



**Cambridgeshire
& Peterborough**
Domestic Abuse & Sexual
Violence Partnership

**Cambridgeshire and Peterborough Domestic
Abuse and Sexual Violence Partnership
Overview of Domestic Homicide Reviews
2011-2021**

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Contents page:

Introduction.....3

National Picture.....5

Victims of domestic homicide.....6

Homicides.....7

Suicides.....15

Joint statistics.....19

Themes of DHR recommendations.....21

Outcomes from DHR.....22

Health.....24

Police.....25

Conclusions.....25

Next Steps.....25

- **Introduction**

This report has been produced by the DASV Partnership to provide an overview of a decade of *Domestic Homicide Reviews (DHRs)* and to identify themes and similarities that have arisen. This analysis will provide a set of key findings and recommendations to help inform future strategies and policies.

DHRs are multi-agency reviews into the deaths of adults which may have resulted from violence or abuse; 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. Since 2016, these include those who have died by suicide and there is information/evidence to suggest they were subjected to domestic abuse. It is the statutory responsibility of Community Safety Partnerships to commission DHRs in accordance with the guidance. [Domestic homicide reviews: statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Their purpose is to establish, identify and apply the lessons to the way local professionals and organisations work individually and together to safeguard victims to improve service responses, policies and procedures. The rationale for conducting a DHR is set in the aim of ensuring agencies are responding appropriately to victims of domestic abuse by having effective and robust support mechanisms, procedures, resources, and interventions in place to prevent future incidents of domestic abuse and homicide.

The review will also assess whether agencies have sufficient procedures and protocols in place, which were understood and followed by their staff and where there may be a need to improve these procedures.

A DHR should be carried out to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- Apply these lessons to service responses including changes to policies and procedures as appropriate
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

Domestic homicide reviews are not inquiries into how the victim died or into who is to blame - that is a matter for coroners and criminal courts to determine. Domestic homicide reviews are also not a part of any disciplinary enquiry or process.

The DASV Partnership is made up of key agencies in the county that have a role in preventing and providing services and support individuals subjected to Domestic Abuse and Sexual Violence. The key aim of the Partnership is to “reduce the harm, risks and costs associated with domestic abuse and sexual violence and to prevent these crimes occurring across Cambridgeshire and Peterborough.”

This report looks at twenty DHRs, fifteen of these are homicides and five are suicides. It is also key to note that for two of the more recent homicides, reports have not yet been written, however the case details are included in the analysis.

The domestic homicides/suicides addressed in this report took place between August 2011 and February 2021. These include:

- 13 intimate partner homicides.
- 2 familial homicides.
 - One of which the perpetrator was the victim’s son, and the other were the perpetrator was the victim’s step-father.
- 1 homicide – suicide case (included in the intimate partner homicide typology)
- 5 suicides – all of which the perpetrator was an intimate partner.

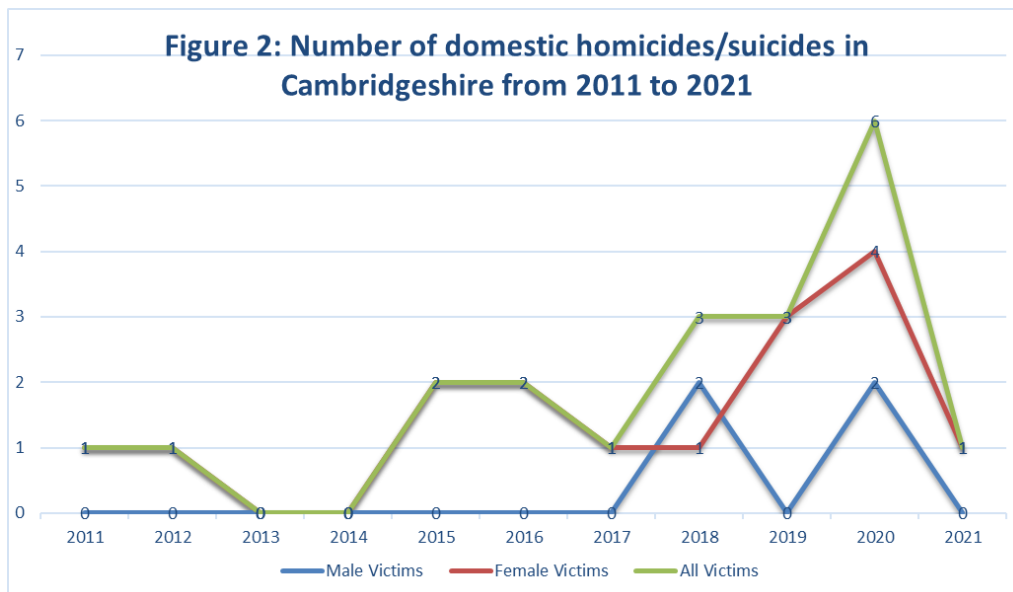
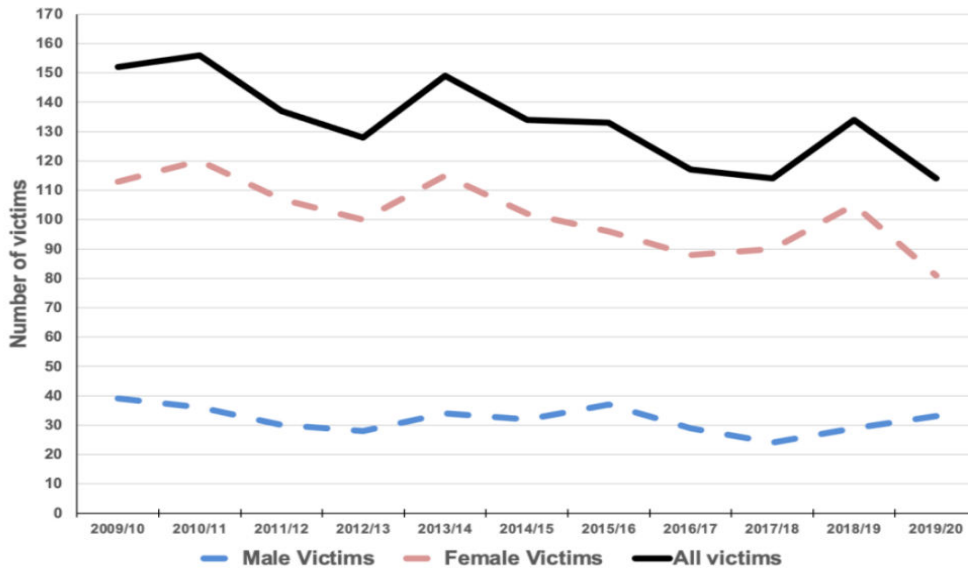
This report provides an overview of themes that are present in these domestic homicide and suicide cases. This includes but is not limited to, victim and perpetrator characteristics, relationship history, risk assessment, mental health and substance misuse.

Please note that this report will deal separately with domestic homicides and suicides, addressing them as two distinct points for analysis.

- **National Picture**

Between 2009/2010 to 2019/2020, the number of domestic homicides/suicides in England and Wales has reduced. The same trend cannot be seen across Cambridgeshire and Peterborough, where there has been an overall increase in domestic homicides and suicides identified between 2011 to 2021, see Figure 1 and 2.

Figure 1 Number of domestic homicides in England and Wales: 2009/10 to 2019/20



Victims of domestic homicides in Cambridgeshire and Peterborough.



Nigel



Bernadette

Sally



Vitalija



Elizabeth



Ramute



Samantha



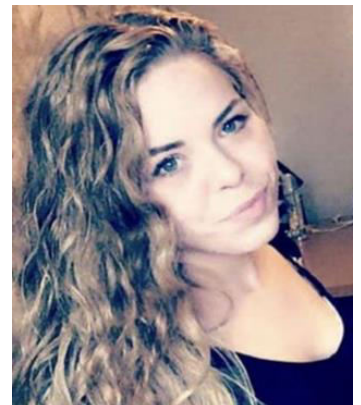
Dzilva



Ligita



Laraine



Marissa



- **Homicides**

There are a range of themes, attributes, and circumstances that can characterise a domestic homicide case. This section of the report will look at the demographics of both the victims and perpetrators, as well as the case itself, in the 15 domestic homicide cases in Cambridgeshire and Peterborough between 2011 and 2021.

.1 Area

Within Cambridgeshire, there are 5 district councils; these are South Cambridgeshire, East Cambridgeshire, Fenland, Cambridge City and Huntingdonshire. There is also Peterborough which is governed by a unitary authority adjacent to Fenland and Huntingdonshire.

