CARMARTHENSHIRE SAFER COMMUNITIES PARTNERSHIP

DOMESTIC HOMICIDE REVIEW

REPORT INTO THE DEATH OF MAVIS IN OCTOBER 2018

Report produced by Rhian Bowen-Davies
Independent Chair and Author

May 2024

A note to Mavis's Family

Mavis was a truly loveable character. She would do anything for anyone. She was very feisty and sometimes you could love her and hate her at the same time. Although she was very stubborn, she had a heart of gold and nothing was ever too much for her.

Mavis was a sister, an auntie and a dear friend who will be missed by those of you who knew and loved her.

The Panel offers its sincere condolences and acknowledges that as Mavis's family, this is not a review that you wanted to happen.

This review aims to offer a detailed and balanced account of events leading to her death and identify opportunities for learning.

Contents **Page Number**

Section One - Context for the Review

1. Introduction 4
2. Circumstances of the Review 4
3. Confidentiality and Dissemination of the Review 8
4. Demographics 9
5. Terms of Reference 10
6. Methodology 16
7. Involvement of Family and Friends 17
8. Review Panel 18
9. Contributors to the Review 19
10. Appointment of an Independent Chair/Author 20
11. Parallel Reviews 21
12. Equality and Diversity 21

Section Two – Subjects of the Review 26

Section Three – Chronology 30

Section Four – Overview and Analysis 45

1. Friends and family members perceptions of patterns of behaviours and abuse within the relationship 45
2. Alcohol as a factor in Mavis and Geoff's relationship 49
3. Mental Health as a factor in Mavis's life 54
4. Mavis's experience of the menopause 56
5. Intersectionality and Mavis's experiences viewed in the context of older women's experiences of Domestic Abuse 59

Section Five – Overview and Analysis Agency Responses 67

Section Six – Concluding Remarks 74

Section Seven – Recommendations 76

SECTION ONE - CONTEXT FOR THE REVIEW

1. Introduction

1.1 This Domestic Homicide Review (DHR) examines agency responses and support given to Mavis, a resident of Carmarthenshire, prior to her death in October 2018.

1.2 This report is not anonymised and uses Mavis' name. Mavis' sister expressed the view that Mavis' death had been widely covered in the press and that any internet search would quickly identify her sister's identity. In light of this she did not wish for the report to be anonymised and the Panel respect her wishes.

1.3 In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before Mavis's death, whether support was accessed within the community and whether there were any barriers in accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.

1.4 The key purpose for undertaking Domestic Homicide Reviews is to prevent domestic abuse and homicides and enable lessons to be learned. 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 case and most importantly, what needs to change in order to reduce the risk of such tragedies happening again.

2. Circumstances of the Review

2.1 In October 2018, the Welsh Ambulance Service were called to an address in Carmarthenshire to a report of a 69 year old female, Mavis who had experienced burn injuries to her face and body caused by hot fat.

2.2 Immediately after receiving these injuries Mavis had called her friend and said;

I need help get here now I need help Emergency Emergency get here now Geoff has thrown a hot chip fryer full of oil over me I'm burnt to hell.

2.3 When asked by the attending paramedic to tell them what had happened Mavis stated *My husband threw the hot fat over me.* She told the paramedic that they had had an argument and that he had *flipped* and thrown a vat of hot oil over her.

2.4 Mavis was conveyed to hospital where it was determined that she had sustained 46% burns. She was sedated and ventilated and did not regain consciousness. She died at the end of October 2018.

2.5 The post-mortem determined the cause of Mavis's death as complications relating to the burns injuries.

2.6 Based on the statements made by Mavis to her friend and the paramedic, her husband Geoff was arrested on suspicion of Grievous Bodily Harm with Intent

contrary to Section 18 of the Offences against Persons Act 1861. Subsequently he was arrested and charged with her murder.

2.7 Geoff maintained that he and Mavis had an argument over the quality of the cooking fat and that Mavis had lost her balance, fallen back and pulled the fryer over herself. He stated that he had not seen the mechanics of the fall.

2.8 He was acquitted of Mavis's murder following a trial in October 2019.

2.9 Dyfed Powys Police notified Carmarthenshire Safer Communities Partnership of the circumstances of Mavis's death on the 6th December 2018.

2.10 Agencies were asked to secure their files on 14th December 2018.

2.11 The subsequent decision-making process is detailed below

- **January 2019** - Core Group of the Carmarthenshire Safer Communities Partnership met to consider the case. Present at the meeting were representatives of Carmarthenshire County Council, Dyfed Powys Police, Hywel Dda University Health Board, National Probation Services, Mid and West Wales Regional Violence against Women, Domestic Abuse and Sexual Violence Advisor and the Community Safety Partnership. The Core Group made a recommendation to the Safer Communities Partnership not to conduct a Domestic Homicide Review.
- **February 2019** - Safer Communities Partnership request further information from Hywel Dda University Health Board before they will make a decision.
- **April 2019** - Core Group considers the information from Hywel Dda University Health Board and decide that no review will be carried out. The rationale for this decision was that there was no learning to be had due to lack of recent service engagement with either Mavis or her husband. Instead of undertaking a review the Core Group recommended to the Safer Communities Partnership that a Task and Finish Group be established to identify learning for older people experiencing domestic abuse specifically those living in rural areas.
- **June 2019** - Safer Communities Partnership agree with the recommendation not to conduct a review and this decision is communicated to the Home Office this same month.
- **January 2020** - Safer Communities Partnership receive a notification from the Home Office agreeing with the decision not to conduct a review.
- **February and March 2021** - Safer Communities Partnership receive communications from Domestic Abuse campaigners expressing their disagreement with the decision not to conduct a review into Mavis's death.
- **April 2021** - Core Group meet to review the decision not to conduct a Domestic Homicide Review and make the following recommendations to the Chair of the Safer Communities Partnership:

1. Not to undertake a Domestic Homicide Review
2. To hold a regional task and finish group to discuss issues outlined
3. To meet with Mavis's family to explain what had been discussed and proposed and to invite them to participate in the regional task and finish group
4. Respond to campaigners to explore how the Partnership could work with them to ensure include victims' voices are heard in future.

