

DOMESTIC HOMICIDE REVIEW “4”:

OVERVIEW REPORT

BY SAFER DEVON PARTNERSHIP

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I. INTRODUCTION

1. This is the report of a domestic homicide review (DHR) undertaken by the Safer Devon Partnership (SDP) on behalf of East and Mid Devon Community Safety Partnership (CSP) to review the death of Subject A, who was killed by her son, Subject B, in East Devon in July 2012. She was then aged 63 and he was 30. Subject B was convicted of murder on 24th July 2013 and is serving a life sentence with a minimum term of 15 years.
2. As the victim was killed by a close relative, this was a domestic homicide under the terms of the Domestic Violence, Crime and Victims Act (2004). The key purpose for undertaking DHRs is to enable lessons to be learned from such homicides. 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. It is not the role of this review to consider culpability for the death: that is the role of the criminal court.
3. The report is in four parts: Introduction, Facts, Analysis and Conclusions. The Introduction explains how the review was conducted, what it aimed to achieve, and what sources it used. The Facts section describes the family background and the events of the homicide. It then gives a factual account of public agency involvement, much of which concerns Subject B's relationship with a partner, Subject E, rather than with his mother, the victim of the homicide. The Analysis section sets out the Panel's view on whether agencies acted appropriately, and on whether Subject A's death could have been predicted or prevented. The Conclusions section pulls this together and draws out lessons for the future. It makes high level recommendations which are expanded in a separate Action Plan.
4. An Executive Summary of this review is published by the Safer Devon Partnership through the Devon County Council website. Circulation of this Overview report is limited to public bodies with community safety responsibilities and to private and voluntary sector providers of domestic abuse and substance misuse services. This is to protect the privacy of individuals (other than the victim and perpetrator), whose story is necessarily told in this report, and who might be identifiable even though their names are not used. These include children. Family members were contacted before the report was sent to the Home Office, to offer the opportunity to read the final version. None of the family chose to take up the offer.

REVIEW PROCESS

5. In Devon a Core Group oversees the response to violent deaths potentially requiring a Domestic Homicide Review (DHR) under section 9 of the Domestic Violence, Crime and Victims Act (2004). This Act came into force in April 2011, and by a locally agreed protocol the Community Safety Partnerships (CSPs) in Devon fulfil its requirements through SDP. The group is made up of representatives of:

- Safer Devon Partnership (representing Community Safety Partnerships)
- Devon County Council (Safeguarding)
- Devon & Cornwall Police,
- North, East and West Devon Clinical Commissioning Group (NEW Devon CCG)
- Devon County Council's Adva (Against Domestic Violence and Abuse) Partnership (until February 2014 when the post ended due to restructure).

6. After the homicide, the Core Group arranged for agencies to check information held about contacts with Subject A and her family, and former partners of Subject B, and in the light of this agreed to initiate a DHR at the conclusion of criminal proceedings. The Core Group appointed a Review Panel, which first met in September 2013. The panel is made up of representatives of

- Devon County Council (Adult Safeguarding)
- East Devon District Council
- Devon & Cornwall Police
- Devon Drug and Alcohol Action Team
- Adva (until February 2014)

No members of the panel had any prior direct involvement with the events or decisions covered by the review, or management responsibility for the staff whose actions are described. An Independent Chair with knowledge of community safety, partnerships and domestic abuse, and experience of previous DHRs, was appointed to steer the work of the panel and draft the report. The Chair has never been employed by any of the agencies concerned with this review, and has no personal connection to any of the people involved in the case.

7. The agreed terms of reference were as follows.

- a) Invite the involvement of the family, employer, and as appropriate, friends, to provide a robust analysis of events.
- b) Seek to establish whether there was any agency contact with Subject A, Subject B, or other close family members, which is relevant to identifying any record of domestic abuse or indications that Subject A was at risk of violence.
- c) Consider whether, under the circumstances, agency intervention could have prevented the victim's death, given the information that comes to light through the review.
- d) Provide a report which summarises the chronology of events, analyses and comments on the actions of the agencies involved, and makes any required recommendations for improving the way agencies, singly and together, respond to domestic abuse.

- e) Identify how and within what timescales any recommendations will be acted on, and what is expected to change as a result.
8. In the light of an initial analysis of the evidence and risks by the Independent Chair, the Core Group asked the Review Panel to focus on the following questions:
- a) Were indications of domestic abuse by Subject B known to public or voluntary services? If so, was an appropriate response made? This investigation should cover the period 2002 to 2012 and include abuse of his former partners as well as his mother.
 - b) Was Subject B's use of cocaine and/or alcohol known to public agencies prior to the homicide? If so were appropriate responses made?
 - c) Did Subject A have the opportunity to access support and advice relevant to her situation as the parent of an adult substance misuser who had the potential to be abusive?
 - d) Do local domestic abuse services provide appropriate access and services where the victim is a parent rather than partner of the perpetrator?
9. There is reference within this Review to events that might have contributed towards Subject B's behaviour but that are not subject to investigation by this Review i.e. sexual abuse he said he experienced as a child. It appears that Subject B did not disclose this outside the family until after the death of the alleged abuser, by which time he himself was an adult.
10. The Review has not been able to report within its target of six months from the conclusion of criminal proceedings. The main reasons for the additional time were to follow up information given by a former partner about agency contacts with Subject B and his children; to allow friends and family members more time to decide whether to take part; and to agree a process for obtaining information about Subject B's healthcare. Assembling evidence was also delayed by weaknesses in the way in which some agencies, including Devon County Council, searched their records.

EVIDENCE CONSIDERED

11. The agencies represented on SDP and others who might have had contact with Subject A or Subject B, or known previous partners and children of Subject B, were asked to give chronological accounts of contact relevant to possible domestic abuse.
12. The following public and voluntary services reported no relevant contact prior to the homicide: Devon Drugs Service, Devon & Cornwall Probation, Devon Partnership Trust, Northern Devon Healthcare Trust, Repair, South West Ambulance Trust and voluntary sector domestic abuse agencies operating in other parts of the county.
13. The following agencies provided detailed information for the DHR process, such as a chronology or case notes. Those shown in bold were also asked to prepare an Internal Management Review (IMR):

- Ahimsa (a male perpetrator service in Plymouth)
- **Cafcass** (Children and Family Court Advisory and Support Service)
- **Devon County Council (Children and Young People's Service)**
- **Devon and Cornwall Police**
- Stop Abuse for Everyone (SAFE) – a voluntary specialist support service for domestic abuse victims.

14. Further details of the IMRs are given in Appendix A. Each agency's IMR covers:

- a chronology of the relevant interaction;
- what was done or agreed;
- whether internal procedures were followed; and
- conclusions and recommendations from the agency's point of view.

15. In addition:

- The victim's primary care records were reviewed by the Director of Public Health who provided the panel with a note confirming that there were no relevant issues recorded. (See Appendix A para v).
- The perpetrator's GP (General Practitioner), after assurance from NHS England that this was in the public interest, provided written answers to questions posed by the Panel about his primary care and a chronology of relevant contacts. (To preserve patient confidentiality, this report includes only the aspects of this evidence judged relevant by the panel.)
- The Review Panel had access to a transcript of the judge's sentencing remarks from the criminal trial of Subject B.
- Mid and East Devon CSP provided information about awareness raising publicity on drug misuse and domestic abuse in the area in the two years prior to the homicide.
- Adva collated evidence from voluntary sector domestic abuse support services in Devon about their response to abuse of parents by their children.

16. The following public and voluntary agencies reported limited contact with Subject A or B, or contact with a previous partner of Subject B, which was taken into account by the Review Panel but judged not to be material to the findings.

- Addaction (the Devon branch of the substance misuse treatment charity)
- Devon Doctors Ltd (the GP out of hours service)
- East Devon District Council;
- Royal Devon & Exeter NHS Foundation Trust (RD&E).

17. In consultation with the police family liaison officer, some members of Subject A's family and Subject B's previous partners were invited to contribute to the review, and were given a leaflet prepared by the Home Office about DHRs. The invitation was also extended to friends and colleagues of both Subject A and Subject B. Only a

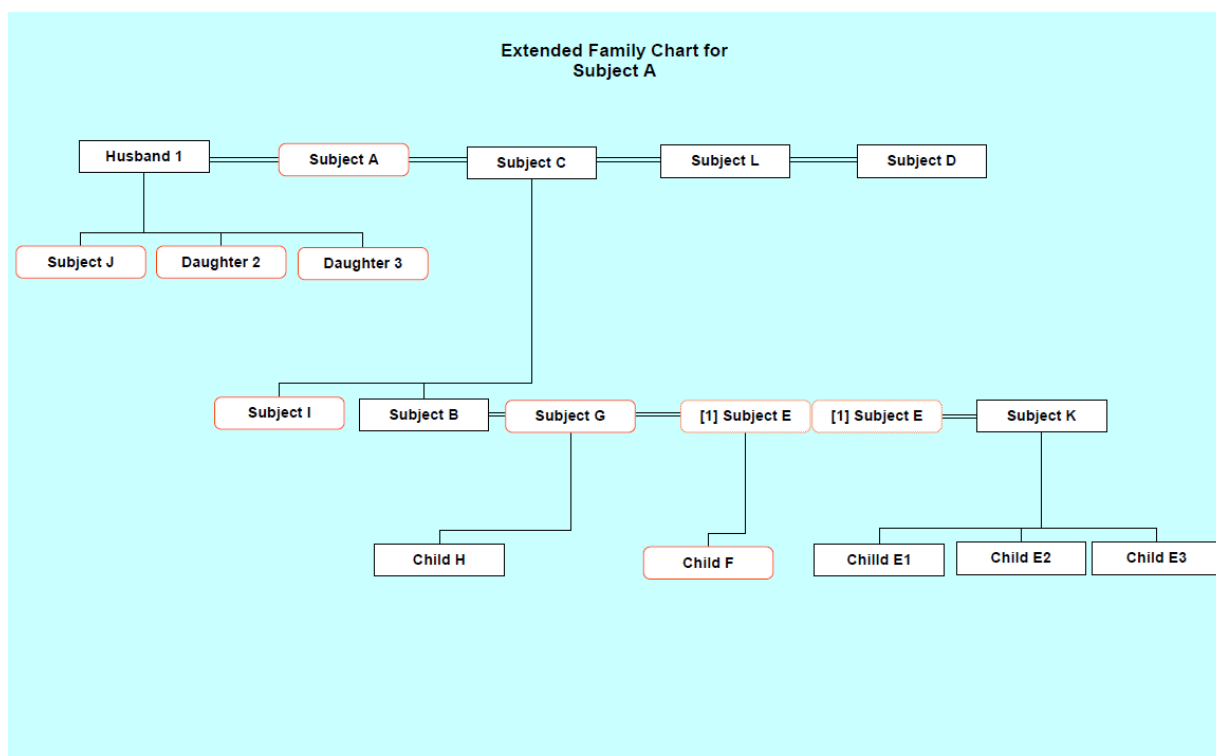
previous partner and a sibling of Subject B agreed to contribute to the Review. In addition, some information was obtained from statements made by friends and family to police and the criminal court. Where references are made to the views of family and friends in this report they draw from these sources, but do not claim to be the views of all members of the family or friends of the victim. An approach was made to Subject B through the Prison Service to offer him an opportunity to contribute, but he declined. References to information from Subject B are taken from the Police IMR, which had access to his interview record.

18. Subject B sought help in tackling his addiction to cocaine through Narcotics Anonymous (NA), and his alcohol problems with Alcoholics Anonymous (AA). These are mutual aid groups rather than agencies funded to provide services. (See Appendix C for more information.) As a principle of their operation, NA and AA attendees are anonymous, so no records about them are kept. Subject B's sponsor at the NA meetings in Town X did not take up an invitation to contribute to the review. The groups were invited to participate in the review through their national headquarters, but did not respond. Information about Subject B's engagement with the groups is therefore drawn from the criminal investigation and from family and friends.

II. THE FACTS

FAMILY BACKGROUND

19. Subject B was the youngest of Subject A's five children, and her only son. She had been married three times. Her second marriage, to Subject C lasted from 1975 to 2000, during which time the family lived in Town X in Devon.



