

Safer Northumberland

Domestic Homicide Review in relation to Richard

Date of homicide March 2022

Independent Chair and Author: Stuart Douglass

Report completed March 2023

Preface

The Independent chair and review panel offer their deepest sympathy to the family of Richard.

This review is about considering the events prior to a homicide and whether agencies can learn from that to improve understanding and response in the future.

The chair would like to thank members of the panel for their engagement and contributions to this review.

Further thanks are extended to Detective Chief Inspector Martin Brooks (Senior Investigating Officer) for his assistance and cooperation in relation to this review, the Victim Support Homicide Service for their advocacy role with the family of Richard, and to Her Majesty's Prison and Probation Service for facilitating contact with Sandra.

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1. Introduction

- 1.1 This report of a domestic homicide review (DHR) examines agency responses given to Richard, a resident of Northumberland, prior to his death in March 2022.
- 1.2 Richard was killed by his wife Sandra who smothered him with a pillow.
- 1.3 The review considers agency contact and involvement with Richard and Sandra during the 24 months prior to the homicide.
- 1.4 The rationale for the period chosen was that scoping of agency contact indicated a deterioration in Richard's health and mobility during this period.
- 1.5 The purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change to reduce the risk of such tragedies happening in the future.

2. Timescales

- 2.1 Northumbria Police referred the homicide for consideration for a DHR to Safer Northumberland¹ on 29th March 2022.
- 2.2 The referral was formally considered in line with Home Office statutory guidance² in March 2022. The Community Safety Partnership notified the Home Office of their intention to undertake a Domestic Homicide Review on 30th March 2022.
- 2.3 The Domestic Homicide Review (DHR) was commissioned with due regard to the Domestic Violence, Crime and Victims Act 2004 and relevant criteria to this case are highlighted in bold. The Act states:

¹ Safer Northumberland is the statutory community safety partnership responsible for undertaking Domestic Homicide Reviews

² <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

In this section “domestic homicide review” means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by—

*a person to whom he was related or **with whom he was or had been in an intimate personal relationship, or***

a member of the same household as himself,

held with a view to identifying the lessons to be learnt from the death.

2.4 The criminal proceedings in relation to Sandra concluded in August 2022. Sandra had entered a guilty plea to Manslaughter on the ground that her mental state at the time of the killing was such that her responsibility for what otherwise would have been murder was diminished. The prosecution accepted that plea and Sandra was sentenced to 5 years and 3 months imprisonment.

2.5 The Independent Chair was appointed in July 2022 and an initial review panel meeting commenced work on the DHR in September 2022. The Panel met on 4 occasions. The review concluded in February 2023.

2.6 The review was completed within 6 months of the conclusion of criminal court matters.

3. Confidentiality

3.1 The findings of each review are confidential until agreement to publish has been given by the Home Office Quality Assurance Panel.

3.2 Pseudonyms are used throughout the report to protect the identity of the individual(s) involved as follows. The family requested that the chair identify the pseudonyms and agreed them with the chair.

Victim - Richard

Perpetrator - Sandra

The children of Richard and Sandra chose not have pseudonyms and are therefore identified in the report as follows.

Daughter 1

Daughter 2

Daughter 3

- 3.3 The victim was White British and aged 81 years at the time of the fatal incident.
- 3.4 The perpetrator was White British and aged 73 years at the time of the fatal incident.

4. Terms of Reference and Methodology

- 4.1 The Review panel agreed terms of reference for the review and these were shared with family representative who was given the opportunity to consider if they wished to ask further questions. The Terms of Reference are summarised below.
- To establish the facts that led to the homicide in March 2022 and whether there are any lessons to be learned from the case about the way in which local professionals and organisations work individually and together
 - Identify clearly what these lessons are, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
 - Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate
 - Prevent domestic violence and homicide and improve service responses for all victims of domestic violence and abuse, by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to at the earliest opportunity
 - Contribute to a better understanding of the nature of domestic abuse
 - Highlight good practice
- 4.2 The review had specific key lines of enquiry (kloe) as follows.
- 1 - Did any agency have knowledge of domestic abuse and coercive control in respect of the relationship between Richard and Sandra.
- 2 - To consider if at any stage of the period under review whether Richard or Sandra were adults with care and support needs*. (*Care Act 2014 definition which would also bring in any consideration of both; 1. an assessment of care and support needs and 2. concerns of abuse and neglect - safeguarding concerns)
- 3 - Were services responsive and accessible to Richard?
- 4 - Were services responsive and accessible to Sandra?
- 5 - Were any agencies aware of the suicidal ideation of Sandra?

6 - Did agency interventions adequately take account of the caring responsibilities of Sandra and her family in relation to Richard?

7 - Did any agency contact, interventions, and planning follow procedures in place at that time and take place in a timely manner.

8 - Was information shared to all appropriate partners during the period covered by this review.

9 - Does your agency adequately understand domestic abuse, coercive control, and risk in older people?

10 - To consider if there were any barriers to the identification and reporting of coercive control, domestic or other forms of abuse in relation to Richard or Sandra?

11 - Identify any areas whereby local or national improvement that could be made to the existing legal, policy or practice framework.

4.3 The Domestic Homicide Review followed the methodology outlined in the Home Office statutory guidance. Sources of information included:

- Individual Management Reviews and information reports (including interview of key staff)
- Psychiatric and psychological assessment reports (perpetrator) commissioned post homicide
- Interview with the perpetrator
- A combined chronology
- Documents and statements provided by the homicide investigation team, Northumbria Police including family statements
- Prosecution summary
- Relevant literature review

4.4 The terms of reference were agreed following the initial Panel meeting in September 2022

5. Involvement of family, friends, work colleagues, neighbours, and wider community

5.1 The chair initially contacted the family of Richard via the Victim Support Homicide Service who provided support and advocacy to the family post homicide and throughout the review. The family were provided with the Home Office DHR leaflet in conjunction with briefing on the review process.

5.2 The chair met with the family representative (Daughter 1) who provided further information and the family were given the opportunity to consider the terms of reference and then the draft report and to discuss this with the chair.

- 5.3 The review could not identify any friends of Richard for the chair to speak to and the review acknowledges that it has therefore been difficult to give Richard a voice within this review. Insight was obtained from family members and a former business associate via police statements. An approach was made to a further former business associate however he declined to participate.

6. Involvement of the perpetrator

- 6.1 The chair approached Sandra in writing, via her Prison Offender Manager. Sandra agreed to support the review and the chair met with her in prison. In addition, the chair had access to a range of psychiatric and psychological assessments undertaken with Sandra pre-conviction.

7. Contributors to the Review

Northumbria Police	Homicide investigation material/statements
Nort East Ambulance Service	Individual Management Review
Northumberland County Council - Adult Services/Revenues and Benefits	Information reports/specialist safeguarding and domestic abuse advice
Department for Work and Pensions	Information report
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Individual Management Review
North East & North Cumbria Integrated Care Board	Individual Management Review
Northumbria Healthcare Foundation Trust	Individual Management Review
Consultant Forensic Psychiatrist/s and Psychologist	Post homicide assessments

- 7.1 Individual Management Review authors and information contributors had no management responsibility for any staff who had contact with either Richard or Sandra.

8. Review Panel Members

Northumbria Police	Ian Callaghan - Detective Inspector Strategic Safeguarding
Northumberland County Council	Chris Grice – Strategic Community Safety Officer Andrea Cross – Senior Manager Safeguarding Adults Karen Wright – Senior Manager Safeguarding Adults Helen Visocci – Prevention and Community Safety Manager Northumberland Fire and Rescue Service Lesley Pyle – Domestic Abuse and Sexual Violence Lead Shlomi Isaacson – Legal Services

North East Ambulance Service	Jane Stubbings – Strategic Lead for Adults
Independent Chair/Author	Stuart Douglass
Her Majesty’s Prison and Probation Service	Steven Gilbert – PDU lead North Tyneside and Northumberland
North East & North Cumbria Integrated Care Board	Leesa Stephenson – Designated Nurse Safeguarding Adults
Department for Work and Pensions	Jackie Butson – Advanced Customer Support Lead
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Lesley Sinclair – Named Nurse Adult Safeguarding
Northumbria Healthcare Foundation Trust	Paula Shandran -Head of Safeguarding
Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW)	Sheona Duffy, Acting Team Manager Safeguarding and Public Protection.