Overall as a county, the domestic homicide rate is approximately 1.74 domestic homicides per 100,000 people (in the 10 year period between 2011-2021).

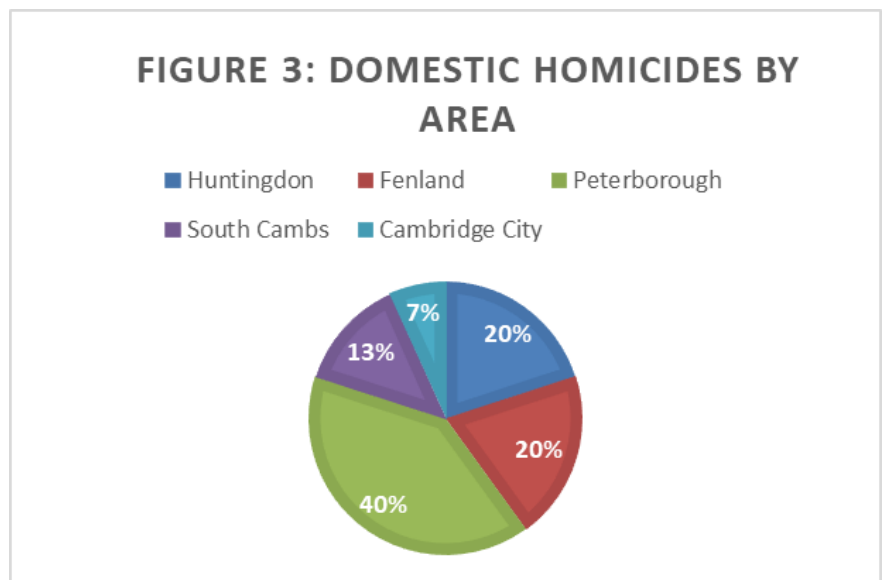
Comparatively, the average rate over that same 10-year period in England and Wales was 5.6 domestic homicides per 100,000 people.

As we can see in Figure 3, Peterborough has the highest prevalence of domestic homicides in the county, with 6 out of the 15 domestic homicides occurring here. This translates to 3 homicides per 100,000 people.

Both Fenland and Huntingdon have the next highest prevalence, with 3 domestic homicides in each district. In Fenland, this is 3 domestic homicides per 100,000 people and in Huntingdonshire this is 1.7 homicides per 100,000 people.

South Cambridgeshire has had 2 domestic homicides, this is 1.3 domestic homicides per 100,000 people and Cambridge City has had 1, which translates to 0.8 domestic homicides per 100,000 people.

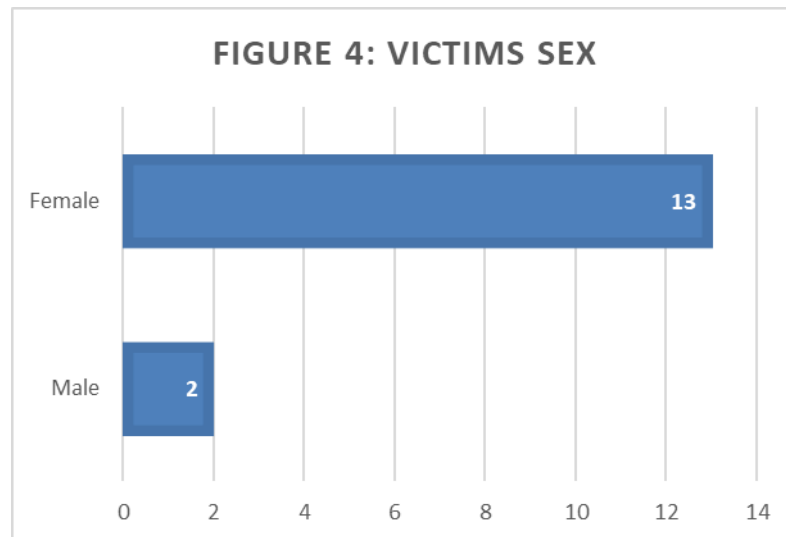
East Cambridgeshire is the only area not seen on Figure 3, this the only area without any reported domestic homicides in this period.



.2 Victim's Sex

Looking to Figure 4, we can see that most of the domestic homicide victims were female. 13 of the 15 victims were female, and 2 were male.

Nationally, between the years 2018 – 2020 76% of victims of victims were female and 24% were male ([Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](#))

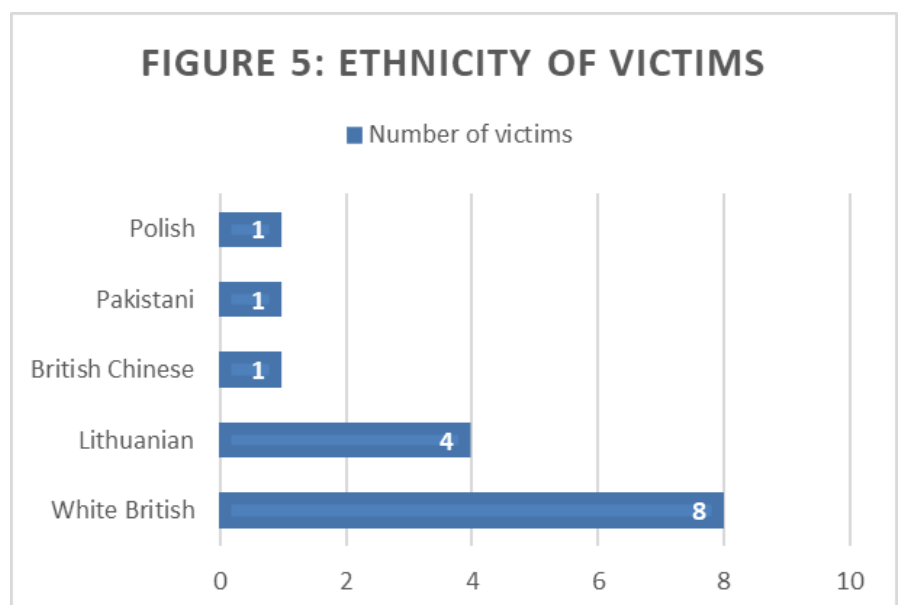


.3 Ethnicity/Nationality of victims

Most victims were of White British ethnicity, accounting for 53% which equates to 8 out of the 15 domestic homicides.

The second largest nationality was Lithuanian, with 27% of victims of this ethnicity, or 4 out of 15.

There are also victims from Polish, Pakistani and British Chinese backgrounds.



.4 Age of victims at death

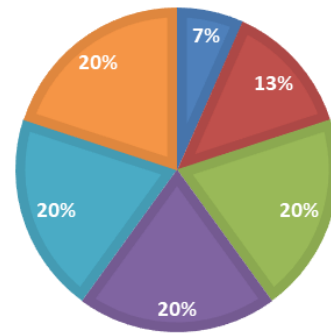
The mean age of the victims was 45.

As seen in Figure 6, there was an equal number of victims in the 31-40, 41-50, 51-60 and 61+ age category. Each with 3 victims in that age range.

There was only 1 victim in the under 20 category and 2 in the 21- 30 category.

FIGURE 6: AGE OF VICTIMS AT DEATH

■ Under 20 ■ 21-30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 61+



.5 Location of death

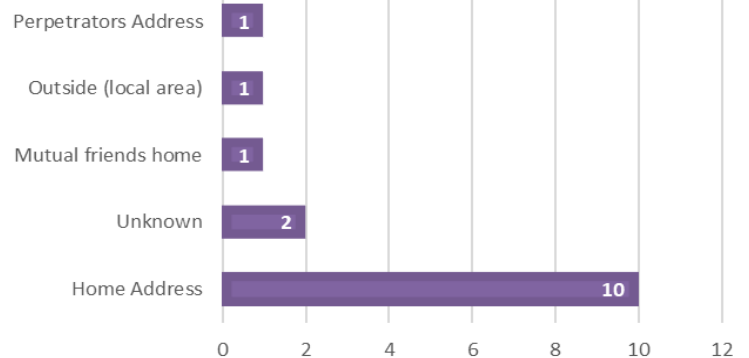
The most common location of death is the home address of the victim, with 10 out of the 15 homicides (67%).

2 victim's location of death is unknown (13%).

The perpetrators address, outside (local area) and at a mutual friend's home were each the location of death for 1 victim.

FIGURE 7: LOCATION OF DEATH

■ Location of Death



.6 Home ownership

As seen in Figure 8, the two highest categories for home ownership/living situation were private rented with 33% of victims were living in this type of accommodation, and social rented: accounting for 27% of the victims.

20%, or 3 out of the 15 victims had private ownership of their home.

