

BACKGROUND

A Domestic Homicide Review (DHR) was commissioned to identify how agencies worked together and to learn from any lessons to improve multiagency responses to domestic abuse.

This DHR was not published but the learning has been shared across the partnership.

AGENCY INVOLVEMENT

- Essex Police
- GP Practice
- Local Council

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Domestic Homicide
Review (DHR)

4

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RECOMMENDATIONS

There were 6 recommendations, summarised below:

- **Recommendation 1:** The Home Office to review homicide recording within 12 months, enabling systematic identification of parricide by gender, publishing findings and implementation actions.
- **Recommendation 2:** Essex Police and Local Authority chairs to review Mental Health Risk Management Board risk assessment and escalation processes, considering academic evaluation.
- **Recommendation 3:** MSE ICB to introduce GP alerts for patients aged 70-plus without face-to-face medication reviews within two years and explore Essex-wide adoption.
- **Recommendation 4:** MSE ICB to reinforce NHS proxy-access guidance for GPs.
- **Recommendation 5:** Agencies to embed case learning, professional curiosity and “think the unthinkable” training.
- **Recommendation 6:** Practitioners to apply Think Family and Whole Family approaches and use Essex Safeguarding Adult Board resources.

KEY THEMES

- **Parricide:** An extreme form of domestic abuse involving the killing of a parent by an adult child.
- **Premeditation:** The abuse involved evidence of planning and deliberate actions over time.
- **Deception:** The perpetrator manipulated communications, restricted contact with others, and provided misleading information to family members and agencies.
- **Financial abuse:** Exploiting accounts, credit, pensions and benefits.
- **Vulnerability:** Factors such as age, health needs, dependency, social isolation, or reduced access to support can increase vulnerability and impact identification of harm.
- **Learning:** Agencies should maintain professional curiosity where there are unexplained changes in engagement, repeated cancellations, prolonged periods without direct contact, reliance on third-party communication, or accumulating indicators of risk. Safeguarding responses should adopt a whole-family approach, supported by effective information sharing, escalation, and multi-agency collaboration.