20. During the criminal investigation of the homicide Subject B and other members of his family stated that he was, as a young child, sexually abused by an older male relative, and that Subject A had been aware of this for many years. This was not contested by the prosecution in the trial. The abuse had not been reported to the police, or to local authorities, and is not mentioned in Subject B's medical records until 2011, long after the death of the alleged perpetrator. The Review Panel considered there was sufficient evidence for this report to assume that abuse did occur and that Subject A became aware of it at some point during Subject B's childhood.

21. When Subject B was 17, Subject A left the area to be with Subject L, who in 2001 became her third husband. Subject B remained in Devon, living with his father Subject C. Subject A's relationship with Subject L did not last long. By 2005 she had returned to live in Town X. Subject A did not have a partner at the time of her death, but her most recent partner, Subject D, from whom she had parted in 2011, remained a friend.

22. At the time of the homicide Subject B had lived in Town X throughout his life. He remained with his father until 2003, when, aged around 20, he started a long term relationship with Subject E. She is older than him and had three children (E1, E2 and E3), then aged between two and eight, from a former marriage to Subject K. Their relationship continued until 2009, with Child F born to the couple in July 2006. In 2009 Subject B started a relationship with Subject G, later moving in with her. Their child, Child H was born in 2010. The relationship with Subject G ended in February 2012.
23. Subject B was employed by a local company in a skilled building trade. At the time of the homicide Subject A worked for the same company, in a part time administrative role. Subject B received a substantial legacy in 2004 which enabled him to buy a large house in Town X, where he lived until February 2012, initially with Subject E and her children, and later with Subject G and child H. However over this period he ran up debts. He borrowed money from both his parents, as well as from other sources. At the time of the homicide he owed Subject A around £50,000, and Subject C around £14,000. He had promised to repay this from the sale of his house, which at that time was on the market. Subject A had mortgaged her own house to provide him with money.
24. Subject A lived in a house she owned in a residential area of Town X. Subject B came to live with her in February 2012, following the ending of his relationship with Subject G. Although Subject G and Child H moved out of Subject B's house at this point, he is understood to have preferred living with his mother to being in a larger property on his own. No-one else was resident in Subject A's house.
25. There was frequent contact between various members of the family living in or near Town X. In particular, both Subject B's children visited Subject A; Subject B remained in touch with both his parents and with his siblings; and various members of the family became involved in trying to enable Subject B to maintain contact with Child F.
26. According to friends and family, and his own admission, Subject B had a long history of drinking heavily and of using illegal drugs, particularly cocaine. This started in his late teens at the time of the break-up of his parents' marriage. The judge, in sentencing him, said "You had been addicted to cocaine on your own evidence for several years." Subject E was unaware of any use of illegal drugs by Subject B during their relationship, which lasted from 2003-2009, although alcohol misuse occurred frequently, sometimes linked to domestic violence. His pattern of substance misuse is discussed more fully below.
27. Subjects A, B and E were all of White British ethnicity. The review has not identified any racial, cultural, linguistic or religious issues, or factors related to disability, in the events described.

CIRCUMSTANCES OF THE HOMICIDE

28. Subject A was murdered, in her bedroom at home, at around midnight on Tuesday 10th July. The exact time of death has not been determined, as her body was not discovered until the evening, so the date of death is taken as Wednesday 11th July.
29. The previous week, Subject A had been on holiday with a female friend. Subject B had remained living in her house, visiting his sister Subject I, who also lived in Town X, for evening meals.
30. On Sunday 8th July, after Subject A had returned from holiday, she had an argument with Subject B on discovering evidence that he had used drugs in the house. Subject B admitted this row to his eldest half-sister (Subject J) later on that day. The judge, in sentencing Subject B, described it in this way: "Your mother had allowed you to live in her house, but on the clear understanding that if you did bring drugs into the house she would tell you to leave. Two days before the killing she had found evidence that you had been using cocaine. She found an empty wrap in your bedroom and there was a row between the two of you." At lunchtime on 10th July the friend asked Subject A whether Subject B was alright, and she replied that he was. That evening, Subject B attended the weekly NA meeting in Town X, as was his usual practice. This lasted from 7pm to 8.30pm, and he appeared tired, having done a long journey in the course of his work.
31. Subject B admitted purchasing 2 grams of cocaine later in the evening of 10th July and taking about 1¼ grams of it at Subject A's house that night. He consumed it in the bath in order to increase its effect. He had not drunk any alcohol that day, and was taking prescribed medication for depression at that time. He sometimes took steroids (for bodybuilding) but had not taken any that day. The potential effects of taking cocaine are described by the drugs information service FRANK as "It can make you feel on top of the world, very confident, alert and awake, but some people can get over-confident, arrogant and aggressive and end up taking very careless risks."
32. Subject B and Subject A were alone in the house at the time of the homicide. The judge, in sentencing remarks, summed up the events as follows. "On the evening of the killing you had succumbed again to your addiction and bought cocaine which you took home and consumed on your own evidence in the bath to increase its effect. As a result your mother found more empty wraps in your bedroom..... You reacted in anger..... to whatever it was that she reasonably and justifiably said to you, and you assaulted her injuring her..... and you then throttled her with [a] belt and strangled her to death." The post mortem found that Subject A had significant blunt trauma to her face and head with strangulation marks, indicating the use of a ligature, around her neck.
33. Subject B left the house very early on 11th July, obtained and consumed more cocaine at a local venue and then left the area in Subject A's car. Subject A's body was found by her daughter Subject I that evening. Subject B was arrested on 13th July over 100 miles away. He pleaded not guilty to a charge of murder, admitting the

assault but claiming that he had left Subject A alive. He was found guilty at Crown Court. The judge said, in his remarks on sentencing, that “there could be no realistic doubt whatsoever that you intended at the time to kill her”.

CONTACT WITH AGENCIES

34. None of the agencies contacted for this review received any contact from Subject A or members of her family about domestic abuse of Subject A, either by Subject B or any husband or partner. However, several agencies (the police, Devon CC, Cafcass, Ahimsa, SAFE and Subject B’s GP) were involved in dealing with domestic abuse of Subject E by Subject B. This section provides a brief overview of agency involvement, with fuller details given in the chronology (para 48).

Police

35. Subject A and her daughters were not known to police. Subject C is a retired police officer, who had left the Force some years before the incidents covered in this report.
36. Subject B was known to police through four domestic abuse incidents reported by his partner Subject E between 2005 and 2012 (see para 48). Police records also showed that he had been reported missing from home for a brief period at age 16. He was not known to the police for any specific alcohol or drug related offences.

Health Service

37. Subject A’s healthcare records do not contain indications of domestic abuse or provide other insights for this review. She had attended the RD&E for normal women’s health conditions and for an episode of pneumonia. Her primary care records contained nothing of relevance to this review.
38. Subject B received treatment and advice from a number of GPs at his local primary health care practice, averaging 2.9 attendances per year over the period 2000 to 2012. Most of these visits were for minor physical ailments or injuries. The first relating to his mental state or substance misuse was in 2004. This and subsequent consultations on these points up to January 2012 are included in the chronology of contact during his relationship with Subject E. There were two further contacts prior to the homicide:
- 28th May 2012. Subject B saw the GP reporting that he was tired all the time and wanted a check over as he was resolute that he wanted to start afresh. He admitted an unhealthy lifestyle including drink and drugs. Blood tests were done.
 - 22nd June 2012 (Telephone consultation.) GP agreed that Subject B could increase the dose of antidepressants. Subject B said he needed this as he was prone to anxiety and panic. He was not suicidal and said he was now off drink and drugs.

39. In addition, during the decade prior to the homicide, Subject B had accessed hospital services run by the RD&E, and used the out of hours GP service, to obtain urgent dental care and deal with a splinter in his eye.

Councils

40. Devon County Council had no record of contact with either Subject A or Subject B during the decade before the homicide. However the Council's Children and Young People's Services (CYPS) carried out an initial assessment of Child E3 and Child F, following concerns about the impact of domestic abuse in the family reported by the primary school attended by Child E2 and Child E3 (School W) in 2009. The outcome of this was an offer of family support to help Subject E with parenting, which she declined. The case was opened in March 2009 and closed in June 2009.

41. East Devon District Council had noted a delayed Council Tax payment from Subject B in 2011, which may have been a result of his overall level of debt.

Cafcass

42. Cafcass were involved during 2010 when Subject E applied for a contact order and residence order in respect of Child F and Subject B. Their role was risk identification for the family court prior to the first hearing and advising the court on steps required to take the application forward while ensuring the child was safeguarded.

Voluntary sector

43. There is no record that Subject A had made contact with any voluntary agency working in the fields of domestic abuse or substance misuse. Family members think it unlikely that she would have sought advice from such agencies, even if she was aware of them.

44. Subject B is known to have been in contact with:

- Addaction – alcohol arrest referral scheme in 2005
- Ahimsa, a course for domestic abuse perpetrators in 2010
- Alcoholics Anonymous and Narcotics Anonymous groups in Town X and elsewhere in Devon. He started attending AA after the birth of Child F in 2006. He was a regular attender at NA at the time of the homicide, and is understood to have still been in contact with AA at that point.
- A centre run by the voluntary sector in Town X for contact visits to Child F, between February 2010 and October 2011. Other services including debt advice were also available through this centre but he did not access them.

45. Subject E received support in dealing with domestic abuse from SAFE, from 2009 to 2011.

MARAC

46. A MARAC (multi-agency risk assessment conference) in April 2010 discussed the risk to Subject E of abuse by Subject B, following a referral by SAFE, and decided no further action was required.

DOMESTIC ABUSE BY SUBJECT B IN HIS RELATIONSHIP WITH SUBJECT E

47. The Review Panel has considered agency responses to known abuse of Subject E by Subject B, and her concerns about his propensity to violence, to establish whether they acted in line with policy at the time, and whether there were missed opportunities to intervene which might have influenced Subject B's subsequent behaviour and potentially prevented the homicide. According to the family, Subject A was aware of Subject B's behaviour towards Subject E.

48. The relationship between Subject B and Subject E was described by her as turbulent and violent. It lasted from 2003 to 2009, and was followed by disputes over debts and his contact with Child F, which continued up to the time of the homicide. Various agencies became involved. An abbreviated chronology of their involvement appears below. Readers are encouraged to study the detailed chronology in Appendix B which describes the presenting situation and response in more detail.

Date	Agency	Event
5th Oct 2004	GP Practice	Subject B requested counselling.
5th June 2005	Police & health services.	Emergency services were called after Subject B assaulted Subject E at home. Subject B arrested.
6th June 2005	Addaction	Subject B seen for alcohol arrest referral.
6th June 2005	Police	Subject B cautioned for assault.
3rd Aug 2005	Devon CC CYPS	Note re June assault recorded against Children E1, E2, E3.
21st March 2007	GP Practice	Subject B reviewed. Anti-depressants prescribed.
26th March 2009	Devon CC CYPS	School W referral to CYPS due to concerns about conflict in home. Initial checks made.
30th March 2009	Devon CC CYPS	Social worker spoke to Subject E by telephone. Children in Need Plan prepared.
31st March 2009	Devon CC CYPS	Noted Subject E concern that the school had made the referral.
21st Apr 2009	Devon CC CYPS	"Mediation" meeting with head teacher & Subject E.
21st Apr 2009	Devon CC CYPS	Outcome on initial assessment decided as short piece of family support work.
11th May 2009	Devon CC CYPS	Care First record of initial assessment relating to Child F and Child E3 authorised by supervisor.
3rd June 2009	Devon CC CYPS	Subject E contacted by Family Support Worker but declined offer of visits.
12th June 2009	Devon CC CYPS	FSW made home visit and reported that Subject E no longer wanted support.
23rd June 2009	Devon CC CYPS	Case closed.
31st Aug 2009	Police	Police arrested Subject B after assault on Subject E at her home. (They had separated by then.) He was cautioned, with "no domestic history" noted.
6th Nov 2009	Police	Subject E reported telephone argument with Subject B about contact with Child F. Recorded as high risk non-crime