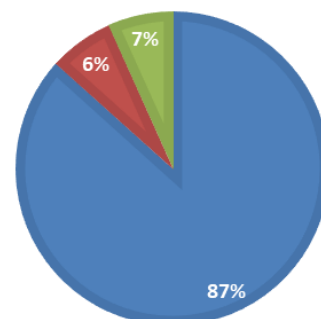
2 victims had an unknown living situation/home ownership, and 1 was of no fixed abode.

FIGURE 8: HOME OWNERSHIP

■ Unknown ■ Private Ownership ■ Private Rented
■ Social Rent ■ No fixed abode

FIGURE 9: SUB TYPOLOGY

■ Intimate Partner ■ Familial (Son) ■ Familial (Father)



.7 Sub typology

The sub typology refers to the specific 'type' of domestic homicide that occurred. Figure 9 illustrates that most homicides were committed by an intimate partner (13 out of the 15 cases).

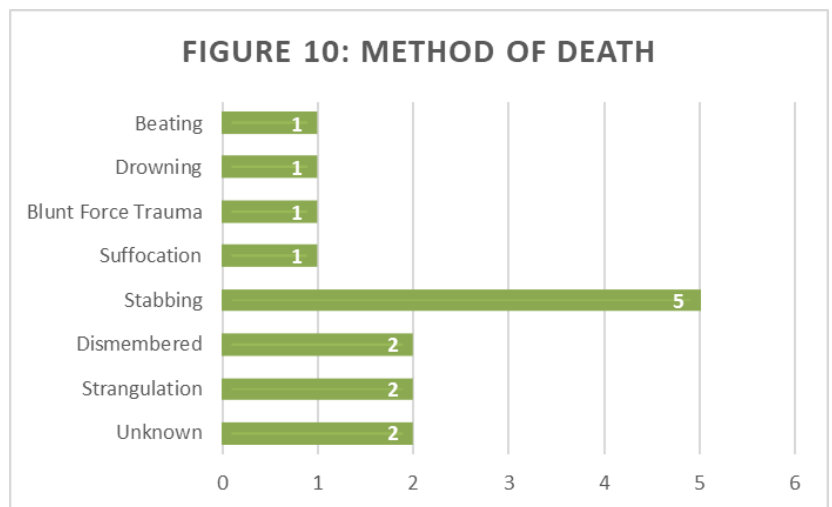
.8 Method of killing

Stabbing was the most common method of killing, with 5/15 victims (33%) being killed using this method.

The next most common was dismembering and strangulation, both of which were used in 2 cases each.

Beating, drowning, blunt force trauma and suffocation were the method of death in 1 case each.

There are also 2 cases in which the method of death is unknown.



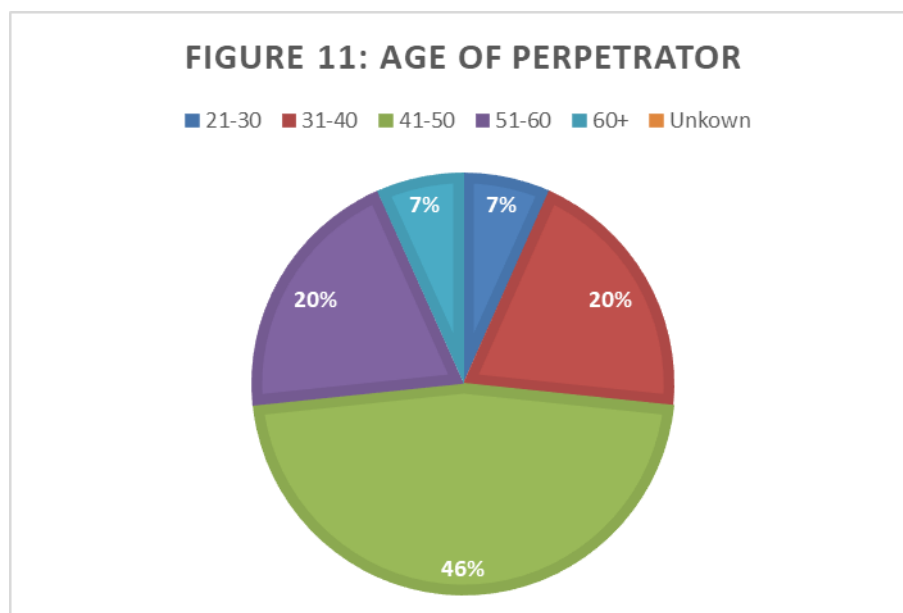
.9 Age of perpetrator

The mean age of the perpetrators was 45, the same as the average age for victims.

46% of perpetrators were between 41-50 years old. The next highest percentage groups were 51-60-year-olds and 31-50-year-olds (3 perpetrators in each category).

There

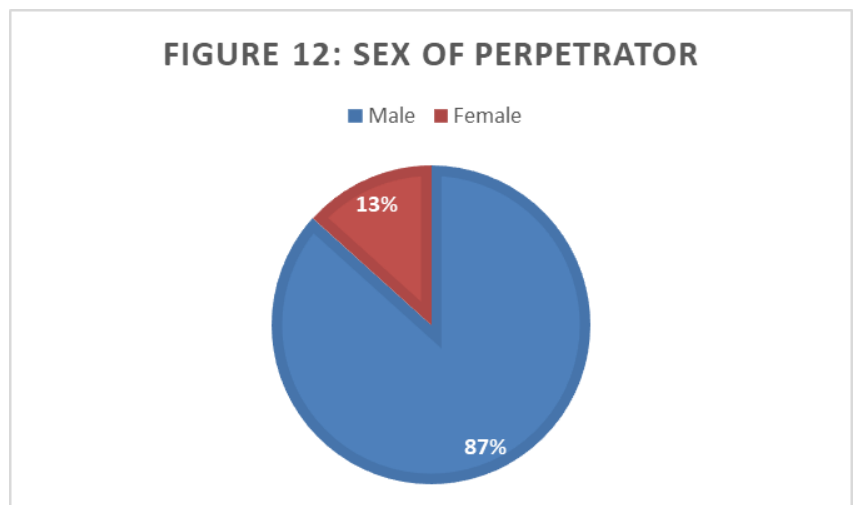
was 1



perpetrator between the ages of 21-30 and 1 perpetrator over the age of 60.

.10 Sex of perpetrator

Looking at Figure 12, it shows that 87% of perpetrators were male (13 out of 15), and 13% of perpetrators were female (2 out of 15).



.11 Perpetrators relationship to the victim

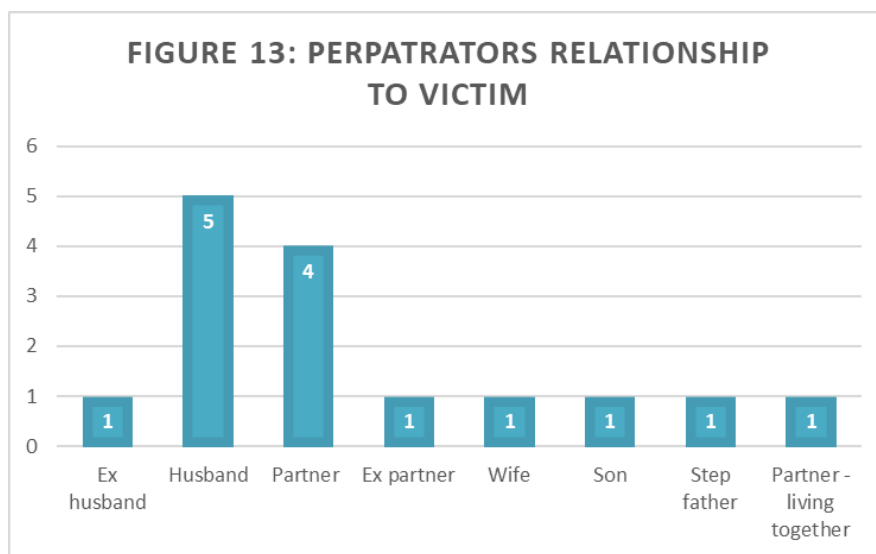
In 5 out of 15 cases of domestic homicide, the perpetrator was the husband.

The second most common relationship was partner, with 4 cases of partners being the perpetrators of domestic homicide.

For the remaining 6 victims, the relationship with the perpetrator was; ex-husband, ex partner, wife, son, step-father and partner (living together).

As outlined above, in over 1/3 of domestic homicides in Cambridgeshire the husband/wife was the perpetrator. This doesn't correlate with recent research which has found that not being married has been found to increase the risk of female homicide (Aldridge and Brown, 2003; Campbell et al., 2003; Dobash et al., 2007) – in Cambridgeshire it would appear being married did not significantly reduce the risk of domestic homicide in the cases analysed.

