

# Domestic Homicide Review into the death of Julie

## - 1 page learning summary

DHRs are a way to improve our local coordinated community response. Looking at the death of a person aged 16+ as a result of DVA, they aim to: understand what happened; identify where agency responses could be improved; learn lessons including how agencies work together; identify how to improve responses; and to prevent something similar happening to others in the future.

### What we have learned

- Julie's experience of domestic abuse (DA) included physical abuse, isolation, animal abuse, sexual coercion, economic abuse, coercive control including economic abuse and threats to kill.
- Some of Julie's symptoms of abuse, including anxiety, sleeplessness and alcohol misuse, were not recognised by professionals. This shows the importance of more training for professionals to recognise indicators of DA.
- There were some occasions where agencies did not share information about risk and safeguarding concerns.
- Risk should not be downgraded because a domestic abuse perpetrator has been taken into custody, until they have been charged, denied bail and sentenced to a reasonably long term of imprisonment.
- Julie's partner had a history of serious violence and domestic abuse that Julie was not aware of.
- A 'whole family approach' is needed to identify potential carers, as Julie was caring for her partner due to his deteriorating mental health condition.
- Read the full report at: [DHR Julie Overview report.](#)

### Did you know?

- 1) Domestic abuse isn't just physical violence - Julie experienced coercive and controlling behaviour, including isolation and economic abuse. Her partner made threats to kill her and harm her daughter and abused animals.
- 2) Once Julie met her partner, her life changed: she stopped working and experienced financial insecurity, lost contact with her friends and family and became much more isolated.
- 3) Julie understood that her partner's abusive behaviour was a result of his deteriorating mental health and took on an informal role in caring for him.
- 4) The intersection of mental health, substance misuse and domestic abuse creates barriers for agencies engaging with victims. Professionals need to explore ways to overcome these barriers to try to engage effectively with victims.

### What works and what you need to do now

- 1) Would you be confident in having a conversation to help someone recognise they may be experiencing domestic abuse? Women's Aid has produced a simple [online guide](#) to help people recognise abusive relationships.
- 2) Would you recognise the risk factors, signs, presenting problems or conditions that can warn (health) professionals that a patient may be experiencing domestic abuse?
- 3) Are you confident in using the [DASH RIC](#) to identify risk?
- 4) Are you aware of the [Domestic Violence Disclosure Scheme](#)?

