

Domestic Homicide Review into the death of Pamela - Learning briefing

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.

Introduction: The East Sussex Safer Communities Partnership undertook a Domestic Homicide Review (DHR) to evaluate multi-agency responses to the murder in March 2016 of a woman in her late 40's, who for the purposes of the review was known by the pseudonym 'Pamela'.

If you work with adults or children affected by domestic violence and abuse (DVA) in East Sussex, there may also be additional specific actions and recommendations for your agency and your role. Please ask your manager, or contact your representative on the Safer Communities Board.

You can read the full report at

<http://www.safeineastsussex.org.uk/Domestic%20Homicide%20Reviews.html>

Key learning points

This DHR identified a number of recommendations. These can be grouped into four priority areas and include:

Recognising domestic abuse – this includes recognising those types of behaviour which can be coercive and controlling.

Stalking and harassment – the perpetrator in this case had a history of stalking and harassment of women in another county. While not known to professionals in Sussex at the time, and unreported by Pamela, there was significant learning around the importance of identifying these behaviours and recognising a course of conduct.

The role of health services – there is an opportunity for increased professional curiosity regarding risk factors, signs, presenting problems or conditions that can warn health professionals that a patient may be experiencing DVA, as well as using the appropriate risk identification tools.

The role of family – ensuring family members (and friends) have access to information on help and support, as well as options like the 'Domestic Violence Disclosure Scheme' (sometimes known as Clare's Law) is a challenge, but this could help a family provide help and support to a loved one.

Other findings (not addressed in this briefing) included: ensuring there are simplified referral pathways to specialist services and access to specialist services in health settings.



History: The DHR concerned Pamela, who died in March 2016. The perpetrator, who for the purposes of the review was known by the pseudonym 'Lance', was charged and later convicted with her murder.

Pamela and Lance began their relationships in 2014 shortly after Pamela's then husband had died. Within three months they were living together and had merged their small high street shops. They temporarily split up in November 2015, with the relationship ending in March 2016. Pamela was murdered that same month.

Victim's perspective: Pamela was initially happy about her relationship with Lance, feeling it was "another chance to be in a loving relationship". However, over time she lost trust in Lance – he had lied to her about number of different matters, including his divorce and about his relationship with another woman. Pamela was happy with her decision to separate, although she took precautions – she changed the door locks at home and blocked Lance's phone number because he had a habit of calling her incessantly when they were apart. While worried, Pamela did not describe her experiences as DVA.

Information from the perpetrator: When interviewed in prison Lance did not take any responsibility for the events in his life, including Pamela's homicide. As part of the review, it was identified that Lance had a history of stalking and harassment of women in another county.

The review sought to get a more complete view of the lives of Pamela and Lance in order to see the homicide through the eyes of the victim and perpetrator.

This review has in particular benefited from input from Pamela's sister, and the chair of the review thanked her and other family members and friends for their time and cooperation.

Lance was also interviewed in prison.

Domestic Violence and Abuse: The [government definition](#) of DVA is:

- Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional
- Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour
- Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

There is evidence of Lance's coercive or controlling behaviour towards Pamela. In addition to harassment by phone and text, Lance:

- Demonstrated a sense of entitlement e.g. to money and to Pamela's time and attention
- Made suicide threats when he and Pamela first separated in November 2015. When they separated in March 2016 he posted messages on social media about losing the will to live
- Posted derogatory social media messages about Pamela, accusing Pamela of having affairs, and made other allegations. He also posted directly from Pamela's own accounts.

There are also examples of Pamela's world being made smaller: their merged businesses then became his shop and when he moved in his belongings took up most of the space at home.



Recognising domestic abuse: Lance displayed patterns of behaviour that are not widely understood as indicators of someone being an abuser. These behaviours were evident in his relationship with Pamela, but also with other women. He repeatedly: threatened suicide in his relationships; displayed an unjustified sense of entitlement with respect to money within a relationship; had an expectation that he was entitled to all of his partners' time and attention; accused women with whom he was partnered of having affairs (even as he was himself having multiple relationships); and his relationships always escalated very quickly; from meeting someone to living with them often occurring in a matter of weeks.