Looking nationally at statistics, the relationships between the victims and perpetrators shows that for 73% of the victims the perpetrator was a partner or ex-partner (Key findings from analysis of domestic homicide reviews, 2022, Home Office). In Cambridgeshire this is even higher, in 87% of cases the perpetrator was a partner or ex-partner.



Research shows that separation is often the riskiest time for domestic abuse victims, with one study showing that 76% of the homicides reviewed having involved separation. (Domestic Homicide Review- Key findings from analysis of DHRS Dec 2016, Home Office).

The Femicide census (2018) identified that 41% of women killed by a partner/former partner had separated or taken steps to separate, with 30% killed within the first month and 70% killed within the first year of separation.

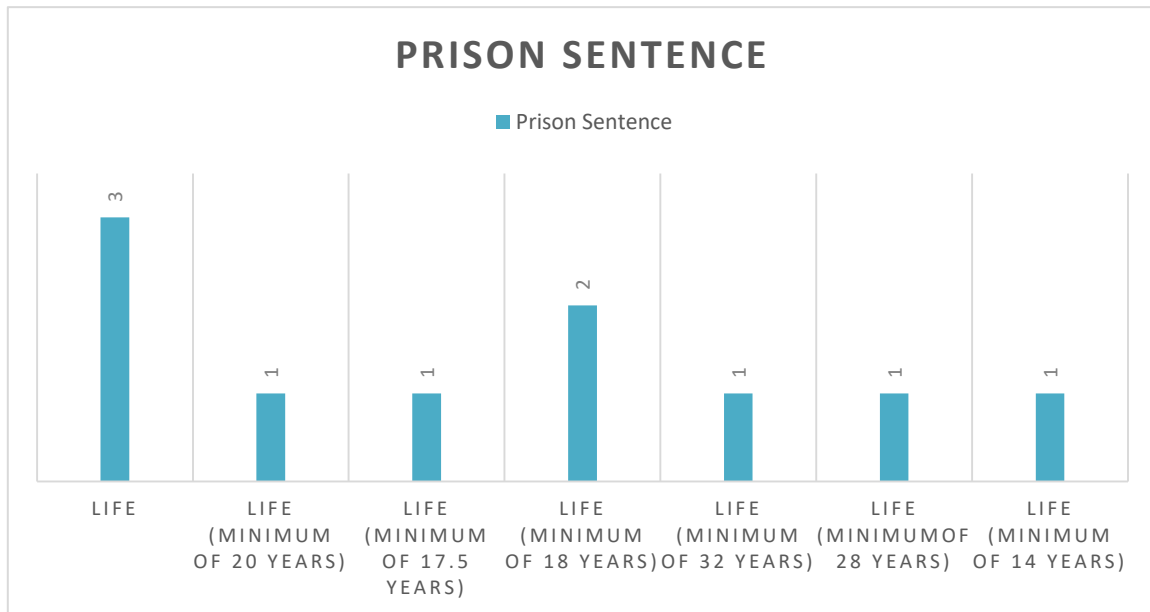
However, looking at DHR's in Cambridgeshire and Peterborough, few occurred at the point of separation differentiating Cambridgeshire and Peterborough from national trends.

.12 Convictions and length of prison sentence

Of the 15 cases of domestic homicide, 11 perpetrators were convicted of murder. A further 3 were convicted of manslaughter due to diminished responsibility, and in one case the perpetrator was not charged as it was regarded as self-defence.

In the cases of manslaughter on the basis of diminished responsibility, all 3 perpetrators were given a hospital order.

Of those convicted of murder, the length of prison sentence varied from life imprisonment with a minimum of 14 years, to life imprisonment with a minimum of 32 years (see below). Additionally, one of the cases was a homicide – suicide so there was no sentencing.



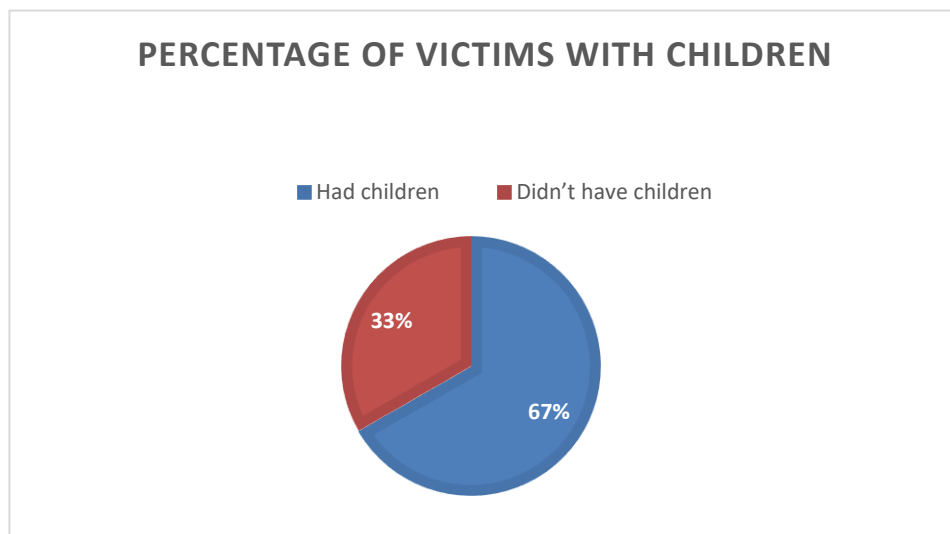
.13 Parent/Child relationships

Of the 15 victims of domestic homicides, 10 were parents.

Of the 10 parents, 5 had children who were under the age of 18.

In one of the cases, a victim had given birth just 3 weeks prior to their homicide.

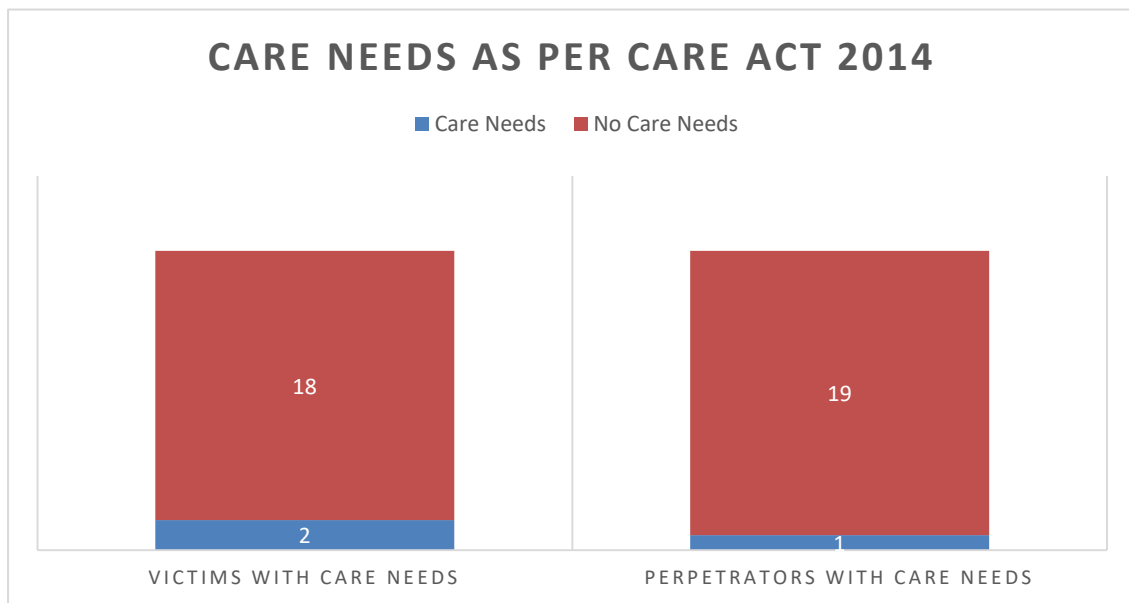
Nationally, when looking at DHR's from 2018 – 2019 it was determined that there were dependent children in 52% of the households where the victim was aged under 60.



.14 Care needs

In Cambridgeshire, looking at both domestic homicides and suicides, 2 of the 20 victims had care and support needs under the Care Act 2014. A further victim previously had specialist care needs when they had cancer.

Of the perpetrators, one was known to have care needs, but in this case (domestic abuse



related suicide) the victim was known to also be the perpetrator of domestic abuse.

