Domestic Homicide Review into the death of Julie - 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 howto 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 July 2018 of a woman in her late 40's, who forthe purposes of the review was known by the pseudonym 'Julie'.

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.

Key learning points

This DHR identified several recommendations. These can be grouped intofour priority areas and include:

Recognising risks, indicators and symptoms of domestic abuse – multi-agency learning regarding Julie's experience of domestic abuse included physical abuse, isolation, animal abuse, sexual coercion, economic abuse, coercive control including economic abuse, threats to kill. Understanding and recognising symptoms of abuse which were missed by agencies including anxiety, sleeplessness, alcohol misuse.

Information sharing and management of risk – there were occasions where agencies did not share information pertaining to risk and safeguarding concerns. There were missed opportunities for multi-agency management of risk, outside of the Multi-Agency Risk Assessment Conference (MARAC) process. There was also minimisation of risk in this case due to information not being shared between agencies, including in relation to previous incidents of violence by the perpetrator, so a holistic approach to assessing risk was not taken. Also risk factors not given appropriate weight within the risk assessments completed and not being updated to reflect change in circumstances.

The role of health services – indicators of abuse were missed in most health settings. 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. It highlights the need for ensuring that health services implement policies, pathways and staff training to support routine enquiry in domestic abuse.

Domestic Violence Disclosure Scheme – the perpetrator had a history of serious violence and domestic abuse that was not known to the victim, who understood his abuse was a result of his deteriorating mental health. A disclosure may have helped

Julie consider her own safety, her family's safety and safety plans in a fuller way. For more information about this scheme: Sussex Police website DVDS

Identifying carers, risks and needs – the Review highlights the need for all agencies involved to take a 'whole family approach' in identifying potential carers. The perpetrator had a severe and enduring mental health condition which relied upon his compliance with medication. Those with caring responsibilities have a significant role in alerting mental health services when problems arise, as Julie did on many occasions. The Review highlighted the need to take a whole family approach in considering any caring responsibilities and for those identified as informal carers to be referred for a Carers Assessment. This provides opportunities to further explore the risks and issues as well as provides additional support to the carers.

History: Julie died in July 2018. The perpetrator, who for the purposes of the review was known by the pseudonym 'Lance', was charged and later convicted of manslaughter on the grounds of diminished responsibility.

Julie met the perpetrator through an ex-partner in 2013. Once Julie was in this relationship, it was noted that there was a marked difference in the quality of her life: she became less stable; no longer worked; relied on welfare benefits and generally had no money. Although her relationship with her family had always been episodic, she gradually lost contact with her friends and family and became much more insular and isolated.

Victim's perspective: Julie understood the perpetrator's abuse as a result of his deteriorating mental health and supported the perpetrator in accessing support for his mental health, taking on a caring role on an informal basis. Julie had told the police that she believed that the perpetrator would kill her, or that she would kill him in self-defence.

The review sought to get a more complete view of the lives of Julie and the perpetrator to see the homicidethrough the eyes ofthe victim and perpetrator.

This review benefited from input from Julie's sister, brother, son and daughter. The Chair of the review has thanked all family members for their time and cooperation.

Domestic Violence and Abuse: The statutory definition of domestic abuse 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.

- The Domestic Abuse Act includes a statutory definition of domestic abuse which includes economic abuse. Economic abuse as defined in the Act means “any behaviour that has a substantial adverse effect on B’s ability to;

- (a) acquire, use or maintain money or other property, or

- (b) obtain goods or services.

Recognising risks, indicators and symptoms of domestic abuse:

Physical abuse - Julie experienced serious physical violence and threats of violence from the perpetrator. By October 2017, it was known by most MARAC partner agencies that the perpetrator had tried to strangle her; had tried to smother her on several occasions; had held a knife to her daughter’s throat and Julie had disclosed to the police that either the perpetrator would kill her or she would kill him in self-defence. As a result of the physical abuse, she had sought medical treatment at least twice.

Isolation, Economic Abuse and Coercive control - During Julie’s relationship with the perpetrator, it was known to MARAC agencies that she had lost her employment, friends, family and financial independence. It was thought that she could not work because of her own mental ill-health and had caring responsibilities for her violent partner. It was disclosed at MARAC that she had rent arrears and this combination of loss of work and debt were indicators of economic abuse that were not identified or acted upon. Isolation in this context creates a framework for coercive control, depriving victims of independence, support, and sources of help (Wiener, 2017).

Perpetrator’s deteriorating mental health

Animal abuse - Research has revealed a significant link between animal abuse and domestic abuse and it has been shown to be a strong indicator of domestic homicide (Arkow,2014). The perpetrator’s violence towards the family dog, therefore, would have contributed to the indicator of high risk if it were picked up on in this case.

Mental ill-health as a symptom of abuse – Despite agencies being aware of Julie’s mental health issues, agencies did not appear to consider that the mental health issues that Julie was disclosing may be symptomatic of her experiencing abuse and they appear to have missed opportunities to explore this abuse with her.

Alcohol misuse - The review heard how Julie had a longstanding problem with alcohol and drug use. However, aside from this one incident with the police, there was no indication that any agency was aware of this.

This intersection of mental health, substance misuse and domestic abuse creates significant barriers for agencies' engagement with victims. Professionals and commissioners need to explore opportunities to creatively overcome some of these barriers to try to secure engagement with victims.

Julie was exposed to a high risk of serious harm as a result of experiencing the combination of serious violence and abuse, threats to kill, harm to family and harm to animals in an environment in which she was isolated, with depleted economic resources and most likely, subject to coercive control from a perpetrator with a history of extreme violence, deteriorating mental health and increasing paranoia. From the information that was known at the time, it was not evident that this combination of factors had raised agencies concern to a sufficient level.