		domestic incident. Domestic Abuse Officer phoned Subject B and made referral to CYPS.
11 th Dec 2009 to 5 th Feb 2010	SAFE	Outreach worker (OW1) called Subject E five times to offer support without succeeding in contacting her.
1 st Mar 2010	SAFE	Subject E contacted SAFE requesting support. OW1 met her later that day.
26 th March 2010	SAFE	OW1 met Subject E, discussed a safety plan and arranged for her E to do the pattern changing course starting in April.
30 th March 2010	Cafcass	Copy of application by Subject E for residence and contact regarding Child F reviewed and assessed for risk.
1 st April 2010	Cafcass	Service Manager (SM1) reviewed Devon CC check. Risk assessment maintained as Medium.
21 st April 2010	SAFE	Subject E started pattern changing course.
27 th April 2010	MARAC	Following a referral by SAFE of Subject E, MARAC considered the risks to her of Subject B. Discharged without any further action.
28 th April 2010 to 15 th July 2010	SAFE	Subject E attended 10 of a further possible 11 weekly sessions of the pattern changing course.
6 th May 2010	Cafcass	Police checks returned. Family Court Advisor (FCA1) reviewed.
7 th May 2010	Cafcass	FCA1 asked Subject E's views by telephone, but was unable to contact Subject B as no telephone number was known.
7 th May 2010	Cafcass	Cafcass report provided to Central Devon Family Proceedings Court, identifying risks from domestic violence alcohol abuse and possible drug use.
10 th May 2010	Cafcass / Court	Subject B seen by court duty family court advisor (FCA2) to his views. FCA2 also saw Subject E. Court agreed supervised contact & referral to perpetrator programme.
11 th May 2010 to 16 th July 2010	Cafcass	Subject E discussed with FCA1 as concerns that Subject B's new partner was at the nursery attended by Child F. Advised to take up through Ofsted.
5 th July 2010	Ahimsa	Referral letter for Subject B received by Ahimsa. Appointment for 27 th July cancelled for hospital visit.
19 th July 2010	SAFE	OW1 phoned Subject E, who reported that the pattern changing course was helping her to be more assertive.
21 st July 2010	SAFE	Subject E completed pattern changing course.
4 th Aug 2010	SAFE	Subject E's case passed to a different outreach worker, OW2, who arranged to meet her.
4 th Aug 2010	Ahimsa	Ahimsa received from Devon Magistrates Court copy of a Contact Activity Direction requiring Subject B to attend their Domestic Violence programme.
13 th Aug 2010	SAFE	OW2 met Subject E, and discussed Subject B's relationship with the children.
16 th Aug 2010	Court	Central Devon Family Proceedings Court hearing to review contact order.
2 nd Sept 2010	SAFE	OW2 tried unsuccessfully to contact Subject E, and to tell her Subject B was not known to Repair.
6 th Sept 2010	SAFE	OW2 Spoke to Subject E re court case, finance and safety plan.
9 th Sept 2010	GP Practice	Subject B reviewed. Hair taken for drug and alcohol testing (results later reported negative).
20 th Sept 2010	Ahimsa	Ahimsa sent letter to Subject B letter offering introductory assessment appointment for 23/09/10.

23 rd Sept 2010	Ahimsa	Subject B attended one-hour initial assessment at Ahimsa in Plymouth. He had anticipated that he would be attending a domestic violence programme in Exeter.
4 th Oct 2010	Court	Court hearing re access to Child F.
5 th Oct 2010	SAFE	OW2 spoke to Subject E. She was pleased that contact with Child F was to continue to be via the contact centre. Advice offered re parenting the older children.
6 th Oct 2010	Ahimsa	Subject B did not attend booked session with Ahimsa.
4 th Jan 2011	SAFE	Closed case of Subject E after giving her notice.
4 th Mar 2011	SAFE	Subject E acknowledged case closure letter saying things were going well for her with her.
5 th Dec 2011	GP Practice	Subject B seen by GP and assessed as having a severe depressive episode without psychotic symptoms. The GP gave advice and arranged a further appointment.
19 th Dec 2011	GP Practice	Subject B reviewed. He was feeling a bit better, receiving counselling, and discussed access and financial problems.
27 th Jan 2012	GP Practice	Subject B reviewed. He was feeling much better. He was off drugs and alcohol and going to AA.
8 th Feb 2012	Police	Subject E reported that Subject B had sent her abusive text messages. Recorded as medium risk non-crime domestic incident and follow up action taken.
16 th Feb 2012		Subject B reported to his GP that his girlfriend (Subject G) had broken up with him a week before. The GP judged reaction as to be expected for relationship breakdown.
Feb 2012	Multi-Agency Safeguarding Hub	No further action was taken in respect of the children following review of the incident on 8 th Feb.

LOCAL POLICY CONTEXT BEFORE THE HOMICIDE

Response to domestic abuse

49. Devon first adopted a county wide multi-agency strategy for tackling domestic violence and abuse in 2002, taking this approach forward through the Adva (against domestic violence and abuse) partnership, accountable to the Devon Strategic Partnership. The partnership provided funding for specialist domestic abuse services for victims, children and perpetrators.
50. The SDP strategic assessment for 2011 noted that “The high level of underreporting of domestic and sexual violence and abuse means that improved data intelligence is needed to better understand the number of people who may require support. The priorities are
- Reducing violence and abuse and its impact on victims and families
 - Reducing the % of repeat incidents and cases going to MARAC
 - Continuing to provide a range of specialist domestic violence and abuse (DVA) services for all family members impacted by DVA.”

51. Devon and Cornwall Police policy over the period concerned was that all domestic abuse incidents must be recorded via a crime or non-crime report. The number of domestic abuse incidents recorded by police in Devon rose by 3% between 2011/12 and 2012/13, to 9262. The rate relative to population was lower in East Devon than average for the county. MARACs in Devon considered 660 cases, 25% of these were repeat attendances. Domestic violence represents around a quarter of all violent crime reported to police in Devon.
52. All agencies had agreed protocols on responding to domestic abuse incidents. A multi-agency risk assessment procedure, DASH¹ came into use during 2009, replacing the DVRA² procedure previously used. For Devon and Cornwall Police the DASH Risk Assessment working practice states that “A DASH risk assessment MUST be completed for ALL domestic abuse cases and incidents.” Thus a risk assessment must be completed even if the victim refuses to participate.
53. There was an Information Sharing Agreement called the “Agreement for the sharing of information, on incidents of domestic abuse in Devon & Cornwall, between statutory authorities, housing providers, voluntary and charitable agencies.” (Version 2, 2011). This agreement is mainly focused on the sharing of information in high risk cases for use within the MARAC process.
54. Family courts operate to national Practice Directions which include procedures to be followed in cases where domestic violence is alleged. These were reinforced in 2010, and stipulate that court orders, even where made by consent, must be scrutinised by Cafcass to ensure that they are safe and take account of risk factors including domestic abuse and substance misuse.
55. Independent domestic abuse services have been available to the area covered by Exeter City Council and Mid and East Devon District Councils since 1975 through the voluntary sector. In the period 2009 to 2012 there was:
- an outreach service,
 - independent domestic violence advisors (IDVAs) associated with a MARAC covering Exeter’s Specialist Domestic Violence Court (SDVC)
 - specialist workers for children and for male victims
 - a refuge (two until 2011)
 - a pattern changing programme
 - a programme for perpetrators - REPAIR.
56. Outreach services across Devon have confirmed that they routinely work with victims of domestic abuse perpetrated by their adult children.

¹ Domestic Abuse, Stalking and Harassment. This is based on a nationally recommended approach.

² Domestic Violence Risk Assessment.

Raising awareness

57. Prior to the homicide, Adva had regularly conducted Devon-wide awareness raising campaigns about the nature of domestic abuse and the help available. This did not include campaign material specifically alerting parents to the risk of abuse from adult children.
58. East and Mid Devon CSP has not conducted any activity to raise awareness of help with drug misuse in recent years, as it has given higher priority to tackling alcohol misuse. The local provider of drug treatment, Devon Drug Services, was not involved in any specific public information campaigns in the area on drugs in 2011 or 2012.
59. The CSP publicised information through the local press and council newspaper about how people can access help and support for alcohol issues as part of National Alcohol Awareness Week in November 2011. Posters and leaflets were also provided for display in public locations, including the voluntary sector contact centre in Town X.
60. East and Mid Devon Community Safety Partnership engages fully in the county wide annual Domestic Abuse Awareness Week campaign each November, through press releases and distribution of leaflets and posters through a wide variety of agencies. In November 2011, a march around the centre of Town X and speeches on domestic abuse at the Town Hall was also used to raise awareness.

Substance misuse

61. The partnership responsible for commissioning services to prevent and treat substance misuse is Devon Drug and Alcohol Action Team (DAAT). This set the following strategic priorities for 2008 – 2011.
 - Coordinate activity and add value to agency and partnership work to address alcohol misuse by developing an agreed framework within which services will be developed.
 - Ensure coherence and consistency of activity across the Devon DAAT area.
 - Ensure activity is rooted in evidence and targeted at greatest need.
 - Improve information systems to support development and monitor progress.
62. More information about local arrangements to tackle substance misuse is given in Appendix D.

III. ANALYSIS

THE CONTEXT FOR THE VICTIM

63. Subject A was described by friends and family as easy going and laid back, and the one who held the family together. Subject A's relationship with Subject B is described by those who knew them as close and affectionate, with him taking the role of "a Mummy's boy". There is no indication from what they heard or saw that there was violence, coercion or control in Subject B's relationship with his mother prior to the murder. The judge, in sentencing Subject B, said "I accept that you loved her".
64. Subject A gave much to her son, in time, money and hospitality, and was seen by family as motivated by concern for him and desire to get his life back on track. They were aware that she was concerned about his substance misuse and debts, and was trying to sort him out and get him clean. She sought to ensure that he maintained contact with Child F, and she spent time with the child herself. While her behaviour was consistent with her maternal concern for an adult son, there is no means of knowing how far she was influenced by an understanding of, or sense of responsibility for, abuse he had experienced as a child from one of her older relatives.
65. Subject A does not appear to have thought herself at risk. It is clear that she was aware of at least some aspects of Subject B's violence towards Subject E, and had seen the injuries caused in 2005. In her efforts to help him keep in touch with Child F, she would probably also have been aware that the court was taking domestic violence between the parents into account. However, so far as friends and family are aware, she was not concerned for herself, even after Subject B came to live in her house. While she encouraged his attempts to sort himself out, there is no indication that she sought information or advice from any public or voluntary agency to support her in this. (We cannot, however, know whether she made use of publicly funded websites such as FRANK.)
66. If Subject A had sought help from local agencies, it would probably have been available to her, but was not clearly signposted. While there were good local awareness raising campaigns on domestic abuse generally, and open access advice on the issue, publicity did not draw attention to the fact that support for abuse of parents by adult children is included. There are support groups for families affected by substance misuse in Devon, though none based in Town X. However, signposting to these is mainly through drug and alcohol treatment services, which Subject B did not access.

THE CONTEXT FOR THE PERPETRATOR

67. Subject B's relationship with Subject A appears, as discussed above, to have been one based on affection, and dependence on his mother rather than control of her. He also got on well with sisters living locally, and turned to them for companionship during the holiday Subject A took shortly before the homicide. The argument with his

mother on the Sunday evening, two days before the homicide, was unusual. It was triggered by his breaking an agreement not to use drugs while living with her. It is possible that her perception of her situation and his impact on her life had changed during her holiday.

68. Subject B appears to have a propensity to uncontrolled violence when challenged in particular circumstances. The only known victim of this prior to the homicide was his former partner Subject E. She describes, with hindsight, instances within his pattern of abusive behaviour to her which showed a sudden change of mood and unexpected violence when she stood up to him. While there were no witnesses to the murder, the account given by Subject B is that Subject A stood up to him in a similar way when, unexpectedly woken in the night, she realised that he had again taken cocaine.
69. Subject B was aware that he could be violent and was to some extent trying to mitigate this. He acknowledged the impact of his behaviour on Subject E, and said that he accepted responsibility for it. By the time of the homicide, relationships with her regarding contact with Child F had started to improve.
70. It seems likely that the sexual abuse experienced by Subject B as a child remained an unresolved issue for him. While this was not reported to public bodies at the time, he did later speak about it to Subject E, others at NA, and his GP. The limited evidence available suggests that Subject A was aware of the abuse but Subject B was not able to discuss his feelings about it with her. It does not appear that Subject B had any access to skilled help in understanding and mitigating the impact the abuse had on him until he received some counselling in 2011.
71. Subject B was referred to specialist help in addressing his behaviour to Subject E in 2010. This arose from a Cafcass assessment for the family court, in connection with access to Child F, rather than directly from any of the domestic abuse incidents reported to the police, or from the CYPS investigation earlier that year. The programme he was referred to, Ahimsa, would have been relevant, but it was in Plymouth, over 50 miles away. Subject B chose not to proceed beyond the assessment visit to Ahimsa, citing cost and the need to spend time with his new partner and child, and accepting greater court restrictions on his access to Child F as the consequence.
72. Alcohol was a feature in some, but not all, of the incidents involving Subject B and Subject E, and he was aware of its effect on his behaviour. He had, over a number of years, sought support through the mutual aid group Alcoholics Anonymous. While he did have episodes of binge drinking, this appears to have been partially successful. There is no indication that alcohol was involved in the homicide.
73. At some point in the year before the murder Subject B started using cocaine again. When seen by Ahimsa in 2010, he admitted taking it, but only many years before, triggered by his mother leaving home. A hair test confirmed that at the time he was clean. It seems likely that the cocaine use restarted during or after his relationship with Subject G, and was connected the ending of their relationship in February 2012.