- 8.1 The panel met on 4 occasions. In addition, the chair undertook several individual discussions with panel representatives.
- 8.2 Panel members had no line management responsibility for any staff who may have had contact with the subjects.

9. Author of the Overview Report

- 9.1 Sections 36 to 39 of the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews³ sets out the requirements for review chairs and authors. In this review the chair and author roles were combined.
- 9.2 Stuart Douglass was appointed as the Domestic Homicide Review chair and author. Stuart is an independent consultant with a previous 30 year career in safer communities and safeguarding at both local (northeast England) and national level prior to establishing as an independent chair and author of DHR’s in 2021. He has experience of Domestic Homicide Reviews, Child Serious Case Reviews and Safeguarding Adult Reviews. Stuart completed approved DHR Chair training in 2016.
- 9.3 Stuart was previously employed by Northumbria Police (as a crime research officer) and Northumberland County Council (as community safety manager) for periods between 1988 and 1992 and 1997 to 2007 respectively. This was declared to commissioners of the review at appointment and was not considered by them to affect independence of the chair given

³ Statutory guidance for the conduct of Domestic Homicide Reviews, published December 2016, Home Office.

the time elapsed since those employments. Stuart has no current connection with agencies engaged in this review.

10. Parallel Reviews

- 10.1 The criminal proceedings concluded in August 2022.
- 10.2 HM Senior Coroner for Northumberland opened and adjourned an inquest pending the completion of the DHR. The chair updated the coroner on progress of the DHR throughout the process. Upon consideration of the DHR and in light of the criminal conviction the coroner discontinued the inquest in 2023.
- 10.3 There were no other parallel reviews.

11. Equality and Diversity

- 11.1 The review gave due consideration to each of the protected characteristics under Section 149 of the Equality Act 2010.
- 11.2 The review panel identified age, disability, and sex as protected characteristics relevant to this review. These are considered in further detail in section 18 of the report.
- 11.3 In the period preceding the homicide, Richard who was 81 years of age had suffered a heart attack, was having reported mobility problems, and had been subject to initial referral to a specialist regarding possible dementia symptoms.
- 11.4 Domestic abuse and homicide of male partners or family members by females is predominantly lower in frequency than domestic abuse or homicide of females by male offenders.
- 11.5 There were no further protected characteristics identified as relevant to the review.

12. Dissemination

- 12.1 Recipients who will receive copies of the review report:
 - Family representatives

- HM Senior Coroner Northumberland
- Office of the Police and Crime Commissioner Northumbria
- Northumberland Domestic Abuse Partnership
- Safer Northumberland

13. Friend, employer, and wider community contributions

- 13.1 The Review chair was given access by Northumbria Police to a range of statements collected during the homicide investigation from family and a business associate of Richard. These provided valuable insight; however, the review was unable to identify any further source to assist in giving Richard's voice to this review. Richard was described as having no friends he met socially, only business acquaintances, none of whom were in contact with him since his withdrawal from work from 2020.

14. Background Information (The Facts)

- 14.1 In March 2022 Sandra smothered Richard with a pillow while he was in bed. She then left the family home and had attempted to take her life. Sandra was discovered by passers-by, who called an ambulance, and she survived. Richard was discovered deceased later the same day at the family home by his daughter. Sandra was subsequently arrested and charged with murder.
- 14.2 Prior to trial, Sandra had entered a plea of guilty to manslaughter diminished responsibility and was sentenced to 5 years and 3 months in prison. The sentencing Judge had considered the impact of many years of coercive and controlling behaviour by Richard on Sandra and her mental state at the time of the homicide as having affected her decision making.
- 14.3 The homicide was not considered as having any characteristics of pre planning and the act was concluded as being a spontaneous response to an incident regarding having to borrow money to pay a Council Tax bill.

15. Background prior to the timescales under review.

- 15.1 Richard was born in the north east of England. He was brought up by his mother and had no siblings. It was reported that he had some extended family though all had been older than Richard and were now deceased. Richard was described as very close to his mother and she

lived with Richard and Sandra throughout most of their married life, until her death in the early 2000's. Richard was described as not being religious.

- 15.2 Richard had a career in planning consultancy and architecture. He met Sandra in the 1960's when she worked at a planning office, and they began a relationship. Following Sandra becoming pregnant and not being married at the time, Sandra went to a mother and baby unit in Cumbria with a view to placing the child for adoption when born. The couple decided that they did not want to give up the baby and married in 1969. They went on to have two further children and were married for over 50 years.
- 15.3 Sandra left her employment when she had children and worked for her husband, acting as his secretary. In later years she worked part time and as a volunteer in the local community.
- 15.4 Daughter 3 described her mother as follows, "She had many activities, like walking and reading, which were a great source of happiness to her, which she did independently. She did these jobs in addition to typing and clerical work for my father's architectural businesses. However, my mother didn't consider this to be work. She dutifully did it for my father and there was an expectation from him for her to do it."
- 15.5 Daughter 1 reinforced this view, "although my mother assisted my father, I got the impression that he was in control of the businesses and not my mother. It appeared to me that my mother was subservient and would acquiesce to my father's wishes."
- 15.6 The review was unable to find information about Richard's early life or any previous relationships. After marrying Sandra, he bought a house in Northumberland where they lived for 3 years with Richard's mother before having to leave as the house was repossessed for failure to pay the mortgage. For the following 2 years the couple lived with Sandra's parents before securing a rented property.
- 15.7 The family purchased and moved to the current home in 1986, a detached house with an annexe, in an affluent area of Northumberland.
- 15.8 The couple were described in accounts as being very private, having little or no social contact with friends, but appearing to outsiders as happily married.

- 15.9 Richard was described by a former business associate as being charismatic, persuasive, and highly focussed on work. Sandra was described in several accounts as being “quiet and compliant”, and “avoiding conflict”.
- 15.10 Richard was involved in some successful developments and his family reported being proud of his achievements.
- 15.11 Richard’s work often relied on fees payable upon completion of planning and development programmes. As a result, it was described that finances were often in a poor state and income was irregular. It is understood that money would often be borrowed as advances from business associates or family members. The house was re mortgaged (without Sandra’s knowledge), and Richard had been declared bankrupt previously on 2 occasions. The full extent of these matters was often hidden from Sandra by Richard (and on occasion by Richard and Sandra from the wider family).
- 15.12 Family life was described in some accounts as lacking warmth, the children were reportedly closer to their mother and would often holiday with her without Richard.
- 15.13 Daughter 3 described that she was aware that her parents had disagreements, “I would hear them arguing with one another a lot although they would make a genuine effort to shield us from them. But you could often hear them angrily whispering to each other. I have no idea what their arguments were about. As a result, there seem to be a constant tension in the house. It appeared to me, that the arguments were usually initiated by my mother frustrated about something my father had done. Although, I didn't often know what they were arguing about, I always felt that there was some merit to why my mother was upset with my father.”
- 15.14 Daughter 3 described her relationship prior to her leaving home as an adult as, “My father was very controlling. He complained about what I wore, my weight, my world view, and the type of people that I associated with. Also, my father had no qualms about imposing his opinion on me or shouting at me when he had something to say. However, I wouldn't argue back because I was very timid.”

15.15⁴ [REDACTED]

15.16 [REDACTED]

15.17 [REDACTED]

15.18 [REDACTED]

15.19 Richard had made what were described as “grand gestures” to his children based on his projected pay outs from projects, such as offering to contribute to a daughter’s wedding and to buy his children cars. The wedding bill was not paid, and the cars had been bought on finance in their daughter’s names (unknown to them at the time) leaving them with the financial burden of paying for them.

⁴ Following legal advice Paragraphs 15.16 to 15.18 have been redacted to avoid identification upon publication.

- 15.20 in 2008 daughter 1 and her husband were to be bought a house by Richard and at the time of moving they gave up their rented accommodation. The house purchase did not complete, and the daughter and her family had to move in with her parents. The daughter and her family subsequently rented a house, but she returned when her marriage ended living in an annexe in her parents' home. A similar instance occurred again in 2015. This was described by one of the daughter's as follows.

"This has been an ongoing pattern of behaviour throughout my life where my father would make grand gestures to buy us houses and other expensive gifts. However, the promises would always peter into nothing. Worse still, my father would seemingly drag out the incident by saying there were delays and that whatever was promised would still materialise. The longer the ruse was kept up it would naturally lead to greater fall out and disruption. It would unnecessarily raise ones hopes and it would cause anger. It also felt cruel and controlling. I am unsure of what my father's intentions were when he made these gestures. I know that my father liked to drop the names of influential people he had associated with, but I don't know if he truly believed that he could make good on the promises he made or whether he was deluded and lived in a fantasy that he could when in reality he knew all along that it was beyond his capability".

