

# Building Stronger Communities Partnership

## WIGAN BUILDING STRONGER COMMUNITIES PARTNERSHIP DOMESTIC HOMICIDE REVIEW INTO THE DEATH OF

Susan

### OVERVIEW REPORT

[Final]

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Supported by: Paul Cheeseman  
Date: 1 August 2018

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## 1. INTRODUCTION

- 1.1 This report examines agencies' knowledge and response to the events leading to the homicide of Susan in October 2016. Susan lived with her husband Roger and their two teenage children in Wigan. Mercifully the children were not present in the home when the homicide happened.
- 1.2 Susan and Roger had been married for 20 years. Unbeknown to anyone outside of household, Roger had a controlling nature which cause problems for Susan and the children. The marriage encountered additional difficulties in early 2014 resulting from Susan's knowledge of Roger's unsolicited advances to a female family member. Earlier in 2016 Susan informed Roger that she was having a relationship and that it was over. However, the liaison continued and Roger found out a few days before the homicide.
- 1.3 Roger pleaded not guilty to murder. In April 2017 a jury found him guilty of murder and the court sentenced him to life imprisonment with a minimum tariff of 17 years. The children are within the maternal family.
- 1.4 'In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer'.<sup>1</sup>
- 1.5 'The key purpose for undertaking domestic homicide reviews is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future'.<sup>1</sup>

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<sup>1</sup> Home Office Guidance Domestic Homicide Reviews December 2016

## **2. TIMESCALES**

- 2.1 Greater Manchester Police notified Wigan Building Stronger Communities Partnership of the homicide on 11 October 2016.
- 2.2 Wigan Building Stronger Communities Partnership considered the referral and at first thought the circumstances did not meet the criteria for a domestic homicide review because only one agency had any relevant knowledge and that was restricted to a GP appointment the day before the homicide.
- 2.3 The trial ended in April 2017 and the decision not to hold a review was revisited.
- 2.3 After further consideration the chair of Wigan Building Stronger Communities Partnership decided in late May 2017 that the criteria for a domestic homicide review were met.
- 2.4 Thereafter new procurement arrangements within Wigan Council further delayed the appointment of the review's chair and author.
- 2.5 Coordinating diaries, combined with staff illness added to the time delay. The first domestic homicide review panel meeting was unable to be held until 25 September 2017. At this meeting a time table was set to deliver the review by 30 April 2018.
- 2.6 The domestic homicide review was presented to Wigan Building Stronger Communities Partnership on 20 July 2018 and sent to the Home Office on the 4<sup>th</sup> September 2018.

### 3. CONFIDENTIALITY

- 3.1 Until the report is published it is marked: Official Sensitive Government Security Classifications April 2014.
- 3.2 The Panel Chair notified Susan's family of the review. The pseudonyms used in this report to protect identities were selected by the family. Professionals are referred to by an appropriate designation.
- 3.3 The Panel was grateful to Greater Manchester Police for the assistance it gave in engaging with Susan's family.
- 3.4 This table shows the age and ethnicity of the victim and offender at the time of the homicide.

<b>Name</b>	<b>Who</b>	<b>Age</b>	<b>Ethnicity</b>
Susan	Victim	42	White British
Roger	Offender	51	White British

#### **4. TERMS OF REFERENCE**

4.1 The Panel settled on the following terms of reference at its first meeting on 25 September 2017. They were shared with Susan's family.

##### **The purpose of a DHR is to:<sup>2</sup>**

- a] Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- b] Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- c] Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- d] Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- e] Contribute to a better understanding of the nature of domestic violence and abuse; and
- f] Highlight good practice.

##### **Timeframe under Review**

The domestic homicide review examines events between:

1 January 2014 13 October 2016

##### **Specific Terms**

1. What indicators of domestic abuse, including coercive and controlling behaviour,<sup>3</sup> did you agency identify?
2. How did your agency assess the level of risk faced by the victim from the perpetrator, did it take into account all your agency knew about their individual and joint histories, including information from family and friends?

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<sup>2</sup> Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews [2016] Section 2 Paragraph 7

<sup>3</sup> The Serious Crime Act 2015 received royal assent on 3 March 2015. Section 76 of The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships.

3. What services did your agency provided for the victim and perpetrator and were they timely, proportionate and 'fit for purpose' in relation to the identified levels of risk?
4. How did your agency ascertain the wishes and feelings of the victim and perpetrator about their victimisation and offending and were their views taken into account when providing services or support?
5. How effective was inter-agency information sharing and cooperation in response to the victim and perpetrator and was information shared with those agencies who needed it?
6. How did your agency take account of any racial, cultural, linguistic, faith or other diversity issues, when completing assessments and providing services to the victim and perpetrator?
7. Did your agency comply with its domestic abuse policies and procedures and were any gaps identified?
8. How effective was your agency's supervision and management of practitioners involved with the response to needs of the victim and perpetrator and did managers have effective oversight and control of the case?
9. Were there any issues in relation to capacity or resources within your agency or the Partnership that affected your ability to provide services to the victim and perpetrator or to work with other agencies?
10. What learning did your agency identify?
11. Does the learning arising from this review appear in other reviews held by Wigan Building Stronger Communities Partnership?
12. What areas of good or innovative practice did your agency identify?

## **5. METHODOLOGY**

- 5.1 The first domestic homicide review panel meeting decided the period under should begin on 1 January 2014, which is a few months before tensions in the marriage emerged and end in October 2016 when Susan died.
- 5.2 In September 2017 Wigan Building Stronger Communities Partnership asked twelve agencies what information they held on Susan and Roger. Eight replied that they held no information relevant to a domestic homicide review.
- 5.3 Four agencies held some information. One agency's return was relevant to the terms of reference. That was Wigan Clinical commissioning Group and that was minimal, but sufficient to construct an individual management review.
- 5.4 The written material was distributed to panel members and used to inform their deliberations. During the course of those deliberations additional queries were identified and supplementary information sought.
- 5.5 Thereafter a draft overview report was produced which was discussed and refined at panel meetings before being agreed. The draft report was shared with Susan's family whose views were welcomed and used to inform the final report.



## **6. INVOLVEMENT OF FAMILY, FRIENDS, WORK COLLEAGUES NEIGHBOURS AND WIDER COMMUNITY**

- 6.1 The Panel Chair wrote to Susan's brother and sister. The police Family Liaison Officer sent the letters and included the Home Office Domestic Homicide Review leaflet for Families, and the Advocacy After Fatal Domestic Abuse<sup>4</sup> leaflet. Additionally the terms of reference for the review were included. There was no information on whether Susan was a member of a faith group or other community organisation where material for the review might be found. The police Family Liaison Officer told the review that the family members were private people who wanted to focus on the future.
- 6.2 In March 2018 a family representative contacted the review's chair and shared with him information that Roger was a controlling person. This appears in the report as appropriate. The person who now has parental responsibility for Susan's two children said it would be inappropriate for them to contribute to the review.
- 6.3 In November 2017 Roger's Offender Supervisor told him about the domestic homicide reviews and asked if he wanted to contribute; Roger declined.
- 6.4 The children's Guardian ad Litem was contact and provided with the terms of reference but after reviewing the files was unable to identify anything of relevance to the review.
- 6.5 Susan's employers were written to twice but chose not to respond. The review chair confirmed in a telephone call to the company that the letters had been received. The non-cooperation was disappointing.
- 6.6 The offender's brother was written to and did not respond.