Subject A was aware of it before he moved into her house, as she made abstinence a condition of his residence there.

74. As intoxication is not a defence to murder, the effect of cocaine was not debated through expert evidence in the court case, and the Review Panel is not in a position to assess this. The judge's sentencing remarks included:

- "I accept that, had you not been under the influence of cocaine at the time, you would not have done what you did."
- "You reacted [to Subject A] in anger, drug fuelled anger, your own expression which I accept."

75. Subject B did seek to tackle his cocaine habit. In the months before the homicide he attended NA meetings both in Town X and Exeter, sometimes several times a week. However in June 2012 his then NA sponsor (an ex-user who acts a mentor) ceased the sponsor relationship as Subject A was becoming unreliable in keeping appointments with him and he suspected he was not committed to abstinence. Another NA member took over the sponsor role (but was not present at the meeting on 10th July). The panel notes some of the "12 steps" used by NA and AA may be particularly difficult for victims of childhood abuse.

DID AGENCIES ACT APPROPRIATELY?

76. No agency had any relevant contact with Subject A prior to or during the homicide, nor any reason to assess whether she was at risk from Subject B. The panel considered whether agencies acted appropriately in their response to:

- Subject B's desire to address his problems, and
- Subject B's abuse of Subject E.

Police

77. The police did not follow national guidance when they cautioned Subject B following his reported assaults on Subject E. There was clear guidance in existence both in 2005 and 2009. This is summarised in Appendix E.

78. The rationale for the decision to caution Subject B following the assault reported by Subject E in June 2005 is not explained in relation to the ACPO guidance at that time in the records available. It is therefore difficult to judge what consideration, if any, was given to the alternative of charging him, or whether the decision was reasonable in the circumstances. The assumption is that the negative statement from Subject E and therefore her unwillingness to provide evidence at court was the reason to not charge Subject B. Victimless prosecutions were rare at that time, and the admission and apparent remorse shown by Subject B may have been factors which affected the decision.

79. There is no doubt that for the police to have cautioned Subject B a second time following the incident in August 2009 was an error and he should have been charged with assault on Subject E. The Police IMR identified clear errors with the information provided by PC1 from which the decision maker, SGT2, made the decision to caution.
80. PC1 had failed to realise that the incident in 2005 was firstly domestic related and secondly that it involved Subject E. This may have been partly because Subject E had reverted to using her maiden name between the two incidents. It demonstrates very poor interrogation of the local IT crime system and the Police National Computer (PNC) as well as insufficient information and evidence gathering from the victim, who had thought that police did know about the previous incident. Whilst the decision maker relied on the information provided by the officer in charge, the knowledge that a previous caution for violence existed should have influenced a decision to charge in line with guidance.
81. Subject E, in retrospect, expressed the view that it would have been better for her if the police had charged Subject B, even though she might not have welcomed this at the time. She thought that it helps victims to have the decision taken out of their hands, and that a court hearing would have given others, including Subject B's family, evidence of his behaviour.
82. Noting that this particular decision in 2009 was flawed, the Police IMR author checked the current pattern of cautioning for domestic abuse incidents across the Force. In line with guidance and policy, proportionally there should be considerably more charges than cautions. A review of Force disposal statistics for August to October 2013 showed that in some areas of the Force, almost the same number of cautions as charges are recorded. The Force is undertaking further investigation of the reasons for this, in liaison with the Crown Prosecution Service.
83. Her Majesty's Inspectorate of Constabulary (HMIC) found, in its inspection report published in 2014, "some significant risks in the way that Devon and Cornwall Police tackle domestic abuse". While acknowledging that it is a clear priority, with strong relationships with partners providing services to victims, HMIC found "The force does not yet provide a consistent service in all cases of domestic abuse". There is a need to clarify roles and responsibilities of all staff particularly in relation to safeguarding victims."

Health services

84. Subject A made no contact with health services which could have indicated that she was at risk from Subject B.
85. Subject B sought and received assistance from his GP practice in managing his feelings and depression. His presenting symptoms were those of an emotionally troubled young man abusing alcohol. These were not assessed to be at a level which

required referral to secondary mental health services. All consultations on his mental health checked that he was not at risk of suicide. However his relationships with others appear only to have been noted when he raised them. In a 2004 consultation Subject B showed awareness that he was taking out his feelings on his partner (then Subject E) and was encouraged to seek counselling to help him deal with this. There is no indication that the practice was aware of his subsequent criminal convictions for domestic violence. Nothing in the behaviour or feelings he disclosed indicated to them a capacity for serious violence.

86. The GPs were reassured by, and encouraged, Subject B's attendance at AA, and did not make any referral to specialist substance misuse services. Some were available at the time, though more limited extent than under current provision. The primary health care records mention use of illegal drugs, but are not explicit as to which were used or how often. Subject B normally stated he was drug free at the time at which he saw the doctor.

Devon County Council

87. School W, attended by Child E2 and Child E3 in 2009, was alert to the link between their behaviour in school and exposure to domestic abuse in the home. The head teacher proactively invited Subject E to discuss this with them and referred the situation to CYPS social workers. CYPS conducted an initial assessment which included Child F (who was not yet at school). The outcome of this was an offer of family support to help Subject E with parenting, which she declined.
88. The decisions made by CYPS were not fully informed and made no response to the domestic abuse which the children had witnessed. A number of basic errors were made in handling the case. These were due to failure of practice and supervision rather than of policy, and are consistent with failings found by Ofsted in its April 2013 inspection of the Council, which judged overall arrangements to protect children in Devon as inadequate.³
89. Although there was information on the CYPS information system about the 2005 assault by Subject B on Subject E, linked to the relevant children, this was not taken into account in responding to the 2009 referral. This is significant as the 2005 record notes that Subject E had disclosed previous incidents and had dropped charges against Subject B, indicating her vulnerability in keeping herself and her children protected.
90. The initial assessment lacked any depth and did not address key information given by the referrer. The assessment focused on Subject E, who was seen as not coping with four children as a single parent. The children were not heard, visited or spoken with.

³ While the Ofsted inspection was more than three years after the case discussed, we think it useful to cite its findings where they show that similar issues recurred at that time.

There was no triangulation of events with any other people or agencies. Therefore what was happening to the children could not have been substantiated or ruled out.

91. Based on the referral information supplied by School W, both fathers should have been approached (Subject B and Subject K, the father of Child E1, E2 and E3, who still saw them regularly). They could have corroborated or disputed what was happening to the children in the family home.
92. No other agencies (such as GPs, police or drug and alcohol services) were asked for information or views, despite the assessment noting alcohol problems. Schools were not approached for broader information or their views: which would have contributed to understanding more about what was happening for the children. If other agencies had been approached there could have been improved analysis, profiling of Subject B and fuller intervention. There is no indication that Subject E was given information about help for herself as a domestic abuse victim. There was no assessment of whether Subject B might pose a risk to other women.
93. There was an apparent assumption by both the social worker and manager that if the perpetrator was no longer in the family home the risk is gone or there is no longer an impact on the children. This was not the case as the children were still regularly witnessing domestic abuse. The distress of Child E3 is noted in the Children in Need Plan, which proposed that Subject E sought professional support for this child, but no action was taken by the social worker to facilitate this. There was a focus on Subject E's relationship with the school, and a meeting was held with the head teacher to resolve conflict, but this deflected attention from what was happening to the children at home.
94. Ofsted found that still in 2013 "Information from other agencies is not evidenced routinely within assessments. Where professionals have contributed, this is not clearly recorded. In some assessments, fathers have not been included, even where there is a clear need for them to be assessed in order to determine the safety of a child."
95. A family support worker was assigned (as a support to Subject E), but when he contacted Subject E two months later she declined the support. The decline of a service by a parent is not uncommon as the delay implies that it is no longer needed by the family, and it further implies that the social worker is no longer concerned.
96. Supervision of the social worker lacked scepticism, curiosity and reflection. The manager did not test the hypothesis (which was based on the mother's parenting only and not domestic abuse). The case was closed without the underlying issue having been addressed. Subject E feels that agencies did not listen to concerns she expressed during this episode about Subject B's potential for sudden violence.
97. Ofsted found in 2013 that "The quality of both children in need and child protection plans is variable with too many seen being of poor quality." And that "The quality of practice is inadequate. Inspectors found too many cases where the professional judgement exercised by social workers and managers did not reflect the known or potential risks to children and young people."

Cafcass

98. Cafcass, in advising the family proceedings court about Subject B's access to Child F, found out about and recognised the risk from his past abuse of the child's mother, Subject E, and his misuse of alcohol and drugs. The FCA's assessment provides a good overview of the situation of that time, despite their limited remit. Subject E's wish to allow Child F to have contact with Subject B but to ensure safety was recognised. She was also given advice on how to approach Ofsted with her concerns about Subject B's links to the nursery attended by Child F (although this did not result in the matter being resolved to her satisfaction).
99. Cafcass recommended to the court that Subject B should be referred to a domestic abuse perpetrator programme, and this was done. It is unfortunate, however, that it was not until the following year that the Exeter based Repair programme was approved by Cafcass for grant funded placements, so the nearest eligible programme was in Plymouth. Subject B opted to accept more restrictive contact conditions from the court rather than attend.

Voluntary sector

100. SAFE was proactive in seeking contact with Subject E after her referral was received. She was supported through and beyond the pattern changing course, which she found helpful in gaining confidence to move on from her abusive relationship with Subject B. SAFE's role helping families exposed to domestic abuse is praised by the 2013 Ofsted report. However, its records are not held in a way which provided the basis to recall that Subject B had been the perpetrator concerned when this review initially requested information. Holding structured data on individuals who are not their clients poses data protection problems for voluntary agencies. This illustrates a wider barrier to linking information about perpetrators other than through criminal records.
101. Ahimsa offered a relevant service for Subject B, which would have been available free of charge through the family court. Ahimsa conducted an initial assessment in 2010 which identified relevant factors to address with him, but was not successful in persuading him to undertake the long journey to attend further sessions and group work.
102. The mutual aid groups, NA and AA, clearly played an important role for Subject B in his attempts to address his substance misuse and related problems, and he attended many of their meetings, both in Town X and further afield. However, he went on from an NA meeting to buy and use cocaine on the night of the homicide. The nature of these groups, including the assurance of anonymity, means that they are not accountable for their interaction with individuals, and the Review Panel was unable to obtain any national statements or policies.

Joint action

103. Following reports to the police of domestic incidents involving Subject B and Subject E in 2009 and 2012 the police took appropriate action in relation to her children by

sharing information through the 121a system. The 121a forms (submitted by officers dealing with any incident at which a child is present) are reviewed by a police team who research the child and family and add any other known concerns or issues to inform any assessment of risk and send the information on to children and young people's services and health services. However this does not appear to have led CYPS to revisit their 2009 concerns for the children. Nor was information which had been passed by police in 2005 about the first assault retrieved or used. There is no reference in the CYPS records of Subject E's children to the fact that her case had been considered by the MARAC in 2010.