A Review into Domestic Homicide and Safeguarding Adults Reviews relating to Victims with Additional Vulnerabilities 2021 (A Warburton 2021), found that 14 DHRs and 6 SARs from the periods 2013 onwards (DHRs) and 2014 onwards (SARs) involved victims with additional vulnerabilities. Please note, this review looked at the Eastern Region DHR's.

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.

- **Suicides**

Domestic Homicide Reviews are not only conducted in relation to homicides; where suicides arise and there is a history of domestic abuse, a DHRs is commissioned.

In Cambridgeshire, between 2011 and 2021, there were 5 cases of domestic abuse related suicides. There were none during this time in Peterborough.

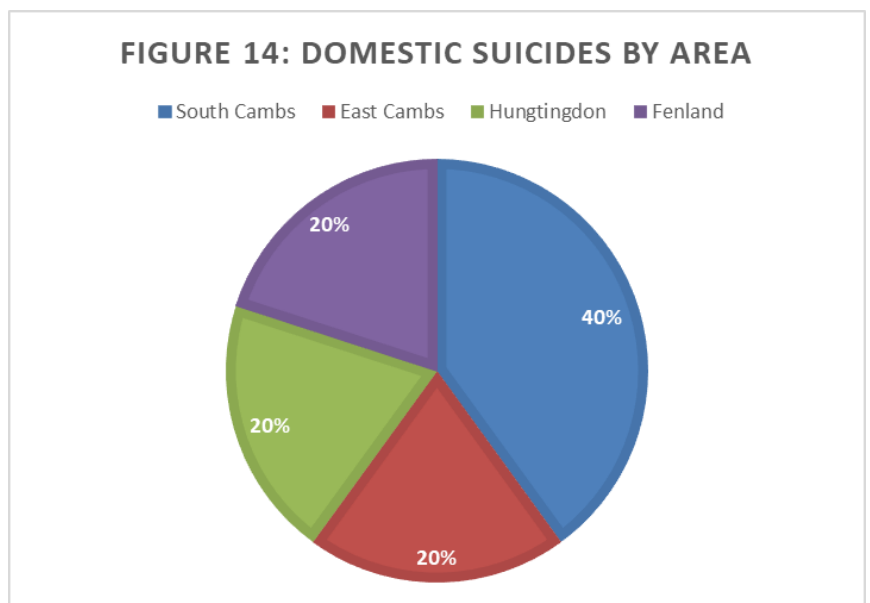
This section will outline the demographics of victims and abusive partner of domestic abuse related suicides, as well as looking at the cases themselves and commonalities between them. It will follow broadly the same structure as the demographic review of homicides above.

.1 Area

When comparing both the statistics for domestic homicides and suicides, it is clear that domestic abuse related suicides are more prevalent in different areas to domestic homicides.

As seen in Figure 14, South Cambridgeshire accounts for 40% of domestic abuse related suicides (2 out of 5 cases).

East Cambridgeshire, Huntingdon, and Fenland have each had 1 domestic abuse related suicide. Both Peterborough and Cambridge City have no domestic abuse related suicides.



.2 Sex of victims

Of the 5 cases of domestic abuse related suicides in the county, 3 victims were female, and 2 were male. This presents a significantly more even gender split than that of domestic homicides.

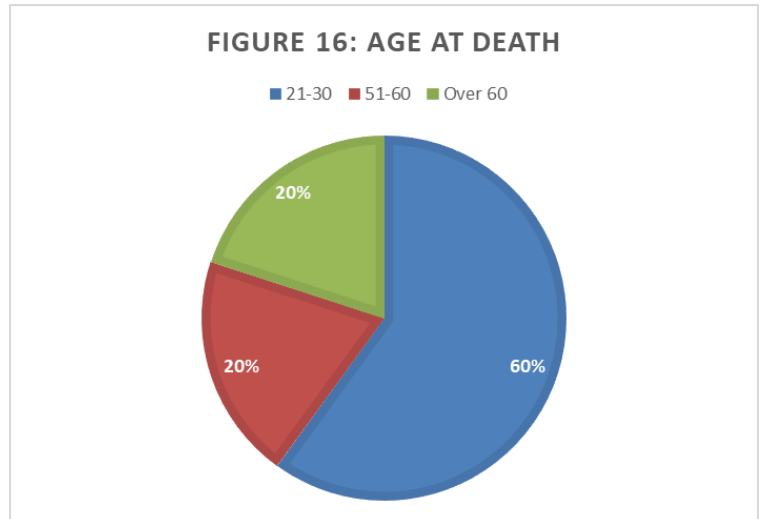


.3 Age at death

As seen in Figure 16, most the victims of domestic abuse related suicides were between the ages of 21 – 30 (3 victims).

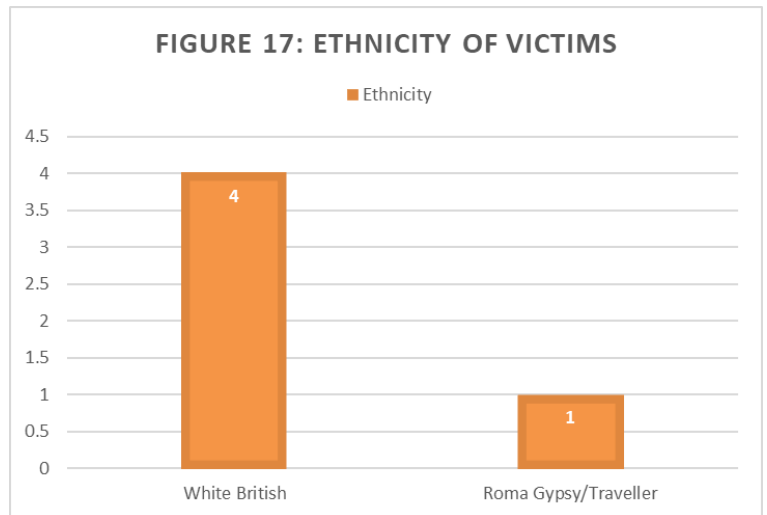
There was 1 victim of domestic abuse related suicides aged between 51-60 and one over 60 years old.

The mean age of victims at the age of death was 47 years old.



.4 Ethnicity of victims

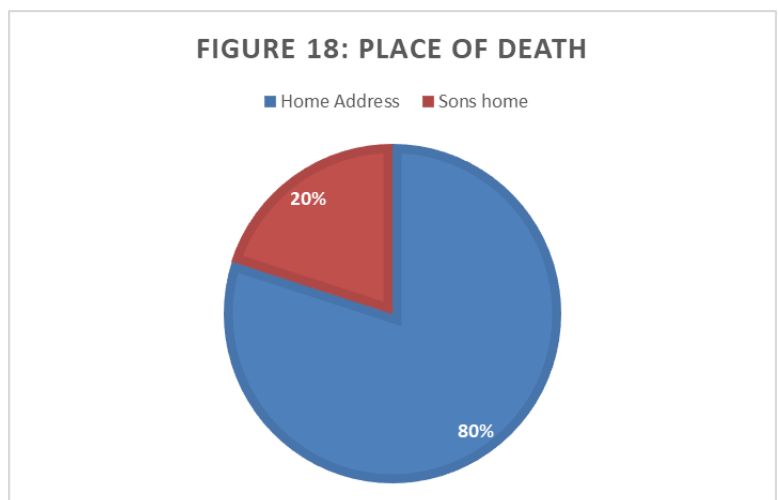
Looking at the ethnicity of victims, 4 out of the 5 victims were White British and 1 victim was of Roma Gypsy/Traveller background.



3.5 Location of death

The home address of the victim was the most common location of death, with 80% (or 4/5 victims) dying at their home address.

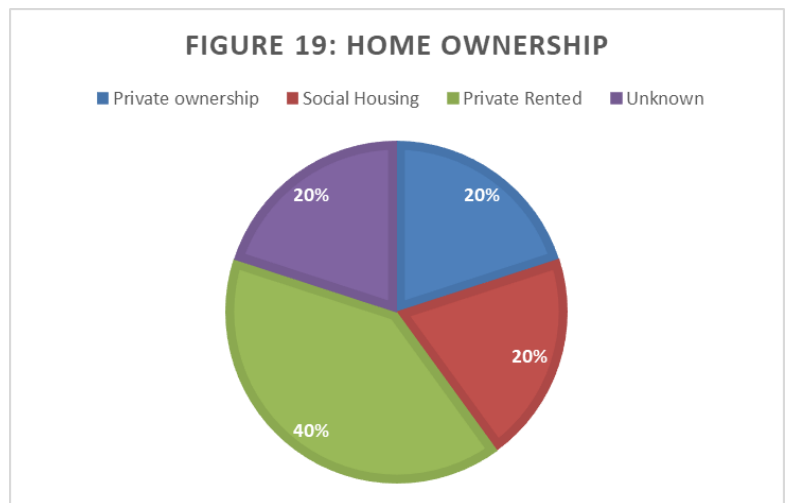
The remaining 1 victim died at their son's home.