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<sup>4</sup> [www.aafda.org.uk](http://www.aafda.org.uk) A centre of excellence for reviews into domestic homicides and for specialist peer support

**7. CONTRIBUTORS TO THE REVIEW.**

7.1 This table show the agencies who provided information to the review.

<b>Agency</b>	<b>IMR<sup>5</sup></b>	<b>Chronology</b>	<b>Report</b>
Wigan Council Clinical Commissioning Group	Yes	Yes	
Bridgewater Community Healthcare NHS Foundation Trust	No	No	Short Report
North West Boroughs Healthcare NHS Trust	No	No	Short Report
Greater Manchester Police	No	No	Short Report

7.2 The Panel recognised that agencies held very little information on Susan and Roger. This is fairly unusual in domestic homicide reviews. The information they held was of limited use in trying to understand what happened to Susan.

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<sup>5</sup> Individual Management Review: a templated document setting out the agency's involvement with the subjects of the review.

## 8. THE REVIEW PANEL MEMBERS

8.1 This table shows the review panel members.

Review Panel Members		
Name	Job Title	Organisation
Paul Cheeseman	Support to Panel Chair	Independent
Lauren Crews	Team Leader	Homes Wigan Council
Jill Cunliffe	Wigan Safeguarding Adult Board Business Support Manager	Wigan Council
Lynda Cunniffe	Named Nurse Safeguarding Children	Bridgewater NHS Foundation Trust
Kieran Davies	Domestic Abuse Operational Manager	Wigan Council
Lynn Fields	Enhanced Service Manager Children's Services	Wigan Council
Reuben Furlong	Assistant Director Adult Safeguarding	Wigan Borough Clinical Commissioning Group
David Hunter	Chair and Author	Independent
Margaret Jolly	Head of Adult Safeguarding	Wrightington, Wigan and Leigh NHS Foundation Trust
Sarah Owen	Service Manager Partnerships	Wigan Council
Heather Platt	Commissioning Matron	Wigan Borough Clinical Commissioning Group
Sarah Taylor	Probation Officer	Her Majesty's Prison and Probation Service
Alison Troisi	Detective Sergeant	Greater Manchester Police
Paul Whitemoss	Service Manager Safeguarding	Wigan Council
Nick Woods	Advanced Practitioner	North West Boroughs Healthcare NHS Foundation Trust

8.2 The Chair of Wigan Building Stronger Communities Partnership was satisfied that the Panel Chair was independent. In turn the Panel Chair believed there was sufficient independence and expertise on the Panel to safely and impartially examine the events and prepare an unbiased report.

- 8.3 The Panel met three times and the circumstances of Susan's homicide were considered in detail to ensure all possible learning could be obtained from her death. The Chair's supplementary queries were answered punctually.

## **9. AUTHOR OF THE OVERVIEW REPORT**

- 9.1 Sections 36 to 39 of the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews December 2016 set out the requirements for review chairs and authors. In this case the Chair and author was the same person, a position permitted by the guidance.
- 9.2 The Chair completed forty one years in public service retiring from full time work in 2007. Since then he has undertaken the following types of reviews: child serious case reviews, safeguarding adult reviews, multi-agency public protection arrangements [MAPPA] serious case reviews and domestic homicide reviews.
- 9.3 He has undertaken previous domestic homicide reviews and safeguarding adult reviews in Wigan. The last domestic homicide review was 2015. He has never worked for any agency providing information to the current review.
- 9.4 The Chair was supported by Paul Cheeseman, an independent practitioner, with a similar professional background.

**10. PARALLEL REVIEWS**

- 10.1 HM Coroner for Wigan opened and adjourned an inquest pending criminal proceedings following which the inquest was not resumed.
- 10.2 Greater Manchester Police completed a criminal investigation and prepared a case for the Crown Prosecution Service and court.
- 10.3 The Review panel did not identify any other reviews in connection with Susan's death.

## 11. EQUALITY AND DIVERSITY

11.1 Section 4 of the Equality Act 2010 defines protective characteristics as:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

11.2 Section 6 of the Act defines 'disability' as:

- [1] A person [P] has a disability if—
- [a] P has a physical or mental impairment, and
- [b] The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities<sup>6</sup>

11.3 Neither Susan nor Roger had any known disabilities. The use of illegal drugs and the misuse of alcohol are statutorily excluded from the definition of disability under the Act.

11.4 The panel found evidence that Susan and Roger accessed local services and concluded that neither of them faced any barriers.

11.5 There is no suggestion that either of them lacked capacity<sup>7</sup> and professionals applied the first principle of Section 1 Care Act 2005:

'A person must be assumed to have capacity unless it is established that he lacks capacity'.

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<sup>6</sup> Addiction/Dependency to alcohol or illegal drugs are excluded from the definition of disability.

<sup>7</sup> Mental Capacity Act 2005

**12. DISSEMINATION**

- 12.1 The following organisations/people will receive a copy of the report after any amendment following the Home Office's quality assurance process.