- **May 2021** - Safer Communities Partnership agree these recommendations and this decision communicated to the Home Office.
- **July 2021** - Safer Communities Partnership is asked by the Home Office to provide further information in relation to their decision-making in this case to be considered by the DHR Quality Assurance Panel in line with paragraph 26 of the Multi Agency Statutory Guidance on the Conduct of Domestic Homicide Reviews.
- **September 2021** - Safer Communities Partnership receive a letter from the Home Office following the consideration of the Quality Assurance Panel of the decision not to conduct a Domestic Homicide Review. The letter states;

The QA Panel noted the sensitivity of the case and the wishes of the family for a DHR not to be conducted. The Panel advised that the victim's disclosure of DA prior to the incident, warrants a DHR to be conducted. The Panel felt that this case would benefit from a DHR as a lack of clear history of DA does not mean a DHR should not be held as they believe this case holds unanswered questions regarding DA which a DHR would go some way to addressing. The Panel also feel that the input of friends should be sought if the family decline to be involved in order to give the victim a voice, provide insight into her life and strengthen the review. The Panel advised that the need to review services available in the community that individuals can call on if experiencing abuse, coercive and controlling behaviour remains.

2.12 The Safer Communities Partnership was asked to consider the points raised by the Quality Assurance Panel and advise the Home Office if the decision not to conduct a DHR still stood.

- **October 2021** - Core Group reconvened and recommended to the Chair of the Safer Communities Partnership that a *Domestic Death Review* be conducted into Mavis's death. This terminology had been agreed with the Home Office in September 2021 with the understanding that the review would be undertaken in line with the Multi-Agency Statutory Guidance on the Conduct of Domestic Homicide Reviews (revised 2016).
- **November 2021** - Safer Communities Partnership accept this recommendation and the decision to conduct a review was communicated to the Home Office that same month.

2.13 An expression of interest process was undertaken to appoint a Chair/Author for the Review.

- **January 2022** - Statutory partners including Carmarthenshire County Council, Dyfed Powys Police, Hywel Dda University Health Board, Wales Probation Services, Mid and West Wales Fire and Rescue Service and the Regional Violence against Women, Domestic Abuse and Sexual Violence Advisor consider expressions of interest.

Rhian Bowen-Davies was appointed as Chair and Author in February 2022 and the first meeting of the Review Panel was convened in March 2022.

2.14 In June 2022, whilst the Review was ongoing, Geoff died in hospital.

2.15 In September 2022, the Chair wrote to the Safer Communities Partnership requesting that the review into Mavis's death be formally recognised as a Domestic Homicide Review. Up until this point the review had been referred to as a Domestic Death Review as per the agreement with the Home Office in October 2021.

In her letter, the Chair outlined the following reasons for her request;

- The term *Domestic Death Review* has no legal definition or framework; referencing the review in this way undermines the credibility of the review and raises further questions as to why the review is not being called a Domestic Homicide Review;
- Domestic Homicide Reviews are not inquiries into how a victim died or who is culpable but rather to identify lessons to be learnt to improve responses to victims of domestic abuse. For the purpose of the review, it is irrelevant that Geoff was acquitted of his wife's death;
- The Chair would be carrying out the review in line with the requirements of the Domestic Violence, Crime and Victims Act 2004 and the Home Office Multi-Agency Statutory Guidance (2016);
- Unnecessary challenges as a result of this terminology in particular in respect of information sharing;
- Recognising the review as a DHR provides clarity and certainty in respect of its status and credibility.

2.16 In October 2022 the Core Group of the Safer Communities Partnership accepted the Chair's recommendation and the Review was referred thereafter as a Domestic Homicide Review.

2.17 The Overview Report, Executive Summary and Action Plan were agreed by the Panel in September 2023 and agreed by the Safer Communities Partnership in October 2023.

2.18 The delay in commencing this review was unnecessary and avoidable and indicates a need for a better understanding within the Safer Community Partnership of the criteria when a DHR should be undertaken. A DHR is not about how a person died or who is culpable and neither should they be limited to whether agencies were involved with the subjects of the review.

2.19 The purpose of a DHR as set out in the Home Office Guidance includes the identification of lessons to be learnt, prevention of future deaths and to contribute to a better understanding of domestic violence and abuse.

2.20 It is the Chair's view that partners involved in the decision-making process should have identified the need for a DHR from the outset and that failure to do so then, and during subsequent decision making, resulted in an unacceptable delay to the identification and application of learning. Furthermore, it is the Chair's view that the delay resulted in consequences in respect of the engagement of family and friends as so much time had passed between Mavis's death and the commencement of the review.

3. Confidentiality and Dissemination of the Report

3.1 A full confidentiality statement is included in the Terms of Reference under heading 5.

3.2 The Panel considered the Overview Report and Executive Summary in line with the requirements of the Home Office Guidance at a meeting in September 2023 and, following agreement, provided a copy of these documents and the Action Plan to the Safer Communities Partnership for scrutiny and sign off at a meeting in October 2023.

3.3 Until it is approved for publication by the Home Office Quality Assurance Panel the report is in its final draft stage and remains confidential.

3.4 At the point of the report's completion the only people with whom it was shared were the members of the Panel and Mavis's one sister (see Section 6 and 7 below for further details).

3.5 On receiving approval from the Home Office Quality Assurance Panel this report, alongside the Executive Summary and the Action Plan will be shared with participating agencies as final documents and be published on the Carmarthenshire Safer Communities Partnership website in line with Home Office Guidance. A copy will also be provided to Mavis' sister.

3.6 The documents will also be shared with Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Partnership Board, Mid and West Wales Safeguarding Board, Dyfed Powys Police and Crime Commissioner and the Domestic Abuse Commissioner for England and Wales.

3.7 Panel representatives unanimously agreed that any learning and recommendations identified during the Review would be actioned prior to the report being submitted to the Home Office Quality Assurance Panel.