104. The decision of the MARAC on 27th April 2010 to take no further action in respect of Subject E was reasonable given its timing and information available. It is not clear whether a representative of social care was present as there is no reference in the records. By that time, Subject E was receiving support from SAFE through the pattern changing course, and legal proceedings to control Subject B's contact with Child F had started. However, had the case come to MARAC during the summer of 2009, triggered either by the school's concerns or the assault in August, more information about Subject B and the factors influencing his behaviour might have been sought, and an intervention involving him been considered.
105. The assaults by Subject B on Subject E in 2005 and 2009 were not subject of MARAC referrals by the police. This was in line with policy at the time, under which only cases with a Domestic Violence Risk Assessment (DVRA) of "very high" were referred. Under the current DASH risk assessment system, which applied to the incident in 2012, high risk cases are referred. However that incident (abusive texts) only indicated a medium level risk, so was correctly not referred.
106. The Review Panel is concerned that the MARAC consideration of Subject E's relationship with Subject B in 2010 was not initially found when agencies were asked for information held about him. While Subject E's change of surname at around this time was a factor in this, Subject B's name had not changed. It appears that MARAC records from this period were not kept in a way that allows an easy search for a perpetrator's name. This means that the risk a perpetrator could pose to other victims might not be recognised.
107. Local agencies have for a number of years acted together through the CSP and through Adva to raise awareness of domestic abuse and of the availability of support. There has been less action at local level to signpost help for substance misuse, and nothing directed at families of cocaine users.

IV. CONCLUSIONS / LESSONS LEARNT

OVERALL

108. In this tragedy a troubled young man killed his mother, Subject A, as she sought to protect him from the consequences of his own behaviour, which in turn may have been rooted in sexual abuse by another relative which he had suffered as a child. Although the victim and public agencies were aware that he could act with sudden violence when angry, there was no prior warning of this crime. There had been no earlier domestic abuse between the perpetrator and the victim.
109. The violence had previously been directed by Subject B at his former partner, Subject E. Agencies made mistakes in responding to that domestic abuse, both when first reported in 2005 and after the ending of the relationship in 2009. However, by 2010, arrangements had been put in place to support Subject E, and control Subject B's access to their child.
110. Subject B was offered, but did not take up, a specialist course for perpetrators of domestic abuse. He did access counselling in late 2011, and was a long term member of local mutual support groups addressing his misuse of alcohol and drugs. He obtained medication and advice from his GP to help him handle the distress of the ending of another relationship in February 2012. These sources of support were insufficient to prevent him from turning on his mother in July 2012, in the home she had opened to him, when confronted on his use of cocaine.
111. This homicide could not have been predicted, nor is there any obvious action that would have prevented it. We cannot know whether a more appropriate response to Subject B's earlier violence to Subject E would have alerted Subject A to the risks of inviting him to live with her, or led to an alternative intervention which was more effective in helping him to change. However we have drawn lessons which may reduce the risk of a similar pattern recurring.

COULD THE HOMICIDE HAVE BEEN PREDICTED OR PREVENTED?

Prediction

112. The homicide could not have been predicted. Subject B, as a result of his offending history, particularly the use of choking, in addition to his drug and alcohol abuse, presented a potential risk to any person with whom he had a personal relationship. However, there was nothing in his previous behaviour to Subject A that led her or other family members to regard her as at risk, until the argument on 8th July which followed her first discovery of cocaine wrappers in the home. This was known to some family members, but not to any agencies. Subject B behaved normally over the next two days, attending work and a local NA meeting. No-one other than the contact from whom he bought cocaine late on the evening of 10th July was aware that he was repeating the behaviour that brought him into conflict with his mother.

113. Agencies were not in a position to see any risk that Subject B posed to his mother, as they had no contact with her about either domestic abuse or substance misuse. So far as can be known, Subject A had not previously been the victim of either violence or coercive control, from Subject B or any other man.

Prevention – on the day

114. The homicide could have been prevented by an intervention to stop Subject B obtaining and using cocaine on 10th July. However, no agency was in a position to do this. The second argument, which ended in the murder, was precipitated by Subject A's discovery of fresh evidence of Subject B's cocaine use in her house. It is possible that the influence of the drug on his mood was also a factor, although this is not something on which the Review Panel has an expert view. Subject B obtained the cocaine from a contact already known to him at a residential address in Town X. While police aim to disrupt the supply of illegal drugs, including cocaine, national policy recognises that restricting rather than eliminating availability is the realistic aim. Subject B had also been able, that evening, to access support in tackling his addiction, through the local NA group, and yet still chose to seek out the drug.

Prevention – through victim awareness of risk

115. Agencies had no direct opportunity to assess the risk posed to Subject A of having Subject B in her home, or to warn her of it. She made no contact with them about her son, and he did not, in the contacts he had with police and his GP during the period he lived with her, indicate any hostility to her.

116. There is no indication that Subject A perceived herself to be at risk, and her relationship with her son was perceived by family and colleagues as good. It is unlikely, therefore, that the initiatives taken in East Devon to raise awareness of domestic abuse affected her view. However none had drawn attention to the fact that abuse can be directed against parents rather than at partners.

117. Subject A was supportive of her son's efforts to end his misuse of drugs and alcohol. So far as is known she did not seek any professional advice on this, or contact with other parents facing similar problems. It is possible that such contact might have encouraged her to consider her own safety. There are support groups in Devon (though not Town X) for families of drug and alcohol users, but Subject A is unlikely to have known of them as they are promoted through treatment services. The mutual aid groups helping Subject B, NA and AA, do not, as a matter of policy, pass on information about other services.

Prevention – through a perpetrator course

118. We do not know whether successful completion of a perpetrator programme by Subject B would have prevented the homicide. Such programmes have some success in changing attitudes and behaviour, and might have helped him establish a more stable life rather than end up living with his mother and turning back to drugs in 2012. They include training in dealing with anger, which might possibly have led to a less

violent outcome on the night of 10th July. However, it is unknown whether the approach would have worked for Subject B.

119. If either of the assaults by Subject B on Subject E had been dealt with at court, as certainly should have been the case in August 2009, Subject B might have been convicted with orders to attend offending behaviour programmes, specifically IDAP (Integrated Domestic Abuse Programme). Subject B was directed to a perpetrator course in 2010, through the Family Proceedings Court. The location is likely to have been a factor in his failure to complete it, but it cannot be known whether he would have persisted with a more convenient alternative either.

Prevention – through tackling underlying problems

120. As cocaine use was the trigger for the argument that resulted in the homicide, it could have been prevented by successful intervention in Subject B's cocaine habit. However, there is no assurance that he might not have reacted in the same way to a different domestic dispute with his mother. While alcohol misuse was not a direct factor in the homicide, it may have played a part in the instability of Subject B's life which led to him living with her. The ending of his relationship with Subject G, in which substance misuse may have been a factor, appears to have been a source of distress and the trigger for him moving in with his mother, despite owning an unoccupied house in the town.
121. Subject B was able to access some help through his GP practice, who encouraged him to talk about his situation, attend NA and AA, and source some independent counselling. They also prescribed anti-depressants to manage his mood. However they did not refer him to any specialist service, either as a survivor of abuse or to address his substance misuse. It is not possible to know whether these might have made a difference.

LESSONS FOR PUBLIC AGENCIES

122. This review has identified errors made by both police and social workers, particularly in responding to events in 2009. These were not due to weaknesses in policy, but to front line staff misjudging the situation and not following correct practice for the time, and to supervisors not challenging their action. This remains an ongoing risk for all agencies. The use of anonymised case studies and approaches such as appreciative enquiry can help staff to reflect on and improve their practice.
123. The police should, according to their own guidance, have prosecuted Subject B rather than cautioning him for his assault on Subject E in 2009. Checks conducted as part of this review have identified that cautioning remains too frequent a choice in domestic abuse cases in parts of Devon.
124. Both police and social workers failed in 2009 to give due attention to the fact that there had been previous domestic abuse in 2005. This was in their records, but for CYPs only on paper, and police did not check on Subject E's previous surname. On

the other hand Cafcass took appropriate account of the history of the relationship. Good systems and practice in using past records are important for accurate risk assessment.

125. While the response to domestic abuse rightly gives attention to the needs of the victim, this case has highlighted the importance of a parallel focus on the perpetrator. In dealing with Subject B's domestic abuse of Subject E, agencies noted when he was no longer living with her, but did not consider where and with whom he was living and whether anyone else was therefore at risk. Both the CYPs assessment and the police decision 2009 reflected the misconception that once a perpetrator has left the home domestic abuse is no longer a risk. Difficulties retrieving records by the name of the perpetrator add to this problem.
126. It seems likely that childhood sexual abuse played some part in shaping Subject B's character. He acknowledged this to some extent in seeking help as an adult in dealing with his troubled relationships and substance misuse, and did eventually access some counselling. However, so far as is known, he did not obtain help from any agency specialising in working with survivors of childhood abuse. The long term consequences of abuse are complex, and it is important for those to whom disclosure of historic abuse may be made to know what help they can signpost for survivors.
127. Ensuring that people know of and are able to access the services which are in place to help needs continued effort. While advice and support groups would have been available to Subject A, had she sought advice as a parent of a troubled adult, this is not well publicized. The fact that domestic abuse services help parents whose adult children are violent to them is not often cited in publicity. There are support groups for families of substance misusers in Devon, but information about them is directed to those already receiving treatment. It is not clear why Subject B's GP did not offer referral to NHS treatment for his drug and alcohol misuse. Subject E's impression that Subject B had been referred to Repair, when he had in fact been referred to Ahimsa, suggests a lack of clarity about the names and roles of these voluntary agencies by one of the professionals involved.
128. The mutual support groups Alcoholics Anonymous and Narcotics Anonymous played an important role for Subject B in his attempts to sort out his life. No other services to address his substance misuse were offered to him. In this context, it is unfortunate that the philosophy of these groups prevents them from contributing to the learning from untoward events. Ways round this should be sought at national level.
129. The review also found good practice. There was multi-agency recognition of the importance of domestic abuse, and agreed arrangements for risk assessment. There was action to raise awareness among the public and front line staff. Services for both victims and perpetrators were provided, and did cater for violence to parents by adult children. Some front line staff responded well: teachers at School W were alert to the link between witnessing domestic abuse at home and troubling behaviour at school; SAFE staff were persistent in making initial contact with Subject E and provided her

with relevant and clearly documented support which improved her situation; and the Cafcass advisor (a social work trainee) handled the case well.

CURRENT CONTEXT AND CHANGES ALREADY MADE

130. This Review, while examining Subject A's death in 2012, has found that the main opportunities for public agencies to act differently were in 2010 or earlier. There have been considerable changes to national and local policies, funding and structures since then. The recommendations below aim to be relevant in the current context, rather than attempting to fix the past. A brief overview of relevant aspects of the current context⁴ is therefore given here.

131. The 2013/14 SDP Strategic Assessment comments on its "overarching theme" that "early intervention and prevention has guided much of Safer Devon Partnership's work and the support that it has provided has been intended to work 'up stream' of a crime. The objectives focus on identifying, risk assessing and safeguarding those who are most vulnerable in our communities and improving our understanding of their specific service needs." Among high risk groups it includes "problem drug and alcohol users – substance use is a consistent feature in persistent criminality and breakdown in families, cutting across all four of our priority areas." These priority areas are:

- domestic, family and sexual violence and abuse
- alcohol, violence and the night time economy
- anti-Social Behaviour
- reoffending.

132. Devon and Cornwall Police have made improvements to their approach to domestic abuse in response to the HMIC report. The report highlighted some inconsistencies in the way the police identify, assess, and manage risk to victims. The specific recommendations made to improve service are now part of a local improvement plan, complemented by the national action plan. Part of the plan is to standardise service across the Force with the implementation of sexual offence and domestic abuse investigation teams (SODAITs) in July 2014. Other developments include the following:

- specific and targeted domestic abuse training events,
- revision and re-issue of domestic abuse investigation packs,
- regular audit of DASH completion and standards, review of the Domestic Abuse and Serious Sexual Perpetrators (DASSP) process,
- launch of the Domestic Violence Disclosure Scheme (Clare's Law),
- quarterly meetings to provide consistency and share learning across MARACs, and
- development of a Joint Working Group across criminal justice and prosecution services to enhance joint working and support for criminal and civil prosecutions arising from domestic abuse cases.

⁴ Current to the period during which the Review Panel did its main work.

133. Devon County Council is implementing a detailed action plan to address the recommendations from the 2013 Ofsted inspection of child protection. Actions already completed which are relevant to the concerns raised in this case are:

- implementation of full quality assurance and performance management frameworks;
- development and implementation of new practice standards for child protection work, consistent with Working Together 2013 and covering key aspects of the child's journey;
- delivery of supervision training, to support purposeful practice which holds social workers to account and is professionally challenging and supportive; and
- introduction of a new risk management tool.