3.5 Home Ownership/Living Situation

As we can see in Figure 19, 40% of victims (2) lived in private rented accommodation.

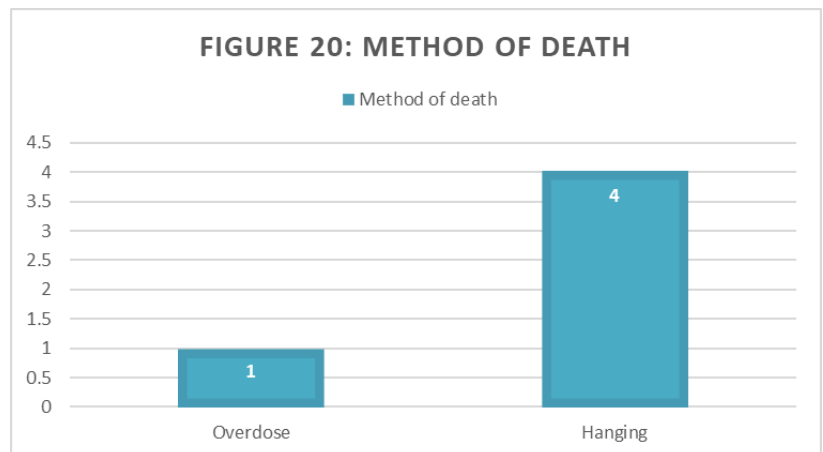
1 victim lived in a privately owned home, 1 lived in social housing, and 1 had an unknown living situation.



.5 Method of death

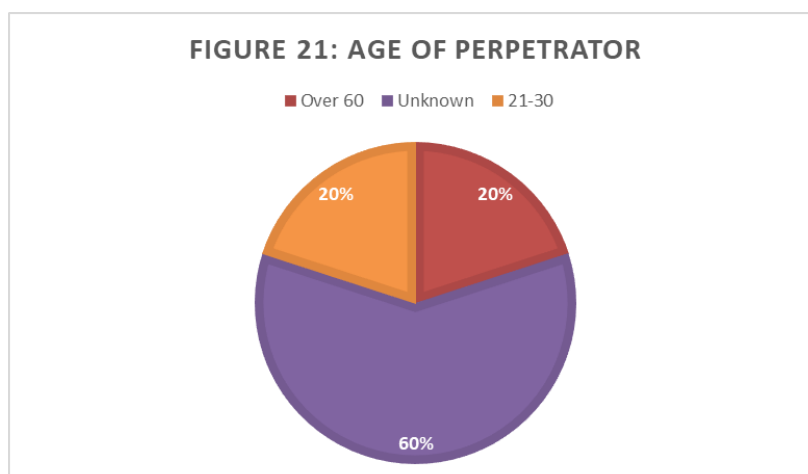
Looking at the method of death in cases of domestic abuse related suicides, hanging was the most common method of death, with 4/5 cases including this.

In the other 1 case, overdose was the method of death.



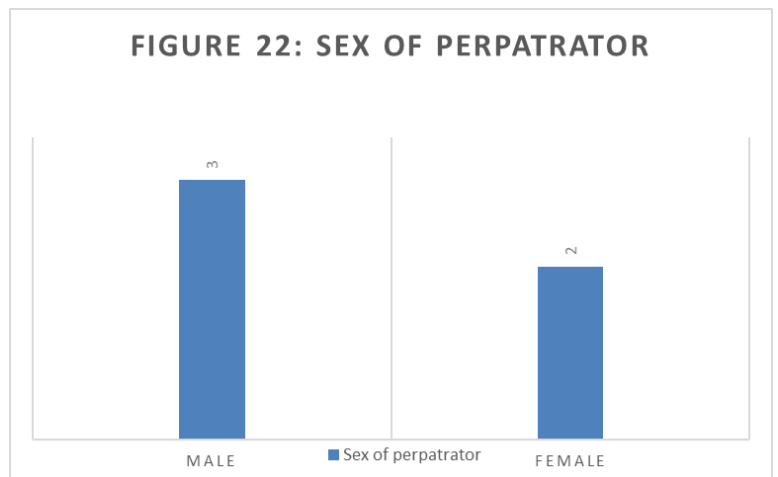
.6 Age of Abusive Partner

In 3/5 cases of domestic abuse related suicides, the age of the abusive partner was unknown. In 1 case the perpetrator was over 60, and in another case the perpetrator was between 21-30 years old.



.7 Sex of perpetrators

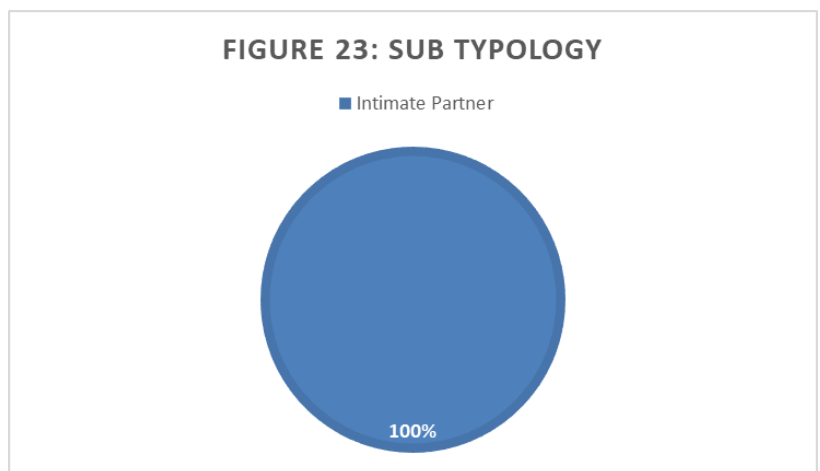
Looking at Figure 22, 3 of the abusive partners were male and 2 were female. All were in heterosexual relationships.



.8 Sub typology

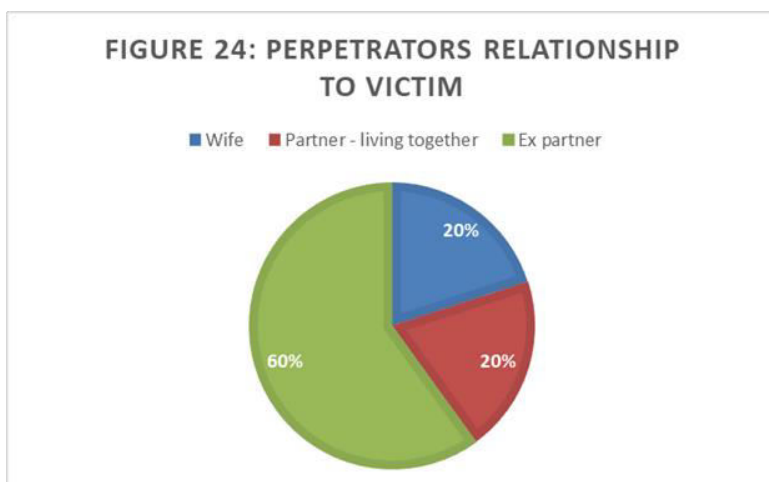
As outlined in the above section on domestic homicides, sub typology refers to the specific 'type' of domestic abuse related suicide that has occurred.

In Cambridgeshire, all the domestic abuse related suicides come under the sub typology of intimate partners.



.9 Abusive Partners relationship to the victim

Of the 5 cases of domestic abuse related suicides, 3 abusive partners were the victims ex-partner.



One of the victim's abusive partners was their wife, and one was their partner (living together).

- **Joint demographics for domestic homicides and domestic abuse related suicides.**

- .1 Were victims known to specialist domestic abuse services?

When looking at the DHR's (both homicides and suicides), a common theme throughout cases in Cambridgeshire & Peterborough is that the victims were rarely known to domestic abuse services. In only 3 of the 20 cases of domestic homicide/suicide were the victims known to specialist DA services, and all 3 were at MARAC (significant) level of harm. The other 17 cases were entirely unknown to specialist domestic abuse services.

In one the homicides, the female partner acted out of self-defence (and was subsequently not charged), she was known to specialist DA Services as a high risk victim of domestic abuse.

However, in 10 of the 20 DHR's there was previous instances of domestic abuse (this includes the above case where the female perpetrator acted out of self-defence to an abusive partner). This aligns with national statistics, which claim that forty-six percent of the victims had been the target of a perpetrator previously, almost always their previous partner.