Whilst it is clear that Lance was coercive and controlling, Pamela did not 'name' her experience as DVA. This may have been influenced by Lance's behaviour - in common with many abusers, Lance was skilled at keeping the hope alive that he would change. He promised Pamela on multiple occasions that he would go to a GP about his depression, that he would access counselling to help them stop arguing so often. Promises that he would change are also evident in his other relationships. These never materialised.

- √ **Would you be confident in having a conversation to help someone recognise they may be experiencing DVA? Women's Aid has produced a simple [online questionnaire](#) to help people recognise an abusive relationship.**
- √ **If someone did make a disclosure, how can you ensure you can spend time with someone to build confidence and create a safe space for disclosure?**
- √ **Are you confident in using the [DASH RIC](#) to identify risk?**
- √ **Do you know about local support services, including referral pathways?**

Stalking and harassment: Although Pamela never reported Lance to the police, during the review it was identified that Lance had a history of stalking and harassment – 8 women (with a 9th unproven) had reported Lance to the police in another county. A review of these reports identified that each was recognised as domestic abuse and risk assessments were completed, but the local Police Force failed to identify a course of conduct and repeatedly used Harassment Warning Letters and missed information around a Restraining Order.

- √ **Can you identify stalking? The Suzy Lamplugh Trust has produced [online guidance](#), including frequently asked questions.**
- √ **Can you provide information for a victim of stalking? [The National Stalking Helpline](#) can provide information and advice on the law, as well as reporting, evidence gathering and personal safety. They have also produced a leaflet with '[information for victims of stalking](#)'**
- √ **Are you aware of local support services like [Veritas Justice](#) who provide practical support, advocacy and advice to victims of stalking and to professionals?**

Stalking can consist of any type of behaviour such as regularly sending flowers or gifts, making unwanted or malicious communication, damaging property and physical or sexual assault. If the behaviour is persistent and clearly unwanted, causing you fear, distress or anxiety then it is stalking and you should not have to live with it.



The role of health providers: Pamela visited her general practitioner (GP) describing hair loss and low mood due to her relationship difficulties. She was prescribed anti-depressants and referred to [Health in Mind](#), a free NHS service in East Sussex for anyone experiencing emotional or psychological difficulties. While responding to her health needs, the review concluded that Pamela's disclosure that she was experiencing relationship difficulties could have prompted a direct enquiry about domestic abuse by the GP. Pamela took up the referral to Health in Mind and described emotional abuse and financial control. This was documented by the worker, who also developed an appropriate treatment plan for Pamela. However, a DASH RIC form was not completed. The review concluded that this could have provided greater clarity in respect of thresholds for intervention which in turn may have supported onward referral for specialist support.

- ✓ **Would you recognise the risk factors, signs, presenting problems or conditions that can warn (health) professionals that a patient may be experiencing DVA?**
- ✓ **Are you confident in facilitating a discussion about DVA? This could include undertaking selective enquiry to question what you hear and decide if the presentation of the patient warrants concern.**
- ✓ **If you undertake selective enquiry do you ensure you only ever raise the issue of DVA with a patient when you are alone with them in private and, if not, ask the escort to wait elsewhere?**
- ✓ **Are you confident in using the [DASH RIC](#) to identify risk?**
- ✓ **Do you routinely record detailed, accurate and clear notes to show the concerns you have and indicate the harm that domestic abuse may have caused?**
- ✓ **Do you know about local support services, including referral pathways?**

The role of family: Family members did not like Lance. They were suspicious of his motives in starting a relationship so soon after Pamela's then husband's death, feeling that he was "pushing" the relationship. They were also concerned about Pamela's financial entanglements with Lance and were worried that he did not treat Pamela with respect. Pamela's family shared their concerns from the start of the relationship, but Pamela reassured them that there was not a problem and that he would not harm her and they trusted her judgement. It was a family member who grew concerned that Pamela had not returned calls and who drove to her home where they realised that something was amiss and called the police. Pamela's family provided what support they could, and maintained a relationship with Pamela despite Lance's efforts to distance them. Like Pamela they did not 'name' her experiences as DVA.