4. Demographics

4.1 This information is provided as context relevant to the circumstances of the case.

4.2 Carmarthenshire is a county in the southwest of Wales bordered by Pembrokeshire to the west, Ceredigion to the northwest, Swansea to the south and the Irish Sea. The latest population estimate for Carmarthenshire is approximately 187,568[1]. The main towns are Carmarthen, Llanelli and Ammanford and 25% of the population live in these settlements. 60% of Carmarthenshire's population live in rural areas and the county has the highest number of Welsh speakers in Wales.[2] The County's Well-Being Plan states that Carmarthenshire has an ageing population, estimating that by 2039 around 1 in 3 residents will be aged 65 years and older.

4.3 Mavis lived in a small village of approximately 100 households, 10 miles outside Carmarthen.

4.4 Carmarthenshire is part of the Mid and West Wales region. The region comprises four local authority areas; Carmarthenshire, Ceredigion, Pembrokeshire and Powys, two local health boards; Hywel Dda University Health Board and Powys Teaching Health Board and Mid and West Wales Fire and Rescue Service. It is these authorities that are required, by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 to jointly publish a Domestic Abuse, Sexual Violence and Violence against Women strategy. The strategy, first published in November 2018, outlines the region's priorities for tackling domestic abuse, sexual violence and violence against women. The strategy was reviewed in 2022 and a new strategy will be launched in November 2023.

4.5 The Mid and West Wales region has the same geographical footprint as Dyfed Powys Police and the Police and Crime Commissioner. Other key partners in tackling domestic abuse, sexual violence and violence against women also operate on the Mid and West Wales footprint e.g. National Probation Service, Welsh Ambulance Service NHS Trust, Public Health Wales, Housing providers, the Specialist Domestic Abuse, Sexual Violence and Violence against Women services and the wider third sector.

4.6 In 2022, Dyfed Powys Police recorded 6535 domestic abuse related crimes, an increase of 22% compared to 2020. For Carmarthenshire the increase in Domestic Abuse related crimes was 12% during this same period.

4.7 During the period April 2021 – March 2022, 329 cases were discussed in the MARAC meetings in the region, 11% of these were repeat referrals.

4.8 This is the third Domestic Homicide Review undertaken by Carmarthenshire Safer Communities Partnership.

---

[1] Office for National Statistics data 2018

[2] https://www.thecarmarthenshirewewant.wales/media/8331/carmarthenshire-well-being-plan-final-may-2018.pdf

4.9 This is the fourth Domestic Homicide Review that the Chair has completed in the region involving a female over the age of 65 years of age and consideration has been given to the findings and recommendations of the previous reviews.

5. Terms of Reference

5.1 Terms of Reference were agreed by the Panel at their first meeting in March 2022.

5.2 A copy of the Terms of Reference is included below in italics for reference. To avoid duplication, the circumstances of the review and timeline for decision making outlined in Section 2 above have not been included:

Purpose of the Review

The purpose of a Domestic Homicide Review is to:

a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;

e) contribute to a better understanding of the nature of domestic violence and abuse; and

f) highlight good practice.

Principles

The review will be conducted in line with the following principles;

- *i) An inquisitive, diligent and thorough effort to learn from the past to make the future safer;*
- *ii) With honesty and humility;*

iii) *With professional curiosity and an open mind – going beyond focusing on conduct of individuals and whether procedure was followed to evaluate whether policy / procedure was sound;*

iv) *The review will be situated in the home, family and community of Mavis, with the narrative articulating life through her eyes; enabling the reviewers to understand her reality;*

v) *Understanding the context and environment in which professionals made decisions and took (or did not take) actions e.g. organisational culture, training, supervision and leadership;*

vi) *Status of the family as integral to the review;*

vii) *A willingness to learn and to place this learning in the "here and now".*

Objectives of the Review

- *To better understand the life, relationships and context for the death of Mavis;*
- *To identify and examine patterns of behaviours and abuse within the relationship between Mavis and her husband Geoff;*
- *To examine the actions/responses of relevant agencies, services and professionals to both Mavis and her husband Geoff within the agreed timeline;*
- *To examine current practice in relation to disclosures of domestic abuse and consider how different responses may be in the 'here and now';*
- *To consider how older women who are experiencing domestic abuse particularly those in rural communities access information, services and support;*
- *To examine how friends and family members of older people who are experiencing domestic abuse access information and support;*
- *To ensure that Mavis's family and friends are given the opportunity to make a meaningful and effective contribution to this review and are offered and provided with appropriate specialist support to enable them to be an integral part of the process;*
- *To produce a chronology and initial summary which will seek to identify any actions already taken or changes implemented;*
- *To consider relevant research and lessons learnt from previous DHRs where there are similar characteristics;*
- *To consider potential gaps in service provision, alongside potential barriers to accessing services;*
- *To produce a comprehensive, honest and balanced analysis of circumstances to inform organisational / agency learning and influence change.*

Key Lines of enquiry

- *To identify and examine patterns of behaviour and abuse within the relationship between Mavis and her husband Geoff;*
- *To identify which agencies/organisations had involvement with Mavis and her husband Geoff during the scope of this review with the understanding that information outside of this timeline will be included where it is relevant;*

- *To review agencies/organisations involvement during the agreed timeline and consider the appropriateness of responses and services provided to Mavis and Geoff;*
- *To examine current practice in relation to disclosures of domestic abuse and consider how different responses may be in the 'here and now';*
- *To review the extent to which agencies/professionals worked together when responding to the needs and circumstances of the subjects of this review and the effectiveness of these responses;*
- *To determine whether decisions and actions in this case comply with the policy and procedures of services, national guidance and legislation and how these may have changed since the period in question; ensuring that learning is considered in the "here and now";*
- *To examine the experiences of older women who are experiencing domestic abuse particularly those living in rural communities of accessing information and services;*
- *To consider the experiences of Mavis's friends and family and examine where/how they could access information and support;*
- *To consider Mavis's age and sex as factors throughout the review;*
- *To consider whether, and to what extent substance use contributed to the circumstances leading to Mavis's death.*

Membership of the Review Panel

It is the responsibility of the Panel to provide rigorous oversight and challenge to the information that is presented and to make an honest, diligent and thorough effort to learn from the past.

