = 17/93). Thematic analysis of cases of SVSDA with a history of CCB highlighted the impact of abuse on the victim's mental health, and the perpetrator's use of children and the Family Court system to further abuse the victim.

Finding 22 At least one case of SVSDA in Year 3 achieved a posthumous charge for domestic abuse-related offences, and a further six were identified as having attempted or initiated a posthumous investigation for CCB, rape, non-fatal strangulation and unlawful act manslaughter. This indicates some progress in the police response to SVSDA, with attempts to hold the prior domestic abuse perpetrator to account even after the death of the victim.

Finding 23 Family members bereaved by SVSDA who were consulted by the Project raised important points, not only about the response to these deaths, but how the police and their partners can work to prevent future deaths. The key practice points and themes raised during this consultation provide important areas for future work by the government, police and their partners (see Section 7.2 of the full report).

Recommendations

Recommendation 1
[to the police and government]

Police forces should build awareness of the links between domestic abuse and suicide, reflecting a more collaborative approach between police, relevant public health organisations and voluntary agencies with suicide prevention responsibilities. Similarly, the government should consider introducing communications campaigns that will improve public awareness around suicide following domestic abuse, utilising learning about the potential risk factors (see Chapters 4 and 7 of the full report).Any campaigns should include appropriate referral information for specialist domestic abuse and suicide prevention services.

Recommendation 2
[to the police]

Police forces should ensure they have a governance structure to analyse local cases of domestic homicide, both collectively and by typology. Subsequently, all domestic homicides and cases of suspected victim suicide with a causal link to domestic abuse should be included in any 'problem profiles'.

Recommendation 3
[to the police and government]

Police forces and partner agencies that work with suspects should effectively use risk assessment tools to identify key risk factors within the suspect's history such as coercive controlling behaviour, mental ill health and drug and alcohol misuse. Multi-agency safeguarding arrangements with the relevant partner agencies, including police forces, and local health, mental health, substance misuse and specialist domestic abuse services should consider these specific factors and seek tailored interventions (see also Chapter 5 of the full report).

Recommendation 4
[to the government, NPCC and College of Policing]

The government, NPPC and College of Policing should continue investigation into the identification and management of domestic abuse perpetrators by the police and probation (e.g., under MAPPA, IOM or DRIVE) to strengthen monitoring and disruption of these individuals.

Recommendation 5
[to the government]

The government's ongoing consultation on the Domestic Homicide Review (DHR) process should provide additional guidance on the selection criteria for cases of suicide following domestic abuse to aid referral and acceptance decisions by police forces, partner agencies and local Community Safety Partnerships (CSPs).

Recommendation 6
[to the police and government]

Police forces and partner agencies should recognise that the prevalence of coercive controlling behaviour, non-fatal strangulation and separation is even higher in suspected victim suicides following domestic abuse than in intimate partner homicides. It has also been shown that these risk factors can co-exist in cases of suspected victim suicides following domestic abuse. The identification of these risk factors should be shared with appropriate specialist domestic abuse and mental health services.

Recommendation 7
[to the police]

Police forces should ensure their response to unexpected deaths, including suspected suicides, embeds the College of Policing's **updated guidance** on categories for unexpected death investigations. Additionally, relevant force policies and guidance should reference the importance of identifying a history of domestic abuse, including speaking to family members or friends of the victim who may have information about a pattern of abuse not known to the police or other agencies.

Recommendation 8
[to the police, NPCC and College of Policing]

The government and the NPCC should continue to collaborate with Public Health England (PHE) who lead the response to suicide prevention in line with the Suicide Prevention Strategy. Local force areas should consider ways to bolster working relationships with local mental health and children's social services, sharing information as appropriate to help identify individuals who may present a risk of suicide following domestic abuse and are known to these services.

Recommendation 9
[to the CPS, NPCC and police]

In partnership with the CPS, the NPCC and local police forces should continue supporting efforts to pursue posthumous prosecution for unlawful act manslaughter and domestic abuse-related offences (e.g., coercive controlling behaviour) following the suspected suicide of a victim of domestic abuse. Forces who have attempted, or successfully achieved, a posthumous prosecution should utilise opportunities to share promising/innovative/best practice through local and national forums.