- Would you be confident in having a conversation to help someone recognise they may be experiencing DVA?

- 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? https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face

Information sharing and management of risk:

The sharing of information between agencies is crucial in ensuring that risks are appropriately managed. Information sharing protocols are in place to enable agencies to share information relating to safeguarding concerns and as part of the MARAC process. The sharing of information should not be delayed or prevented due to concerns about information governance and data protection when relating to a safeguarding concern. Safelives guidance: Information sharing

There were occasions when a Single Combined Assessment of Risk Form (SCARF) was not submitted to Adult Social Care and the Portal Domestic Abuse Service because risk had been missed or minimised by agencies. Risk factors were not given sufficient weight within the risk assessment process, e.g. assault with the use of a weapon, non-fatal strangulation. This minimisation of risk created missed opportunities for intervention and additional oversight as well as a delay in a referral to MARAC to enable a multi-agency response to the risks.

There were also missed opportunities for agencies to instigate a multi-agency professionals' meeting in order to share information and manage the risk that an individual may pose to others. Multi-agency professionals' meetings need to be held at the earliest opportunity and convened when additional information comes to light or circumstances of the case change or when risk escalates.

There was evidence of assumptions made by some agencies that a perpetrator in custody will automatically be charged, denied bail, prosecuted and sent to prison. If risk assessments are downgraded following a perpetrator being held in custody, this does not provide an accurate risk assessment and does not allow for appropriate safety plans to be formed taken. Domestic abuse has a comparatively low rate of effective prosecution and therefore assumptions based on the criminal justice outcome are not safe assessments of protective risk factors.

Learning points

- Risk should not be downgraded because a domestic abuse perpetrator has been taken into custody, until he has been charged, denied bail and sentenced to a reasonably long term of imprisonment.
- A perpetrator's violent history should be the starting point for all assessments of risk and proportionate enquiries need always to be made.
- In complex situations, practitioners need to have confidence to arrange a multi-agency professional's meeting to manage the risk that an individual may pose to others, whether this be by statutory or informal processes.

The role of health providers: Julie disclosed in an assessment that she was struggling with her mental health and experiencing self-harm and self-neglect and these concerns were shared with her GP. However, when Julie subsequently attended the GP surgery, these previous concerns were not discussed.

Following Julie's attendances at a Minor Injuries Unit and A&E after assaults by the perpetrator, her disclosures of domestic abuse were not discussed, and no signposting information or safety planning was provided to her. In addition, agencies did not appear to be considering that the mental health issues that she was disclosing may be symptomatic of her experiencing abuse and they appear to have missed opportunities to explore this abuse with her.

Women's experience of domestic abuse has been found to be the cause of depression, anxiety, sleep disturbance and broader mental illness (Feder et al, 2006, Rose et al, 2011; Department of Health, 2017; Department of Health and Social Care, 2018). In this way, disclosure of mental health concerns would be expected to generate routine enquiry about domestic abuse (NICE, 2016; RCGP, 2013).

As a result of the lack of discussion, safety planning and signposting – recommendations are made about routine enquiry in healthcare settings.

- Would you recognise the risk factors, signs, presenting problems or conditions that can warn (health) professionals that a person 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 person warrants concern.

- Are you confident safety planning with someone who has disclosed domestic abuse?

- 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?

For more information;

East Sussex ESCC domestic abuse support services

Brighton & Hove BHCC domestic abuse support services

West Sussex WSCC domestic abuse support services

Domestic Violence Disclosure Scheme: Although mental health services were advised that Julie was aware of her partner's previous violent history, the extent of her knowledge was unknown, and it may well have been that she was only aware of her partner's version of events.

A disclosure would have given her an opportunity to consider the perpetrator's behaviour in the context of her own safety and safety plan accordingly if she had concerns. Moreover, Julie mostly disclosed her partner's abuse in the context of his deteriorating mental health. Had she known about the previous conviction for domestic violence, she may have been able to consider the risks to herself and her family more fully. In this way, agencies appeared to lack professional curiosity and awareness of the potential benefits of disclosure for victims.

Learning Point:

- All practitioners need to be alert to the benefits and opportunities provided by the Domestic Violence Disclosure Scheme when any concerns about risk to others arise.

The Domestic Abuse Act puts Government's DVDS guidance on a statutory footing. Please review the guidance : [Title] (publishing.service.gov.uk)

Identifying Carers, risks and needs: Whilst little is known of the couple's day-to-day relationship or the extent of any caring role that Julie may have had for the perpetrator, Julie was making contact with agencies in order to get support for the perpetrator with his mental health. The perpetrator had a severe and enduring mental health condition which relied upon his compliance with medication. Those with caring responsibilities have a significant role in alerting mental health services when problems arise, as Julie did on many occasions, including the final day of her life.

Under section 10 of the Care Act 2014, carers should be active partners in key care and support processes, including the assessment, support planning and review with the person they care for.

Whilst not everyone who undertakes some caring responsibilities will consider themselves, or be considered, formally as a carer, had consideration been given to this role, Julie could have been referred to the local authority and offered a carer's assessment. This would have provided an opportunity to discuss her own needs as well as caring responsibilities.

Learning points:

- Practitioners have safeguarding responsibilities towards the family members and carers of service users. To understand the risks that they may face, practitioners need to encourage dialogue and engage with family members, wherever possible.

- Practitioners need to be offering a carer's assessment if they become aware that a household member is providing significant caring responsibilities to someone with severe and enduring mental health problems.