# Domestic Homicide Review under Section 9 of the Domestic Violence Crime and Victims Act 2004

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## In respect of the death of Olga and Viktor*

## In May 2019

'Olga and Viktor were very kind and gentle. Our children reminded me of when there were moorhens in the pond with 5 chicks. Olga and Viktor, went to feed them daily, one day a chick was missing, and they searched and found it in the filter and brought it back. The chick lived after that. They also remembered Viktor giving my son a daisy as he left our house.'

Sofia - a close friend of Olga and Viktor.

Report produced for Safer Kensington and Chelsea Partnership by
Mary Mason, Independent Chair and Author, August 2019

* Please note that all names have been changed in this report to ensure confidentiality. Chosen names are consistent with ethnic origin of those in the report and popularity at the time of their birth.

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# 1. INTRODUCTION

The key purpose for undertaking domestic homicide reviews (DHRs) is to enable lessons to be learned from homicides in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect. 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.
This domestic homicide review was commissioned by The Royal Borough of Kensington and Chelsea (RBKC) Community Safety Partnership following the deaths of Olga (aged 68) and Viktor (aged 69) in May 2019.

Olga was born in Russia and Viktor in Brest, Belarus (at the time part of the Soviet Union). It is believed they came to the UK in 1993/4. Their son, Dmitry (aged 48), admitted to the murders and in October 2019 was sentenced life imprisonment to serve a minimum of 26 years. He is currently serving his sentence in Belmarsh Prison.

This report examines the contact and involvement that agencies had with Olga, Viktor, and Dmitry between 2012 when Dmitry returned from New Zealand, to live in the UK and the arrest of Dmitry for his parent's murders. In addition to the agency involvement, this report also examines any relevant history of abuse and incorporates the views, thoughts and questions raised by Olga and Viktor's family and friends.

Olga and Viktor engaged with health services but had little involvement with other agencies. Nevertheless, this DHR provides multiple opportunities for learning including about recognising and responding to adult child to parent domestic homicide; patterns of coercive control including where a victim has been diagnosed as seriously ill and the difficulty for migrants in reporting domestic abuse when there is no interpreter and/or when there are issues about their or the perpetrators immigration status.

The panel wishes to express their condolences to Olga and Viktor's family and friends and in particular to Ann and Sofia, their contribution has been invaluable in providing essential background information and in making recommendations pertinent to the homicide of parents by their adult children.
The panel would also like to thank all those who have contributed to the review.

## 1.1. Timescales

Safer Kensington and Chelsea Partnership was notified of Olga and Viktor's deaths and commissioned a Domestic Homicide Review (DHR) in June 2019. The Board reviewed the circumstances against the criteria set out in the Multi Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2013) and recommended to the Chair of the Board that a Domestic Homicide Review should be undertaken. The Chair ratified the decision to

commission a Domestic Homicide Review on 17th October 2019 and the Home Office was notified in October 2019. An independent chair/author was commissioned in November 2019 to manage the process and compile the overview report.

### 1.2. Confidentiality

The findings of this review remained confidential and were only available to participating professionals, their line managers and members of the domestic homicide review panel until after the report was approved by the Home Office Quality Assurance Panel. Once approved the final report will be made available to the family and friends of Olga and Viktor.
To protect the identity of the family members, anonymised terms and pseudonyms have been used throughout this review. Chosen names are consistent with the ethnic origin of those in the report and popularity at the time of their birth. Family and friends were consulted where possible, but this has been limited to the two named below, due to the isolation of Olga and Viktor, as explained elsewhere in this report.

Olga and Viktor – the victims
Dmitry– the Perpetrator
Ann – estranged wife of Dmitry
Sofia – close friend of Olga
Anton – dog who died in New Zealand
Tito – surviving dog

## 2. THE REVIEW PROCESS AND TERMS OF REFERENCE

The review was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) under s.9(3) Domestic Violence, Crime and Victims Act (2004).

### 2.1. Time period

The panel decided that the review should focus on the contact that agencies had with the victims and the perpetrator between 2012 and May 2019 when Olga and Viktor's bodies were found by the police. The panel agreed that if any agency had relevant information outside of this period, this information should be included in their individual chronology.

### 2.2. Contributors to the review

The Chair wrote to Dmitry's estranged wife (Ann) and a close friend of Olga and Viktor (Sofia) via the police family liaison officer to explain that a domestic homicide review was taking place.

Attempts had been made by Sofia to trace family in Russia but the numbers in Olga's phone book were out of date and no other contact records were found. Sofia did contact a childhood friend of Olga's, living in Germany, she informed Sofia that no relatives were still alive. RBKC informed the Russian and New Zealand embassies.

Sofia had been involved with trying to get support for Olga in the days before her death. The Chair spoke with Ann and Sofia several times and met with Ann, who joined one of the panel meetings. Both Ann and Sofia have been provided with information about support available including support from Advocacy After Fatal Domestic Abuse (AAFDA).

### 2.2.1. The thoughts and feelings of Olga and Viktor's family, friends, and neighbours

Ann and Sofia wished to be involved with this review and provided invaluable background information to the Panel. Several neighbours and friends of the family spoke with the police and/or RBKC Housing. Their contributions have been reported to the Panel and formed part of this review.

Ann provided invaluable insight into Dmitry's controlling behaviour during their relationship. Their history together was marked by his controlling behaviour which was often played out via his obsession with his dogs, his controlled anger at her, threats to kill himself and on two different occasions threats to kill her. Ann was also upset that she had not been informed of the date of Dmitry's Court Hearing which caused her distress as the media reports in New Zealand impacted on her elderly parents living there. She also pointed out that she might have wished to attend the Hearing.

Sofia, a friend of Olga and Viktor lives outside London and saw the couple once a year. They spoke on the phone regularly and more frequently following Viktor's cancer diagnosis in November 2018. On the day before the murders, Olga called Sofia and told her that she was very afraid of her son who had been living with them for two years and would not move out. She said he was very controlling, often angry and had once hit her. She also asked for help with sourcing information about funeral arrangements for her husband, who was now terminally ill. Sofia called back about the funeral arrangements and unusually did not get an answer. She spent the following days calling numerous agencies, including RBKC Adult Social Care (ASC) team to try to get help. She was reluctant to call the police as Olga was fearful of them, but finally called the police three days later, the day their bodies were discovered. Sofia reports a high level of frustration and anxiety over these days, especially at the response by Adult Social Care. She felt that Dmitry was possibly treated more leniently by the courts as he had the opportunity to give himself up rather than being found and arrested by the police.

### 2.2.2 The Perpetrator, Dmitry

The Chair and RBKC Strategic lead for Violence Against Women & Girls, visited Dmitry in Belmarsh Prison. Dmitry took full responsibility for the murders and said he had no regrets and his parents deserved to die.

### 2.2.3 Agencies and other contributors to the review

The family was not known to the police and had little involvement with other agencies prior to Viktor's cancer diagnosis in November. Neither Olga nor Viktor had the opportunity to inform any agencies of the abuse they were experiencing from Dmitry and Domestic Abuse agencies have no records relating to the victims or the perpetrator.

In January 2019, the family was informed that Viktor's cancer was terminal, and the District Nursing Team began to provide support in the home.