Following the 2015 incident of a failed promise to buy a house daughter 1 recalled, "my father was very defensive and hostile because he was being challenged, while my mother disappeared to the caravan, that they used to have. This was to escape having to face the hurt that had been caused. They no longer have this caravan because they failed to pay the site fees. Nevertheless, it was not uncommon for my mother to disappear on her own following disputes."

- 15.21 In 2018 and 2019 the daughters were required to pay bailiffs who attended their parents' house in relation to an unpaid bill and unpaid Council Tax.

"When this happened, our mother thanked us for our help although I don't recall my father showing us any gratitude. I got the impression that my father thought it was acceptable to expect other people to pick up the pieces of his mess. He always seemed to dodge taking responsibility for situations of his own creation".

"I was aware that my mother and father had financial problems although I had no knowledge as to the extent of their money worries. This is because my mother and father never discussed any of their financial problems with me. Nor did my mother or father ever

complain to me about their unhappiness at the other's management of their finances. For example, my mother never complained that my father was mismanaging their money or vice versa. If they ever did mention finances, they gave the impression that everything was fine".

- 15.22 In 2011 Sandra was diagnosed with Chronic Lymphoid Leukaemia, a non-aggressive form of the disease which required ongoing monitoring but was not suitable for treatment. In a post homicide statement, a former business associate referred to this and indicated that Richard would declare he couldn't pay back a loan or meet him due to Sandra having bone marrow treatment. In addition, he stated that he had understood that Richard had also borrowed £45,000 from another business associate to allegedly pay for Sandra's cancer treatment.
- 15.23 In the years prior to the homicide the financial challenges, experienced throughout the marriage, continued to prevail. From 2012 Richard would frequently ask daughter 3 for loans. She would make loans but was only ever paid back some money on one occasion by Sandra. The daughter eventually stopped answering calls from Richard as they were always requests for loans, but she always responded to messages from Sandra for loans to support household expenses and bills. In more recent years Sandra would increasingly be required to borrow money from her daughter to pay mortgage debts, Council tax demands, third party loans and for support with basic household expenses and these ranged from relatively small sums under £100 but on occasion were significantly larger than this. Sandra and the daughters were under the impression from Richard that a large fee was outstanding from a development, however it never materialised.
- 15.24 Richard was reported as giving up work because of the COVID pandemic and by 2021 his eyesight reportedly deteriorated, and he could no longer draw. Family also described that the COVID lockdown periods had isolated Sandra and Richard further due to their health vulnerabilities. The death of daughter 2 (who lived in another area within the UK) in 2021 occurred during COVID. The couple had been unaware of the severity of her illness and were only able to travel to visit her in hospital in the days preceding her death as lockdown restrictions began to ease. This understandably had a significant impact on the family and it was reported Richard declined rapidly following this, in terms of mobility and mood, and he was described as watching TV all day and rarely going out. In addition, he was described as becoming more aggressive to Sandra and daughter 1.
- 15.25 Richard's health was summarised in the post mortem report as follows.

“Richard was 81 years of age at the time of his death and his medical history indicated a medical history of hypertension, chronic kidney disease, previous urinary retention with catheterisation and a previous stroke. He had suffered a serious heart attack (STEMI) in October 2020. In early 2022 Richard had been referred to a Parkinson’s clinic for evaluation after presenting with symptoms of worsening mobility, urinary frequency, and memory issues. He underwent a magnetic resonance imaging (MRI) head scan which showed small vessel disease, a very small old stroke, and slight atrophic changes of the brain. There was no evidence of malignancy. It was suspected that the small vessel disease was the cause of the symptoms he had experienced (vascular cognitive impairment / vascular parkinsonism), though referral to a memory service was recommended for more detailed evaluation”.⁵

- 15.26 A former business associate who had known Richard since 1999 described him in his statement to police, “Richard came across as very charming and charismatic” however due to failure to honour commitments over many years later described Richard as the “perfect conman”.
- 15.27 He indicated that he was aware that Richard had been declared bankrupt on two occasions. He also indicated that Richard would declare he couldn’t pay back a loan or meet due to Sandra requiring bone marrow treatment. It is also now known that Richard had borrowed money from another associate, £45000, to allegedly pay for cancer treatment following Sandra’s leukaemia diagnosis in 2011.
- 15.28 Daughter 1 in her police statement initially described her parents as happy but later clarified this as being how they liked to project themselves to others. She described to the chair that as a young child (in the 1970’s) she recalled that her mother had left home with herself and her younger sister. She described they had travelled to Newcastle and her mother had attempted to get accommodation for them but could not do so. She reflected that in hindsight there was probably not support to women leaving the marital home⁶ at that time and her mother “gave up” and their father collected them and returned them home.

⁵ Source Post Mortem report, Dr Hoggard

⁶ There were extremely limited refuges or support services at this time - Newcastle Women's Aid was established by volunteers in 1975 and was one of the first refuges in England though initially safe spaces were often the front room of a volunteer’s home. Source <https://www.newcastlewomensaid.org.uk/our-history/>

- 15.29 Sandra confirmed this event with the Chair and described how she had tried to leave Richard on several occasions, but that she never had a plan or resources to do so, and consequently would be forced to return. She described how she would use the family caravan as a place to “feel safe” and would take her children for the school holidays whilst Richard worked. She recounted that he would occasionally visit for the day, and she would “dread this” becoming stressed prior to his visits.
- 15.30 The Chair when contacting Sandra via her Offender Manager at the prison where she is serving her sentence asked how Sandra was coping with prison. Her answer was that Sandra had described that being in prison, “was the first time she had felt safe”.

16. Chronology of key events March 2020 to March 2022

- 16.1 The DHR scoping had identified that Richard and Sandra had no significant contact with agencies scoped in this review time frame apart from health services, commensurate with their medical history and age. There was some limited contact with the local council in relation to Council tax payments and arrears.
- 16.2 In February 2020 Sandra had a consultation with her GP regarding headaches. She reported a slight increase in stress at home but indicated that this was manageable. The consultation and examination recorded nothing untoward.
- 16.3 In February 2020 Sandra asked for loans from Daughter 3 on 4 occasions totalling £175.
- 16.4 In March 2020 Richard was referred to his GP from hospital Accident and Emergency following a presentation with difficulty passing urine. A catheter was fitted and referral to the retention clinic and the District Nursing Team was made for catheter care and support.
- 16.5 March 2020 Council tax records indicated arrears of £1,959.
- 16.6 On 20th March 2020 the Prime Minister announces a UK-wide partial lockdown⁷.
- 16.7 In April 2020 Sandra asked Daughter 3 for loans on 2 occasions totalling £610.

⁷ This was followed 3 days later by the introduction of The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (SI 2020/350)

- 16.8 In May 2020 Richard attended Accident and Emergency with a blocked catheter. This was changed and symptoms improved.
- 16.9 In the same month Sandra had attended hospital with a fractured radius and ulna following falling over the family pet dog. Sandra had then contacted her GP for pain relief in the period following this.
- 16.10 On the 30th of May 2020 the Government announced a relaxing of lockdown restrictions for people who have been "shielding" in their homes with those who live alone able to meet one other person outside.
- 16.11 In May 2020 Sandra contacted Council tax by telephone to query her instalments. She was advised of current financial year payments and the additional £75 per month to pay off arrears.
- 16.12 In June 2020 Sandra's GP surgery saw her for her annual blood pressure check.
- 16.13 In June 2020 Sandra asked Daughter 3 for a loan of £50.
- 16.14 In June 2020 the Government announced that all non-essential retailers in England could reopen from Monday 15 June providing they follow safety guidelines. In the following days they announced that the 2.2 million people in England who have been shielding since the beginning of lockdown would no longer need to do so from 1 August. From 6 July they would be able to meet up outside with up to five other people and form a "support bubble" with another household.
- 16.15 In July 2020 the District Nursing service closed contact with Richard as he no longer required a catheter.
- 16.16 Richard asked Daughter 3 for a loan of £700. Daughter 3 checked the reason for the loan with Sandra who confirmed it was for car repairs and loans £800.
- 16.17 In August 2020 Sandra asked Daughter 3 for a loan of £50. The following day Richard rang Daughter 3 and asked for a loan of £4000. Daughter 3 checked this with Sandra and loaned the money to pay an outstanding tax bill.
- 16.18 In September 2020 Sandra had a fall and attended Accident and Emergency where it was confirmed she had a fractured humerus. The referral letter to the GP indicated that there were no safeguarding issues.