The following representatives have been agreed as Members of the Review Panel

Rhian Bowen-Davies	*Chair and Author*
Kate Harrop	*Partnership and Complaints Manager, Carmarthenshire County Council*
Cathy Richards	*Senior Safeguarding Manager, Carmarthenshire County Council*
Richard Hopkin	*Chief Inspector Partnerships, Dyfed Powys Police*
Mandy Nichols-Davies	*Head of Safeguarding, Hywel Dda University Health Board*
Rachel Munkley	*Lead VAWDASV and Safeguarding Practitioner, Hywel Dda University Health Board*
Christine Harley	*National Probation Service*
Will Bowen	*Home Fire Safety Manager, Mid and West Wales Welsh Fire and Rescue Service*
David Harris	*Safeguarding Specialist, Welsh Ambulance Service NHS Trust*
Elize Freeman	*Service Development and Training Lead, Dewis Choice (Specialist Domestic Abuse Service for Older People)*

Natalie Hancock	*Regional Adviser Violence against Women, Domestic Abuse and Sexual Violence*
Simon Wright	*Chief Officer, Age Cymru Dyfed*
Colleen Bennett	*Carmarthen Domestic Abuse Service*
Claire Williams	*Violence against Women, Domestic Abuse and Sexual Violence Partnership Coordinator*
Dr Catherine Burrell	*Associate Medical Director, Hywel Dda University Health Board (Representing Primary Care)*
Geraint Hughes	*Service Manager, Community Drug and Alcohol Team, Hywel Dda University Health Board*
Sian Roberts	*Dyfed Drug and Alcohol Service*

Coordination and support for the Panel meetings will be provided by Carmarthenshire County Council.

The membership has been agreed to ensure that relevant expertise in relation to the particular circumstances of this case is represented. Should further expert advice be required it is agreed that this will be sought, as appropriate, by the Chair.

Requests for Individual Managements Reports

Information Management Reports (IMRs) will be requested from the following organisations;

- *Dyfed Powys Police*
- *Age Cymru Dyfed*
- *Carmarthenshire County Council*
- *Hywel Dda University Health Board*
- *National Probation Service*
- *Mid and West Wales Fire and Rescue Service*
- *Live Fear Free, the All Wales Violence against Women, Domestic Abuse and Sexual Violence Helpline*
- *Carmarthenshire Domestic Abuse Service*
- *Threshold Domestic Abuse Service*
- *Calan Domestic Abuse Service*
- *Dewis Choice*
- *Welsh Ambulance Service NHS Trust*
- *Dyfed Drug and Alcohol Service*
- *MIND*
- *Citizens Advice*

The IMRs will be completed in accordance with Home Office Guidance and the expectations of the Chair.

If, during the course of the review the Panel identify individuals / organisations outside of those listed above who should be contacted, it will be for the Panel to agree who is best placed to make this contact on their behalf.

Scope of the Review

The review will consider events and agency involvement with Mavis and Geoff from the date of their marriage in 1984 to the date of Mavis's death in late October 2018.

Organisations are requested to include information outside of this timeline in their chronologies and IMRs where this is considered relevant.

Parallel Reviews

There are no parallel reviews into the deaths of Mrs Mavis Bran.

The Coroner did not resume the Inquest following the criminal proceedings in November 2019.

Timescale, Report Author and Final Report

- *It is our intention that this Review takes no longer than 6 months to complete from the 23rd March 2022 (first Review Panel meeting).*
- *The Review will be chaired by Rhian Bowen-Davies who will also be the Report Author.*
- *The Report produced will be an honest, open and comprehensive analysis of circumstances to inform learning and influence change.*
- *In accordance with Home Office guidance, any recommendations for improvement will be outcome focussed and SMART.*
- *The Review Panel will consider and agree any learning points to be incorporated into the final report and action plan. Where actions or learning points requiring immediate implementation are identified these will be highlighted to the CSP Chair and shared without delay, prior to Home Office approval of the Report.*
- *The Chair of the CSP will send the final report and action plan to relevant agencies for final comment before sign-off and submission to Home Office.*
- *The Chair of the CSP will provide a copy of the overview report, executive summary and action plan to the senior manager of each participating agency following Home Office approval.*
- *The Chair of the CSP, in agreement with the Review Chair will send a copy of the final report to all relevant forums in order to share learning and, where appropriate shape priorities and programmes of work e.g. Mid and West Wales Safeguarding Board, Regional Violence against Women, Domestic Abuse and Sexual Violence Partnership, Carmarthenshire Safeguarding Network, Police and Crime Commissioner for Dyfed Powys, Wales Safeguarding Repository and the Domestic Abuse Commissioner for England and Wales.*
- *The Chair of the CSP will publish an electronic copy of the overview report and executive summary on the local CSP web page.*
- *Subject to the recommendations of the Panel, the Chair of the CSP will hold a learning event.*
- *The CSP will monitor implementation of the Action Plan in accordance with the guidance.*

Confidentiality

All information discussed at Domestic Homicide Review Panels is STRICTLY CONFIDENTIAL and must not be disclosed to third parties without discussion and agreement with the CSP/DHR Panel Chair. The disclosure of information outside these meetings (beyond that which is agreed) will be considered as a breach of the subject's confidentiality and a breach of the confidentiality of the agencies involved.

All documentation is to be marked CONFIDENTIAL DRAFT- NOT TO BE DISCLOSED WITHOUT THE CONSENT OF CARMARTHENSHIRE SAFER COMMUNITIES PARTNERSHIP.

All agencies are asked to adhere to their own Data Protection procedures which include security of electronic data.

Following completion of the review, the Chair will produce a draft overview report which is presented with the recommendations action plan to the Community Safety Partnership (CSP). At the time that the review is presented to the CSP, it is in its final draft stage and remains confidential until it has been approved for publication by the Home Office Quality Assurance Panel.