A full IMR was not requested from agencies as there was little history of agency involvement. It was therefore agreed that agencies would provide a report. In addition, the Chair produced a questionnaire to guide the response to key questions from Central London Community Healthcare NHS Trust and RBKC Adult Social Care. Reports, including a chronology were requested and received from:

- RBKC Adult Social Care
- Central London Community Healthcare NHS Trust
- Metropolitan Police
- RBKC Housing

All authors of the information reports were independent of the case i.e. they were not involved in the case and had no management responsibility for any of the professionals involved.

## 2.3 Aims and Key Lines of enquiry

The aim of the review was to:

i. Establish what lessons can be learned from Olga and Viktor's deaths about the way in which professionals and organisations work individually and collectively to safeguard victims
ii. Identify how and within what timescales those lessons are to be acted on, and what is expected to change as a result
iii. Apply those lessons to service responses including changing policies and procedures as appropriate
iv. Prevent domestic homicides and improve the way services respond to all victims of domestic abuse and their children, through improved intra and inter agency working.

### Key lines of enquiry:

Information reports addressed both the 'generic issues' set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) and the following specific issues identified in this particular case:

- Whether Dmitry had a history of domestic abuse, and/or mental health issues which were known to any agency.
- Whether Olga or Viktor sought help around domestic abuse and if they did not what the barriers were.
- Whether Dmitry sought help for any issues he had and if not, why not.
- What knowledge or information agencies had that indicated that Olga and Viktor might be at risk of abuse, harm, or domestic abuse and how the agency respond to this information.
- If any agency had information that indicated that Olga and Viktor might be at risk of abuse, harm, or domestic violence and if so, whether this information was shared? If so, with which agencies or professionals.
- If any agency had knowledge of Olga and/or Viktor which influenced professionals' decision making in any way.
- Whether bias impacted in any way on support and professional decision making. Whether this was related to direct and/or unconscious bias because of Olga and Viktor's ethnicity, spelling of name and/or language barriers.
- Whether any agency had information about Dmitry and the fact he was living in the flat with Olga and Viktor.
- If any agency had information that indicated that Dmitry was violent, abusive or might cause harm to someone, whether this information was shared and if so, with which agencies or professionals.
- Whether agencies were limited by lack of capacity or resources and whether this had an impact on the agency's ability to provide support to Olga or Viktor or Dmitry.
- Whether lack of capacity or resources have an impact on any agency's ability to work effectively with other agencies.
- How agencies have proactively made sure that isolated people, including those who do not speak English, know how to access support.

## 2.4 Review Panel

The panel met 4 times. All members were independent of the case i.e. they had no direct management responsibility for any of the professionals involved in the case. The review panel comprised:

- Mary Mason: Independent Chair and Author
- Shabana Kausar: Violence Against Women & Girls Strategic Lead for the Boroughs of Kensington & Chelsea, Hammersmith & Fulham and Westminster
- Janice Jones: Neighbourhood Officer RBKC Housing

- Trish Stewart: Associate Director of Safeguarding Central London Community Healthcare NHS Trust
- Megan O'Brien: Adult Safeguarding Lead Central London Community Healthcare NHS Trust
- Jermaine Sterling: Neighbourhood Management Team Leader, RBKC Housing
- Emma Sharp: Specialist Crime Review Group, Metropolitan Police
- Sally Jackson: Standing Together against Domestic Violence Charity
- Mary Wynne: Safeguarding Adults Lead RBKC to 31 March 2020 / Louise Butler: Interim Head of Safeguarding and Workforce Development RBKC and Westminster from 1 April 2020.
- Senior Management: representative from Advance Charity
- Victor Nene: Adult Safeguarding and Clinical Quality Manager, NW London CCG.

## 2.5 Author of the overview report

The chair and author of this review is Mary Mason. Mary is an independent freelance consultant and has never been employed by or has any connection with the RBKC.
Mary was formerly Chief Executive of Solace Women's Aid (2003-2019), a leading Violence against Women and Girls (VAWG) charity in London. Mary has more than 30 years' experience in the women's, voluntary and legal sectors in supporting women and children affected by abuse. She has experience in strategic leadership and development; research about domestic abuse; planning and monitoring & evaluation of VAWG programmes. Mary has successfully adopted innovative solutions to ensure effective interventions which achieve results, increasing the quality of life of women and children.

## 2.6 Parallel Review

The criminal investigation was carried out by the Metropolitan police who were represented on this review panel and provided a full written report to the Panel. There were no other Reviews undertaken.

## 2.7 Equality and Diversity

| | Sex | Age (May 2019) | Ethnicity | Disability | Religion | Marital status | Sexuality |
|---|---|---|---|---|---|---|---|
| Olga | F | 68 | Russian | None known | Christian | Married | Heterosexual |
| Viktor | M | 69 | Russian | Terminally ill with cancer | Christian | Married | Heterosexual |
| Dmitry | M | 48 | Russian | None known | Not Known | Separated | Heterosexual |

Both victims and the perpetrator were white and of Russian origin as was their close friend Sofia, who contributed to this review. Ann, the perpetrators estranged wife, is white and of New Zealand origin.

The perpetrator is 48-year-old male and the victims, his mother and father, in their late 60's. In understanding Domestic Homicide of older women and men, age and gender are key constructs which have been little researched. Sharp-Jeffs & Kelly (2016) reviewed 32 Domestic Homicides, of which 10 involved older women (4 of which were adult-family homicides). There were no cases in the cohort of an adult male perpetrator and both parents' victims. All perpetrators of AFH were male and the majority of victims' female. Offences were mainly at home and using a sharp instrument or knife. They found that ageist assumptions led to missed opportunities, as practitioners often considered older people to be at low risk of victimisation.

Both Viktor and Olga were Russian speakers, Olga spoke good English and Viktor spoke little English. Dmitry is a fluent English speaker.

The spelling of Viktor and Olga's family name caused some confusion for Adult Social Care. This might have arisen due to the referral being over the phone. Dmitry's name also caused some confusion when seeking his health records. In prison, Dmitry confirmed that his surname was spelt incorrectly and later amended to the correct spelling, telling us that this related to the English translation from the Russian alphabet.

Olga and Viktor were Christians but chose not to worship at the Russian Cathedral, preferring instead the Greek Cathedral, as it offered them anonymity, they were not however known personally to the Priest at the Greek Cathedral. Their funerals took place at the Russian Cathedral where they had not been known by the Priest.

Viktor was diagnosed with cancer in November 2018 and on 4 February 2019 was assessed by the District Nurse Team. In May 2019, Viktor was assessed by the palliative care team. He had, by this time, become bed bound and Olga had been told he had weeks to live. He met the Adult Social Care threshold for vulnerable adults. Olga interpreted for Viktor when the District Nurses and the Palliative care team visited the home and the panel noted that it is possible that Viktor may have disclosed Dmitry's abusive behaviour if he had been given the opportunity to speak with an independent interpreter rather than through Olga.

It is not clear in what circumstances Olga and Viktor came to the UK. We do know that Olga went to great lengths to remain anonymous. She was frightened of the police and RBKC Housing as she believed they could make her homeless. She told neighbours different names for herself and told different health workers that she did/did not have a son. She is described by friends as a friendly and strong woman whose fear of the authorities was significant. This fear had a strong impact on her and her ability to reach out for help. She did not want the police called and she did not feel able to approach authorities about her son's behaviour and refusal to leave the flat when she asked him to go. Olga's personal experiences and fears, possibly in Russia,

together with her fear about the impact of Dmitry's insecure immigration status in the UK and the fact he was living in their flat, appeared to have prevented her from seeking the support she needed in dealing with Dmitry's threats and abuse. The background to this is the hostile environment policy towards migrants and refugees in the UK, which includes a duty to check on those renting housing that they have a 'Right to Rent' property in the UK. The fear this creates in migrant communities and the resultant fear in reporting DA is referenced elsewhere in this report (c/f page 19 below).