- 16.19 In October 2020 Sandra called an ambulance as Richard was experiencing chest pain. Richard was transported to hospital and treated by the ambulance crew and a specialist paramedic. The hospital confirmed a myocardial infarction (heart attack). Richard was later moved to another hospital to unblock an artery leading to his heart.
- 16.20 In October 2020 Sandra asked Daughter 3 for a loan of £50. In the same month a Council Tax reminder is received.
- 16.21 In October 2020 Sandra e mailed Council Tax to clarify that she had underpaid an instalment by £2 which had led to notification of arrears however she had now rectified the underpayment and council tax withdrew the reminder in respect of this.
- 16.22 On 5th November 2020 the Government introduced a second national lockdown due to Coronavirus.
- 16.23 In November 2020 Sandra asked Daughter 3 for a loan of £300.
- 16.24 In December 2020 a 2nd Council Tax reminder was issued.
- 16.25 In January 2021 Sandra had her annual GP health check and no issues were identified or disclosed. The check had included assessment in relation to mental health wellbeing. In March Sandra had 3 further contacts with her GP regarding minor issues and routine monitoring.
- 16.26 On 6th January 2021 a third national coronavirus lockdown commenced.
- 16.27 In February 2021 Daughter 3 loaned Richard £150 and Sandra £100.
- 16.28 In March 2021 Sandra asked Daughter 3 for a loan of £60.
- 16.29 In March 2021 Council tax records indicated arrears of £1,650.
- 16.30 In April 2021 Sandra asks Daughter 3 for loans on 2 occasions totalling £170.
- 16.31 In April 2021 a Council Tax Final Notice was issued.
- 16.32 In late April 2021 Sandra had contacted the 999 service and reported that Richard could not get out of the bath. It was confirmed that there had been no previous problems of this nature and he was not unwell in any way but they required assistance. There was no indication of

trauma and he had not fallen. It was confirmed the water had been removed and he had extra towels placed around him to keep him warm.

Richard spoke with the ambulance crew when they attended and he indicated that his mobility had deteriorated over recent months and that he had been falling at least once weekly. He reported his falls were because of him losing his balance and that his wife had helped him up. Richard was assisted out of the bath by the ambulance crew, and he agreed to a referral being made to the community falls team which was completed.

16.33 In May 2021 Sandra asked for loans from Daughter 3 on 2 occasions totalling £200.

16.34 In June 2021 Sandra asked for loans from Daughter 3 on 2 occasions totalling £300.

16.35 In July 2021 Sandra asked Daughter 3 for loans on 2 occasions totalling £150.

16.36 In August 2021 the GP had contacted Richard for his flu injection and in September he had a covid injection.

16.37 In August 2021 Sandra asked Daughter 3 for a loan of £70.

16.38 In late August 2021 some covid restrictions had begun to ease. The family were informed that Daughter 2 (who lived outside of the north east) was very ill in hospital. Richard and Sandra travelled to visit her and returned home.

16.39 Richard and Sandra's son in law, who had not seen them for some time described Richard at this time as follows,

"I noticed that Richard's health had deteriorated when he came to see Daughter 2. I noticed that his hands were shaking, he was unsteady on his feet, and he appeared to have an involuntary fixed grin. It was like he was smiling all the time – although I knew that he wasn't. It didn't affect his speech, but it looked like something was affecting his facial movements. I speculated that he may have a medical condition like Parkinson's disease – although no one has told me what his medical difficulties are. Also, when my parents, who are nurses, saw Richard at Daughter 2's funeral, they too noticed his physical presentation and speculated that he may be suffering from Parkinson's disease."

- 16.40 Daughter 2 died a few days later in hospital. The death deeply affected Richard, Sandra, and the whole family, though the matter was generally not spoken about.
- 16.41 In September 2021 Sandra asked daughter 3 for loans on 2 occasions totalling £145.
- 16.42 In October 2021 Sandra contacted Council Tax via telephone to advise that her daughter had died and that she would be away for a while and would not be able to pay the next instalment. Council tax agreed to reset the instalment to commence in November to allow her to grieve and sort finances out.
- 16.43 In October 2021 Richard and Sandra attended the funeral of their daughter.
- 16.44 Daughter 1 had described her mother as being upset but coping and in relation to her father she stated, “my father appeared to be struggling becoming more irritable aggressive and staying in bed late. But again, his feelings about the matter were never openly discussed”.
- 16.45 In October 2021 Sandra asked Daughter 3 for loans on 2 occasions totalling £215.
- 16.46 In October 2021 Sandra contacted the Council to inform that she would struggle to make the £75 arrears payment in addition to the £108 regular Council Tax payment that was due.
- 16.47 Following the funeral and prior to Christmas 2021 Daughter 2’s husband had visited the family home. “During this time, I was told by Daughter 1 that Richard ‘was getting worse’ – she didn’t say what with, but it was clear that he was deteriorating. He seemed to be more in physical decline than cognitive decline.”
- 16.48 Daughter 1 had further observed, “in the last few months, my father had become increasingly verbally aggressive and abusive towards myself and my mother.”
- 16.49 In November 2021 Richard had attended a GP appointment with Sandra and had described several issues including poor mobility, urinary frequency, and Sandra being concerned about his memory. The GP indicated possible Parkinson's and made a referral to a specialist.
- 16.50 In November 2021 Sandra asked Daughter 3 for loans on 2 occasions totalling £690.
- 16.51 In December 2021 Richard had a medication review and an annual stroke monitoring appointment and was seen again by the GP in late December (with Sandra accompanying

him) regarding concerns in relation to urine urgency and frequency. Richard was referred to hospital fast track for suspected urological cancer.

16.52 Throughout December 2021 there was significant e mail correspondence between Richard and later Sandra with a local business associate regarding repayment of a £6500 loan. Cheques issued in respect of this by Richard had bounced on 3 previous occasions. The associate had indicated that he wished the matter to be settled. Sandra dealt with this, and a £500 interim payment was made in days before Christmas and agreement that the balance could be paid as development fees were due imminently.

16.53 Around Christmas time family members observed Richard losing his temper with the pet dog for jumping up at a visitor. This caused some friction with other family members, and Richard was described as aggressive in his responses. It was described by the daughters as being very out of character for him to act in that way.

16.54 In January 2022 Sandra asked Daughter 3 for a loan of £90.

16.55 In early January 2022 Sandra was receiving further e mails from the business associate requesting the balance of the £6000 outstanding. At this stage Sandra was dealing with this alone and writes to the debtor,

"Please I am begging you, can you possibly let us have a bit more time to pay the £6,000, until the Deal with the Trust has gone through. This is something that I know is definitely true.

Richard does not know I am writing this. It is very difficult for me to be writing this, but I cannot cover for Richard any more. He has dementia and has had for quite a while and is getting worse and has an appointment at the Parkinson's clinic in February. He had a heart attack over a year ago and had a very bad reaction to the anaesthetic, leaving him confused for some time., and then the death of our daughter in September last year has had a very bad effect on him. He has done things and said things over the years without telling me, which I am now finding out.

As for the cheques, Richard told me to write them out saying he would be getting the money for them. There was none. I don't know why this was done and he says he doesn't remember now. I know I shouldn't have done it, but when he tells me to do something I have to do it as he has always had a violent temper towards me. Nobody else knows this as he has always been very charming to everyone else, but I have always been frightened of him. Now he doesn't remember anything from one day to the next.

He says he doesn't know why he said it, but it is not true that our daughter paid our mortgage. We still have it. He lives in a fantasy world sometimes.

██████████. He was giving us small amounts for bills etc. way back in 2012/2013, which I thought was expenses for Richard's work, but I have since found out that they were a loan which ██████████ wants paid back before he will discuss anything else.

I am not telling you all this for sympathy, but to let you know the impossible situation I now find myself.

Please consider this for me. Thank you
Sandra”.