Appropriate confidentiality agreements will be signed by all members of the Panel and individuals participating in the review.

Legal advice and costs

Each statutory agency should inform their legal departments that the review is taking place. The costs of their legal advice and involvement of their legal teams is at their discretion.

Should the Independent Chair, Chair of the Carmarthenshire Safer Communities Partnership or the Review Panel require legal advice then Carmarthenshire County Council will be the first point of contact.

Media and communication

The Chair of the Carmarthenshire Safer Communities Partnership will be responsible for making all public comment and responses to media interest concerning the review until the process is completed. On completion of the review a discussion will be held between the Chair of the Safer Communities Partnership and Chair of the review in response to media requests on a case by case basis.

Revision of the Terms of Reference

The Terms of Reference may need to be revised and agreed by the Review Panel as the review progresses and for this purpose they will be considered at each Panel meeting to ensure continued relevance.

6. Methodology

6.1 Upon her appointment, the Chair met with the Senior Investigating Officer from Dyfed Powys Police for an initial briefing.

6.2 In March 2022, the Chair wrote to Mavis's two sisters and three of her friends. The letter, further details of which are included in Section 7 offered each of them an opportunity to participate in the review and explained that this offer would remain open for the duration of the review. The Chair received no response to these initial letters and her further attempts to engage with family and friends are detailed in Section 7 below.

6.3 The Chair also sent letters to the following individuals offering them an opportunity to contribute to the review, but no responses were received;

- Mavis's husband, Geoff
- Mavis and Geoff's lodger

6.4 No letters were sent to Geoff's adult children. Initially this was because an approach had been made directly to Geoff. Following his death, the Panel felt it insensitive to contact his children at a time of loss.

6.5 Due to the circumstances of the Review the Chair prepared a Public Interest Assessment for the purpose of requesting information as it related to Geoff.

6.6 Panel members had the opportunity to scrutinise the information submitted at meetings in March, June and December 2022, where collectively, challenges and requests for information and clarification were made and learning, good practice and recommendations identified.

6.7 During the course of the review the Chair was given access to sources of information that formed part of Dyfed Powys Police's investigation into Mavis's death including statements, interview transcripts and copies of Friend 1's diary entries for the months leading up to Mavis's death. This information has been invaluable in helping to better understand the circumstances that led to Mavis's death.

6.8 In October 2022, the Chair applied for transcripts of the Crown Court trial. Whilst the request was approved by the Judge the cost of transcript (over four thousand pounds) was deemed as too costly and prohibitive and the Chair subsequently relied on the daily press reports from the trial to provide her with information.

6.9 In the weeks before her death Mavis had appeared in a Welsh-language television programme. The Chair contacted the television company and was allowed to view the footage which provided a unique opportunity to see and hear Mavis in person.

6.10 The Chair, who is also the author, prepared the draft report which was discussed and agreed by Panel members during a meeting in September 2023.

6.11 In August 2023, the Chair wrote to Mavis's sisters informing them that she had completed the draft report and offering them an opportunity to meet with her to consider the draft. Mavis's one sister, referred to in the review as Sister 1 responded to ask for a copy of the report which the Chair provided after the Panel meeting in September and further details are included in Section 7 below.

6.12 From the Chairs' appointment in February 2022 to the Review being presented to the Safer Communities Partnership has taken 20 months. This is partly down to the attempts to overcome the challenges experienced in respect of sharing of information as it related to Geoff but also the capacity of the Chair as a result of her work commitments.

7. Involvement of Family and Friends

7.1 At her first meeting with the Panel in March 2022, the Chair outlined her expectations that family and friends would be an integral part of this review and given equal status to the agencies who were participating. This is reflected in the objectives outlined in the Terms of Reference.

7.2 It is the Chair and Panel's view that Mavis's family and friends knew her best and are best placed to help them understand her as a person and provide an insight into how she lived her life.

7.3 On her appointment the Chair was informed that Mavis's two sisters had been visited by representatives of Dyfed Powys Police and Carmarthenshire Safer Communities Partnership in Summer 2021 and told that there would not be a review. Mavis's sisters had been relieved as they did not want a review and had been supportive of Geoff throughout the criminal proceedings. The sisters had not been informed of the decision to conduct the review.

7.4 In March 2022, the Chair wrote to Mavis's sisters. The letter:

- Offered the Chair's condolences and explained the decision of Carmarthenshire Safer Communities Partnership to undertake a review;
- Explained the DHR process;
- Offered the opportunity to participate in the Review through various methods (in writing, via a recording, telephone conversation or a meeting with the Chair / Panel members);
- Outlined the timeline for the Review;
- Explained that the Review would produce a final report and executive summary;
- Included the Home Office information leaflet;

- Provided information and leaflets for AAFDA specialist Advocacy Service and the offer to contact AAFDA on their behalf should they wish:
- Outlined the scope of the Review and an opportunity to comment /feedback on the initial terms of reference;
- Provided contact details for the Chair with an invitation to contact directly.

7.5 No response was received to either of the letters sent. As outlined in para 6.11 above the the Chair wrote again in August 2023 when she had completed the draft overview report. Sister 1 responded to the Chair's letter asking to see a copy of the draft report and this was provided. The Chair spoke with Sister 1 to discuss the draft report, receive her feedback and comments and outline the next steps. Sister 1 did not request any changes to the report but expressed her view that she did not wish for the report to be anonymised. The Chair explained that a copy of the final overview report would be provided to Sister 1 following quality assurance by the Home Office.

7.6 The Chair also wrote to three of Mavis's friends offering them an opportunity to participate in the Review with no response. Recognising the relationship that Mavis had with Friend 1 and Friend 2 in particular she followed up the letters with text messages to which she did not receive a response.

7.7 Whilst the decision of family members and friends to not participate in the review is both understandable and respected it is also regrettable in the fact that their memories of Mavis and their views about what happened are missing from the review. Whilst the Chair has been able to view the statements provided to the Police the review is undoubtedly poorer without the contribution of those who knew her best.