All aspects of equality and diversity were considered throughout the review process including age, disability, race, gender, and religion.

## 2.8 Dissemination

In addition to the organisations contributing to this review (listed in 2.2.2), the following will receive copies of this report for learning within their organisations.

| Name | Agency | Position/ Title |
|---|---|---|
| Barry Quirk | RBKC | Chief Executive |
| Councillor Emma Wills | RBKC | Lead Member for Culture, Leisure and Community Safety |
| Sue Harris | RBKC | Executive Director for Environment and Communities |
| Stuart Priestley | RBKC | Chief Community Safety Officer |
| Shabana Kausar | Tri-Borough | Strategic Lead for Violence Against Women and Girls |
| Louise Butler | Bi-Borough | Safeguarding Coordinator, Adult Social Care |
| Natalia Clifford | Bi-Borough | Deputy Director of Public Health |
| Sally Jackson | Standing Together Against Domestic Violence | Partnership Manager |
| Catherine Knights | Central and North West London NHS Foundation Trust | Associate Director of Quality, Safety and Safeguarding |
| Jane Downing | Central London and West London CCGs, North West London Collaboration of Clinical Commissioning Groups | Designated Nurse Safeguarding Children |
| Nicci Wotton | Imperial College Healthcare NHS Trust | Consultant Nurse for Safeguarding/Named Nurse Safeguarding Children |

| | | |
|---|---|---|
| Helen Harper | Metropolitan Police | RBKC Borough Commander |
| Stav Kokkinou | RBKC | Housing Management Services |
| Dawn Morris | Metropolitan Police | Detective Chief Inspector |
| Julie Ryan | Drug and Alcohol Wellbeing Service | Family and Carers Team Coordinator Tri Borough Domestic Abuse, MARAC Lead & Woman's lead |
| Quality Assurance Panel | Home Office | - |

## 3. BACKGROUND

Olga and Viktor left Russia and are recorded by the Home Office as entering the UK in 1998, although anecdotally it is believed they came to the UK in 1993/4. They were awarded Indefinite leave to Remain in the UK and received citizenship and British passports in 2005. Their only child, Dmitry, moved to the UK in 1994, as an adult. He was not awarded Indefinite Leave to Remain or Citizenship.

The family were highly educated, and Olga and Viktor held professional and responsible jobs in Russia before coming to the UK. Viktor did not work in the UK and to our knowledge Olga held a few temporary part-time jobs in the UK. Dmitry was a successful Visual Effects Engineer in New Zealand.

Olga and Viktor had a secure tenancy for a one-bedroom Council owned flat from the Royal Borough of Kensington and Chelsea (RBKC). They lived there from March 2000 and were at the same address when Dmitry said he stabbed them. Their lives were pronounced extinct three days later. At the time of the homicides, Viktor was terminally ill with cancer, having been diagnosed with carcinoma of the oesophagus with possible brain secondaries in November 2018.

Dmitry met Ann (a New Zealand citizen with Dutch parentage) in 1994 and they married in 2000. They moved together to New Zealand in 2002. Whilst in New Zealand, Dmitry applied for and obtained New Zealand citizenship. They returned to the UK in 2012 to live in Surrey, Dmitry being granted a spousal visa for 5 years. The couple separated in 2013. Dmitry moved into his parent's flat sometime in 2015/16. RBKC Housing services had no record of Dmitry living at this address.

Ann said that Dmitry's parents loved him very much and they were close, but they found it hard to help him as he always knew best and insisted on being in control. Ann describes Dmitry as being very controlling and that 'he found it extremely challenging to live in the real world'. Ann

told us that Dmitry's behaviour towards her became more controlling while they were in New Zealand. He became angrier and more aggressive, and more so after the loss of a much-loved mastiff dog, in 2008. Dmitry was fixated with the two mastiffs they owned, and Ann told us that Dmitry insisted that she stayed at home to care for them, using the dogs needs as a means of isolating her. After their dogs' death, they bought another dog, Tito. At this time Dmitry began to drink heavily and became more controlling of Ann. She describes him limiting her going out, increased verbal abuse and that he threw things around, punched holes in the wall and frequently threatened to stab himself. However, if she did not pay attention to him, Dmitry would desist and change his behaviour. Ann described being scapegoated for all that was wrong in Dmitry's life; he did not have friends and his only close relationships were with Ann and his parents. He had one friend in Israel before he came to the UK but had abruptly cut off from him several years previously. It is Ann's view that Dmitry has a mental health condition and needs psychiatric help. However, post arrest, Dmitry was found to be criminally sane and he has, to our knowledge, not been diagnosed with a mental health condition.

On returning to Surrey with their two dogs, Ann found work in London, initially commuting, and then staying more frequently with colleagues and friends in London. One dog died shortly after their return, leaving Tito (a mastiff) in the care of Dmitry who was trying to find work from home. Before Ann finally left, Dmitry twice threatened to stab Ann, saying 'what do I have to do to get you out of my house – slit your throat?' This was, of course what he did to his parents. These threats were not reported to the police or other agencies. Ann eventually left Dmitry in 2013, he stayed in the house in Surrey, looking after Tito. He worked intermittently from home but was unable to find comparable work in the UK, to his work in New Zealand. Finances were very tight, and Dmitry eventually went to live with his parents sometime in 2014/15. When there, he relied significantly on their pension income. It appears that Dmitry was economically abusing his parents relying on them for money and in turn, Olga was extremely worried about money. It also appears that Dmitry continued to hold an influence over Ann, who met him to give him money on three different occasions after he moved in with his parents, so he could pay for veterinary bills.

Sofia and Ann reported that Olga was fearful of the police and authority figures and so found it difficult to reach out for support, although Olga discussed her financial worries with her GP and followed his advice to visit the local Citizens Advice Bureau offices. As this was on a Sunday, they were unfortunately closed.

After Viktor's diagnosis in December 2018, he was supported by heath care services. The District Nursing Team became involved in January 2019 and the palliative care team in May 2019. Assessments were carried out with Olga translating for Viktor. The District Nurse Team noted in an initial assessment that Olga's son assisted in his care, although Dmitry was not present during visits. The Palliative Care Team visited and were told by Olga that they had no children. This anomaly did not come to light as there were no significant risks flagged on the

system. No specific questions were asked about domestic or other forms of abuse by the teams, as these are not routinely asked. If the nursing teams had been aware of any abuse the flagging system would have alerted other teams and the case would have been the subject of a multi-disciplinary review at the doctor's surgery.

The family were very isolated, with few friends who they did not see regularly and some neighbours who knew them but not well. Although they worshipped at the Greek Cathedral, they were not known to the priest there. Olga's confided in her friend Sofia about her fears shortly before her death and told her Dmitry was living in the flat and about her fear of him. Olga told her she had asked Dmitry to leave the flat, but he had refused. She told Sofia that Dmitry had previously hit her and was very controlling.