Susan's siblings

Wigan Stronger Safer Communities Partnership Members

The Office of the Mayor Greater Manchester

The perpetrator's Offender Manager National Probation Service



### **13. BACKGROUND INFORMATION [THE FACTS]**

- 13.1 Susan and Roger married in 1998 and went to live in Canada with their children in 2009. The move was unsuccessful because Roger could not find work and the family returned three months later. There is some evidence that on his return Roger became a little depressed and drank heavily.
- 13.2 In early 2014 Roger attempted to kiss one of Susan's female relatives. Susan found out and while the discovery caused some friction the marriage survived the episode.
- 13.3 Earlier in 2016 Susan informed Roger that she was having a relationship with an unnamed male hereinafter referred to as Mr Z. Roger moved out of the family home for a while. The couple soon reconciled and agreed to continue their marriage. Roger believed the relationship was over.
- 13.4 Unbeknown to Roger, Susan continued the relationship with Mr Z. This fact surfaced in October 2016 when a relative of Mr Z's told Roger; the revelation that the relationship was ongoing and the identity of the Mr Z resulted in Roger making threats against him. A few days later Roger was drinking in Wigan and looking for Mr Z. Susan asked Roger to return home so they could talk about the marriage.
- 13.5 The content of this paragraph is largely that reported by Roger. When he arrived home he claimed Susan was in the kitchen emptying the dishwasher. They began to discuss the situation cordially. Susan said to Roger, 'Anyway we are separating. I love him [Mr Z] more than you'. Roger grabbed Susan by the throat and with his other hand took a kitchen knife and stabbed her three times in the chest. Susan is reported as saying, 'What you doing? I still love you'. Roger called the police, told them what he had done and requested an ambulance. While waiting for help Roger rendered first aid to Susan. The children were intercepted by the police on their way home from school and did not witness the incident.
- 13.6 Susan was taken to a local hospital where she was pronounced dead. A post established she died from stab wounds to the chest. At least one wound penetrated the heart severing the main artery.
- 13.7 The following is a summary of the Judge's reported sentencing remarks. 'Roger was not an easy man to live with...he went looking for Mr Z and was overwrought when he could not find him...Roger believed he had been deceived by his wife; that she would leave him, take their children, the house would be sold and he would be left with nothing...he believed she had ruined his life...these matters were obviously playing on his mind... it only needed a small matter to detonate these pent-up emotions... the defendant was the only living witness to what happened when he arrived home, but it was obvious to my mind that Roger picked up the long-bladed, heavy duty knife and delivered targeted and forceful thrusts to her chest... this was a murder of a woman in her own home where she is entitled to feel safe... I accept there was no pre-meditation... he did not go back home intending to

kill... but I am unable to find there was any substantial provocation. Susan decided to leave her unhappy marriage as she was entitled to do... she believed she would find greater happiness with another as she was entitled to do...this does not excuse, justify or simply mitigate his conduct in fatally stabbing her...Roger had deprived his daughters of their mother and of their father'.

- 13.8 Prior to Susan's murder the family had no inkling that Roger was a perpetrator of domestic abuse. She always presented a happy front and there were no disclosures.
- 13.9 After the homicide it emerged from the family that Roger was a bully who drank to excess. Susan and the children would often go to a bedroom to be out of his way as they were scared of him. On other occasions she would take the children and drive to a car park for the same reason. Roger was described as a 'control freak' and very selfish.

## 14. CHRONOLOGY and OVERVIEW

### 14.1 Introduction

14.1.1 The chronology and overview sections of the Home Office domestic homicide review report template have been combined into one section in this report for two reasons: to avoid duplication and to reflect the very limited contact agencies had with Susan and Roger.

### 14.2 Background to Susan and Roger

#### Susan

Susan was born in Wigan and was 42 years of age at the time of her death. She had two siblings. Susan was brought up by her parents in Wigan, educated locally and when she left school took up employment as an administrative assistant with short periods of unemployment.

In 1999 Susan had counselling at work for panic attacks. This was in the form of Cognitive Behavioral Therapy. She indicated that this was of little benefit.

Susan was always an anxious person which sometimes caused her to feel down. She suffered from social anxiety and reported she had poor confidence, which combined with anxiety made it difficult, although not impossible to find work.

Latterly, Susan worked as an accountant for a property management company.

Susan's family paid this moving tribute to her in a victim impact statement:

'The death of our sister Susan has had a devastating effect upon both of us. We have lost our beloved sister.

The devastation has impacted greatly upon her children who have not only lost their mother, but also their father, their home and their future with their family.

Our world has been turned upside down. It is hard to put into words what we feel. Susan was an independent lady, having taken a job after many years at home looking after the children

She was a happy lady, always looking on the bright side and she always believed in doing the best to make a happy home environment. We miss her every day.

The actions of Roger have ripped our family apart. He feels he is the one

who had been affected but has never taken into consideration the effect, misery and upset his actions have brought to our family and the children. He will never know how much devastation he has caused. Every birthday, Christmas and special event will never be the same again'.

### **Roger**

Roger was born in the West Midlands and came to the North West as a young man. At the time of the homicide he was a warehouse manager. Prior to that he had periods of unemployment.

It is believed when Roger returned from Canada he inherited money, gave up work and for two years lived on the legacy, spending it on a car and daily excessive consumption of alcohol.

He chose not to engage with the review and therefore his biographical details are very limited.

He told his Offender Supervisor that he just lost it for a few seconds but does not have any problems with drugs or alcohol and is not a violent person.

### **The Relationship**

The couple met when she Susan was in her early 20s and according to friends was 'swept off her feet'. They worked for the same company at this time.

They married in 1998, and had two children. The family moved to Canada in 2009 to begin a new life. Roger was unable to find work and they all returned to England about three months later. It appears Roger became depressed, felt he had neglected his family and started drinking heavily.

In 2014 Roger attempted to kiss a female member of his wife's family. Susan found out and the couple decided to stay together.

In 2015 Susan began a relationship with Mr Z who was known to the family as a tradesman and friend who had done work in their house.

Susan later confided in a work colleague that she wanted to leave her husband but felt unable to do so because of her children. The reason for the separation appears to be Susan's desire to start afresh with Mr Z because of Roger's controlling nature.

In April 2016 Susan told Roger that she had a relationship with someone from college [Mr Z] and that she had ended it. She did not tell Roger the name of the person.

Susan told work colleagues she was getting divorced and was planning to

view a house to rent with Mr Z on the day she was murdered.

In October 2016 Roger learned the identity of Mr Z and threatened him. Immediately before the homicide, Susan told Roger she was going to leave him.

### 14.3 Overview

14.3.1 There was practically nothing known to agencies about the family. The following narrative sets out the few relevant events. The analysis of the events appears at Section 15.

14.3.2 The following agencies submitted negative returns on matters relevant to the terms of reference.

- Greater Manchester Police
- Wigan Children's Services
- Wigan Adult Services
- Greater Manchester Mental Health NHS Foundation Trust
- Wigan Welfare Desk, Wigan council
- National Probation Service
- Addaction<sup>8</sup>
- Bridgewater Community Healthcare NHS Foundation Trust
- The Brick Project Wigan<sup>9</sup>
- Independent Domestic Violence Advocate Wigan Council

14.3.3 Susan experienced episodes of anxiety for most of her adult life for which she received medication. There is little information contained within the GP record as to the cause or nature of Susan's anxiety other than it being described as a social phobia.<sup>10</sup>

14.3.4 During a 2005 consultation with psychology services for anxiety and depression, Susan told a health care professional that she had been happily married for seven years and had two children. Psychology concluded that Susan was able to maintain her own safe environment and that there was no evidence of being subject to ill-treatment/abuse including domestic violence.

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<sup>8</sup> Adult substance misuse treatment service

<sup>9</sup> The Brick is a charity which aims to support anyone who finds themselves homeless.