- 16.56 Throughout January 2022 the correspondence continued (Over 40 emails between December and January alone) between Sandra and the business associate who was initially sympathetic of her situation. Sandra sent him proof that they still had a large mortgage on their property and evidence that there would be some fees forthcoming. Sandra also explained to the business associate that Richard had lied to the associate about the status of some deals that he had alleged had been completed.
- 16.57 In January Sandra reported that she had contracted Covid and is ill at home.
- 16.58 In February 2022 Sandra sent message to Richard’s business associate to say she was in hospital on oxygen. As the month progresses, she confirmed that the expected fee from a recent completed development would only pay £1000 and not more until planning was accepted on the site. She paid a further £1500 and offered to pay the outstanding debt at £500 per month and in an e mail to him wrote,
“I am so sorry for everything. Not only am I not well with Covid, but I feel physically sick with worry. I have transferred £1,500 today”.
- 16.59 Sandra made written enquiries with another associate of Richard’s regarding substantive fees on a land deal, alleged by Richard to be more than £1million. These were not responded to.
- 16.60 In February 2022 the GP was informed of Richard having kidney stones and a mass found and ongoing monitoring to take place. In addition, there was a letter from the Parkinson Clinic that following assessment of Richard they would not require further follow up and he was to be referred to primary care. Subsequently Richard was referred to the Adult Services Therapy Service for support. The Service had arranged an initial visit for late March 2022.

- 16.61 In February 2022 Daughter 3 visited her parents and recalled, “although my father was in a lot of pain he seemed in good spirits on this day”.
- 16.62 In February 2022 Sandra sent messages to Daughter 3 and cancelled a planned visit to her:
“Are you all ok. To be honest I don't know if dad can cope.”
“Have tried to ring. Dad has such a lot of trouble trying to get to the toilet I don't know if he can cope with everyone. He has a lot of pain. Will ring in a little while. Love mum’.
- 16.63 In early March 2022 Sandra asked Daughter 3 for a loan of £20.
- 16.64 The business associate who was owed money continued to e mail Sandra asking for the balance (over 70 e mails since December 2021) and she indicated that Richard was in hospital after another heart attack (known now to be untrue). Sandra wrote in one response that she was “fatigued”. Enquiries she had made with the developer allegedly owing fees had not been responded to.
- 16.65 Daughter 3 had spoken to Sandra by telephone and later described the call as her mother trying to sound alright but as in recent calls seeming sad,
“I could sense from the tone of her voice that she wasn’t happy. When I'd ask her what she'd been up to, she said that she hadn't been up to much. As my father's health and anxiety worsened, my mother couldn't bear to leave him on his own. However, equally she was not able to go out and enjoy things that she normally would and to get time on her own. As a result, I think this was affecting her mood.’
- 16.66 In March 2022 Richard was in bed and Sandra raised with him the issue of needing to pay a Council Tax payment and says she would have to ask for more money. Sandra later described in statements that he “smiled” and told her to do it.
- 16.67 Richard was found deceased at the family home later the same day.

17. Overview of information known

- 17.1 Richard and Sandra had been married for 53 years. Richard was older than Sandra and when they met, she had only been around 17 or 18 years of age. From early in the relationship, he would let her down by not turning up for dates. Upon becoming pregnant whilst unmarried

(viewed by Sandra and in line with social norms of the 1960's as shameful⁸) Sandra had stayed at a mother and baby institution in the north west of England with a view to giving up for adoption the child when it was born, however, Richard had proposed marriage and they kept the child.

- 17.2 Throughout life they had infrequently socialised as a couple and had limited friends. In Richard's case these had been business associates, whilst Sandra reportedly had a few local friends. Both reportedly had lost contact with these contacts following Covid lockdowns.
- 17.3 The couple had been very private, and accounts described them as appearing happy to their family and community, though family members did report whispered arguments and tension in the home.
- 17.4 The family environment was described as non-emotional, lacking closeness and warmth, though the daughters indicated that they were closer to their mother than their father both throughout childhood and adulthood. Difficulties in the relationship or with finances for example were never discussed or disclosed to anyone.
- 17.5 Richard was described by family as controlling, and Sandra described as subservient to him, doing anything he asked her to do.
- 17.6 Richard would offer to buy cars, houses and pay for weddings for his children. These never came to fruition and where for example cars were purchased, they had often been taken on finance in the daughter's names (without their knowledge).
- 17.7 Richard's health was deteriorating in the 2 years prior to his homicide. Following the death of daughter 2 he reportedly had increasingly stayed in bed in the mornings, had stopped going out and stayed in his living room watching tv.
- 17.8 The financial position was increasingly difficult, the house had been re mortgaged, bailiffs had attended the home in relation to Council Tax arrears and a tradesperson bill. Richard

8

Between 1949 and 1976, in England and Wales an estimated 185,000 children were taken from unmarried mothers and adopted. Women and girls who became pregnant outside of marriage during these decades were seen as having shamed themselves and their families. <https://publications.parliament.uk/pa/jt5803/jtselect/jtrights/270/summary.html#>

had borrowed large sums of money from business associates and his daughter over a long period before Sandra took over the requests in later years to help pay bills and household expenses. ‘

- 17.9 Fees allegedly owed to Richard did not materialise and as his health deteriorated further in 2021, Sandra was increasingly required to deal with debt demands including repayment of a personal loan from a business associate. Without Richard dealing with this she becomes increasingly aware of the precarious financial position.
- 17.10 Following the homicide it was found that Richard had established companies using his daughters’ names. This had been without their knowledge and was possibly to enable business following his previous bankruptcy. Richard would also mislead business associates and family about finances.

18. Analysis

- 18.1 Mariticide, the murder of a husband by his wife, is a relatively rare occurrence in England and Wales. The Home Office Homicide Index which considers data in relation to domestic homicide victims and suspects⁹ from year ending March 2019 to the year ending March 2021 indicated that there were 33 male domestic homicides by a female and 29 of those by a partner or ex-partner. This compares to 260 domestic homicides of females in the same period where suspects were identified as predominantly male.¹⁰
- 18.2 In line with national data, domestic abuse is a high-volume issue for policing. In Northumberland there were 6869 incidents recorded by police in the County in 2021/22. The proportion of male victims was 26.3% and the proportion of victims aged over 55 was 12.2%. Around half of all the incidents resulted in a recording of a violent crime.¹¹
- 18.3 Richard and Sandra were both aged over 70 years. Recorded domestic abuse reduces with age though may be heavily influenced by reluctance or ability to report. The Home Office report that domestic abuse by age indicates that 3.3% of incidents are in the age range 60-

⁹ A suspect in a homicide case is defined as either: a person who has been arrested in respect of an offence initially classified as homicide and charged with homicide, including those who were subsequently convicted or a person who is suspected by the police of having committed the offence but is known to have died or committed suicide prior to arrest or being charged.

¹⁰ Domestic abuse victim characteristics, England and Wales: year ending March 2022 - Home Office published November 2022

¹¹ Source Domestic abuse data, Northumbria Police 2021/22 (note data was as at 05/04/2022) and may be subject to ratification.

74 and 2.1% in the age range over 75¹². In addition, it is important to consider that Northumberland has an increasing older population. Figures published by the Office for National Statistics show there were 81,600 people aged 65 and over living in Northumberland on census day in March 2021, up from 63,304 in the 2011 Census, an increase of 28.9%¹³. The proportion of over-65s in the county has risen from 20% to 25.5% of the population in the same period.

18.4 Home Office Homicide Index data for the year ending March 2018 to the year ending March 2020¹ indicate that the highest proportion of domestic homicide victims were aged 70 years and over (18%).¹⁴

18.5 Richard and Sandra had significant debts (potentially around £200,000 including their mortgage). Finance was a significant pressure and Sandra described post homicide that early 2022 was the worst it had ever been. Sandra described to the chair that her dream had always been to get the letter saying that her house was mortgage free, and the discovery of the re- mortgage and perilous financial situation had been devastating.

18.6 The Centre for Better Ageing in their report, the State of Ageing (2022) indicate that the issue of pensioner poverty is both significant and increasing, “Today there are almost 11 million people aged 65 and over - 19% of the total population. In 10 years’ time, this will have increased to almost 13 million people or 22% of the population.”