Sofia spoke to Olga again on the same day and tried to persuade her to call the police, but she was reluctant to do so. Following this Sofia was unable to contact Olga by phone and she became increasingly anxious about her. She reached out to several agencies over the following two days to try to get support, including Adult Social Care at RBKC. The following day, she called the police herself; this was the same day that Dmitry phoned the police to confess to the murders and Olga and Victor's bodies were found in their flat. The post-mortem found the cause of death for both as an 'Incision Wound to the Neck'.

On a prison visit with Dmitry, he said that he had his own reasons for killing his parents and would do the same again. He said there was a lot of tension in the flat, that they deserved to die, and he had no choice but to kill them and this was because of the 'place and people'. He describes the flat as being 'very tight and unpleasant' and that it got very tense as his parents were 'difficult people'. He said he was logical and calm when he killed them. He described meditating to relieve the stress he experienced but said he had nowhere else to live because of the dog, which was 50kg and strong willed. Dmitry said he visualised stabbing his parents during meditation about 3 months before stabbing them.

He describes feeling very tense after an argument with them on the day he reported he had killed them. He told us that he left the flat that day to have a cigarette then returned and did some breathing meditation before calmly deciding to kill them. He took his hunting knife and went into the bathroom and slit his mother's throat and then went into the bedroom and slit his father's throat.

He left the flat and eventually left his dog at a vet, before calling the police and confessing to both murders. He was charged, convicted, and sentenced to life imprisonment. He is currently detained in HMP Belmarsh and is potentially liable to deportation as a foreign national who has a custodial sentence in excess of 12 months (he holds joint Russian and New Zealand Citizenship). Perhaps one of the most disturbing things he said in the prison visit with him, was

that he wished to be repatriated to serve his sentence in New Zealand as he knew ex-colleagues there who would visit him and would understand that 'shxx happens'.

Dmitry also said if he had somewhere else to live this might have prevented the murders. Although this reasoning provides Dmitry with a rationale, we know he did not actively pursue options open to him, including returning to New Zealand or re-homing the dog which was of course, an inevitable consequence of the homicides. He was aware of this contradiction and when suggested to him, he just shrugged and repeated that they deserved to die.

## 3.1 Summary

It is clear from speaking with Ann that Dmitry exercised significant control within their relationship, which became abusive and threatening and eventually led to Ann leaving Dmitry. He threatened to 'slit her throat' on two different occasions. His relationship towards her was coercively controlling and abusive.

Dmitry went to live with his parents after the relationship ended and he was unable to continue to pay the rent. We do not know about his relationship with his parents in the early period but from Sofia's reports it appears that Dmitry exercised considerable control within the household, and this was extreme just before he killed his parents, and just after Viktor was told he had weeks to live.

Parricide (the killing of a parent or other relative) is rare with only 9 cases on average each year in the UK and adolescents being at higher risk of committing parricide, especially when living in an abusive household which they cannot easily leave.

Bows (2018) explored partner homicide and parricide cases in the UK, reporting that most parricide perpetrators (82%) were sons or grandsons and where the victim was female 92% of perpetrators were adult sons. She cited Benbow et al (2018) who noted the obvious overlaps between different categories of homicide (which are made more) complicated by the lack of research and potentially obscure findings. She also noted that the training and viewpoints about abuse between those working in the Domestic Abuse sector and those working with the elderly, is often very different with those working in elder care often not being trained to recognise domestic abuse.

Monckton-Smith et all (2014), a leading forensic criminologist and specialist in Violence against Women and Girls and Domestic Abuse, research led to her finding that Domestic Homicide is almost never 'out of the blue' and there is almost always a 'history of Domestic Abuse'.

When Dmitry moved in with his parents approximately 2 years before their deaths, he came with a history of Domestic Abuse and coercive control in his 20-year relationship with Ann. He had also threatened to slit her throat on two occasions. Dobash (Dobash & Dobash 2015) and Stark (2009) described Domestic Abuse, characterised by patterns of coercive control as more likely to end in homicide. The patterns of coercive control and abuse starting in his relationship with Ann, when he was in his early 20's, appear to have been repeated in his relationship with his parents. This is more readily seen in his relationship with his mother as Sofia has been able to give us information about this. It has been more difficult to find out information about Dmitry's relationship with Viktor as unfortunately we have no witness or friend to discuss this with.

We are aware that Dmitry exercised considerable control over his parents and there was a lot of stress in the flat due to this and Viktor's terminal illness. It was a one bedroom flat with 3 adults and a large dog and in any circumstances would have been difficult. At some point we know Olga asked Dmitry to leave the flat, but he refused. The situation escalated to the point that Olga became desperate and began help seeking, despite her fears, by talking to her friend Sofia. She also attempted to visit the local Citizen's Advice Bureau (which was closed as it was a Sunday), although this may have been for financial advice following discussions with her GP. The escalation of abuse and of Olga's fear of Viktor appear to have increased as Viktor became sicker. Olga was told days before she died that Viktor had only weeks to live and we can assume that Dmitry was aware of this.

Olga was very frightened of Dmitry and told Sofia that she was afraid to leave him with Viktor for any period. She was scared of what he might do. He exerted control in the flat, for example Olga wanted the window open for fresh air for Viktor and Dmitry did not because he thought it would impact negatively on his dog's health. Ann reflected that for Dmitry, the fact his mother asked him to leave would have been a huge challenge to his authority and could well have been a trigger for his decision. His visualisation during meditation three months previously could be viewed as part of his thinking and planning. This fits into the description of patterns of domestic homicide researched into by Dr Jane Monckton-Smith (2019) where planning was found in all the domestic homicides in her research group. This is further examined in the Overview and Analysis section of this report below.

Concerns for Dmitry's mental health were raised by Ann, although as already noted Dmitry has not been diagnosed with a mental health condition and was found fit for sentencing. It is useful to note Marianne Hester's research (2015) findings that mental health problems are more common in men who either perpetrate or experience domestic violence and abuse but not that mental health issues are a cause of Domestic Abuse.

The panel's conclusion is that Dmitry decided to stab his parents to death and carried this out as part of his need to be in absolute control. This DHR fits the pattern of a man with significant

coercive controlling behaviour who was not able to accept changes in his relationship with his mother after his father's prognosis and his mother's request for him to leave the flat.

This perspective led the panel to consider the risk Dmitry posed to Ann and possibly others and the Chair has informed the Safeguarding team at Belmarsh Prison of the panel's concerns as well as discussing appropriate safety measures with Ann and referring her to AAFDA for further support.

I would like to thank both Sofia and Ann for their exceptionally useful insights and input in this DHR, which must have been incredibly difficult for them both, but which has added hugely to the insight we have gained about Domestic Homicide by adult children of their parents.