8. Review Panel

8.1 In accordance with statutory guidance, a Review Panel was established. It is the responsibility of the Panel to provide rigorous oversight and challenge to the information that is presented and to make an honest, diligent and thorough effort to learn from the past.

8.2 Membership of the Panel was agreed to ensure that appropriate and relevant expertise was represented in relation to the particular circumstances of this case. It was also agreed that should further expert advice be required during the review that this would be sought, as appropriate, by the Chair.

8.3 Panel membership included agencies with specialist knowledge and expertise of older people's experiences of domestic abuse and their wider support needs and specialist substance use services in Mid and West Wales.

8.4 All members of the Panel were independent of the case itself and did not hold direct line management responsibilities for practitioners involved in the case.

8.5 Members of the Review Panel are listed in the Terms of Reference above.

8.6 Business support for the review process was provided by Carmarthenshire Safer Communities Partnership.

8.7 The Review Panel met on 4 occasions in March, June and December 2022 and September 2023 before the draft report, executive summary and action plan was presented to the Safer Communities Partnership.

9. Contributors to the Review

9.1 The Chair and Panel sought to maximise the contributions of all relevant agencies throughout the review. Contributions were sought through requests for Individual Management Reviews (IMRs) and chronologies.

9.2 Individual Management Reviews are a crucial first step to establishing an understanding of timescales, the course of events and responses of agencies. IMRs were requested by the Chair in March 2022 from the following agencies;

- Dyfed Powys Police
- Age Cymru Dyfed
- Carmarthenshire County Council
- Hywel Dda University Health Board
- National Probation Service
- Mid and West Wales Fire and Rescue Service
- Live Fear Free, the All Wales Violence against Women, Domestic Abuse and Sexual Violence Helpline
- Carmarthenshire Domestic Abuse Service
- Threshold Domestic Abuse Service
- Calan Domestic Abuse Service
- Dewis Choice
- Hafan Cymru
- Welsh Ambulance Service NHS Trust
- Dyfed Drug and Alcohol Service
- MIND
- Citizens Advice

9.3 A template for responses were provided to all organisations asked to complete an IMR. These documents were based on Appendix Two within the Home Office Guidance document.

9.4 In accordance with Home Office Guidance, the IMR template required authors to confirm their independence from the case in terms of contact with parties or their families and line management. IMRs were also required to be quality assured by sufficiently senior managers. Both of these elements were required to be signed off in the IMR returns.

9.5 Of the request made only Hywel Dda University Health Board provided an IMR. All other agencies, with the exception of Carmarthenshire County Council, provided a nil return. Carmarthenshire County Council provided an

information report detailing contact with Mavis and Geoff in in 1998 which is included in the combined chronology.

9.6 Other than information disclosed to inform the initial decision not to undertake a DHR, only information relating to Mavis was made available to the review by Hywel Dda University Health Board.

9.7 Despite a Public Interest Assessment being prepared by the Chair with the support of Carmarthenshire County Council's Lead on Information Governance, Hywel Dda University Health Board maintained their position that information relating to Geoff would not be shared with the review on the grounds of confidentiality. They further relied on paragraph 99 of the Home Office Guidance which states that *the Department of Health encourages clinicians and health professionals to cooperate with domestic homicide reviews and disclose all relevant information about the victim and, where appropriate the individual who caused their death unless exceptional circumstances apply.* The Health Board maintained that as Geoff had been acquitted at trial he had been found not to have caused his wife's death and therefore there was no requirement to share his information. The Chair sought advice from the Home Office DHR team and AAFDA Chair Network and resubmitted a revised Public Interest Assessment following Geoff's death. Hywel Dda University Health Board maintained their decision not to share information with the review. This has resulted in the Review being unable to consider any other relevant information that was known to Health in respect of Geoff and their response.

9.8 These circumstances have highlighted a significant challenge in respect of sharing information relating to an individual in the absence of a conviction and where no consent has been given. Revision of the existing Home Office guidance should consider how information can be shared with Reviews in these circumstances to ensure that all relevant learning is identified.

9.9 The IMR and information report were robustly scrutinised at meetings in June and December 2022 to identify learning and recommendations.

10. Appointment of an Independent Chair /Author

10.1 The Home Office Guidance requires the Community Safety Partnership or the Review Panel to

'appoint an independent chair of the panel who is responsible for managing and coordinating the review process and for producing the final overview report based on evidence the review panel decides is relevant'.

10.2 Rhian has a strong combination of practice, leadership and policy-based experience in the field of violence against women, domestic abuse and sexual violence. In 2015, she was appointed Wales' first National Adviser for tackling Violence against Women, Domestic Abuse and Sexual Violence. Prior to this she held senior management roles within the specialist domestic abuse sector

and earlier in her career was an Independent Domestic Violence Adviser and Police Officer.

10.3 Rhian has never been employed by any of the organisations represented on the Panel or the Carmarthenshire Safer Community Partnership.

10.4 Carmarthenshire is one of four Local Authorities that constitutes the Mid and West Wales region and Rhian has been commissioned as an independent consultant by the regional Violence against Women, Domestic Abuse and Sexual Violence Partnership to undertake specific pieces of work between 2018 and 2023. This work has included the development of the regional Violence against Women, Domestic Abuse and Sexual Violence Strategy and delivery of a regional commissioning strategy. This work has given her an invaluable insight into the region and its current responses to violence against women, domestic abuse and sexual violence from an independent, objective perspective.

10.5 This is the first Domestic Homicide Review that the Chair has undertaken on behalf of the Carmarthenshire Safer Communities Partnership but the fifth that she has chaired in the Mid and West Wales region.

10.6 Rhian Bowen-Davies has completed both the Home Office and Advocacy After Fatal Domestic Abuse (AAFDA) DHR Chair's training. She is also a member of the Domestic Homicide Review Network facilitated by AAFDA and is a member of the Network's Reference group.

11. Parallel Reviews

11.1 As outlined in the Terms of Reference there are no parallel reviews into Mavis's death.

11.2 An inquest was opened into Mavis's death but the Coroner decided not to resume the inquest following the conclusion of criminal proceedings in November 2019.