<sup>10</sup> Social anxiety disorder, also called social phobia, is a long-lasting and overwhelming fear of social situations. It's a common problem that usually starts during the teenage years. For some people it gets better as they get older, although for many it doesn't go away on its own. It can be very distressing and have a big impact on your life, but there are ways to help you deal with it. Social anxiety is more than shyness. It's an intense fear that doesn't go away and affects everyday activities, self-confidence, relationships and work or school life. Many people occasionally worry about social situations, but someone with social anxiety feels overly worried before, during and after them.  
[www.nhs.uk/conditions/social-anxiety/](http://www.nhs.uk/conditions/social-anxiety/)

14.3.5 She saw a GP on the day before her homicide and disclosed her relationship was under stress, but did not indicate the reasons. She agreed to self-refer to IAPT [Improving Access to Psychological Therapies] for further assessment as she was unsure whether cognitive behavioural therapy or counselling would best meet her needs.

## 15. ANALYSIS USING THE TERMS OF REFERENCE

### 15.1 Term 1

#### **What indicators of domestic abuse, including coercive and controlling behaviour<sup>11</sup>, did your agency identify?**

- 15.1.1 No agency received a direct or indirect disclosure of domestic abuse, be it coercive or controlling behaviour, physical violence or other concerns until the day before Susan's death. On that occasion Susan told her GP she felt low in mood, upset and anxious due to her relationship with her husband being under stress. She disclosed that she thought they would separate.
- 15.1.2 The GP as seen as part of the review and was shocked at what happened to Susan. The GP saw no obvious or apparent link between a fairly commonly heard story of relationship difficulties and Susan's death the following day. In particular there was no suggestion of domestic abuse and no reason to ask a direct question in the context of the presentation.
- 15.1.3 It is known from research that the risk of harm to victims of domestic abuse rises, at the point of, and for a few weeks after, separation.<sup>12</sup> This and other research is focussed on victims who are in an abusive relationship rather than relationships where there is no history of abuse. The GP did not know of the increase in risk at the point of separation and therefore did not consider offering safety advice to Susan. That said the panel was not critical of the GP as the 'thoughts about separation' were presented without any suggestion there was domestic abuse in the home.
- 15.1.4 The relationship between the GP and Susan is looked at under term 4.
- 15.1.5 No other agency had any information to suggest Susan was having relationship problems or was experiencing domestic abuse.
- 15.1.6 Family, friends and work colleagues were seen during the criminal investigation and it emerged that while Susan told a few people she was having relationship issues, she did not say or indicate that domestic abuse was involved.

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<sup>11</sup> The Serious Crime Act 2015 (the 2015 Act) received royal assent on 3 March 2015. The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76).

<sup>12</sup> "Professionals did not always recognise that, though not always, separation could escalate risk," the report by Ofsted, the Care Quality Commission, and the probation and police inspectorates said. The report was written following a six multiagency inspections on the topic of domestic abuse carried out since September 2016.

"For many victims and their children, violence can increase and escalate when the relationship ends. Some victims suffer persistent post-separation violence over long periods of time. Those perpetrators who go on to kill their victims are most likely to do so at the point of separation," inspectors found.

- 15.1.7 In the absence of any reports of domestic abuse the panel widened its thinking and considered whether Susan had made any oblique or disguised reference to being a victim. For example, many domestic homicide reviews reveal that victims attend accident or emergency or other clinical settings with injuries and fabricated explanations. On other occasions victims have injuries which are visible to school or nursery staff, family or friends and employers for which they give plausible but incorrect reasons.
- 15.1.8 Susan was known to be a private person and like many victims of domestic abuse could have been adept at hiding her feelings and staying silent. In Susan's case there is no indication or suggestion that she exhibited such injuries or hinted at any victimisation.
- 15.1.9 Susan's children were of an age where they would have very likely known if domestic abuse, in whatever form, was happening to their mother.
- 15.1.10 One of the children saw a clinician in a therapeutic setting for a matter not relevant to this review. The child did not mention anything that could be construed as witnessing or being aware of domestic abuse in the home.
- 15.1.11 Those responsible for the children's welfare post their mother's death have not heard anything from them which could be construed as domestic abuse between their parents.
- 15.1.12 It is now known that Roger was a controlling person whose use of drink made his wife and children frightened of him so such an extent they took measures to protect themselves. Had this been known to a domestic abuse specialist, Susan would have received good quality information on which to make decisions about how the family could be kept safe.
- 15.1.13 There was no evidence offered or elicited during the trial that indicated domestic abuse was present in the relationship.
- 15.1.14 The barriers to reporting domestic abuse are examined in paragraph 5.6.

## 15.2 Term 2

### **How did your agency assess the level of risk faced by the victim from the perpetrator, did it take into account all your agency knew about their individual and joint histories, including information from family and friends?**

- 15.2.1 Roger did not have any history of being involved in domestic abuse. In 2015 he sold his guns and voluntarily gave up his firearms licence. To obtain a firearms licence Roger will have had to pass the following test:

'When a person applies for a firearm or shotgun certificate, the Chief Officer of Police must be satisfied that the applicant is a fit and proper person to be entrusted with firearms.



This means that certain checks are carried out to enable as much information to be available when making a decision as to whether, in the interests of public safety, the application should be approved or rejected.

Checks on previous convictions are carried out as are local police checks. Areas such as domestic violence are also taken into account. These checks are always made at the point of application for either a grant or renewal of certificate. Checks are also made on a daily basis of all those persons who are arrested to identify certificate holders whose continued suitability to hold a certificate may be called into question'.<sup>13</sup>

- 15.2.2 The reference to checking for domestic abuse is particularly relevant as the granting of Rogers's firearms licence is a very strong indicator that he was not known or suspected to be an abuser at the time of its issue or thereafter.
- 15.2.3 There was no evidence, prior to the homicide, from Susan, or anyone who knew her, that she was frightened of Roger. Outwardly Roger portrayed he was in a stable relationship. Susan's family now believe that was a carefully crafted and deceitful façade by Roger. It is now known that his controlling behaviour was causing hidden stress for Susan and the children. Matters worsened when Roger made an unsolicited advance towards a family member and the breakdown of his marriage.
- 15.2.4 The one possibility to assess the level of risk she faced from Roger came the day before Susan's death when she told her GP she thought her and Roger would separate. The GP did not know that separation can increase the risk of violence. However as there was no history or suggestion of domestic abuse it is unreasonable to suggest the GP should have taken any action.
- 15.2.5 The agencies in Wigan would have used the DASH<sup>14</sup> risk assessment model for any assessment.

### 15.3 Term 3

#### **What services did your agency provided for the victim and perpetrator and were they timely, proportionate and 'fit for purpose' in relation to the identified levels of risk?**

- 15.3.1 During the last consultation with her GP, Susan mentioned her relationship difficulties and the problems they were causing her. The problems, low mood, anxiousness and being upset, were causing her to be stressed. The GP assessed Susan's mental state and noted that despite being teary she was well kempt, chatty, had good eye contact and no thoughts of self-harm. Had Susan presented with depression that would have prompted a direct

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<sup>13</sup> [www.cityoflondon.police.uk/advice-and-support/licensing-and-permits/firearms-licensing/Pages/Prohibited-persons.aspx](http://www.cityoflondon.police.uk/advice-and-support/licensing-and-permits/firearms-licensing/Pages/Prohibited-persons.aspx)

<sup>14</sup> Domestic Abuse Stalking and Harassment [safelives.org.uk](http://safelives.org.uk)

question by the GP about domestic abuse as depression can be an effect of domestic abuse.