## 4. CHRONOLOGY OF SIGNIFICANT EVENTS

| | |
|---|---|
| 1971 | Dmitry was born in 1971 in Russia to Viktor and Olga |
| 1994 | Viktor and Olga arrived in the UK (Home Office records show entry in 1998) |
| 1994 | Dmitry arrived in UK after his parents, via Israel. He was eventually refused Indefinite Leave to Remain (ILR) in the UK. |
| 1994 | Ann, a New Zealand citizen with Dutch parentage met Dmitry. They begin a relationship. |
| 2000 | Olga and Viktor, having received Indefinite Leave to Remain, were permanently housed by RBKC. |
| 10.05.2000 | Dmitry and Ann married. |
| 2002 | Dmitry and Ann moved to New Zealand; Dmitry was granted New Zealand citizenship. |
| 2005 | Olga and Viktor were naturalised as British Citizens on 02.09.2005. |
| 2012 | Dmitry and Ann returned to live in UK in Surrey. Dmitry gained a 5-year spousal visa. |
| 2013 | Dmitry and Ann separated. Dmitry remained in the house in Surrey. |
| 2015/16 | Dmitry moved into his parent's flat in RBKC with his mastiff dog. |
| Nov 2018 | Viktor was diagnosed with Carcinoma of the oesophagus with possible brain secondaries. |
| Feb 2019 | Olga informed that Viktor's cancer is terminal and Health care started home visits. |
| mid-May 2019 | Olga informed that Viktor has only a few weeks to live. GP offered referral to 'My Care, My Way' a multi-care support project, this was turned down along with offer of nursing support. On 15 May a referral to Pembridge palliative care was accepted. |

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|---|---|
| May 2019 | Olga told her friend Sofia, that she was very frightened of Dmitry and that he had once hit her. She also told Sofia that she had asked him to leave the flat. She went to the Citizens Advice Bureau, but it was closed. She told Sofia that her husband's health was deteriorating, so she could not leave him for long especially with Dmitry and the dog as she did not know what Dmitry would do. |
| May 2019 | Palliative care nurse visits the family home, the dietician called and spoke with Olga as did Viktor's GP. The GP knew the family well, but Olga did not speak about her fear of Dmitry.<br>Sofia was in contact with Olga and advised her to call the police. Olga was looking for funeral information and Sofia offered to help. Sofia called about 30 mins later with the information and to ask for Olga's address but there was no answer.<br>Sofia spent the next 3 days calling various agencies for advice and help, including Adult Social Care in RBKC.<br>Dmitry stabbed his parents (with hunting knife) and left the flat with his dog. |
| May 2019 (3 days later) | 6.29am Dmitry called the police from a hotel in Surrey and reported the murders which he said took place on 20 May at approximately 4.30pm. He was arrested near the hotel and charged with murder.<br>Dmitry had no injuries and was assessed as fit for interview. |
| May 2018 | 8.15am a neighbour called the police to say he had not seen the family for a week. Sofia called the police. |
| 3 October 2019 | Dmitry was convicted of murder and sentenced to life imprisonment to serve a minimum of 26 years. He is currently in Belmarsh Prison. |

## 5. OVERVIEW AND ANALYSIS

There was little involvement from statutory agencies with any of the family, prior to Viktor's cancer diagnosis in November 2018 after which health services began to support him, including district nurse and palliative care support. During this time Viktor and Olga had regular contact with their GP. RBKC housing tenant records showed one visit in Feb/March 2019 for balcony repairs with no incident or concern recorded.

Dmitry was convicted of drink driving in New Zealand; he was fined $400 and disqualified from driving for 6 months. Ann told the Panel that Dmitry drank more after the death of his dog in NZ, but this did not continue and there are no further concerns about alcohol and no reports that Dmitry had an alcohol problem when he was in the UK. There are no other criminal convictions, reprimands or cautions recorded.

The panel considered the series of events prior to Olga and Viktor's deaths and whether there were patterns which could be understood in relation to research into domestic homicide. The motivation for his acts was also considered and the panel noted the significance of the timing that in February, 3 months prior to the stabbing, Olga and Viktor were told that Viktor's cancer was terminal, and the palliative care team would visit at home. A few days before the stabbing, they were told he had weeks to live. At some point during this time Olga told Dmitry to leave the flat and she began to seek alternative accommodation via Sofia and her connections.

When asked about her research into perpetrators of domestic homicide (intimate partner homicide) and whether there was a link with serious illness, Jane Monckton-Smith (2019) commented:
"Leaving is the most common trigger but there are others. Triggers are usually about big changes that threaten the status quo and challenge control. Illness is noted as one of those triggers. What tends to happen is a number of things, for example:

1. The illness means that the victim (the father or mother) don't respond to the controlling person in the same way. They can't and things begin to change
2. The medical profession has increasing influence and control and start making decisions or influencing decisions
3. If the victim is the ill one (as opposed to the controlling person) they attract attention away from the controlling person who may resent that
4. There may be financial (or other) repercussions or even benefits attached to the illness.
5. Times they will claim mercy killing or carer stress - but where there has been coercive control this is not a realistic defence."

Jane Monckton-Smith (2019) examined 372 cases of domestic homicide where the woman had a relationship with the perpetrator and some homicides committed by men in relationships with other men. Almost all cases followed a predicted 8 stage pattern:

1. A pre-relationship history of stalking or abuse by the perpetrator
2. The romance developing quickly into a serious relationship
3. The relationship becoming dominated by coercive control
4. A trigger to threaten the perpetrator's control - for example, the relationship ends, or the perpetrator gets into financial difficulty
5. Escalation - an increase in the intensity or frequency of the partner's control tactics, such as by stalking or threatening suicide
6. The perpetrator has a change in thinking - choosing to move on, either through revenge or by homicide
7. Planning - the perpetrator might buy weapons or seek opportunities to get the victim alone
8. Homicide - the perpetrator kills his or her partner, and possibly hurts others such as the victim's children

The only instance where a stage in the model was not followed was when the men did not meet stage one - but this was normally because they had not had a relationship before.

She explains the importance of her findings: 'the crime of passion, spontaneous red mist explanation (of killing) is just not true …. there is planning, determination and there's always coercive control.'

Although this DHR is about Adult Son to Parent Homicide (parricide) of which there is little research the same pattern can be observed. There is a history of coercive behaviour with Ann, the relationship with his parents (especially his mother) became coercively abusive, there was a trigger (his father's illness and his mother telling him he needed to leave the flat), a change of thinking where he began to visualise killing his parents and then the homicide itself just days after the family were told Viktor had only weeks to live.

This DHR highlights the potential risks where a coercively controlling family member is present in the home and there is a trigger such as serious illness.

There is also learning related to professional curiosity about Domestic Abuse especially where there is a vulnerable adult and the perpetrator is an adult child abusing his/her parent(s). Awareness of adult-child to parent abuse is slowly increasing and this case provides an opportunity for further learning and changes in practice. Given Sofia's attempts to get support from non-Domestic Abuse specialist helplines, there is learning for helpline agencies about how to (a) ask questions about possible Domestic Abuse (b) identify Domestic Abuse and respond accordingly and (c) adopt an early help response.

The obstacles Olga faced in seeking and finding help due to her fears of the police and the possible loss of her flat, is also significant. Whilst there may be different reasons for this, the hostile environment towards migrants, increases fear of the use of power by state agencies especially where previous experience of a hostile state/police force is present. This in turn impacts on access to support for members of migrant communities who experience DA. Both the BMJ (2019) and End Violence against Women (2019) have published material relevant to this.

It is incumbent on Local Authorities to ensure they give clear messages about their support and help response to those experiencing domestic abuse and consider how to make this accessible to those from migrant and BAME communities.

## 5.1 RBKC Adult Social Care

Sofia spoke to the Adult Social Care (ASC) Information and Access Team duty worker 2 days after she last heard from Olga. She told her that she had received a telephone call from Olga

two days previously in which Olga had disclosed that her son, Dmitry was living in her and her husband's flat without permission and refused to move out. She told them that when he was asked to leave, he became angry and that Olga was fearful of what he might do to them. She also told them that Viktor was terminally ill and suggested that he might have been taken to hospital.