12. Equality and Diversity

12.1 The Home Office Guidance asks the Review Panel to consider whether there are any specific considerations around equality and diversity issues such as age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. This section outlines the protected characteristics that were considered as significant factors by the Panel.

12.2 Sex, Age the Welsh language and vulnerabilities are considered as factors throughout the review and examined within the report. Some of the evidence as to why these are considered is listed below.

Sex:

- The majority of victims of domestic homicides (homicides by an ex/partner or family member) from April 2013 to March 2016 were female (70%,), with 30% of victims being male. This contrasts with victims of non-domestic homicides, where the majority of victims were male (88%) and 12% of victims were female. (ONS, 2017)
- A recent quantitative analysis of Domestic Homicide Reviews between October 2020 and September 2021 considered data from 108 DHR reported that 77% of victims were female[3]
- The United Nations defines gender-based violence in the following way: *The definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.* (CEDAW 1992: para. 6).
- Whilst both men and women may experience incidents of inter-personal violence and abuse, women are considerably more likely to experience repeated and severe forms of abuse, including sexual violence. They are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death.
- There are important differences between male violence against women and female violence against men, namely the amount, severity and impact. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2017; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2017). Further to that, women are more likely to experience higher levels of fear and are more likely to be subjected to coercive and controlling behaviours (Dobash & Dobash, 2004; Hester, 2013; Myhill, 2015; Myhill, 2017).

Age:

- There is sometimes confusion between the experience of domestic abuse in later life and “elder abuse” (a term which encompasses all forms of violence, abuse and neglect experienced by older people). Such confusion can result in victims of abuse falling between the systems which are designed to offer them protection and consequently do not receive appropriate support to help them to stop the abuse or make them safe.
- Globally there is evidence to suggest that older women experience violence and abuse at similar, or in some cases, higher rates compared to younger women.[4]

[3] Domestic Homicide Reviews Quantitative Analysis of Domestic Homicide Reviews October 2020-September 2021 Prepared for the Home Office by Analytics Cambridge and QE Assessments Ltd April 2023

[4] Violence against Older Women End of Project Report, Dr. Hannah Bows, Durham University April 2020

- The Crime Survey for England and Wales (CSEW) 2017/18 reported that about 139,500 older women and 74,300 older men between the ages of 60-74 experienced domestic abuse in England and Wales. It is only recently that the age limit of the CSEW has been raised to 75 years of age. Until this point, the cap was 59 years of age, effectively making the experiences of people older than 55 years invisible. In 2022, the age limit was raised again from 74 years of age so that the experiences of all individuals will be included.
- It is estimated that 1 in 6 older people will experience domestic abuse.
- Older people account for around 18% of the population in England and Wales but individuals over the age of 60 account for one in four victims of domestic homicides suggesting a disproportionate risk to older people[5],[6].
- The majority of domestic homicide victims are female (67%) and perpetrators are male (81%).[7] Older people are almost equally as likely to be killed by a partner/spouse (46%) as they are their (adult) children or grandchildren (44%).
- In November 2020, the Femicide Census published an overview of femicides that had occurred between 2009 and 2018. Of the 1425 women murdered 278 were over the age of 60 years of age[8].
- A SafeLives Report published in 2016[9] stated that, on average, older victims experience domestic abuse for twice as long as those aged under 61 before seeking help, yet they are hugely under-represented among domestic abuse services. The report found that victims aged 61+ are much more likely to experience abuse from an adult family member than those 60 and under. According to their Insights dataset, 44% of respondents who were 60 years+ were experiencing abuse from an adult family member, compared to 6% of younger victims.
- A review of 32 Homicide Reviews commissioned by Standing Together Against Domestic Abuse[10] found the following;
  - In many of the domestic homicides the review looked at, the victim and the perpetrators were considered to be carers for one another;
  - These DHRs found that, like the wider public, professionals can also fail to consider domestic abuse because of the victim's age;

[5] Bows, H. (2019a) 'Domestic Homicide of Older People (2010–15): A Comparative Analysis of Intimate-Partner Homicide and Parricide Cases in the UK', *British Journal of Social Work*, *49*(5), 1234-1253.
[6] Domestic Homicide Project Spotlight Briefing 2 Older People; Katie Hoeher, Lis Bates, Phoebe Perry, Thien Trang Nguyen Phan, Angie Whitaker; Vulnerability Knowledge and Practice Programme February 2022
[7] Bows, H. (2019a) 'Domestic Homicide of Older People (2010–15): A Comparative Analysis of Intimate-Partner Homicide and Parricide Cases in the UK', *British Journal of Social Work*, *49*(5), 1234-1253.
[8] https://www.femicidecensus.org/reports/

[9] Safe Later Lives; Older People and Domestic Abuse; safe Lives October 2016
[10] http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf

- In a Blog by Standing Together entitled 'What Domestic Abuse Reviews tell us about abuse and older people'[11] the following points are made:
  - Too often assumptions about age can mean that, when older people are injured, depressed or display other potential signs of domestic abuse, the cause is assumed to be poor health or other social care need
  - Older survivors may also have less experience of 'self-help' models or disclosing personal circumstances to a stranger
  - Reviews found the victim's age influenced her view of what help was available
- A further review of 84 Domestic Homicide Reviews in London published in 2019 identified 18 cases where the victim was over 58.[12] Analysis of the cases involving older people identified a lack of understanding of domestic abuse in the family context and failings in identifying abuse, assessing risk and referring victims to appropriate support services. The review further highlighted the absence of a dedicated risk assessment for older people, which they conclude, deters agencies from focusing on risk factors in cases involving adult family abuse. It was identified that in many cases friends and family knew what was going on but did not recognise that what was happening constituted abuse and do not know where they could go for help. The review recommended training for practitioners including Police, GPs, Health and Social Care staff to improve identification and responses to older people's experiences of domestic abuse.
- The Welsh Government, alongside the Older People's Commissioner for Wales published information and guidance for professionals on Older People and Domestic Abuse in 2017, which explores the characteristics of domestic abuse experienced by older people, provision of effective responses and barriers to accessing services.