- 15.3.2 The GP and Susan agreed she would self-refer to IAPT for assessment as she was unsure whether cognitive behavioural therapy or counselling was best, also start SSRI<sup>15</sup>, aware of s/e [side effects] review in 3-4 weeks, sooner if needed. The GP explained that Susan presented with a general sadness related to the relationship difficulties she was experiencing. The GP was clear that Susan did not meet the criteria for a full diagnosis of depression but rather that her presentation [being upset and teary] was a perfectly natural response to the breakup of a relationship. The SSRI was prescribed to help Susan cope with these feelings.
- 15.3.3 The GP IMR author explained, 'The GP acted in accordance with the Practice policy in respect of domestic abuse. [See Section 15.7 for the policy.] However, the problem is that the policy suggests an enquiry should be made if the patient presents with depression. The reliance on a diagnosis being made before enquiring regarding domestic abuse is a gap, and I do think that in this case an opportunity was lost to explore the situation more fully. The GP would have prescribed the SSRI likely as a short to mid-term intervention knowing that it would support the victim in managing some of her symptoms such as low mood. I think that we can say that the consultation was good in that the victim was given time, was given a voice and listened to, encouraged to take responsibility for her health and prescribed appropriate medical and psychological treatment. However, the victim's presentation whilst not meeting the full criteria for depression was such that she was tearful and disclosed that she experienced relationship difficulties which from a professional curiosity view should have prompted an enquiry regarding whether she experienced domestic abuse. Notwithstanding this, the GP acted in keeping with the Practice policy.
- 15.3.4 The services provided by the GP were appropriate to Susan's presentation and would have been offered whether or not any risks she face from Roger had been discussed.
- 15.3.5 No agency provided domestic abuse services to Roger and the general services he received from his GP were appropriate. His dealings with Greater Manchester Police were not related to domestic abuse or offending.

#### **15.4 Term 4**

##### **How did your agency ascertain the wishes and feelings of the victim and perpetrator about their victimisation and offending and**

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<sup>15</sup> Selective Serotonin Reuptake Inhibitors (SSRIs) are a widely used type of antidepressant medication.

**were their views taken into account when providing services or support?**

- 15.4.1 Susan was not identified, nor did she self-identify, as a victim of domestic abuse. The same was true for Roger as a perpetrator.
- 15.4.2 Susan was a frequent visitor to her GP's surgery and the relationship between her and the staff, including the GPs, was excellent as evidenced by the entries in her notes. Some of these showed that she had mature discussions over treatment options and would freely voice her view and present reasoned points. The relationship was such that it was most unlikely to present a barrier to Susan disclosing domestic abuse.
- 15.4.3 On the day before the homicide Susan felt confident enough to tell her GP that she was having relationship difficulties of sufficient magnitude to contemplate separating from Roger. The nature and cause of the difficulties were not known but they were impacting on Susan's mental wellbeing.
- 15.4.4 The panel considered whether Susan's comment to her GP that, 'her relationship with her husband was under stress' could be a tangential reference to domestic abuse. The definition of domestic abuse found in the 2016 Domestic Homicide Review Guidance 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; 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: a continuing 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.

- 15.4.5 As far as the panel was aware the relationship stresses mentioned by Susan to her GP on the eve of her death referred to the attempted kiss Roger had made on a female member of Susan's family and Susan's subsequent relationship and its discover. The panel considered whether those two matters fitted the definition of domestic abuse and concluded they did not. Tensions in relationships arise from many causes other than domestic abuse, e.g. where to go on holiday, how to discipline children and falling out over many things.

## 15.5 Term 5

### **How effective was inter-agency information sharing and cooperation in response to the victim and perpetrator and was information shared with those agencies who needed it?**

- 15.5.1 There were no known circumstances that required information to be shared between agencies. Susan would have revealed her story to a counsellor following the agreement with her GP to self-referral to services.
- 15.5.2 While outside the scope of this review there was evidence that school nursing services shared information appropriately.
- 15.5.3 Information sharing agreements are in place across the partnerships in terms of sharing any information that is both appropriate and proportional to the circumstances. Safeguarding legislation is the overarching principle to apply for adults and children as well as the Crime and Disorder Act. Separate information sharing agreements are in place for certain work flows such as Operation Encompass<sup>16</sup> and all are available to view if needed.

## 15.6 Term 6

### **How did your agency take account of any racial, cultural, linguistic, faith or other diversity issues, when completing assessments and providing services to the victim and perpetrator?**

- 15.6.1 Susan and Roger were white British with English as their first language. They will have known how to access services. This can be evidenced in Susan's case her relationship with her GP and other branches of the health family, e.g. hospital based specialist services.
- 15.6.2 Roger had held a firearms licence which demonstrated his ability to navigate a challenging application process. Both were in employment and successfully raising a family which again suggests they were competent in dealing with everyday life.
- 15.6.3 The panel considered whether Wigan had a range of readily accessible services for victims and perpetrators of domestic abuse.
- 15.6.4 The panel used the following internet search questions to determine what information was available:
1. Domestic abuse/violence in Wigan?
  2. What is domestic abuse/violence?
  3. Am I a victim of domestic abuse/violence?
  4. Am I committing domestic abuse?

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<sup>16</sup> Operation Encompass is a unique Police and Education early intervention safeguarding partnership which supports children and young people exposed to domestic abuse. [www.operationencompass.org](http://www.operationencompass.org)

5. Am I in an abusive relationship?
6. What is coercive and controlling behaviour?
7. I am committing domestic abuse in Wigan, can I get help?
8. Are there courses for domestic abuse perpetrators in Wigan?
9. Can I get help to stop me abusing my partner?

15.6.5 Wigan Council's website was highlighted and contains names and contact details of local agencies providing services to victims of domestic abuse.

15.6.6 The searches for questions 1 to 6 returned an abundance of good quality information including a very useful checklist from Women's Aid to help determine whether the enquirer is a victim of domestic abuse. See Appendix A.

15.6.7 Question 7 did not produce a response in the first two pages. Question 8 provided a tangential link<sup>17</sup> to a report titled, 'Greater Manchester Police's approach to tackling domestic abuse HMIC revisit 3-5 November 2014.' However reading the document would not have provided any useful information to a perpetrator seeking help.

15.6.8 Question 9 provided a useful link to [www.refuge.org.uk/get-help-now/help-for-men/i-am-an-abuser](http://www.refuge.org.uk/get-help-now/help-for-men/i-am-an-abuser).

We can discuss whether there are services for offenders?