The case notes include details of Sofia giving information that Dmitry was verbally abusive to his parents and had hit Olga and that Olga was scared of informing the police or housing that Dmitry was in the flat in case they got into trouble. Sofia told ASC that she had been unable to contact Olga for the past 2 days even though she had called her 40+ times so was scared something had happened to Olga and Viktor.

Neither Viktor nor Olga were known to ASC, but it was noted that Viktor was bed bound and believed to be unable to protect himself because of his care and support needs. The situation with Olga was unknown.

The duty worker discussed the case with the Safeguarding manager regarding risks and it was agreed that the 2 main areas of focus were attempting to contact the couple and establishing if Viktor had been admitted to hospital. She attempted to contact Viktor and Olga by phone, to ascertain their views and so comply with Making Safeguarding Personal[1] but was unable to make contact. A decision was then made not to immediately attend the premises prior to establishing a safe method of communication, considering this may increase the risks to the couple and possibly to ASC staff, given the presence of the son at the property.

Attempts were made to establish if Viktor had been admitted to hospital, but these enquiries were hampered by different spellings of their names and no details of their dates of birth.

Sofia called back and spoke to the Information and Access Team the following day to follow up on her concerns. Further information was taken, and Sofia was informed the duty worker was investigating and did not have any updates. ASC considered calling the police but on the following day, ASC were informed by colleagues in Housing of a suspected homicide. On the same day, ASC also received repeated calls from a very irate man unrelated to this case who took up a lot of the duty social workers time and meant that by the time ASC had time to follow this through, they had been informed of the homicides.

The Safeguarding Adults Manager (SAM) used standard risk assessments and found that there did not appear to be an imminent risk of significant harm or death as the referral identified

[1] Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcome focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. The work is supported by the LGA with the Association of Directors of Adult Social Care (ADASS) and other national partners and seeks to promote this approach and share good practice. A series of tools to support MSP, measure effectiveness and improve safeguarding practice is also available. (Local Government Association, 2020)

mainly verbal/emotional abuse with one physical incident reported. She does not appear to give the weight that in hindsight she could have given to the fear Olga and Viktor had of their son nor of Olga's fear of reporting to the police/housing.

ASC noted that the short time frame ASC were involved with the case (24 hours) presented a challenge to the staff involved as they were also managing a busy duty system. The Safeguarding Adult Manager was concerned about calling the police as this was a third-party referral and she considered further enquiries were needed as to their whereabouts. She was concerned that if the police attended the address this might have repercussions if Dimitry was aware of this. This thinking highlights a concern expressed by some ASC staff about joint working and joint decision making with the police in such circumstances and where unilateral responses are taken by the police. The alternative of consulting with the police after Sofia's initial call in order to hold a strategy discussion and agree a joint approach was not considered.

### The Safeguarding Adults Manager (SAM)

The SAM had attended safeguarding training in the previous 2 years. The training was a combination of Enquiry Officer/SAM training delivered by the Social Care Institute for Excellence (SCIE) and referred to domestic abuse but not in any specific detail. ASC had commissioned specialist Domestic Abuse training during April 2019 to March 2020, but the SAM had not attended this training in May 2019.

ASC discussed the tension between the Safeguarding response/Making Safeguarding Personal and the police response (see below) and described how this can impact on decision making and the management of risk. This was possibly exasperated here as decisions are being made in 'fast time' and under pressure and there was little history or information. This is where an Adult Multi Agency Safeguarding Hub (MASH) would come into its own and provide invaluable multi-agency quick time information sharing and collaborative decision making. Previous efforts to explore the existence of a fully functioning Adult MASH under Tri-Borough arrangements were paused when the Bi-borough came into existence. The establishment of a MASH in the Bi Borough is however still being explored.

## 5.2 Central London Community Healthcare NHS Trust

Olga and Viktor were only seen occasionally at the GP surgery prior to Viktor's cancer diagnosis in November 2018. Following this their GP and health services were in very regular contact. Olga was offered additional support on 14 May 2019 via 'My Care, My Way' (linking local authority, health, and benefits support) but she turned this down. However, on 15 May she accepted a referral to the Pembridge Palliative Care Unit. This was quickly put in place. The care plan for Viktor was for District Nurse and Palliative care input and this was delivered as per the plan.

The GP records note in February 2019, that Viktor was well supported by his wife and son and that Olga was managing well. By April 2019 there was no mention of Dmitry's involvement and in May it was recorded that Olga was caring for Viktor. The GP had no knowledge that Dmitry was living at home with his parents. The GP Practice was trained in IRIS in early 2019 and were aware of domestic abuse and its impact. Olga was not asked about abuse nor who was living in the family home. Questions about abuse to Viktor and to her and reassurances about their rights might have offered them the opportunity to speak out.

When a patient is referred to the District Nursing/Palliative Care/Neuro-rehabilitation service, staff gain access to their electronic clinical record SystmOne and review the information prior to conducting a home visit. Olga and Viktor were known to this service from January 2019 and an initial home visit was made on 4 February 2019 where all standard risk assessments were completed, the system was updated shortly after. During the initial District Nurse assessment, it was noted that the son assisted with the care of his father although he was not present during any of the visits. The Palliative care team visited the home earlier on the same day Viktor and Olga were stabbed and were told by Olga that the couple had no children. Neither Olga nor Viktor were asked about abuse (although Viktor could not have been asked directly as there was no independent interpreter) and Olga did not disclose.

All staff had completed mandatory adult safeguarding training on different types of abuse including Domestic abuse, risk assessment, safety planning and coercive control. The training also includes information on the Multi-Agency Risk Assessment Conference referral process and contact details for staff to seek guidance and support from the Safeguarding Adults Lead.

There are various flags on SystmOne that are present if the patient presents with a risk such as dementia, learning disability or indeed safeguarding. If one of these alerts were visible, the nurse would then make further enquires with relevant parties (for example other CLCH services and the CLCH Safeguarding Adults team) to ensure all the necessary information is obtained prior to conducting an initial assessment.

If a patient is known to be violent or have violent relatives in the property, then each service has a responsibility to communicate this to fellow health and social care professionals and describe the risk objectively. If this is the case, there is an opportunity at a multi-disciplinary meeting usually held at GP practice for any known risks to be discussed and shared.

## 5.3 Metropolitan Police

The are no records of any involvement with the police in the UK regarding the victims or perpetrator. Their involvement with this case started when Dmitry called the police and told them he had stabbed his parents with a knife three days previously. A welfare check was carried

out and their bodies found. He was subsequently charged with murder and in October 2019, Dmitry was convicted of the murder of both his parents; he was sentenced to life imprisonment to serve a minimum of 26 years.

A post-mortem was carried out and the provisional cause of death for both Olga and Viktor was: 1a. Incised wound to the neck. The final post-mortem results are still awaiting.

The police provided a significant amount of background information which is contained in the Background and Overview and Analysis sections of this report.

### 5.4 RBKC Housing

Viktor and Olga lived in a RBKC one-bedroom flat having held the secure tenancy since 2000. There were no reported issues and they were model tenants. Housing were unaware that Dimitry was living in the flat and reported that, if they had known, they would have been sympathetic to the circumstances and they would not have lost their tenancy.