“As our comprehensive review of national data on ageing makes clear, a financially secure and healthy later life is becoming increasingly unlikely for millions of people. And, with the population ageing rapidly, the number of people at risk is growing at an alarming rate. The latest data shows a sharp increase in pensioner poverty, meaning that almost 1 in 5 people were living in poverty in the 2019/20 period. That's some 2 million people.”¹⁵

¹² Source: Office for National Statistics – Crime Survey for England and Wales

¹³ <https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000057/>

¹⁴ Domestic abuse victim characteristics, England and Wales: year ending March 2021. Source Office of National Statistics

¹⁵ <https://ageing-better.org.uk/sites/default/files/2022-04/The-State-of-Ageing-2022-online.pdf>

- 18.7 In a 2020 report authored by Refuge, the impact of debt in relationships highlights economic abuse as a significant issue.

“57% of those who had experienced economic abuse said that they were in or had been in debt as a result – this accounts for 4.7 million people.

This debt can develop in several ways due to the actions of perpetrators. People who experience economic abuse often see their partners make significant financial decisions, without discussing it with them, such as buying a new home or purchasing a new car (13%). Perpetrators will often also put debts in a partner’s name under duress (11%) or even do so fraudulently without their consent or awareness (10%). In some cases, these debts come with particularly high interest rates attached to them, such as ‘payday’ loans (9%) or overdrafts (9%).”¹⁶

- 18.8 In interview with a clinical psychologist Sandra described how in the early years of her marriage Richard controlled their finances and she would need to ask him for everything she needed for herself, the children, and the running of the household. Sandra also highlighted that she rarely purchased anything for herself and commented, “... *I felt as if I didn’t mean anything. I wasn’t important . . . I lost confidence in myself....*After Sandra began working as a school meal supervisor, she had her own bank account and gained some financial independence. Nonetheless the majority of her income was used for food and the running of the household.”
- 18.9 Increased cost of living pressures will potentially see a rise in economic abuse factors for all victims but for the increasing older population in Northumberland who may be less inclined to seek support this is of particular concern. Post homicide Sandra was asked why she did not seek debt support, she stated “I didn’t seek advice, it was such a huge amount”.
- 18.10 The report, Safe Later Lives: older people and domestic abuse, published in 2016 by Safe Lives in conjunction with Age Concern, found systematic invisibility of older victims of domestic abuse in services, long term abuse and dependency issues with a quarter of victims living with abuse over 20 years and many victims relying on the abuser to be the carer as their health deteriorates¹⁷. The circumstances of this review are significantly different in that

¹⁶ <https://www.co-operativebank.co.uk/assets/pdf/bank/aboutus/ethicalpolicy/financialabuse/know-economic-abuse-report.pdf>

¹⁷ <http://www.safelives.org.uk/spotlight-1-older-people-and-domestic-abuse>

whilst Richard is the victim of the domestic violence act of homicide, there was no evidence he previously experienced any abuse. To the contrary, evidence indicated that he had been abusive and coercive to Sandra over many decades, and that she had cared for him when his health was failing.

- 18.11 The research also indicated the dynamic of generational attitudes whereby matters in the home were considered private and not to be discussed. This was recognised by Daughter 3 “my mother just got on with things in her life without seeking any help or emotional support from others”. This is further compounded by victims not recognising abusive behaviours and having a lower awareness of services available to support. This is an important point and not only attitudes, but law and policy have undergone significant change across the lifetimes of older people. For example, rape within marriage was not considered an offence until the early 1990’s¹⁸.
- 18.12 The review found that no agency had any knowledge of domestic abuse and coercive control in respect of the relationship prior to the homicide (Key Line of Enquiry 1). Richard and Sandra presented to medical appointments as cooperative, and no concerns were observed by the agencies, or raised by Richard or Sandra in the review period prior to the homicide.
- 18.13 Post homicide there was evidence and accounts from Sandra, supported by some family members, that indicated that Richard had been controlling and coercive towards Sandra possibly from as early as the onset of their relationship, and that this continued throughout their marriage. From her first pregnancy as a young unmarried woman, she was in a position of vulnerability and described that experience as clinical psychologist as,
- “feeling deeply ashamed and terrified at becoming pregnant outside of marriage. When she informed Richard, he suggested that she should terminate the pregnancy. She described herself as wanting to hide away from people she knew and went to a Mother and Baby Unit in Carlisle to give birth. Sandra subsequently learned that her parents would have supported her with her pregnancy. Although Sandra originally intended to give up her daughter for adoption, she developed strong maternal feelings after giving birth and was keen to keep her baby. When Richard visited and asked her to marry him, she saw this as being her only option for keeping her daughter with her although she also believed at the time that she loved him.”

¹⁸ The Law Commission (LAW COM 205) Criminal law rape within a marriage - published 14th January 1992
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228746/0167.pdf

18.14 Richard was older than Sandra when they met, and she had only been around 17 or 18 years of age. From early in the relationship, he would let her down by not turning up for dates. Upon becoming pregnant whilst unmarried (viewed by social norms of the 1960's as shameful¹⁹) Sandra stayed at a mother and baby institution in the north west of England with a view to giving the child up when born, however Richard proposed marriage and they kept the child.

18.15 Post homicide a psychological assessment summarised Richard's control as follows;

"exercised complete control over all aspects of their relationship throughout their long marriage: from matters such as selecting all items of furniture within the home, accompanying Sandra when she shopped for groceries, purchasing cars, and obtaining mortgages and multiple loans throughout their marriage which led to re-possession and bankruptcy. Acute financial pressure appears to have been an ongoing feature of the marriage."

"her husband discouraged her from going out alone, particularly during the early years of their marriage and she described making surreptitious visits to friends while her husband was at work. On those occasions when he discovered that she had been out, Richard would interrogate her afterwards about what they had discussed. She commented, "*. . . He didn't think I should need to speak to people . . .*" but was uncertain as to what Richard feared would happen as a consequence of these social contacts. After Sandra began working, she would take part in Christmas meals with work colleagues, but Richard would frequently discourage her attending and would be hostile and cold towards her if she returned later than anticipated. Sandra said that her enjoyment of these social activities was marred by Richard's reluctance to go out and had a further negative impact on her confidence and self-esteem."

18.16 Sandra described to the chair that the only activity that Richard would support her undertaking outside of the family was her voluntary work with the Girl Guides. She also described a former work colleague who lived close to her home had provided her some

¹⁹ Between 1949 and 1976, in England and Wales an estimated 185,000 children were taken from unmarried mothers and adopted. Women and girls who became pregnant outside of marriage during these decades were seen as having shamed themselves and their families. <https://publications.parliament.uk/pa/jt5803/jtselect/jtrights/270/summary.html#>

emotional support following the death of her daughter in 2021. She could only visit this friend at short notice and in secret when Richard was out.

18.17 Coercive and controlling behaviour²⁰ was not recognised as a criminal offence in England and Wales until creation of a specific offence in the 2015.²¹ Recognition of this is now also embedded in adult safeguarding statutory guidance²² and health and social care staff should respond appropriately where an adult at risk is identified.

18.18 In this case there were no disclosures to professionals or observation by them of any signs that coercive control was being experienced by Sandra. After 50 years of Richard's controlling behaviours Sandra did not recognise his behaviours as abusive. For example, in interview post homicide she states that she felt pressured to have a physical relationship though denied that she was ever forced to engage but, "said she had reluctantly complied because she feared his emotional coldness and displeasure if she refused."

18.19 No account from family identified that Sandra had ever been abusive to Richard prior to the act of homicide.

18.20 Conversely, following the homicide, Daughter 1 gave some insight as to what would be regarded as abusive and coercive behaviour by Richard towards her mother,

"Neither of my parents spoke to me about how they were feeling. And they never spoke to me about what their relationship was like with each other. As a result, I would not necessarily know if they were unhappy for any reason. However, I sensed that there was unhappiness, on my mother's part, because she seemed to be fully under the influence and control of my father. This is because my father always seemed to get his way and no one else's opinion mattered. He was dismissive of other people's ideas. Addition to this, I have witnessed my father speak to my mother in a hostile and uncaring manner. He would casually call her a 'stupid bitch' or 'stupid woman' if he perceived that she had done something incorrectly or not quick enough. This had become tolerated by my mother and

²⁰ Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

²¹ Section 76, Serious Crime Act 2015

²² s.42-46 Care Act 2014 (2017)

normalised within their relationship. Although I expect that this would be hurtful, she didn't really react to this verbal abuse. I recall once asking her why she tolerated it and she said that she was used to it."

- 18.21 In her interviews post homicide, Sandra indicates that Richard never physically struck her (though had raised his hands as if to do so on occasion), but that he was verbally abusive, and that she had been treading on "egg shells her whole life".