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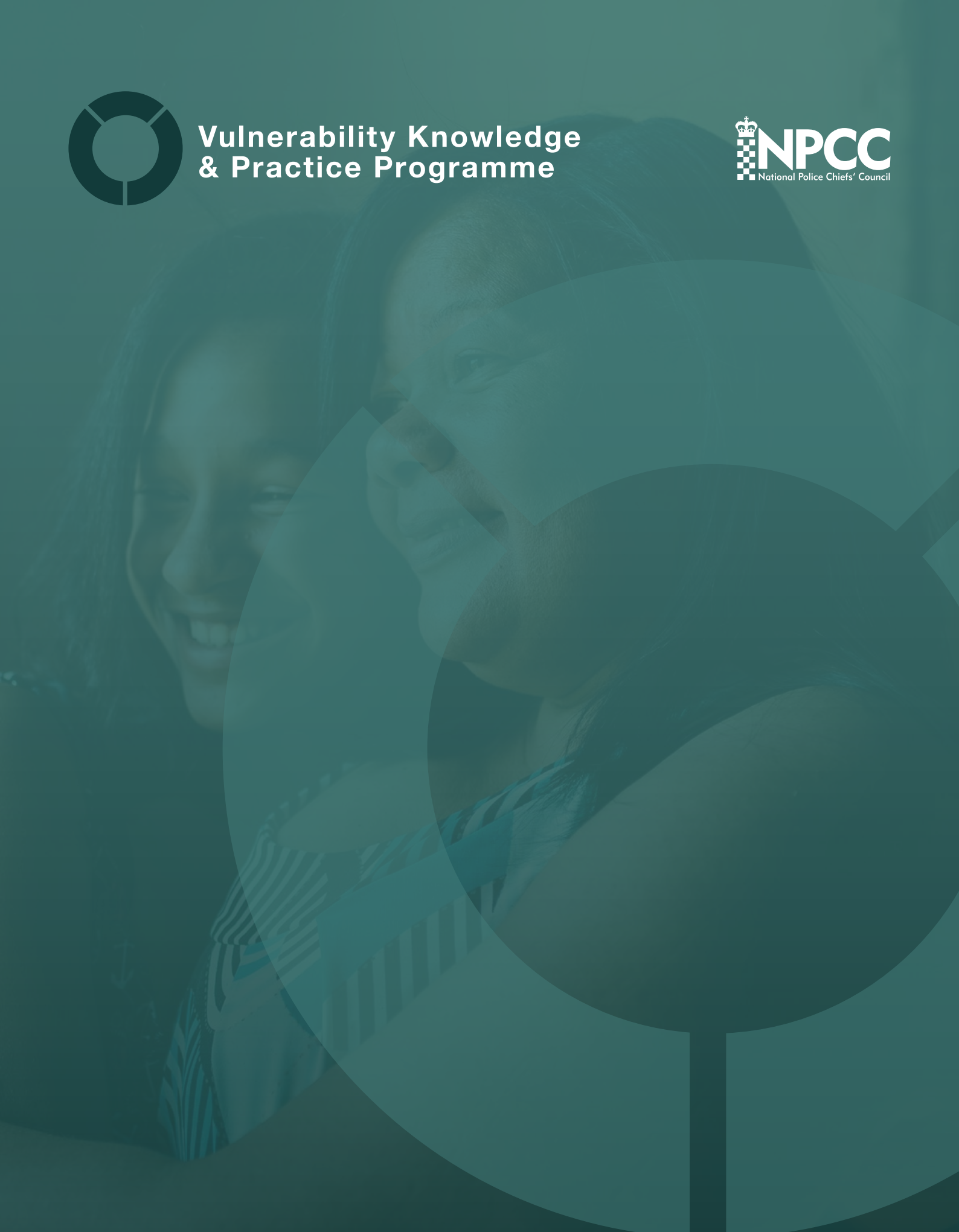

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