134. Relevant improvements currently being made in response to the Ofsted inspection include:

- improved interagency information sharing and decision making through the MASH (multi agency safeguarding hub) and a joint protocol for strategy meetings; and
- training of social workers to improve the quality of assessments of children.

135. The commissioning and configuration of domestic abuse services in Devon changed in April 2014. Responsibility for oversight has been embedded into the remit of Devon County Council's Public Health team, which has taken the lead role in bringing together a coordinated response to tackling domestic and sexual violence and abuse. Following retendering of services, support to victims, children and perpetrators through the Devon Domestic Abuse Support Service is run by Splitz, with training provided by a separate agency. SAFE continues to provide outreach services. There is currently no perpetrator course in Exeter or East Devon, but Splitz has started its 25 week rolling course in Okehampton, and plans to move this to Exeter by the end of 2014. This course, outlined in Appendix C, encourages self-referral, but is also approved by Cafcass for court referrals (outlined in Appendix C).

136. In 2014 a pilot scheme is being developed with Devon Carers for "buddies" to offer peer support to others affected by someone else's substance misuse, linking in to other Devon Carers provision.

RECOMMENDATIONS TO IMPROVE FUTURE PRACTICE

137. These recommendations are developed in more detail in the separate action plan, and are cross-referenced here to the supporting paragraph in the conclusions section.

R1 Ensure that the use of cautioning across the Force in domestic abuse cases is in line with national guidance and local benchmarks. (#123).

R2 Ensure that social workers retrieve paper based records, where available, as well as electronic records of historic contact with families when assessing current cases (#124).

R3 Ensure social workers assessing the risk to children understand the impact of domestic abuse, recognising the harm to children from witnessing it and the heightened risk after the perpetrator has left the family home. (#125)

R4 Encourage agencies working with domestic abuse victims to be alert to evidence of perpetrators having more than one victim (#100, 106,125).

R5 Provide guidance to clinicians and other frontline staff on how to respond to disclosure of past abuse, including adults disclosing abuse in childhood, and on how to point such survivors to appropriate support (#126).

R6 Ensure effective communication to all front line professionals of what services addressing alcohol misuse, drug misuse and domestic abuse are available, and of how to refer or signpost clients to them. (#127)

R7 Encourage learning by professional staff and their supervisors through an appreciative enquiry approach wherever possible. (#122).

R8 Safer Devon Partnership to consider abuse of parents by adult children among the themes for periodic domestic abuse awareness raising campaigns (#127).

R9 Make information about support groups for families of substance misusers more widely available, recognising that not all will be in contact with treatment services (#127).

R10 (National – Public Health England) Encourage Public Health England to work with Narcotics Anonymous and Alcoholics Anonymous, through their national bodies, to review their Safeguarding processes and protocols to assist in responding to serious incidents involving anyone attending one of their groups. (#128).

APPENDIX A: THE INDIVIDUAL MANAGEMENT REVIEWS

- I. The IMRs were prepared by professional staff appointed by the relevant agencies and received internal quality assurance. The authors had no previous connection with the case.
- II. The review panel set the scope for the IMRs based on Home Office guidance and the panel's identification of issues from the initial agency responses, as set out in the Terms of Reference. The methodology used for the IMRs was in line with agency protocols and took account of Home Office guidance. In addition to review of available case records and policies, some included interviews with staff who had recently been involved with the family.
- III. As Cafcass has no statutory functions in respect of protection of adults and cannot be directed to participate in a DHR, the agency sought permission from the court to disclose information from family proceedings to the review. This was granted by a District Judge at Exeter County Court.
- IV. In line with Home Office guidance, IMRs are not published. They are, however, used for learning and improvement within agencies, and as evidence for the multi-agency DHR. Recommendations from the IMRs are incorporated in the recommendations of this report, along with cross-cutting recommendations identified by the review panel.
- V. The DHR Guidance does not provide for IMRs from GP practices. However, the Director of Public Health for Devon reviewed Subject A's medical notes. This review looked not only for direct reference to domestic abuse but also for factors that might indicate it. From a medical perspective, the notes and all relevant correspondence and tests were scrutinised for reference to anything that might be linked to DVA, including emotional or mental health issues including those concerning self-esteem and relationship issues, stress, accidental and non-accidental injury, sexual problems, substance misuse.

APPENDIX B: DETAILED CHRONOLOGY

This chronology covers public and voluntary agency contact related to Subject B's relationship with Subject E. There was no agency contact related to Subject A, the victim of the homicide. The notes column provides context information, not evaluation.

Date	Agency	Event	Notes
5th October 2004	GP Practice	Subject B attended and requested counselling as he was getting aggressive and feeling depressed and closed in. Cited factors as his parents splitting up, and a recent inheritance. Said he had been mixed up with drugs and alcohol but did not currently have problems with these. While still in touch with his parents he was not able to talk to them about his feelings. He had a supportive girlfriend but "takes it out on her". The GP discussed his options and it was agreed that Subject B would self-refer to QMC but could come back for a referral from the GP if needed.	While not revealed in this consultation, this inheritance is thought by the family to have been a "recompense" for the childhood abuse. The next contact with primary care was in 2005 for a physical condition. The practice records do not show whether Subject B did obtain counselling by the self-referral at this time.
5th June 2005	Police & health services.	Emergency services were called to the home at 3.35am home after Subject B assaulted Subject E, grabbing her round the neck and smashing her head against the floor. This caused injuries which left visible marks, which were photographed by police and required hospital treatment. Subject E reported that Subject B had been drinking. Police arrested Subject B.	The police paper file from this period is no longer available but the electronic record has been reviewed. According to family, Subject A became aware of this incident later in the day and saw the injuries.
6th June 2005	Addaction	Subject B was seen while in custody by an alcohol arrest referral worker, whose role was to offer advice and refer any detainee who wished to have support to overcome alcoholism. No referral was requested or further contact made.	This is recorded by Addaction. There is no record on Subject B's custody report that he was visited.
6th June 2005	Police	Subject E made a negative statement about the previous day's incident to state that she did not want to pursue a formal complaint and wanted Subject B to return home. She disclosed that it had been the third incident of violence but the first time she had called the police. Subject B admitted the assault in interview and a decision was made to caution him. The risk assessment for this incident was recorded as high, with jealousy and alcohol use as factors.	The risk assessment used then was the Domestic Violence Risk Assessment (DVRA) which was a series of questions resulting in a score, which determined the risk category of standard, medium, high and very high. At this time the MARAC only discussed

			very high risk cases.
3 rd Aug 2005	Devon County Council CYPS	Note recorded re Children E1, E2, E3 Subject E was assaulted by her partner Subject B: Grabbing her around the neck and causing injuries which left visible marks. Also disclosed through this event that this had been the third incident of violence.	This refers to the incident which happened in June.
21 st March 2007	GP Practice	Subject B reviewed. Identified some depressive symptoms, which are ascribed to heavy alcohol intake. Options are discussed and he is noted as already attending AA. A suicide risk assessment found no suicidal ideation. Anti-depressants prescribed.	
26 th March 2009	Devon CC CYPS	School W referred family to CYPS because their school attendance was affected by "shouting and fighting" between Subject E and Subject B at home. Initial referral notes that Subject B "is an alcoholic, meant to be attending AA", and that he did not live in the house but normally collected Child F from nursery and then stayed at the house until really late. Also that "The children say they can't sleep with all the arguments and that child E2 gets ***self, Child E3 and Child F together in one room." Head teacher "very concerned about this family". Child E2 not in school that day. Head teacher phoned Subject E to check as had been crying in school earlier in week.	CYPS record linked to all four children.
26 th March 2009	Devon CC CYPS	Initial background checks completed following above referral, and case allocated for initial assessment.	
30 th March 2009	Devon CC CYPS	Social worker spoke to Subject E by telephone. She mentioned that Subject B had attended a support group for alcohol misuse, and explained that she did not allow Subject B to care for Child F overnight because she did not trust him with her. Notes comment that "[Child E3] obviously witnesses any discussions and arguments between Mum and [Subject B] and no doubt feels helpless to effect any change or protect ***self and *** siblings from the DV. Mum needs to ensure that [Child E3] is not put in a position whereby * feels the need to protect ***self and *** siblings.	Asterisks used to hide gender of child.
30 th March 2009	Devon CC CYPS	Children in Need Plan prepared, including that "[Subject E] seems to understand [Child E3's] distress but to date has not sought professional support for [child]. This needs to change urgently." "[Child E3] is constantly distressed by the level of Domestic Abuse that has occurred in	

		the past between Mum and her ex-partner Subject B. [Child E3] needs to be reassured that this will no longer continue."	
31 st March 2009	Devon CC CYPS	Noted that Subject E, in telephone conversation with social worker, expressed concern that the school had made the referral.	
21 st Apr 2009	Devon CC CYPS	Social worker attended "mediation" meeting with head teacher of School W and Subject E. Child F was present.	
21 st Apr 2009	Devon CC CYPS	Outcome on initial assessment decided as short piece of family support work. Case allocated to a family support worker who can "link in with Town X Children Centre and Homemaker for financial and debt support." 2 hours weekly for 6 weeks	
11 th May 2009	Devon CC CYPS	Care First record of initial assessment relating to Child F and Child E3 authorised by supervisor. A "No" answer is recorded to each of the set questions: "Do either of the parents have experience of being abused as a child / a history of violence/ a drinking or drug misuse problem which impacts on their capacity to care?" although the assessment does note that Subject B had experienced alcohol misuse in the past and had sought help with this. Extracts from the analysis section relevant to the scope of this review are: "[Subject B] is the father of [Child F] and until recently lived with [Subject E] and her children. This has now changed and [Subject E] is not interested in resuming their relationship at any time. She acknowledges that [Subject B] binge drinks at weekends and will not allow him to have any of the children overnight. He collects [Child F] for visits to his own Mother, but brings *** back to [Subject E] the same day. [Subject E] has applied for a full residence order on [Child F] and [Subject B] is not contesting this. Home life has improved tenfold since [Subject B] moved out." Action agreed that a short period of Family Support Worker support would be helpful, and that this worker would help the mother and children seek further support networks in their local community. The assessment records that it has been agreed by Subject E.	The mother referred to is Subject A, but no name included in the record.
3 rd June 2009	Devon CC CYPS	Subject E contacted by Family Support Worker but declined offer of visits as she felt family situation had improved. Advice by phone provided on aspects of parenting,	The note of the conversation makes no mention of Subject B.

		finding registered child-minders and on support available from Town X Children's Centre.	
12 th June 2009	Devon CC CYPS	FSW made home visit and reported that Subject E no longer wanted support.	
23 rd June 2009	Devon CC CYPS	Case closed. Closure note "Mum and school initially were not communicating effectively and after attending a meeting at school CYPS agreed to supply FSW input to assist". Also notes that Child E3 (aged 8) agreed to the closure.	
31 st Aug 2009	Police	<p>Police called to Subject E's home at 12:47am after Subject B assaulted her, again grabbing her neck. By this time the relationship had ended but Subject B had visited following an argument with his new current partner. Subject E had invited him into the house where they began discussing his contact with their Child F. Subject B became aggressive, grabbing Subject E around the throat causing a visible injury, which was seen by the attending police officer.</p> <p>Subject B was arrested and interviewed. He admitted to losing his temper and grabbing Subject E by the throat.</p> <p>Although Subject E's recollection is that she told police attending the incident about the previous assault in 2005, the officer in charge of the case, PC1, provided a summary in the case file as follows:</p> <p>"[Subject B] has very little previous, only one caution for a common assault back in 2005. There is no DV (domestic violence) between him and his ex-partner [Subject E]."</p> <p>The decision on how to proceed was taken by the Sergeant who reviewed the file, SGT2. The justification to not charge was listed as: "no domestic history, minor injury, the victim and offender not co-habiting".</p> <p>A second caution was given to Subject B. The DVRA was defaulted to a standard risk as at the time the crime report was recorded the DVRA questions had not been completed with Subject E.</p> <p>It is clear that the Police Domestic Abuse Officer (DAO) had reviewed the case notes, but not whether they had contact with Subject E, or considered referring her to domestic abuse support services. The case file indicates that a referral to Victim Support Service was offered and declined. 121a sent.</p>	PC1 was not interviewed by the police IMR writer as he has left the Force and is no longer resident in the UK.
6 th Nov	Police	Subject E contacted police at 9:53pm to	It is not clear from the