Consistent with the above, it was noted that in Feb/March 2019, there were balcony checks in all flats in their block. Viktor and Olga's flat was checked and no issues were raised.

The Council took responsibility for the flat after the funeral. The process around clearing the flat was unclear as there was no known Next of Kin, a clear procedure will be introduced for future reference.

Although previously there was no handbook for tenants, one is being introduced and will include information about Domestic Abuse. Neighbourhood Management has also agreed a list of recommendations following this DHR, which they are working towards adopting. It was also noted that RBKC Housing are working to achieve the Domestic Abuse Housing Alliance accreditation, a recognised quality assurance standard for Domestic Abuse and the housing sector.

## 6. LESSONS TO BE LEARNT – INCLUDING RECOMMENDATIONS FOR OTHER AGENCIES

### 6.1Improving access to support

#### (a) The need to ensure additional support is in place for migrants and those with limited English.

Olga was aware that the situation with Dmitry had escalated outside her control and began help seeking in the two days before Viktor and her were stabbed. She was afraid of state agencies, including the police and housing, but nevertheless confided in Sofia, who advised her to call the police. Olga attempted to get support, possibly for financial advice, from the Citizen's Advice Bureau, but on a Sunday when it was closed.

Viktor's ability to share significant fears he may have had about Dmitry, was severely limited by the fact that (a) he did not speak English (or spoke very little English) and (b) that is was Olga who translated for him. We know Olga's own fears prevented her from seeking help, but we do not know if Viktor would have disclosed the abuse if he had been able to speak independently through an interpreter. This was particularly significant in the months when he was housebound between February 2019, when he was diagnosed as terminally ill and May 2019, when he was murdered.

Viktor therefore experienced a significant barrier, as a vulnerable adult, to disclosing abuse and raising any concerns he may have had about Dmitry. It is significant that as a vulnerable adult this opportunity was not made available and may have been crucial in determining his safety and well- being.

Dmitry did not have leave to remain in the UK, and the UK hostile environment policies will have impacted on his ability to find work and rent housing. Sofia told us that Olga was very afraid of Dmitry and also fearful she could lose her flat if the Housing Authorities discovered he was living there. Her fear appears to be linked to Dmitry's presence in the flat and to reporting domestic abuse. This is further evidenced by the fact that she gave conflicting information about Dmitry to the GP and Nurses as well as to her neighbours.

Olga also appears to have felt afraid that by allowing Dmitry to stay in the flat, without legal status, she was jeopardising her and Viktor's tenancy. These barriers to reporting abuse, appear to have prevented Olga from seeking support. This fear is consistent with the Hostile Environment policy of preventing those without status from seeking work or housing tenancies and the policy of some agencies to report people to the Immigration Authorities. This in turn creates a climate of uncertainty and fear in migrant communities linked to rights and help seeking.

The Panel wishes to highlight the need to emphasise that the right to safety should not be compromised by a person's immigration status and that there is a need for a clear message from Central and Local Government on this issue.

### (b) For victims of Domestic Abuse where the perpetrator is an adult child

It is possible Olga did not identify Domestic Abuse, but she did identify her fear of Dmitry and her need for support. If she had known more about her rights and how to access help, she might have approached services earlier.

There were, in hindsight, missed opportunities from agencies, which although these were not obvious and/or after the homicides, they do provide learning about access to information on rights/support available.

## 6.2. Professional Curiosity/identifying Domestic Abuse.

The various agencies involved before the deaths of Olga and Viktor carried out their roles professionally and thoroughly. There were limited opportunities for agencies to find out about possible abuse, but we would expect that with increased awareness of the issues raised in this DHR, professionals will use professional curiosity in future similar situations. We also recommend a question is asked about domestic and other forms of abuse when caring for vulnerable adults in the home.

Although after the event, Sofia gave information to different agencies, including ASC about Olga's fear of her son, but there was uncertainty about how to deal with DA in an adult child to parent scenario. ASC identified abuse but did not act on this immediately (please see below); the local CAB identified elder abuse and advised Sofia to call the police but warned that they would not act without an address. Increased training and awareness of adult child to parent domestic abuse is strongly recommended to assist agencies in recognising and responding to this form of abuse.

## 6.3. Risk Assessments for Domestic Abuse

In this case there were some limited opportunities to assess risk from domestic abuse, which if followed may have provided insight into the living situation and post-mortem could have relieved the distress felt by Sofia as she tried to access support for Olga and Viktor. Sofia was particularly distressed as she thought ASC had said they would call the police, which could have meant Dmitry was found and arrested rather than surrendering himself.

## 6.4. Non-Domestic Abuse Specialist Advice

Sofia spent almost three days attempting to access support and in part was hampered by the advice she was given from either national agencies or agencies in her local area. One agency told her to go to the flat and knock on the door, another to contact the local council and another identified elder abuse and told her to call the police, but said they would not act without an address (Sofia had a land line number and they lived in a RBKC flat). This was confusing for Sofia

when there was such a disjointed approach. It is not known if all helpline workers are trained in domestic abuse, but we recommend that this is a requirement for funding for advice and help lines.

### 6.5. Identifying Domestic Abuse when working with vulnerable adults.

Agencies should consider whether their policies, procedures, staff guidance and training sufficiently enable staff to both identify and share information about DA including adult child to parent abuse, when working with vulnerable adults.

## 7. CONCLUSION

This domestic homicide review has been difficult due to the lack of involvement with agencies by any member of the family and Olga realising, sadly too late, that the situation had reached a crisis point. Both Ann and Sofia described Olga's reluctance to call the police which they linked to her fear of authorities which prevented this. When Olga reached out to her, Sofia advised her to call the police, but Olga was reluctant to do this. It is possible that better knowledge of her rights and available support might have enabled her to seek support earlier.

Viktor was unable to independently raise any experiences of abuse or fears he had as he was not offered an independent interpreter when he spoke to professionals. This was particularly significant in the months prior to his death when health professionals spoke to Olga about Viktor, but Viktor did not have the opportunity to speak directly to them.

This case has provided an opportunity to highlight several issues relating to early and crisis intervention and prevention, including: (a) the identification of domestic abuse where a seriously ill and vulnerable adult is involved (b) adult child to parent domestic abuse and (c) the need to speak to vulnerable adults directly, with the use of an interpreter as needed, to ensure they are given the opportunity to disclose any abuse. (d) barriers for people, particularly those from migrant communities who are fearful of accessing support for fear of reprisal.