In a post homicide psychological assessment, it is recorded that Sandra, "acknowledged that he would sometimes call her "... *stupid* ..." and "... *shout me down* ..." during arguments and she would retreat because she knew that her husband would, "... *get the better of me* ..."

- 18.22 Sandra's relationship with Richard was characterised from an early period, and on other occasions throughout the marriage, with traumatic situations such as pregnancy whilst unmarried, having their first house repossessed (Richard reportedly gave her notice the day before they were forced to move out) and other events within the family over the decades. It is possible that she had experienced "trauma bonding" with Richard from an early stage, reinforced by his ongoing controlling behaviour. This is succinctly described in an article by Broxtowe Women's Project as follows.

"Trauma bonding has similarities with Stockholm Syndrome where people held captive develop feelings of trust and affection towards their captors. Both Trauma-Bonding and Stockholm Syndrome are survival strategies that develop to help survive an emotionally or physically dangerous situation.

Women will hold onto toxic and abusive relationships and become more vulnerable to trauma bonding for a variety of reasons."²³

- 18.23 The Chair had asked Sandra if she was aware of support she could access, such as services for women and girls who were experiencing abusive relationships. Sandra confirmed that she had not recognised Richard's behaviours as coercive, controlling, or abusive and that she considered that such services would only be for women suffering physical abuse.
- 18.24 The review considered whether Richard or Sandra were adults with care and support needs*. (*Care Act 2014 definition which would also bring in any consideration of both; 1. an

²³ <https://broxtowewomensproject.org.uk/trauma-bonding/>

assessment of care and support needs and 2. concerns of abuse and neglect - safeguarding concerns) (Key line of enquiry 2)

- 18.25 Richard had been undergoing medical diagnosis for possible dementia prior to his homicide. This had resulted in a referral to a specialist service for support assessment around his reported falls and may have led to an initiation and assessment of need as defined by the Care Act 2014, however, the homicide occurred before the assessment was due to be completed.
- 18.26 Richard's inability to get out of the bath on one occasion in 2021 led to an ambulance crew responding to assist. No treatment was required but a referral to the fall's clinic was made which was good practice, however, the ambulance service did recognise in their Individual Management Review that there was a missed opportunity to discuss and possibly refer Sandra for a carers assessment.
- 18.27 Evidence considered through the Individual Management Reviews indicated that services were responsive and accessible to Richard. He had both emergency care when required, and frequent and appropriate services and contact with his GP surgery throughout the two-year period prior to the homicide, including the Covid pandemic period. (Key line of enquiry 3)
- 18.28 A similar picture emerged in relation to Sandra where evidence considered through the Individual Management Reviews indicated that services were responsive and accessible to Sandra. She had both emergency care when required, and frequent and appropriate services and contact with his GP surgery throughout the Covid period. (Key line of enquiry 4)
- 18.29 No agency was aware of suicidal ideation in respect of Sandra (key line of enquiry 5). She had attended her GP in February 2020 in respect of headaches and disclosed an increase of stress at home, however this was not raised again. Mental health wellbeing was explored as part of her annual GP review in January 2021, and this raised no issues of concern. Accounts from family in hindsight indicate that they could see that Sandra was "sad" but put this down to her being concerned about her husband's deteriorating health and that there was nothing to indicate any serious concern. The chair discussed this with Sandra and in hindsight she reflected that she would have had to be "pushed" hard to get to a point of explaining her causes of stress. Sandra suggested that Doctors or health professionals could explore this line of questioning further with women with similar symptoms to try to get at the causes of stress though again stated she may have been unlikely to disclose due to the shame she associated with failings in marriage.

- 18.30 In respect of whether agency interventions adequately considered the caring responsibilities of Sandra and her family in relation to Richard the picture is not clear (Key Line of enquiry 6).
- 18.31 Richard and Sandra had not raised any issues in contact with health professionals that they could not manage apart from one incident when Richard could not get out of the bath. Richard's previous history of a heart attack requiring hospitalisation, his reported increasing falls in 2022 and the impact of possible early-stage dementia were to be assessed in 2022, however the homicide occurred before this took place. There was no evidence in Individual Management reviews that carer support was discussed. Sandra described Richard's needs in psychological assessment as follows;
- "He required prompting to care out self- care activities such as shaving and changing his clothes. Mrs xxxxx denied having any concerns about taking on the role of her husband's carer and commented, "*. . . I didn't mind caring for him – I just did it. I didn't resent it. I could cope with it.*"
- 18.32 There was no evidence in the Individual Management Reviews that demonstrated that any agency contact, intervention, or planning did not follow procedures or take place in a timely manner (key line of enquiry 7) though arguably there was no evidence of carer assessment considerations.
- 18.33 There was no evidence in the Individual Management Reviews that information was not shared to appropriate partners. The GP was duly informed by local hospitals of any attendance and treatment (given to both Richard and Sandra on separate occasions) and all referrals were received and actioned. (Key line of enquiry 8)
- 18.34 There were no safeguarding or domestic abuse concerns apparent to agencies. The private nature of the couple was evidenced for example in that neither partner disclosed the recent death of their daughter to their GP. In Sandra's case the control Richard had over her since early in the relationship (and continually reinforced over 50 years) led to high levels of low self-esteem, fear of conflict and shame. In addition, the enormity of the financial problems that would lead to potentially losing her home for a second time, possibly reinforced the feelings of hopelessness and prevented Sandra from reaching out for support. After disagreements she would describe leaving the house and taking a bus somewhere and walking around for hours because she had no money to do anything else.

- 18.35 The panel explored evidence as to whether agencies and professionals across the county adequately understood domestic abuse, coercive control, and risk in older people. (Key line of enquiry 9).
- 18.36 NHS services with contact, including primary care, hospitals and ambulance service all provided evidence of safeguarding and domestic abuse training for staff in addition to specialist safeguarding and domestic abuse leads located within services.
- 18.37 Domestic abuse training for professionals across the Northumbria area is standardised and produced in collaboration between Local Authorities and the Office of the Police and Crime Commissioner.
- 18.38 Review of the training across the levels of the Domestic Abuse Practitioner Standard evidenced that training specifically referenced domestic abuse and older people and used specific case studies. This is robust and commended; however, partners may benefit from consideration of further development in this area particularly for professional staff that work with older people. Knowledge in this area is growing and for example the Centre for Age Gender and Social Justice and Dewis Choice have produced specific practitioner guidance²⁴.
- 18.39 The control Richard had over Sandra, developed over a five-decade period acted as a significant barrier to identifying and reporting coercive control. Sandra was isolated and did not have significant friendships outside of the marriage due to Richard discouraging them. This was reinforced by belief in social attitudes to family and marriage, and possibly assumptions of what constituted domestic abuse being internalised in the late 1960s. Sandra's experience of difficulties in securing support and accommodation in the 1970s when she tried to leave Richard may have led to barriers to look for support in later decades. Sandra feared "shame" in relation to divorce, debt, asking for loans from family, and losing the family home, and could not envisage being able to survive without Richard. (Key line of enquiry 10)

"... I didn't want anyone to know ... people would think I was stupid for staying ..."

²⁴ TRANSFORMING THE RESPONSE TO DOMESTIC ABUSE IN LATER LIFE - PRACTITIONER GUIDANCE - Sarah Wydall, Elize Freeman, Rebecca Zerk

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi5-4zSjuz7AhXSYMAKHZE0C3sQFnoECAgQAQ&url=https%3A%2F%2Fdewischoice.org.uk%2Fwp-content%2Fuploads%2F2021%2F12%2FPractitioner-guidance-document-English-epdf_compressed.pdf&usg=AOvVaw3siZiYRs6FCOlzNisXLCTl

- 18.40 The panel discussed areas where local or national improvement could be made to the existing legal, policy or practice framework. (Key line of enquiry 11).
- 18.41 Critical to this is the issue of an increasing older population in the county who are economically inactive and under increased financial pressure. The Panel identified that this will be a driver for economic abuse and create conditions in relationships where abuse may be exacerbated.
- 18.42 The Panel also considered recent innovative service developments such as the Find A Way initiative which provides a platform for family or community members to relay concerns about potential victims of abuse.²⁵
- 18.43 Despite there being no evidence of any obvious signs to professionals that there may have been concerns, it is important to acknowledge the importance of professional curiosity in interactions with presenting individuals. For example, Sandra had indicated to her GP that she was stressed but had not disclosed any reasons why. In some health settings routine enquiry is used to explore potential domestic abuse with standard questions used in all contacts. The Panel explored this issue but had felt that to adopt this across all health settings would be challenging however have agreed to explore this in detail in 2024 via a working group under the aegis of the Domestic Abuse Partnership and this is reflected in the report recommendations. It is recommended that consideration of some pilot work in GP surgeries in this regard would be beneficial. This work should be developed with cognisance of existing workstreams and resources such as the recently established joint task group with the Northumberland Children's and Adults Safeguarding Partnership to consider domestic abuse and older people, together with the recent investment of a health care safeguarding lead for domestic abuse and the existing domestic abuse champions network.

