



# LEARNING FROM DOMESTIC HOMICIDE REVIEW

## SHEFFIELD COMMUNITY SAFETY PARTNERSHIP

**Jessica**

**December 2021**

### WHAT HAPPENED?

Jessica killed herself in the summer of 2019. She leaves behind young children whom she loved very much. Jessica died soon after she had been treated for severe injuries to her fingers and Kevin, her estranged partner, had breached a Domestic Violence Protection Order (DVPO).

The police responded to 10 incidents between 2013 and 2019. None of the incidents was screened at high risk although with the benefit of the detailed analysis by the DHR some should have been. There were other incidents the police were not told about such as when Jessica needed hospital treatment for injuries. None of the services knew about all of the incidents and each had differing reference numbers. Apart from the police, no other service completed a DASH assessment when they could have. The police did not always complete a DASH assessment and these did not reflect the true extent of risk represented by history and the nature of some assaults. The police did not always make a referral to specialist domestic abuse services and some referrals were made very late.

Jessica suffered low mood and talked to her GP on more than one occasion. Domestic abuse was never explored by the GP as a potential factor.

Social care was involved at times. There was evidence that Jessica was afraid she might lose her children if the true extent of the abuse was revealed. It was generally agreed that Jessica was a mum who gave good care to her children and did not want to prevent them from seeing their father. On more than one occasion Jessica talked about being frightened by Kevin who also drank alcohol and took drugs. He talked to his GP about his substance abuse and loss of temper but domestic abuse was never discussed.

When Jessica either felt very frightened or was ready to talk about domestic abuse there were delays in taking statements and court outcomes were not effective in terms of breach processes.

Control and coercion were not understood as dominant factors in domestic abuse.

### WHAT DID IT TELL US?

Preventing domestic abuse means recognising signs and symptoms and focussing on the behaviour of the perpetrator including effective control if necessary.

Agencies must understand that women can be frightened to talk to anybody about domestic abuse especially if they have children they fear they may lose.

Places like nurseries and schools should be able to understand and respond to potential evidence of children living with abuse and trauma through changes in behaviour, attendance, participation.

Having a consistent and trusted person with the right knowledge to build trust with a victim of domestic abuse is key; the IDVAs are important people but health visitors, GPs and other professionals have an important role to play.

DASH assessment is not a one-off and can result in misleading understanding about true risk if it is only focussed on single incidents rather than looking at markers and patterns of abuse and behaviour

There is a strong link for women between being a victim of domestic abuse and suffering poor mental health especially if there is also substance misuse.

Emergency health care professionals need to be alert for potential domestic abuse; they should be encouraged to ask questions especially when completing procedures such as an X-ray or fracture care when a patient is on their own.

Information systems at GP and emergency care should be used to check for relevant history using codes to access it more quickly.

Evidence of domestic abuse and escalation of the number or nature of incidents and cumulative impact needs to be considered; the risk could have arguably changed to high and referred into MARAC for a coordinated multi-agency safety plan

### WHAT CAN WE DO NOW?

Ensure that a DASH is not a one-off activity and treated as the only assessment, and is not seen as the sole responsibility of the police to complete.

Ensure that all services complete safeguarding referrals.

Improve the capacity of health services to identify and respond to evidence or information that indicates Domestic Abuse.

Give careful consideration to the MARAC threshold being met where there are multiple DA incidents or there is potential for elevated risk, particularly when outcomes at court do not result in effective controls or sanctions.

Ensure effective work with perpetrators including identification of the motivation for abuse.