2009		<p>report that Subject B had telephoned her about contact with Child F and an argument had resulted. This was classified as a non-crime domestic incident, so did not result in the arrest of Subject B or further investigation. It was scored as High Risk, with alcohol and drug misuse included as problems in the risk assessment.</p> <p>The Police Domestic Abuse Officer (DAO) contacted Subject B by phone (at work at her request) and made a referral to Children and Young People Services in respect of the children in the home. Police records contain no comment about referrals to domestic abuse support services, but indicate that a referral to Victim Support Service was offered and declined.</p>	records whether or how this and the preceding incident were linked to the referral of the case to MARAC (below).
11 th Dec 2009 to 5 th Feb 2010	SAFE	Outreach worker (OW1) called Subject E five times to offer support without succeeding in contacting her.	It is not clear who had initiated this contact. SAFE records show it as a self-referral, but Subject E cannot recall the circumstances.
1 st Mar 2010	SAFE	Subject E contacted SAFE requesting support. OW1 met her later that day.	
26 th March 2010	SAFE	OW1 met Subject E and noted that she felt more in control over contact with Child F and Subject B's family. They discussed a safety plan and arranged for Subject E to do the pattern changing course starting in April.	See Appendix C for information about the pattern changing course.
30 th March 2010	Cafcass	Copy of application by Subject E for residence and contact regarding Child F (received previous day) reviewed and assessed for risk. Cafcass welcome packs sent to Subject B and Subject E. Noted that Subject E alleged Subject B had drug and alcohol problems and that domestic violence was a feature of the parents' relationship. Standard checks requested from police and local authority. Initial assessment of risk (to Child F) noted as Medium Risk.	This risk assessment used the list of risk factors which Cafcass has developed to assist practitioners in identifying risk to a child. The presence of risk factors does not indicate likelihood of significant harm, but does indicate the need for further assessment
1 st April 2010	Cafcass	Service Manager (SM1) reviewed local authority (Devon CC) check. Noted an initial assessment had been undertaken in 2009 following concerns reported by a school, and that local authority took no further action. Risk assessment maintained as Medium.	
21 st April	SAFE	Subject E started pattern changing course.	

2010			
27 th April 2010	MARAC	<p>Following a referral by SAFE of Subject E, MARAC considered the risks to her of Subject B.</p> <p>The minutes noted past domestic violence in the relationship, and that though the couple had separated a year before, ongoing issues with contact [with Child F] had resulted in escalation of emotional abuse.</p> <p>Subject E was doing a pattern changing course, and was still in fear of Subject B. A sanctuary scheme had been discussed with her but she was happy with the current level of security. Ongoing contact issues were being dealt with by solicitors. Subject E was allowing the children to have contact with Subject A, but not with Subject B because of his alcohol problems.</p> <p>No information was provided to the MARAC by the GP. The school nurse confirmed that there had been no recent contact. The Educational Welfare Officer confirmed that the school were not presently aware of any issues although Child E3 was "troubled".</p> <p>The MARAC discharged the case without any further action.</p>	<p>MARAC is a multi-agency risk assessment conference for victims of domestic abuse.</p> <p>Presumed to refer to School W.</p>
28 th April 2010 to 15 th July 2010	SAFE	<p>Subject E attended a 10 of a further possible 11 weekly sessions of the pattern changing course, with the outreach worker phoning her once to check progress and invite her to call for further support if needed.</p>	
6 th May 2010	Cafcass	<p>Police checks returned. Family Court Advisor (FCA1) (social work student on placement supervised by experienced practice educator) reviewed. Noted Subject B's 2005 and 2009 cautions for battery and non-crime domestic incident between him and Subject E in 2009. (No details of the non-crime incident provided.) Noted that Subject B said to be living with his current partner (Subject G) at a local nursery.</p>	
7 th May 2010	Cafcass	<p>FCA1 spoke to Subject E on telephone, and noted the following views expressed:</p> <ul style="list-style-type: none"> • Subject E wanted Child F to have contact with Subject B but was not sure she would be safe with him. • Child F had some contact with paternal grandparents (ie Subject A and Subject C) but Subject E thought they did not recognise that Subject B "has a problem". • Subject E recently went on a cruise with Subject C when he was 	<p>Approach was a standard telephone interview for Cafcass' Work to First Hearing.</p>

		<p>“essentially drinking the whole time”.</p> <ul style="list-style-type: none"> • There was an incident in August 2009 when she allowed Subject B into her home to see Child F. He was drunk and refused to leave. When she threatened to call the police he got hold of a knife, threatening to slit his wrists, but then left. <p>FCA1 then noted that it was not possible to contact Subject B as no telephone number was known.</p>	
7 th May 2010	Cafcass	<p>Cafcass Schedule 2 (screening) report provided to Central Devon Family Proceedings Court for first hearing of case regarding access to Child F. This noted the previous 2 cautions, non-crime domestic incident, and Social Services concerns about the impact of domestic abuse in the home on the children. It reported “A number of risk issues have been raised with regard to domestic violence between the parties and the alcohol abuse and possible drug use with regard to [Subject B] and the impact that this has had on the children.” It recommended to the court that a duty Cafcass worker met Subject B to ascertain his views, and that a level two police check and a hair strand test for drug and alcohol abuse were made on him.</p>	
10 th May 2010	Cafcass / Central Devon Family Proceedings Court	<p>Subject B seen by court duty family court advisor (FCA2) who noted the following views expressed:</p> <ul style="list-style-type: none"> • He was aware of Subject E’s concerns about his drinking and drug use. • He was “not proud” of the domestic violence incidents the previous year: they were not random assaults but often stemmed from rows between them. • He was aware that Subject A was seeing Child F but never visited at those times. • His current partner was expecting his baby. • He also wanted contact with Child E1, E2 and E3, but accepted “this may be difficult”. • He was agreeable to attending 	<p>Presume Subject G and Child H, but no names in notes.</p>

		<p>“Ahimsa Repair” and to seeing Child F at a supported contact centre.</p> <p>FCA2 also saw Subject E, who reiterated her concerns about Subject B’s drinking, and also reported that:</p> <ul style="list-style-type: none"> • It had taken her a lot of time to trust Subject A. • Subject B had informed her that he had “smashed up” his current partner’s flat, indicating that domestic abuse persists in his relationships. • She remained agreeable to supportive contact. <p>In court it was agreed that:</p> <ul style="list-style-type: none"> • Subject B was to attend a domestic abuse perpetrator programme (with his solicitor to make the referral). • Contact would take place in Town X Contact Centre. • A hair strand test would be undertaken on Subject B to cover 6 months for cannabis, cocaine, amphetamine and alcohol use. • A further hearing was set for 10th August. • There was no further work for Cafcass. 	<p>Subject G chose not to contribute to the review, so this cannot be verified.</p> <p>At that point there was no programme in Exeter approved by Cafcass for funding.</p> <p>The AHIMSA assessment (23/9/10) notes a negative result from a hair strand test – probably same one.</p>
11 th May 2010 to 16 th July 2010	Cafcass	<p>Subject E had a series of telephone conversations and correspondence with FCA1 regarding her concern that his current partner (Subject G) was based at the nursery attended by Child F, potentially compromising the child’s safety. Subject E was unhappy with the nursery’s response when she raised the issue.</p> <p>FCA1 consulted Ofsted and advised Subject E to provide evidence to Ofsted that the nursery’s response had been inappropriate. Subject E responded that she could not face making a complaint as she was scared of Subject B and feared that he might kill her if she made a complaint. She said that her (SAFE) Outreach Worker had advised her to speak to Cafcass.</p> <p>Other than this contact with Child F was going well.</p>	
5 th July 2010	Ahimsa	Referral letter for Subject B received by Ahimsa from his solicitor. Appointment	Hospital records confirm this. (Appointment not

		made for 27 th July but Subject B cancelled saying he had a hospital appointment.	on a matter relevant to case.)
19 th July 2010	SAFE	OW1 phoned Subject E, who reported that the pattern changing course was helping her to be more assertive. They discussed her preparation for a family court hearing the following month.	
21 st July 2010	SAFE	Subject E completed pattern changing course.	
4 th Aug 2010	SAFE	Subject E's case passed to a different outreach worker, OW2, who arranged to meet her. Subject E wanted to talk through a number of issues before a court case due on 16 th August. She understood that CAFCASS had recommended that Subject B do a Repair course. OW2 explained what this was and said she would check whether Subject B was on the waiting list.	See Appendix C for information about Repair.
4 th Aug 2010	Ahimsa	Ahimsa received letter from Devon Magistrates Court confirming details and copy of a Contact Activity Direction requiring Subject B to attend their Domestic Violence programme.	
13 th Aug 2010	SAFE	OW2 met Subject E, and discussed Subject B's relationship with the children. Subject E said that because she was concerned about Subject B's drinking she did not want him to take Child F out.	
16 th Aug 2010	Central Devon Family Proceedings Court	Court hearing to review contact order.	[Info from SAFE note]
2 nd Sept 2010	SAFE	OW2 tried unsuccessfully to contact Subject E, and to tell her that she had checked with Repair and Subject B was not known to them.	
6 th Sept 2010	SAFE	OW2 Spoke to Subject E, who was unsettled because Subject B was working on a building near her home. Discussed the outcome of the court case and Subject E's concerns about the financial settlement proposed. Noted that Subject B was meant to be doing the Ahimsa course but was unable to do so for financial reasons. OW2 reminded Subject E of her safety plan and ensured she knew how to contact her at any time.	See Appendix C for information about Ahimsa. This comment precedes Subject B's visit to Ahimsa.

9 th Sept 2010	GP Practice	Subject B reviewed. Hair taken for drug and alcohol testing.	The test was at the request of Subject B, who had previously enquired about the cost.
20 th Sept 2010	Ahimsa	Ahimsa sent letter to Subject B letter offering introductory assessment appointment for 23/09/10 together with programme information explaining the programme content and objectives.	
23 rd Sept 2010	Ahimsa	<p>Subject B attended one-hour initial assessment at Ahimsa in Plymouth and next appointment booked for 06/10/10.</p> <p>At the session Subject B indicated that he had anticipated that he would be attending a domestic violence programme in Exeter, and was unhappy about the distance he would need to travel.</p> <p>He thought that he was attending for a risk assessment rather than to assess suitability for a group programme and that attendance was voluntary. (The Ahimsa worker explained that the court could not enforce attendance but would take it into account in access decisions.)</p> <p>He accepted responsibility for his treatment of Subject E, saying that he was mostly abusive when binge drinking, but that there were 2 occasions when he had been violent when not drinking.</p> <p>He stated that his then current relationship (with Subject G) was not abusive, and that she thought him calmer than when they had first met.</p> <p>He did not consider himself to pose a risk to women or children.</p> <p>The assessment notes that Subject B had received previous counselling (though no details given) and attended AA, and "felt it helped him learn about himself".</p> <p>Subject B acknowledged previous binge drinking. He said that he had used ecstasy and cocaine around the time that his parents separated, but had "nothing for years".</p> <p>The assessment note records that a recent hair strand test ordered by the court covering cannabis, cocaine, amphetamines and alcohol had been negative.</p>	<p>The assessment note shows referral source as CAF/CASS.</p> <p>This covers June to early September.</p>
4 th Oct 2010	Central Devon FPC	Court hearing	[Info from SAFE notes]
5 th Oct 2010	SAFE	OW2 spoke to Subject E who had contacted her to report the results of the court	LINX is a group work programme for young

		hearing. She was pleased that contact with Child F was to continue to be via the local contact centre. They discussed problems with parenting the older children (E1,E2 and E3). OW2 offered to look into options for further support, including the Linx programme.	people aged 12-18 which aims to break the cycle of domestic violence.
6 th Oct 2010	Ahimsa	Subject B did not attend booked session with Ahimsa.	Nor did he contact Ahimsa again.
4 th Jan 2011	SAFE	Closed case of Subject E after notifying her.	
4 th Mar 2011	SAFE	Subject E acknowledged case closure letter saying things were going well for her with her new job and the family, and thanking for support.	SAFE had no further contact with Subject E until she sought support from them following the homicide.
5 th Dec 2011	GP Practice	Subject B seen by GP and assessed as having a severe depressive episode without psychotic symptoms. He said he was starting counselling soon re abuse as a child. He felt very low. He had benefitted from antidepressants a few years ago and would like to restart. He was not suicidal though had sat in the bath with a knife weeks earlier. He had a very supportive partner. The GP gave advice and arranged a further appointment.	By this date his partner was Subject G.
19 th Dec 2011	GP Practice	Subject B reviewed. He was feeling a bit better, and talked about his work as a roofer. Said access to his daughter difficult because his ex-partner wanted more money but he found it difficult to support his current partner & son. He was not suicidal. Counselling was helping. Asked to return in 1 month.	The Review Panel has been unable to identify how the counselling was being provided: it appears likely to have been from outside the NHS.
27 th Jan 2012	GP Practice	Subject B reviewed. He was feeling much better. Life hassles had improved. He was off drugs and alcohol and going to AA. His sleep was still disturbed and he did not feel back to normal, but had no suicidal ideation. He discussed options and wants to stay on current dose [of antidepressants].	
8 th Feb 2012	Police	Subject E reported at 8:48pm that Subject B had sent her abusive text messages. This was classified as a non-crime domestic incident, so did not result in the arrest of Subject B or further investigation. Subsequently the Police Domestic Abuse Unit contacted Subject E, gave her standard advice and referred her to outreach services. A police officer visited Subject B at home and warned him over sending texts.	DASH is a risk assessment and management tool developed by the charity CAADA (Coordinated Action Against Domestic Abuse) and ACPO (the Association of Chief Police Officers) and used in Devon since 2010. The