²⁵ Wearside Women In Need, working with Advocacy After Fatal Domestic Abuse ([AAFDA](#)), which will use an investment of £500,000 to tackle domestic abuse through an innovative new approach in the North East.

The new initiative will work with communities to increase understanding of abuse and how to safely and effectively help the people you care about. It will focus on equipping family, friends, and the wider community with the skills they need to ensure their voices are heard. The project aims to improve the way services work with families, friends, and the wider community, so that the lifesaving information which they often have, can be shared, and acted on effectively.

19. Conclusions

- 19.1 The terms of reference and specific requests for the agencies providing Individual Management Reviews, chronologies and information reports were fully addressed.
- 19.2 This report describes and analyses the events which led up to the fatal incident and the panel were able to establish an understanding of agency involvement with Richard and Sandra in the 24 months prior to the homicide. Whilst the review indicated that evidence of coercive and controlling behaviour had existed for decades it is important to note that agencies did initially scope longer timelines however no significant evidence demonstrated that a longer review period was required.
- 19.3 There was no evidence of any abusive behaviour by Sandra towards Richard throughout her long relationship with him or in the period prior to the homicide. The sentencing Judge had considered that evidence indicated that the homicide was not planned, and that Sandra's mental state was affected by the pressures of finance and the impact of decades of abusive behaviours from Richard.
- 19.4 There was significant evidence of coercive and controlling behaviour (including financial control) displayed by Richard towards Sandra over many decades. The control acted as a barrier for Sandra to seek help, leave the relationship, or to report or disclose to anyone. The wider family were not aware of the level of abuse and control. Financial difficulties had been a frequent throughout the marriage but exacerbated when work finished for the couple.
- 19.5 Financially the couple were in a precarious position and facing losing their house. Sandra was increasingly required to take sole responsibility for dealing with creditors and asking family for loans.
- 19.6 Richard and Sandra had physical health needs and the review evidence indicated that health services in relation to this were accessible and responsive.
- 19.7 Specialist domestic abuse services to assist Sandra existed however she was unaware of them or felt that such services would not be able to help her situation. Sandra's understanding was that such services existed for victims of physical abuse only and not for

women experiencing coercive and controlling behaviour or financial abuse and this is important to reflect in future communications work related to service provision.

- 19.8 Debt advice support was available in the County however Sandra did not access due to perceived “shame” and the enormity of the debts she was dealing with. Many of Richard’s and Sandra’s financial debt issues such as the mortgage arrears and personal loans and monies owed from business associates were unknown to family and agencies. Council Tax payment issues were known since 2018 when bailiffs were instructed to collect arrears and despite that being paid at the time those arrears continued. Sandra paid something every month through those years however could not balance the account. Demands and warnings for court action issued contained written details of assistance available however these were not accessed.
- 19.9 Services that were in contact with Richard and Sandra had no indications to suspect domestic abuse.
- 19.10 There was no evidence of failure to share information or offer appropriate services.
- 19.11 There was no evidence that service responses to Richard or Sandra were affected by the COVID 19 pandemic. The individual Management Reviews demonstrated that primary care and hospital services were available and responsive throughout this period. The primary care service in the locality remained open and acted as a “hot hub” throughout the pandemic. Family accounts however, alluded that the isolating impact of lockdowns affected the couple negatively, Richard gave up work, Sandra lost her limited social contact beyond the marriage. This, combined with family bereavement and his declining health led to Richard became increasingly withdrawn.

20. Lessons to be Learnt

- 20.1 There is a significant barrier to some older victims of abuse or coercive control seeking help due to their historical perceptions of what constitutes abuse and possible responses to that. This is compounded by views of relationships and marriage that are grounded in the societal norms and knowledge gained in earlier life, often many decades ago. In such circumstances relationship abuse is often hidden and disclosure or signs of abuse will not be apparent to

professionals or those in close contact with the victim. It is critical that services communicate that service support is available to older people and the range of circumstances in which this is available. A recommendation in respect of this is made in this report.

- 20.2 Similar factors can act as a barrier to accessing assistance and support to resolve debt.
- 20.3 Sandra was required to increasingly take responsibility for finances and became aware of how much debt the couple had. The proportion of the older population both nationally and within the County is growing significantly. The financial burden in an increasingly older non economically active population coupled with current cost of living pressures creates conditions that will adversely affect mental health, wellbeing, and abuse within relationships.
- 20.4 Economic hardship can be found in “affluent” communities though is often hidden. When age, health, or retirement leads to economic inactivity and significantly reduced incomes over a long period the costs of maintaining and keeping a home become a financial burden. It is important that agencies understand this dynamic and the potential pressure it places upon some who live in those areas. Furthermore, the issue of economic abuse is an important factor in coercive and controlling relationships. Again, it is important that debt advice and support services tailor communications to support this.
- 20.5 Traumatic experiences in relationships can reinforce the “bond” between people in a relationship that can be lifelong despite its abusive nature.
- 20.6 Deteriorating health can change the relationship dynamic between abuser and victim. In this case as Richard’s health deteriorates his ability to dominate Sandra lessens and she increasingly undertakes a caring role. There were opportunities for professionals to consider carers assessments to be initiated, such as when Richard could not get out of the bath, and it is important that services routinely consider referral for such assessments. This is reflected in the report recommendations.
- 20.7 Domestic abuse training for professionals across a wide range of agencies is robust and specifically covers abuse in older people. Historically there has also been communications

work in relation to older people and domestic abuse and new services have been recently developed to encourage reporting and advice available to families and community members concerned about abuse to someone they know. This is commendable and should continue to be reinforced and developed given the increasing risk profile of this population group and the learning identified from this review. This report should be widely shared across staff groups within agencies providing services to older people within Northumberland.

- 20.8 Following the submission of this report to the Home Office a national library of DHRs has become available. A search of this database highlighted a DHR with some similar features to the circumstances of Richard and Sandra. The DHR was carried out in the London Borough of Newham in relation to “Anil”, an older Tamil male with disabilities, who was murdered by his wife and carer, “Bira”. Bira had suffered prolonged abuse and economic abuse from her controlling and abusive husband. The jury accepted Bira’s plea of manslaughter and acknowledged her defence to the charge of murder was one of ‘loss of control’. She was sentenced to serve 2 years and four months imprisonment²⁶.

²⁶ <https://homicide-review.homeoffice.gov.uk/download/64edca8aeb7c2b177e5f8500>

21. Review Recommendations (no single Agency recommendations were identified)

Recommendation 1

That the Northumberland Domestic Abuse Partnership and Northumberland Children and Adults Safeguarding Partnership ensure that the conclusions and learning from this review are embedded in learning for agencies and professionals across the County. This should include a focus on the potential increased risk of domestic and economic abuse in older people both because of the growth of this population sector and the impact of age on cost-of-living resilience.

Recommendation 2

That the Northumberland Domestic Abuse Partnership Board, Northumberland Children and Adults Safeguarding Partnership to consider further development of the understanding and public awareness of domestic abuse and coercive control (including in relation to financial control and economic abuse) in older people. This should include public awareness campaigns and consideration of user voice of this group in planning services.

Recommendation 3

That Northumberland County Council review the current written signposting to assistance for vulnerable residents with substantive Council Tax arrears and consider if that can be enhanced through direct contact with those residents and referral to support agencies, particularly when thresholds for recovery action are met.

Recommendation 4

That the Domestic Abuse Partnership establish a working group with health partners to explore the potential of pilot work in relation to the introduction of domestic abuse routine enquiry within healthcare settings including GP practices.

Recommendation 5

That the Northumberland Children's and Adult Safeguarding Partnership promote further the importance of routine consideration of carers assessments.