As part of the review, it became clear that Pamela's family were not aware of the Domestic Violence Disclosure Scheme (sometimes called 'Clare's Law').

- ✓ **Do you know how to support a friend or family member experiencing DVA? The National Domestic Violence Helpline has guidance [online](#), so does [Citizens Advice](#).**
- ✓ **Are you aware of the [Domestic Violence Disclosure Scheme](#)? This lets people find out whether their partner has a history of violence or abuse. Third parties, like family members or professionals, can also make an application.**



Further Reading & Useful Links

Often, the first person that a survivor speaks to is a friend, family member or neighbour. Women's Aid runs an '[Ask Me](#)' scheme. The scheme offers a free training course to inspire community members to become an 'ask me ambassador'.

The Suzy Lamplugh Trust and University of Gloucestershire have published research '[Exploring the Relationship between Stalking and Homicide](#)' suggesting there is a strong correlation between some key stalking behaviours and homicide, and that identifying the intention behind the stalking, and then managing the fixation, may reveal opportunities to save lives.

The Department of Health has produced '[Domestic abuse: a resource for health professionals](#)' to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.

Staff briefings: A series of open access briefing sessions have been provided for staff from all agencies working in East Sussex to come together and look at the findings from this review in more depth. Further sessions can be booked on request for your team or agency. For more information contact: julia.gray@eastsussex.gov.uk

Keep in touch: For national, regional and local updates about Domestic Violence and Abuse, Sexual Violence and Violence against Women and Girls sign up to our e-news bulletins at <http://bit.ly/2s7Awrw>

Becoming a Champion: To strengthen community and agency responses across the county, the Safer East Sussex Team has developed a network of champions. This network bring together practitioners from a range of agencies. The champions act as a point of contact and 'in-house' specialists within services and have access to:

- Local and national resources, information and campaign material
- A programme of training
- Peer support through the network attendees and meetings
- Ongoing support from the Safe in East Sussex Team

For more information go to: <http://www.safeineastsussex.org.uk/get-involved.html>

Feedback: It is important to have feedback loop from the frontline to keep senior management and those with governance responsibilities 'reality-based'; not just in terms of what is or is not working, but to assist with ideas for improvement so that changes can be made systematically.

We would like to hear your thoughts, feedback and comments on findings presented to you in this briefing and any feedback on the style. Contact: James.Rowlands@brighton-hove.gcsx.gov.uk



Help and support



If you've been affected by domestic or sexual abuse or violence in Brighton & Hove, or East Sussex, contact The Portal to find out more about the help, advice and support available.

The Portal is a partnership of leading Sussex Domestic and Sexual Abuse Charities – including [RISE](#), [Survivors' Network](#) and [CGL](#)

www.theportal.org.uk or call 0300 323 9985



SAFE:SPACE Sussex

Set up by the Police & Crime Commissioner, SAFE:SPACE Sussex help local citizens deal with the before and after effects of crime and includes information on other local support organisation including Victim Support.

<http://www.safespacesussex.org.uk/>



If you or someone you know is a victim of domestic abuse, stalking or harassment or rape / sexual assault, please talk to us - there are several ways we can help. Sussex Police has specialist support available for victims of domestic abuse, rape, sexual assault, stalking or harassment, and also works closely with partner agencies to ensure any victims get the support that they need. www.sussex.police.uk or call 101. Always call 999 in an emergency.

For information on other help and support, including national helplines, go to <http://www.safeineastsussex.org.uk/help-and-advice.html>



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