		<p>A DASH (domestic abuse, stalking, harassment and honour based violence) risk assessment was completed, and rated as medium risk. The risk assessment notes Subject B's alcohol and financial problems. There is a pull out section within the DASH booklet which is given to the victim of domestic abuse, and covers signposting information for the local area.</p> <p>Form 121a was completed as Subject E's children were living with her.</p>	<p>DASH risk identification checklist covers risk to victims in more depth than the previous DVRA form. The grading of risk on a three point scale – standard, medium or high – is a judgement rather calculation. See para 54.</p>
16 th Feb 2012		<p>Subject B reported to his GP that his girlfriend (Subject G) had broken up with him a week before, which had prompted a "bender". However he was at that point alcohol free for 2 weeks, drug free 1 week, and going to AA nightly. He felt his medication was not having the effect it did initially. He showed good rapport and interaction, with no self-harm or suicidal thoughts. The GP judged this reaction as to be expected for relationship breakdown, and Subject B agreed to keep the medication at its current dose and maintain contact.</p>	
Feb 2012	Multi-Agency Safeguarding Hub	<p>No further was taken in respect of the children following review of the 121a relating to the incident on 8th Feb.</p>	

Pattern changing

This is an educational programme for women who are or have been in an abusive relationship. Until April 2014 each of Devon's three specialist domestic abuse services had run Pattern-Changing courses for at least ten years. The group-work programme supports 12 women over 14 weeks and aims to break the cycle of abuse and break patterns of behaviour which lead to returning to a partner or entering into another abusive relationship. Areas covered in the course are: human rights; impact of abuse on women and their families; why it is hard to leave; dysfunctional childhood legacy; setting boundaries; ending old patterns; understanding and dealing with feelings such as grief, guilt, fear; understanding and dealing with anger; assertiveness; planning future goals and learning how to make decisions; how to form healthy relationships. Adva commissioned an evaluation of Pattern Changing in 2004 which showed that "the course does have a huge impact on the lives of the women attending...it does lead to changes in their life choices and patterns which in turn impacts on their children".

Repair

Adva developed and commissioned Repair in 2004, a community perpetrator programme that supports male perpetrators, their female partners or ex-partners and their children. Repair has been operating in three areas across Devon since 2005, providing county-wide coverage for men who wish to change their abusive behaviour. The programme aims to help men understand their abusive behaviour, understand how it affects their partner and children and take responsibility for stopping their abuse and to learn respectful behaviour. The programme involves an assessment; up to 10 individual sessions of one hour and a further 30 sessions in a group lasting two hours each. The sessions are divided into modules, each covering a different aspect of domestic abuse. The maximum number of men in the group is eight. Whilst the men are receiving support their partners and children are also receiving regular support from specialist women support and children's workers to keep them informed of the process and progress of the men on the programme, and to help them understand their abusive situation, and to understand risk and safety planning.

Note that Repair was not approved by Cafcass for grant funded placements until August 2011.

Ahimsa

Ahimsa is an independent community safety initiative providing suitability assessments and programmes for those who are abusive or violent, and support services for their (ex-) partners. It works from a base in Plymouth and is accredited by RESPECT, the National Association of Domestic Violence Practitioners.

The Domestic Abuse Intervention Programme to which Subject B was referred still runs. It aims to help those who are or have been violent and abusive to (ex-) partners or others in the home to give up this behaviour. The standard programme involves two or three assessment appointments, then 8-10 weekly appointments with a counsellor, followed by at least 20 weekly group sessions held in the evening. All meetings are in Plymouth. For those referred by a court there is no charge for the first 30 sessions. In addition, the Ahimsa Partner Support Service provides both telephone and face-to-face information, support and safety planning work as well as therapeutic work for the (ex-) partners of perpetrators referred to Ahimsa.

The programme goals include developing anger and stress management skills, changing behaviour and attitude so as to end violent and abusive behaviour and management of impulsivity.

The course is not suitable for heavy drinkers or drug users, or for people who do not acknowledge having been abusive or violent.

Alcoholics Anonymous and Narcotics Anonymous

The mutual aid groups AA and NA are voluntary abstinence-based organisations and will not take people who are still using drugs or drinking. The members of a group give each other social, emotional and informational support at every stage during their recovery from drug or alcohol dependence. They are not commissioned by treatment services either in Devon or elsewhere. Each local group runs itself and has a policy of not promoting other events or organisations and therefore most do not give out any information regarding treatment or family support. They do not keep a register of attendees at meetings as confidentiality is a cornerstone to their way of working. According to the National Institute for Clinical Excellence (NICE) 12 step programmes (such as AA and NA) have a positive impact on substance misuse outcomes, provided that users actively engage rather than just attend.

Splitz Domestic Violence Perpetrators Programme

Is a 25 week rolling group work programme, accredited by Respect. Following a detailed risk assessment, men attend 5 modules of 5 weeks, covering: physical respect, intimacy and sexual respect, emotional respect, domestic abuse and the impact on children, rebuilding trust and respect. This is followed by a relapse prevention group. Meanwhile the victim is offered support by the Women's Safety Worker.

The Programme aims to:

- Promote and ensure safety of victims and their children and prevent/mitigate the risk of reoffending.
- Promote change in abusive/harmful behaviour.
- Work collaboratively with other agencies to manage risk constructively.

- I. For the period 2011 – 2014 the priorities of Devon DAAT were:
 - promote a safe and sensible approach to alcohol consumption;
 - children and families;
 - reducing alcohol related crime and disorder; and
 - accessible treatment, support and recovery.
- II. The British Crime Survey for 2009/10 reported that powder cocaine was the next most commonly used drug after cannabis with an estimated 2.4% of 16 - 59 year olds having used it in the previous 12 months. However, powder cocaine users have not been regarded as problematic drug users (PDUs) under national policy guidance in the way that opiate users or crack cocaine users are. (The term used for the latter has now changed to Opiate and Crack Users (OCUs).) There were about 50 cocaine users in drug treatment in Devon at the time of the homicide, slightly fewer than in previous years. Nationally, about 2% of those receiving drug treatment are powder cocaine users. Unless someone comes through the criminal justice system, treatment is voluntary.
- III. The priorities for Devon Drug Service, the main local provider, over the three years prior to the homicide, were as follows.
 - In 2009, increasing the number of PDUs in effective treatment, taking account of key performance indicators set by the National Treatment Agency on access to services, retention in treatment and harm reduction.
 - In 2010, after service re-tendered, adding to the above a focus on “recovery” and social inclusion, working with parents, some input for carers in their own right, access and harm reduction.
 - In 2011 –A recovery focussed, client-centred treatment service and safe and effective treatment for PDUs and non-PDUS and increasing the number of the latter. Access and harm reduction.
 - In 2012– Developing integrated approaches for the recovery focused treatment system. Increasing the ambition for service users’ outcomes. Access and harm reduction.
- IV. The Drug Intervention Programme (DIP) has been in place for several years across Devon whereby individuals who are in the criminal justice system are either referred to or directly met by workers from the drug treatment services. More recently this has included close working with Police custody suites, the courts and the prisons. An alcohol arrest referral scheme (in which a worker attended police custody centres each morning to visit detainees who had been drunk on arrest) has operated in North Devon and Exeter.
- V. Since 2009 Devon has seen significant investment in alcohol treatment provision. Adults in East Devon are able to get such help from Addaction (based in Exeter) and young people from YSmart. Both agencies have free phone contact numbers and email addresses. Referrals to Addaction can be by self-referral or via a health professional. In Devon service users are offered a range of interventions to address their substance misuse and this should include knowledge about their local NA/AA groups where they exist. (See Appendix C.) Addaction is the entry point to the system with Devon Partnership Trust (DPT) which offers specialist treatment for those with hazardous and harmful drinking levels or more complex needs.
- VI. In 2013 Devon DAAT tendered for an integrated substance misuse service (drugs and alcohol), to be recovery focused and treating increasing numbers of non-OCUs. The new specification includes all substances including new psychoactive substances (legal highs) and over the counter medication.

- VII. Since 2010 the DAAT has increased its focus on a recovery oriented treatment service which includes mutual aid groups. SMART Recovery groups have been available in some areas of Devon since 2011: these are peer led mutual aid groups for substance misusers. Alcohol clients have had access to a range of mutual aid groups across the county since 2012. The DAAT commissioned Recoverylink to deliver peer mentoring training and support in October 2012.
- VIII. Public policy on the impact of substance misuse on families is covered by policies on Safeguarding and relating to the Hidden Harm agenda. Groups to support families, children and friends affected by substance misuse can help to reduce their distress and put them in a better, more informed position to provide support to the service user. Devon has no specifically commissioned groups for carers but support is available from treatment services if requested or referred. This is usually given one to one over the telephone or face to face. The Addaction alcohol service hosts several carers groups around the county including in some in the Exeter East and Mid area (although not Town X). Individuals are also signposted to the generic support available through Devon Carers. However this tends at present to be carers of people in treatment and it is not widely publicised.

APPENDIX E: NATIONAL GUIDANCE TO POLICE ON CAUTIONS FOR DOMESTIC VIOLENCE AND ABUSE

I. The Association of Chief Police Officers (ACPO) guidance on investigating domestic violence from 2004 stated at 5.3.1 under the section on charging standards that:

“Cautions are rarely appropriate in domestic violence cases. This is because they are not usually the first offence and because the nature of such offences tend to constitute a breach of trust. Supervisors should monitor the administering of cautions in domestic violence cases.”

II. This guidance was reinforced in a home office circular in 2005 (a publication which is sent to all Forces for dissemination to staff) that stated:

“The ACPO Guidance stresses that an effective and proactive investigation should be completed in all cases where a domestic violence incident is reported. The CPS Policy also stresses the need for a proactive approach to the prosecution of cases of domestic violence.”

III. This ethos has changed little since 2005 although there have been amendments made to both ACPO guidance and CPS policy. The current ACPO guidance is from 2008 and states:

“Cautions are rarely appropriate and it is always preferable to secure a charge. The following considerations should have been made:

- i. There is evidence that it is a domestic abuse first offence and there is no other intelligence to suggest domestic abuse.
- ii. The defendant has no previous police record for violence.
- iii. The case has been reviewed by CPS and they have taken the decision not to progress a prosecution.
- iv. The investigation has been reviewed and the officer in charge is satisfied that there is no further potential for investigation development.
- v. Any other possible criminal justice sanctions have been examined and progressed.”

IV. The Home Office circular which came out later in 2008 following the amendment to the ACPO guidance reiterated the need for positive action but added the following:

“Where a positive action policy has been adhered to and officers still have difficulty in securing charge/summons forces need to have a system in place to ensure that simple cautions are considered in preference to a no further action decision.”

V. The CPS policy which underpins the drive to prosecute is clear. The current policy, which was published in 2009, states:

“In cases of domestic violence, if the evidential stage is passed and the victim is willing to give evidence, we will almost always prosecute, even if, for example the injury was minor or the parties have reconciled. Police guidance states that cautions by police officers are rarely appropriate in domestic violence cases.”