15.6.9 The panel also discussed what barriers Susan might have faced in reporting domestic abuse. SafeLives<sup>18</sup> say, 'Families may live with domestic abuse for a significant period before getting effective help.

There are many reasons why families live with domestic abuse for a significant period of time, or return to their abuser after attempting to leave. It may not be apparent to the victim that a relationship is abusive. They may be afraid of the abuser, and fear the consequences for others if they disclose the abuse. The victim may not know where to turn for help'.

15.6.10 In Susan's case there is no evidence that she was the victim of domestic abuse; she did not identify it to professionals, family, friends or work colleagues. However, it cannot be said with certainty that she was not as it is difficult to prove a negative.

15.6.11 On the afternoon that Susan was murdered she invited Roger to return to the house to discuss their marriage. The panel felt the other reason for the request was probably to stop Roger looking for Mr Z. The panel felt she would not have invited Roger to the house had she felt unsafe or was frightened of him.

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<sup>17</sup> [www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/greater-manchester-domestic-abuse-revisit.pdf](http://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/greater-manchester-domestic-abuse-revisit.pdf)

<sup>18</sup> <http://www.safelives.org.uk>

## 15.7 Term 7

### **Did your agency comply with its domestic abuse policies and procedures and were any gaps identified?**

15.7.1 The only agency who knew of Susan's relationship difficulties was her GP. Wigan Borough Clinical Commission Group produced an individual management review for the panel and the following is a verbatim extract the author used for this term.

'The Medical Centre has a Domestic Abuse Policy in place for both staff and patients. The GP complied with the policy in that none of Susan's presenting symptoms would have generated an enquiry as per policy. For example, the policy has a flowchart that clearly specifies that an enquiry must be made by the GP if the patient presents with unexplained symptoms, chronic pain, depression, genital injuries, tiredness, self-harm delay in injury presentation or frequent attendee to Accident and Emergency. Susan had none of these symptoms and as such it was not considered necessary to enquire regarding domestic abuse.

In terms of gaps, there is some overlap between presenting with sadness and presenting with clinical depression which can be problematic from the perspective of assessing those at risk of experiencing domestic abuse. Context is all important. Feeling sad further to a relationship breakdown is a normal emotional response to a difficult and stressful life event. People can feel sad for a host of different reasons but still function and live their lives. However, clinical depression is an entirely different thing in that people who suffer from depression typically experience significant changes in their everyday functioning. It would not be uncommon for someone who experiences domestic abuse to feel depressed and require clinical intervention and support.

The difficulty is that feeling sad or experiencing low mood is a symptom of depression (hence the overlap) and it can be difficult to differentiate between the two. It is possible for someone to feel depressed as a result of domestic abuse yet describe their symptoms in terms of feeling sad and as a result not generate an enquiry in respect of domestic abuse. Potentially, an opportunity to explore, support and protect victims of domestic abuse is lost due to a gap in the Domestic Abuse Policy. It is suggested that a focus on presenting symptoms as opposed to diagnosis would address the gap in policy.'

## 15.8 Term 8

### **How effective was your agency's supervision and management of practitioners involved with the response to needs of the victim and perpetrator and did managers have effective oversight and control of the case?**

15.8.1 The panel heard from its members that agencies have effective models for supervision and management in place that support domestic abuse identification, risk assessment and service provision.

### **15.9 Term 9**

**Were there any issues in relation to capacity or resources within your agency or the Partnership that affected your ability to provide services to the victim and perpetrator or to work with other agencies?**

15.9.1 No agency reported concerns over their capacity to work with victims and perpetrators of domestic abuse or other agencies. There are no current voluntary perpetrator programmes in Wigan; only statutory ones. The lack of such programmes was not a feature of this case, nevertheless the panel thought it was an opportunity to highlight the gap to Wigan Building Stronger Communities Partnership and make a recommendation.

### **15.10 Term 10**

**What learning did your agency identify?**

15.10.1 This appears at Section 17.

### **15.11 Term 11**

**Does the learning arising from this review appear in other reviews held by Wigan Building Stronger Communities Partnership?**

15.11.1 Wigan Borough Clinical Commissioning Group identified that 'the case for introducing routine enquiry in respect of domestic abuse within General Practice has emerged as a consistent theme in previous domestic homicide reviews. The individual management review author has previously presented a paper to Wigan Borough Clinical Commissioning Group's Clinical Governance Committee regarding the learning from domestic homicide reviews 3 and 4 including the need to consider introducing routine enquiry within General Practice. An action has already been taken to write and present a detailed paper regarding the need to introduce routine enquiry within General Practice to the Primary Care Committee.

### **15.12 Term 12**

**What areas of good or innovative practice did your agency identify?**

15.12.1 The panel did not identify any good or innovative practice but recognised that the GP provided an appropriate service to Susan on the day before her death.

## 16. CONCLUSIONS

- 16.1 Susan and Roger had been married for 20 years, had a family and were working. Ostensibly they lived an unremarkable life and provided a safe and loving environment for the children.
- 16.2 No agency had any reports or suspicions of domestic abuse between them and Roger's successful application for a firearms certificate means that he was assessed as having a stable and non-violent nature at the time it was granted. The panel looked for signs and symptoms of coercive and controlling behaviour but was unable to identify any, in fact the opposite was true. There is evidence that at one point Susan valued Roger's maturity and he was viewed as a considerate husband.
- 16.3 It is now known that Roger perpetrated domestic abuse through his controlling behaviour and attitude when drunk. His wife and children were frightened of him to such a degree that they would often remove themselves from his presence.
- 16.4 It is known from the homicide investigation that in 2014 Roger made an unsolicited, unwarranted and unwelcomed advance to a member of Susan's family. She found out and they couple decided to stay together.
- 16.5 In early 2016 Susan informed Roger that she was having a relationship with an unnamed male [Mr Z] and needed a break from Roger. He moved out of the family home in to a hotel. However they soon reconciled and agreed to continue their marriage. Roger believed the matter had ended. This was the second time the couple appeared to have overcome a crisis in their marriage.
- 16.6 There was no evidence that the children were affected by the apparent tensions between their parents. However, it emerged after the homicide that the children were affected by their father's behaviour inasmuch as their mother would sometimes take them from the house to a place of safety.
- 16.7 In early October 2016 Mr Z's partner discovered his infidelity and expelled him from the home. A few days later a third party told Roger that the relationship had continued. It was at this point Roger discovered the identity of Mr Z who was known to him.
- 16.8 On the day before the murder Roger threatened Mr Z by telephone saying, 'I'm not coming now but I'm coming for you and you're dead'.
- 16.9 The following morning on the day of the homicide, Susan left the home address and went to work. Roger remained at home carrying out some work. At approximately 1000 hours Mr Z received a phone call from Roger who said, 'I'm coming for you and you are dead, it might not be today but I'm coming for you and I'll kill you'. That was not reported to the police until a few minutes before the homicide.
- 16.10 About 11.0 am the same day, Roger attended Mr Z's home and discussed the situation with Mr Z's partner. During this conversation Roger was in an



agitated state and said he was going to get Mr Z and if he did not do it someone else would. Further text messages were exchanged throughout the day between Roger and Mr Z.