## 8. RECOMMENDATIONS

The following Recommendations have been developed by the Panel, from themes which have emerged from the report and impacted on practice. They have been selected as learning points going forward where it was felt attention should be paid to mitigate future risk.

i. All key agencies to consider using an interpreter for initial assessments where the person is not fluent in, or prefers to speak in their primary language

ii. All key agencies in this review to consider how to ensure best practice in recognising and responding to Domestic Abuse when working with vulnerable adults. This should include:
a) training in recognising linked patterns of coercive control between Intimate Partner Violence and other forms of domestic abuse and
b) clear processes in place to support staff in recognising and responding to adult child to parent abuse.

iii. The Safeguarding Adults Executives Board to carry out a review within 18 months to evaluate whether the response to vulnerable adults, experiencing domestic abuse, is being effectively managed with a focus on adult child to parent domestic abuse.

iv. The Safeguarding Adults Executives Board to consider the value of a Multi-Agency Safeguarding Hub (MASH) to Adult Social Care and the placement of an Independent Domestic Violence Advocate co-located within that team.

v. Agencies to consider how they assist people furthest from services to become better aware of their rights, including how to access support when they are fearful of DA. This should include SMART communication for example: publicity on notice boards and in welcome packs and handbooks. All communication should be developed with the recognition of the impact of the hostile environment on migrant communities and their uncertainty of the response they may get when reporting abuse.

vi. Recommendation to the Home Office and the Domestic Abuse Commissioner, to further consider measures to identify adult child to parent abuse and to advise all (non-DA specialist) Helplines on training staff in adult child to parent abuse.

vii. In responding to DA, including recognising, and giving safe and accurate advice. Helplines to include those for older people, general advice, and mental health helplines.

viii. Recommendation to the Domestic Abuse Commissioner to highlight the considerable fear some people have of reporting to the police, due to their history of a fraught relationship with the police either here or in other countries and the hostile environment created towards migrant communities, refugees and asylum seekers in this country. Also, to bring to the Commissioner's attention the issue of the police being 'weaponised' by perpetrators leading to increased fear of victims in engaging with support. To ask the Commissioner to consider these issues in relation to increased police and public awareness of DV and access to support for Black, Minority and Ethnic and migrant communities.

ix. RBKC DHR Group to ask each agency involved in this review to provide feedback on their single agency recommendations.

x. Recommendation to Public Health England that they inform the public that coercive controlling behaviour needs to be reported to ensure vulnerable people are supported.

# 9. Single-agency recommendations

## 9.1 CLCH NHS Trust Safeguarding Team

i. To feedback learning from the DHR to CLCH staff using a 7-minute learning briefing sent directly to the Locality Leads and specific teams involved. Consideration given to also circulating via the Safeguarding Bulletin and CLCH Safeguarding Committee.

ii. CLCH to consider asking the following questions when carrying out assessments for the care of terminally ill patients in the home:

- Who else lives in the home and whether there are any pets?
- Whether there has been Domestic and/or other forms of abuse?

iii. That IRIS is extended to the District and Palliative care teams

## 9.2 RBKC Neighbourhood Management - Housing Recommendations

i. To place on a minimum of a quarterly basis, notices/or articles in the tenant newsletter, on how to report concerns anonymously to Housing and Neighbourhood Management Services.

ii. To include information about DA and access to support in the Residents Handbook and Housing Matters newsletter. This information to also draw attention to abuse from adult children to parents.

iii. To put notice/display key messages on physical or digital noticeboards where present in blocks of flats, about DA and how to access support. Include information about abuse from adult children to parents.

iv. Ensure that all relevant staff who enter RBKC properties are aware of processes on reporting concerns to Housing Management

v. Put in place arrangements where there is no next of kin for belongings to be collected by a third party

vi. Ensure that information is accessible to those who do not speak or read English with confidence.

## 9.3. RBKC Adult Social Care

i. Provide a DA risk assessment checklist for front line assessment teams

ii. Commission further courses on adult safeguarding and DA and review the learning outcomes to address risk indicators- to use the DHR as a case example
iii. During safeguarding training and practice forums reinforce the option to consult with the police

## 10. Action Plan:

| | Recommendation | Action to take | Lead agency | Key Milestones achieved in enacting recommendation | Target Date | Completion Date and Outcome |
|---|---|---|---|---|---|---|
| **National Level:** | | | | | | |
| **1** | The Home Office and the Domestic Abuse Commissioner to advise all non-DA specialist helplines (include those for older people, general advice, and mental health helplines) to undertake staff training in relation to adult child to parent abuse. | Advise all non-DA specialist advice lines on training staff in adult child to parent abuse | Home Office | | Dec 2021 | |
| **2** | Highlight the impact of the hostile environment policy on preventing help seeking for DA. | Home Office to consider how to mitigate impact | Home Office | | Dec 2022 | |
| **3** | Public Health England highlight that coercive | Public campaign on coercive and | PHE | | Dec 2021 | |

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| | controlling behaviour to be reported to ensure vulnerable people are supported. | controlling behaviour to support vulnerable people | | | | |
| **Local Level:** | | | | | | |
| **1** | Interpreter use for initial assessments to be used widely by staff. | Existing interpreter use to be reviewed and staff supported to engage with the service. | Community Safety Team | | Dec 2021 | |
| **2** | All key agencies in this review to consider how to ensure best practice in recognising and responding to Domestic Abuse when working with vulnerable adults. | Delivery of training in coercive control Clear processes in place to support staff in recognising and responding to adult child to parent abuse. | Community Safety Team | | Sept 2021 | |
| **3** | Agencies to consider how they assist people furthest from services to access support. | Publicity campaign highlighting support services available. | Community Safety Team | | Sept 2021 | |
| **Individual Agency Actions:** | | | | | | |
| **CLCH NHS Trust Safeguarding Team** | | | | | | |

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|---|---|---|---|---|---|---|
| **1** | To feedback learning from the DHR to CLCH staff using a 7-minute learning briefing. | 7-minute learning briefing to locality leads and teams on key learning from this DHR | CLCH Safeguarding Team | 7 min briefing developed and distributed | Sept 2020 | October 2020 |
| **2** | CLCH to include questions related to safety around DA when carrying out assessments for the care of terminally ill patients in the home | To include question on assessments around DA. | CLCH Safeguarding Team | | Dec 2020 | |
| **3** | Extension of IRIS to District and Palliative care teams. | CLCH to consider extending IRIS to include District and Palliative care teams | CLCH Safeguarding Team | | Dec 2020 | |
| **Housing Neighbourhood Management** | | | | | | |
| **1** | Encourage anonymous reporting of concerns about DA to Housing and Neighbourhood Management Services. | Regular communication through handbook and newsletters, notice boards etc. To include adult child to parent abuse and access to DA support and information | Neighbourhood Management Team | | Sept 2020 | |

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|---|---|---|---|---|---|---|
| | | available in community languages | | | | |
| **2** | Housing staff who access properties are aware of processes on reporting concerns to Neighbourhood Management | Domestic Abuse Housing Association Accreditation achieved. | Neighbourhood Management Team | | Sept 2021 | |
| **Adult Social Care** | | | | | | |
| **1** | To improve responses to service users who are experiencing domestic abuse from an adult child. | The Safeguarding Adults Executives Board to carry out a review into the response to vulnerable adults, experiencing domestic abuse, with a focus on adult child to parent domestic abuse. | Adult Safeguarding | | Sept 2021 | |
| **2** | To create a team-wide improvement to understanding and responding to domestic abuse. | The Safeguarding Adults Executives Board to develop a Multi-Agency Safeguarding Hub. To recruit an Independent Domestic Violence | Adult Safeguarding | | March 2021 | |

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|---|---|---|---|---|---|---|
| | | Advocate co-located within that team. | | | | |
| **3** | Strengthen risk assessments in relation to domestic abuse. | Ensure DA Risk assessments in place for frontline teams and related escalation protocol | | | Sept 2020 | |
| **4** | Increase awareness of the inks between DA and Adult Safeguarding | Commission further courses on adult safeguarding and DA. | Adult Safeguarding Team | | Sept 2020 | |

## 11. Bibliography


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