- .2 Victim mental health and substance/alcohol misuse.

Nationally, it's reported that sixty-one percent of victims had a vulnerability, with 34% having one vulnerability and 27% having more than one. Of the vulnerabilities, 34% were mental ill-health, 28% were problem alcohol use and 22% were illicit drug use ([Key findings from analysis of domestic homicide reviews - GOV.UK \(www.gov.uk\)](#)).

In a review around DHR's relating to victims with additional vulnerability in the Eastern region (A Review into Domestic Homicide and Safeguarding Adults Reviews relating to Victims with Additional Vulnerabilities, 2021, Amanda Warburton-Wynn) 55% of the victims/subjects were known to Adult Social Care prior to death, and 45% of victims/subjects had vulnerabilities but likely did not meet thresholds for Adult at Risk criteria.

4.3 Perpetrator mental health and substance/alcohol misuse.

Seventy-one percent of the perpetrators were considered to have a vulnerability and the most common were: illicit drug use, mental ill-health, and problematic alcohol use. Thirty one percent of perpetrators were affected by mental health issues and for 23% this was

depression and 21% were suicidal thoughts ([Key findings from analysis of domestic homicide reviews - GOV.UK \(www.gov.uk\)](#)).

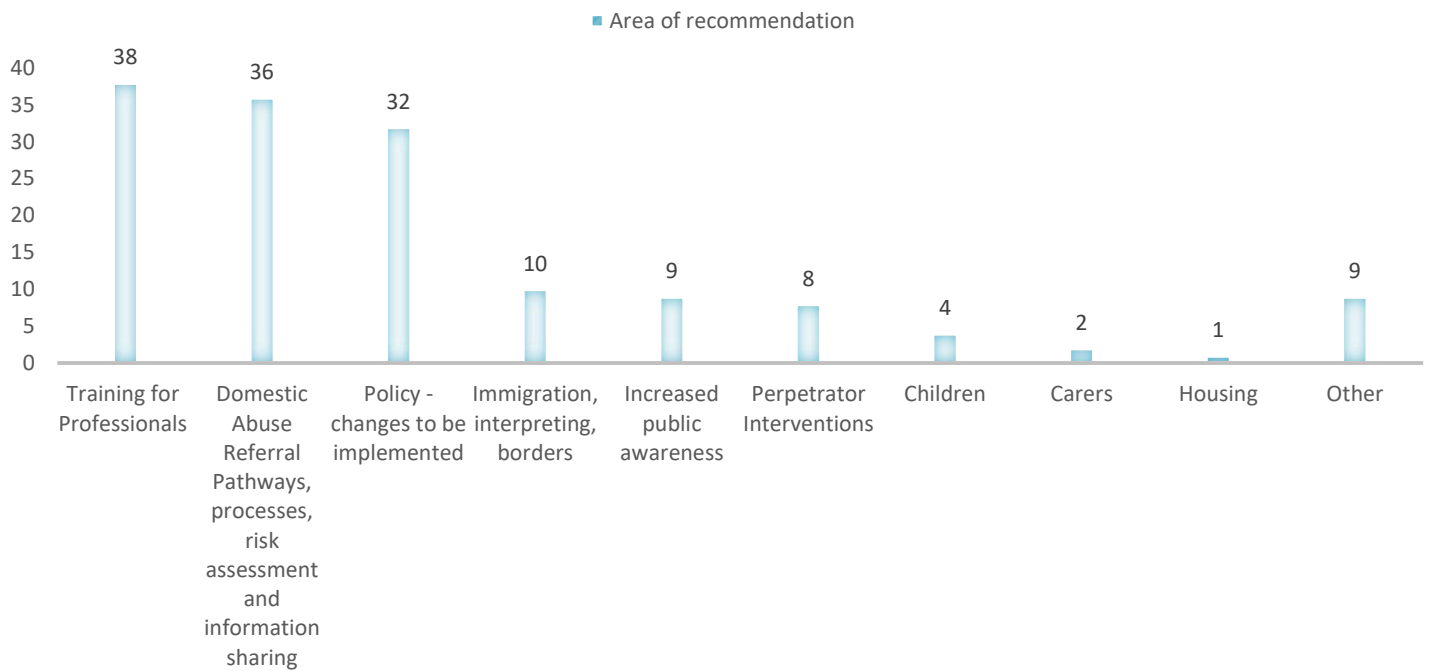
In Cambridgeshire, 4 of the 20 perpetrators were known to drug and alcohol services, and 3 out of 20 were known to mental health services.

Additionally, in 6 out of 20 cases, the perpetrator was known to use/misuse alcohol, and drug use/misuse was known to be apparent in 4 out of 20 cases.

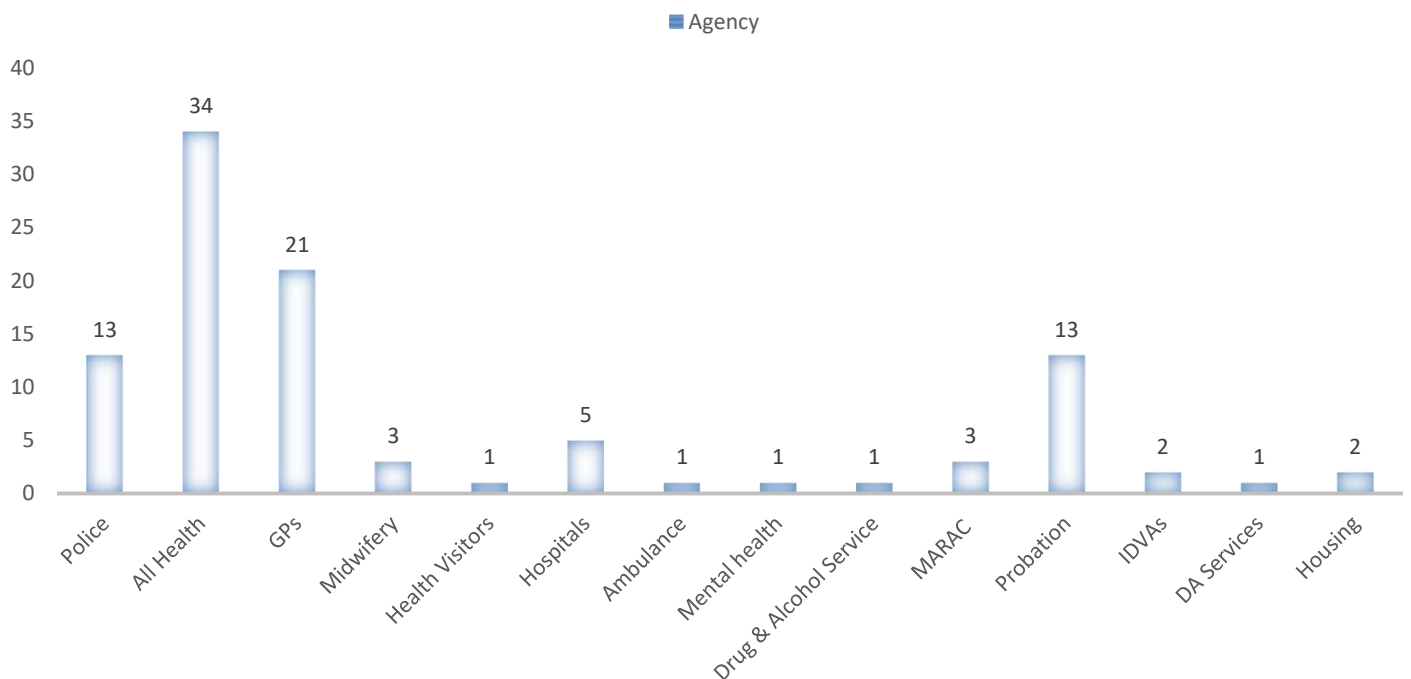
- **Themes within the DHR Recommendations**

Of the 20 DHRs, 12 have been published, 6 are with the Home Office and 2 are in the progress of being written.