- 16.11 In the afternoon Roger was seen by witnesses in two local public houses frequented by Mr Z. Roger was reported as looking for Mr Z and was, 'coming for him'. Mr Z discovered this and contacted Susan to let her know what Roger was doing. Roger telephoned Mr Z at 2.30 pm and said, 'I'm coming for you'.
- 16.12 At 3.42 pm Mr Z contacted the Greater Manchester Police and reported that he had received threats from Roger. Susan contacted Roger and asked him what he was doing and told him to come home to discuss things.
- 16.13 According to Roger when he arrived home Susan was in the kitchen emptying the dishwasher. Susan and Roger began to discuss the situation calmly. According to Roger, Susan said, 'Anyway we're separating. I love him [Mr Z] more than you'. Roger said he grabbed Susan by the throat, took hold of a kitchen knife and stabbed Susan three times in the chest. Susan said, 'What you doing? I still love you'.
- 16.14 At 3.49 pm Roger contacted the Greater Manchester Police and during the conversation with the call taker stated, 'I need ambulance and police. I've just stabbed my wife. We've had a break up and I've lost it and stabbed her. I need an ambulance as quick as you can please'. He later told an officer, 'I understand I didn't mean it I lost my temper'.
- 16.15 The Women's Aid screening tool is prefixed with, 'Everyone has arguments, and everyone disagrees with their partners, family members and others close to them from time to time. And we all do things at times that we regret, and which cause unhappiness to those we care about. But if this begins to form a consistent pattern, then it is an indication of domestic violence and abuse'.
- 16.16 The panel carefully considered the issues in this review to determine whether anything could be learned from the circumstances of Susan's death. There was no evidence of domestic abuse in any of its forms known to anyone outside the family home.
- 16.17 Statistics show 42 per cent of marriages end in divorce, and 34 per cent of married couples divorce before their 20th wedding anniversary. The statistics show that many couples who were previously in good relationships end up getting divorced within 20 years of their nuptials.<sup>19</sup>
- 16.18 The panel conducted an internet search using the question, 'What are the reasons people get divorced in the UK?' The returns, from varied sources, produced terms such as, 'top ten reasons for divorces sources.' Affairs, relationships or other euphemisms for infidelity appeared in the top three.

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<sup>19</sup> [www.independent.co.uk/life-style/love-sex/the-nine-most-common-reasons-couples-get-divorce-a6875356.html](http://www.independent.co.uk/life-style/love-sex/the-nine-most-common-reasons-couples-get-divorce-a6875356.html)

16.19 The Office National Statistics reported:

Unreasonable behaviour remained the most common grounds for opposite-sex couples divorcing.

The majority of divorces of opposite-sex couples in 2016 where a decree absolute was granted, were petitioned by the wife (61%). Between 1980 and 2000, this proportion had consistently been at or above 70%. The most common grounds for divorce was unreasonable behaviour, with 36% of all husbands and 51% of all wives petitioning for divorce on these grounds.<sup>20</sup>

16.20 Susan and Roger's general circumstances were the same as many couples whose marriage was coming to an end. In the few days between learning the identity of Mr Z and that Susan was still seeing him, the evidence suggests, his anger towards Mr Z was building. Roger made death threats to Mr Z but did not indicate he was considering harming Susan.

16.21 On the day of the homicide Susan invited Roger to come home and discuss the situation. It appears she did this to calm Roger and counter the threats he made against Mr Z. His reaction to the final realisation that Susan had chosen another person over him, was the ultimate use of power without any known history of coercive control between them.

16.22 The sudden, or instantaneous, use of fatal violence has been observed in other domestic homicide reviews when couples meet for a final time at the end of the relationship. This case adds to the evidence that the risk to victims increases as such times.

16.23 However, that does not explain why Roger acted as he did when faced with what he probably saw as rejection. Most people in his circumstances deal with the facts without resorting to the extremist of measures. In some domestic homicide reviews offenders are reported as having said, 'If I can't have you no one will'. In this case there is no record of Roger saying that but his actions in killing Susan amount to the same sentiment.

16.24 The panel noted the sentencing Judge's remarks:

'This was a murder of a woman in her own home where she is entitled to feel safe. I accept there was no pre-meditation. He did not go back home intending to kill...She decided to leave her unhappy marriage as she was entitled to do. She believed she would find greater happiness with another as she was entitled to do. This does not excuse, justify or simply mitigate his conduct in fatally stabbing her. He gave way to self-indulgence, verging on self-pity'.

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<sup>20</sup>[www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/2016#unreasonable-behaviour-remained-the-most-common-grounds-for-opposite-sex-couples-divorcing](http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/2016#unreasonable-behaviour-remained-the-most-common-grounds-for-opposite-sex-couples-divorcing)

16.25 The Judge's remarks were made after he heard all the evidence and perhaps show some insight into Roger's thinking. His explanation appears at 16.13.

## **17. LEARNING Agencies**

- 17.1 Wigan Borough Clinical Commissioning Group noted that if the GP had explored Susan's disclosure by way of routine or selective enquiry it is possible that the ensuing discussion would have served as a prompt to Susan to consider her own vulnerability and the GP would likely have considered a referral to appropriate support services.

### **The DHR Panel**

- 17.2 There was very limited opportunity for learning arising from this review. What is known now that was not known in real time is that Susan was in a controlling relationship and sometimes left the house with the children when she felt unsafe.
- 17.3 The essence of this case was the hidden coercive and controlling relationship exercised by Roger. Susan knew that at times she had to leave the house with the children to stay safe. It is not known whether Susan recognised that she was in a controlling relationship or whether she knew or did not know where to go for help and advice.
- 17.4 In this respect there is some general learning around raising the issue of coercive and controlling behaviour as an element of domestic abuse and ensuring that domestic abuse strategies adequately deal with the issue including making it clear that services are available to people in coercive and controlling relationships.
- 17.5 While not new learning, this review provides further evidence of two points.
1. The danger to victims increases at the point of separation
  2. The recognition that coercive and controlling behaviour frequently features in domestic homicide reviews.

## **18. RECOMMENDATIONS**

### **18.1 Agency Recommendations**

18.1.1 Wigan Borough Clinical Commissioning Group was the only agency to make recommendations.

1. Consider introducing routine enquiry within general practice.
2. Feedback learning from DHR 6 to GPs and Practice Managers.