NUMBER OF RECOMMENDATIONS ACROSS THE 20 DHR'S



AGENCY SPECIFIC RECOMMENDATIONS



Across the 18 DHR Reports, there are 153 Recommendations. See graphs below:

Looking nationally at some of the themes identified in 2022 Home Office Report - Key findings from analysis of domestic homicide reviews, we can see similarities to recommendations in the Cambridgeshire DHR's. This includes:

- **Assessment:** the need to improve risk assessments, carer's assessments, or mental health assessments.
 - As identified in the graph above, risk assessments (and care assessments) were recommended 36 times in Cambridgeshire DHR's as part of the broader group of DA referral pathways, processes, risk assessments and information sharing.
- **Records and information:** information can be missing and not shared between agencies, and the need to improve information sharing between agencies, to hold accurate information and then use it effectively to manage risk.
 - Information sharing was also recommended in 36 times as part of the broader group of DA referral pathways, processes, risk assessments and information sharing.
- **Support:** for staff whose work involved cases of domestic abuse and cases where support for victim was not identified or, where the need for support was identified, but there was no plan to provide it.
- **Risk:** the right risk level needs to be identified, with information held by other agencies included.
- **Referrals:** are not always made when needed
- **Training:** the need to update training and make it accessible
 - In Cambridgeshire DHR's, 38 recommendations identified the need for increased training, in a range of issues relating to DA and that specific situation
- **Policy:** occasions when action taken was not in line with policy and there were agencies without a domestic abuse policy
 - Identified throughout the DHR that existing policies also need to be improved within Cambridgeshire and new ones need to be created within agencies.
 - 32 recommendations included the need for new policy implementations.

- **Outcomes of Cambridgeshire DHRs**

Translation:

- There are now awareness materials in different languages, - now available on the www.cambsdasv.org.uk website and downloadable.
- Having staff who can speak specific languages for a specific population, especially important in Peterborough where there is a large proportion of Lithuanian speakers, and a Lithuanian IDVA was employed to support this need.
- The importance of independent translators and not using family or friends.

Minority Groups

- Public awareness poster developed in partnership with Opoka – Polish domestic abuse support organisation
- Posters in A8 languages available on website and shared with local organisations working with people from these countries
- You Tube films in 7 languages – Urdu, Russian, Polish, Punjabi, Lithuanian, British Sign Language and English
- DASV Champions session about Gypsy & Traveller victims delivered in by One Voice for Travellers

Professional Curiosity / Asking about DA:

- Particularly in health settings, being professionally curious, asking directly about domestic abuse was found to be very important.
- Taking opportunities and making opportunities (seeing patients alone)

Training:

- Ensuring the front-line professionals have up to date training – for specific groups of professionals, such as the DASV Workforce, or drug and alcohol staff, or generic training.
- Examples include coercive control and Clare’s Law in all basic DA training.
- Specific workshops on coercive control.
- Using DASV Champions sessions to upskill professionals re issues arising from DHRs – have included male victims, strangulation, suicide, substance misuse
- Specialist training for the DASV Workforce – suicide prevention, working with male victims of DA
- All drug and alcohol treatment staff have had sessions delivered regarding basic DA Awareness, coercive and controlling behaviour, working with perpetrators and DA Victims who misuse drugs and alcohol

Additions to the specialist DA Workforce:

- Male IDVA, Lithuanian IDVA and BAME IDVA
- Team of Health IDVAs to work alongside health settings, taking referrals at all levels of need.
- Specialist DA midwife at the Rosie Maternity Unit.

Older People:

- Development of a DASH Risk Assessment for older people, the first to be trialled in the UK.
- Older People’s DASH Risk Assessment being piloted

- Older People's DA Guidance, based on Dewis Choice Project, developed and shared across all agencies
- DA and Dementia guidance, based on Dewis Choice Project, being developed for presentations to DASV Champions and partner agencies

Male Victims:

- One Day Training from Respect for all Domestic Abuse specialist staff
- Additional awareness raising including a poster aimed at male victims developed in conjunction with Respect, shared online and print versions distributed to all licensed venues across Cambridgeshire & Peterborough
- DASV Champions session regarding male victims, delivered by Respect
- Male Victims IDVA

Carer's:

- The DASV Partnership is working with the Carer's Strategy Refresh project to ensure domestic abuse of, and by, family carers is included alongside multi-agency work and training in this area.

Suicides

- The Domestic Abuse Partnership are a member of the Suicide Prevention Working Group
- The lead for suicides in Public Health is invited as a DHR Panel Member
- All specialist domestic abuse and sexual violence staff received suicide prevention training from MIND
- Lifeline staff, MIND Staff and Samaritans received training about domestic abuse
- Joint Domestic Abuse and Suicide Briefing was published on the Stop Suicide and Cambs DASV Websites

- **Health**

The Clinical Commissioning Group are key members of every DHR panel and are responsible in supporting a range of health providers, in particular primary care to respond effectively to recommendations made from DHRs and to improve their response to domestic abuse.

Activity includes:

- The primary care newsletter has a spotlight on DHRs section. Each month information is shared which could be a lesson learnt or a suggested change in practice. This may reflect on trends or a precis of what a DHR is and their responsibility.
- Drop-in sessions and GP Forums are regular sessions where domestic abuse issues to the attention of staff, and staff can bring issues to discuss.

- Professional curiosity – there has been significant input into the significance of this and training has been delivered. There have been briefings, and this is spoken about widely – however, it continues to be a key issue.
- In working with GPs, CCG staff make suggestions for change but do not have the power to enforce implementation in practices.
- Issues that are regularly considered are the recording of the name and relationship of anyone accompanying a patient and seeing patients alone.
- The benefit of video calls when a face-to-face clinic is not possible where there is concern, over telephone calls.
- Cross referring their safeguarding register with patients that regularly do not attend appointments as this has been a theme of some DHRs. We advise surgeries run a report on all patients that have missed 3 appointments in any 3 month period or less – to ensure they are contacted.

- **Police**

- Enquiries with Border Agency take place as a matter of standard practice in Immigration cases. The Police National Computer is also regularly updated with missing, wanted and conviction details.
- There is often inevitable crossover in domestic related homicides with the Family Liaison Officer engaging in parties who fall under both classifications (victim and perpetrator). Such engagement forms part of the Family Liaison strategy from the Senior Investigating Officer and will be bespoke to each case.
- High risk cases coming into MASH are referred to MARAC swiftly. Cases graded as high risk or those upgraded as such, or those hitting repeat triggers, are referred into MARAC.
- Vulnerability Focus Desks assess each custody case and specifically look to maximise safeguarding opportunities for victims and disrupt offending. DVPO applications have increased considerably since the introduction of the team and the use of the We Protect application by officers to refer victims for protective orders continues to be strong. MARAC and target hardening are well-ingrained measures and partnership intervention is considered standard practice.
- Support is available for officers and tutors in the form of Vulnerability Focus Desks and the force will shortly launch a vulnerability application for live time advice whilst officers are on patrol. Review of the interview process forms part of the gatekeeping review, however wider scrutiny proves challenging based on demand which often exceeds capacity.
- The Vulnerability Focus Desks review all of the previous 24 hour sudden deaths each morning, specifically looking for suicides, domestic related history and adult and child protection concerns within the home. Where such concerns are identified, these are flagged to a member of the PVP Senior Management Team and further investigation can then take place.
- Offenders arrested for domestic related matters will often remain arrested and under police guard in hospital due to the risk involved. Where a decision is made to bail the offender, it is done so with careful consideration as to the likelihood of further offending or the risk posed to the victim.
- Body Worn Video use in Cambridgeshire complies with National policy in respect of its use.
- Applications to the Domestic Violence Disclosure Scheme (Clare's Law) continue to rise, with applications now being web based as well as via the telephone to make the application process easier. Additionally, more disclosures are being provided to victims at the scene of

Domestic Abuse incidents, so they can take measures to safeguard themselves sooner. In 2020, just 20 Domestic Violence Protection Order applications were made in Cambridgeshire. In 2021 there were 164 applications.

- The Constabulary strive everyday to improve the experience of victims of Domestic Abuse by working with partners to reduce or prevent offending. When it does occur, we strive to support victims in providing their evidence in the most appropriate way which minimises the impact caused to them, we bring perpetrators swiftly to justice and we work with our partners in the Crown Prosecution Service to achieve positive outcomes.
- We safeguard victims through our Vulnerability Focus Desks and take measures to prevent and reduce reoffending through the application of orders, such as DVPO, Non-Molestation Orders and Stalking Protection Orders.

- **Conclusions**

Across Cambridgeshire and Peterborough, the increase in the number of DHRs is likely to be a result of greater identification and information sharing, rather than a real increase in homicide or suicide, however, this cannot be proven.

The DHR process is to identify lessons or opportunities that the “system” and organisations could have responded more effectively to a situation of domestic abuse. The above outcomes were all driven by findings from DHRs.

The response following a DHR is rarely a “one off” activity, but a system or organisation adapting to improve outcomes for those who come after those who have died.

DHRs are complex, expensive, and time-consuming processes, making it vitally important that lessons are learned, and changes are made.

There will be more recommendations from the DHRs of those who died in this period once these reports and recommendations are complete.