### **18.2 Panel Recommendations**

1. That Wigan Council's Building Stronger Communities Partnership promotes across the work force and as part of its co-ordinated community response model, the need to recognise the escalation of risk at point of separation or relationship breakdown.
2. That Wigan Council's Building Stronger Communities Partnership works with children's services to recognise the heightened risk at times of separation or relationship breakdown and NOT as a protective factor when not supported by other factors.
3. That Wigan Council's Building Stronger Communities Partnership promotes the use of its approved screening tool in relation to coercion and control as either a single part of wider domestic abuse or as a form of domestic abuse in its own right as upheld in legislation.
4. That Wigan Council's Building Stronger Communities Partnership publishes this report and shares the learning with colleagues within the Borough and also across Greater Manchester.
5. That Wigan Council's Building Stronger Communities Partnership establishes the whether there is a need for voluntary perpetrator programmes and if to determine how they can be commissioned.

## Women's Aid Screening Tool

### Am I in an abusive relationship?

Everyone has arguments, and everyone disagrees with their partners, family members and others close to them from time to time. And we all do things at times that we regret, and which cause unhappiness to those we care about. But if this begins to form a consistent pattern, then it is an indication of domestic violence and abuse.

The answers to the following questions may help you:

#### Has your partner tried to keep you from seeing your friends or family?

Yes  No

#### Has your partner prevented you or made it hard for you to continue or start studying, or from going to work?

Yes  No

#### Does your partner constantly check up on you or follow you?

Yes  No

#### Does your partner unjustly accuse you of flirting or of having affairs with others?

Yes  No

#### Does your partner constantly belittle or humiliate you, or regularly criticise or insult you?

Yes  No

#### Are you ever afraid of your partner?

Yes  No

#### Have you ever changed your behaviour because you are afraid of what your partner might do or say to you?

Yes  No

#### Has your partner ever destroyed any of your possessions deliberately?

Yes  No

**Has your partner ever hurt or threatened you or your children?**

Yes  No

**Has your partner ever kept you short of money so you are unable to buy food and other necessary items for yourself and your children or made you take out loans?**

Yes  No

**Has your partner ever forced you to do something that you really did not want to do?**

Yes  No

**Has your partner ever tried to prevent you from taking necessary medication, or seeking medical help when you felt you needed it?**

Yes  No

**Has your partner ever tried to control you by telling you that you could be deported because of your immigration status?**

Yes  No

**Has your partner ever threatened to take your children away, or said he would refuse to let you take them with you, or even to see them, if you left him?**

Yes  No

**Has your partner ever forced or harassed you to have sex with him or with other people? Has he made you participate in sexual activities that you were uncomfortable with?**

Yes  No

**Has your partner ever tried to prevent your leaving the house?**

Yes  No

**Does your partner blame his use of alcohol or drugs, mental health condition or family history for his behaviour?**

Yes  No

**Does your partner control your use of alcohol or drugs (for example, by forcing your intake or by withholding substances)?**

Yes  No

If you answered yes to one or more of the above questions, this indicates that you may be experiencing domestic abuse.

You may want to call the National Domestic Violence Helpline (run in partnership between Women's Aid and Refuge) to discuss this further in confidence, or chat about it anonymously on the Survivors' forum.

[www.womensaid.org.uk/the-survivors-handbook/am-i-in-an-abusive-relationship/](http://www.womensaid.org.uk/the-survivors-handbook/am-i-in-an-abusive-relationship/)



**DHR 6 Action Plan**

No	Recommendation DHR Panel	Key Actions	Evidence	Key Outcome	Lead Officer	Date
1	That Wigan Council's Building Stronger Communities Partnership promotes across the work force and as part of its co-ordinated community response model, the need to recognise the escalation of risk at point of separation or relationship breakdown.	<p>Promote the use of the CCRM Toolkit across the partnership. The use of the CCRM Toolkit to be utilised when risk is escalated at the point of separation. This to be done using a range of methods – face to face training, newsletters, briefings, emails etc.</p> <p>Explore the development of an App for professionals to use via their smartphones</p>	<p>Evidence of training sessions attendance sheets, emails, briefings, newsletters</p> <p>If app is developed evidence of number of downloads</p>	Frontline staff working across the partnership are aware of and utilise the CCRM Toolkit	Business Manager Domestic Abuse & Sexual Violence	April 2019

No	Recommendation DHR Panel	Key Actions	Evidence	Key Outcome	Lead Officer	Date
2	That Wigan Council's Building Stronger Communities Partnership works with children's services to recognise the heightened risk at times of separation or relationship breakdown and NOT as a protective measure unless supported by other protective factors.	<p>To ensure this learning is included in the next round of DVA Briefings.</p> <p>Complete a case file review of cases across children's services to ensure this risk is mitigated and evidenced in assessments and plans</p>	<p>Assessments will evidence increased risk and plans will be aligned to reduce this risk and increase family safety</p> <p>More assessments and case plans will have an improved input relating to the perpetrator on a whole family approach</p>	<p>Increased victim confidence and satisfaction</p> <p>Reduction of risk to children and families with safety planning clearly evident during these times in the victims journey</p>	<p>Business Manager Domestic Abuse &amp; Sexual Violence</p> <p>Advanced Practitioner lead for DVA Children's Services</p>	April 2019
3.	That Wigan Council's Building Stronger Communities Partnership promotes the use of coercion and control as either a single part of wider domestic abuse or as a form of domestic abuse in	<p>To ensure this learning is included in the next round of DVA Briefings.</p> <p>Complete a case file review of cases across services to ensure this risk is mitigated and evidenced in assessments and plans.</p>	<p>Collate figures and data relating to the number of cases coercion and control is used.</p> <p>Relate this data to court outcomes and establish good practice</p>	<p>Increased victim confidence and satisfaction of the criminal justice sector</p> <p>Heightened feeling of victim safety and reduction of risk and vulnerability</p>	<p>Business Manager Domestic Abuse &amp; Sexual Violence</p> <p>Partnership Business Analyst</p> <p>Victim Co-</p>	April 2019

	its own right as upheld in legislation.				ordinator	
4.	That Wigan Council's Building Stronger Communities Partnership publishes this report and shares the learning with colleagues within the Borough and also across Greater Manchester.	The report, findings, recommendations and action plan will be published via the Wigan Adults Safeguarding Board website. A link to the report will be published on the Greater Manchester Combined Authority website	The report and links will be published on the website	The learning and opportunities to learn will be public information enabling maximum reach	Business Manager Children's and Adults Safeguarding Boards Safeguarding Boards	Following approval from Home Office
5.	That Wigan Council's Building Stronger Communities Partnership establishes the whether there is a need for voluntary perpetrator programmes and if to determine how they can be commissioned.	Research current programmes and previous work across GM. Examine local need and any national evidence. Assess local funding and local commissioning processes	Evidence from recent Inner Strengths work and wider perpetrator programmes from across GM as part of Operation STRIVE will be assessed. Evidence from other areas across GM, commissioning their own programmes will be used too.	A decision whether there is a need for voluntary perpetrator programmes will have been made and if positive then a commissioning process will be underway	Business Manager Domestic Abuse & Sexual Violence	April 2019