<u>Welsh Language</u>

- As detailed in para 4.2 above, the Carmarthenshire Well-Being Plan highlights that the county has the highest number of Welsh speakers in Wales, approximately 42% of the county's population.
- Whilst Mavis understood Welsh her preferred language was English. Geoff was a Welsh speaker as were Friends 1 and 2. The village in which they lived was predominately Welsh speaking.

[11] http://www.safelives.org.uk/practice_blog/what-domestic-homicide-reviews-tell-us-about-abuse-older-people

[12] London Domestic Homicide Case Analysis and review of Local Authority DHR processes October 2019 Bear Montique

Vulnerabilities

- The findings of the recent analysis of DHRs undertaken for the Home Office[13] state that;

    - Fifty-eight percent of victims had at least one vulnerability. 33% of these vulnerabilities were identified as mental health, 27% were problem alcohol use and 18% illicit drug use.
    - Mental health issues were identified for half the victims, of these issues 22% was depression, followed by low mood / anxiety (17%).
    - Sixty-eight percent of perpetrators were identified as having a vulnerability with mental ill- health being the most common, followed by problem alcohol use and illicit drug use.
    - Sixty percent of the perpetrators had mental health issues, with depression and suicidal thoughts together being one third of these.

- The intersectionality of Mavis's vulnerabilities are examined in the context of this review.

12.3 Maintaining a focus on these protected characteristics throughout the review has enabled the Panel to consider organisational responses to Mavis and barriers she may have experienced in accessing support and services which are further detailed in the analysis section.

[13] Quantitative Analysis of Domestic Homicide Reviews October 2020 – September 2021 Prepared for the Home Office by Analytics Cambridge and QE Assessments Limited April 2023

SECTION TWO - SUBJECTS OF THE REVIEW

In addition to Mavis and Geoff the following persons are referred to in this review:

Sister 1	Mavis's sister
Sister 2	Mavis's sister
Friend 1	Mavis's friend – known Mavis for 4 months and would see her 2-3 times a week at the takeaway
Friend 2	Known Mavis and Geoff for 20 years having worked in a pub they owned and latterly at the takeaway on a Friday and Saturday. Mavis called friend 2 immediately after the incident where she was burnt.
Friend 3	Known Mavis for 5 months and would see her for a couple of hours, a couple of times a week at the takeaway
Lodger	Had known Mavis and Geoff for 14 years and had lived with them as a lodger since 2010. He was their bookkeeper and was therefore aware of their businesses and finances. The lodger was in the house when Mavis came there immediately after being burnt.

1.1 The following narrative of Mavis is aimed at providing the reader with an understanding of her as a person and is based on information provided by family and friends to the Police during their investigation. It also seeks to provide an insight into Mavis's day to day life to provide context for the Overview and Analysis provided in Section 4.

Mavis

1.2 Mavis, a British White female, was 69 years of age at the time of her death in October 2018. She had been married to Geoff, a 70 year old White, British male for 34 years.

1.3 Mavis was the eldest of three sisters all born and raised in Carmarthen. Mavis would speak to Sister 1 every other day and see her once a month. Sister 2 described speaking with Mavis 2/3 times a week on the phone.

1.4 Mavis married at 16 years of age and divorced her husband after 6 years. Sister 1 told police that Mavis had experienced domestic abuse within the relationship and that after her divorce moved to London to work for a catering company.

1.5 Mavis married again in 1974 and from Sister 1's recollection this marriage ended after four or five years as they had grown apart.

1.6 Mavis met Geoff in 1980 after she had moved back to Wales. She told Friend 3 that she had saved her money from working in catering and bought a café in

Cardigan where she met Geoff when he was doing building work at the property. They married in 1984.

1.7 Mavis did not have any children. Geoff had three children from a previous relationship.

1.8 Her sisters remember Mavis as liking nice things and remember valuable jewellery and collectable items in her home. She was someone who took pride in her appearance and during the S4C programme her customers referred to her looking *fabulous as always.*

1.9 Both Mavis's sisters refer to her being business minded;

Mavis was a career woman through and through and she deserved all her success, she worked so hard. Geoff often praised Mavis saying that they wouldn't have half of what they had if not for her.

1.10 They recall her determination and ability to make ideas a reality;

Mavis would set her heart on an idea and would make it happen.

1.11 Mavis and Geoff owned numerous properties in West Wales including a convenience store, pubs, cafes and residential properties. Their lodger described them as *property investors*, they would buy and run a business for a year to better understand its profit margins and then get tenants in.

1.12 Both the lodger and Friend 3 describe Mavis as the *brains behind the business.*

1.13 In her interview for the S4C programme Mavis explained that she had retired from hands on catering in 2010 but that she *lost connection with people, the phone stopped ringing, there were no callers and I got fed up.* This echoes Friend 3's recollection that Mavis told them that she had been bored and wanted to keep occupied.

1.14 Mavis and Geoff opened the takeaway in the grounds of their house in January 2018. Geoff had wanted to sell the land as a building plot, but Mavis had the idea of the takeaway and it had been Geoff and the lodger who had built the premises from which the takeaway operated. The lodger describes Mavis as *being back to her old self and happier* after the takeaway had opened. Mavis told the S4C programme that she was very proud of what she had achieved in opening the takeaway.

1.15 She is described by the people interviewed for the S4C programme as *a really good cook* who cooked *proper homecooked food* fresh for the takeaway.

1.16 Mavis was a dear friend.

1.17 Friend 1 describes her as *so friendly, kind and caring.* This can be seen in how she interacts with customers during the filming for the S4C programme, chatting and laughing with them.

1.18 Friend 3 describes Mavis as a *warm hearted, extremely generous person. She always wanted to do nice things for people.*

1.19 Mavis tells the S4C programme that apart from being fed up after retiring one of the reasons she opened the takeaway was to benefit the community. Her customers also spoke about how the takeaway had become a community hub, a place for people to congregate and talk.

1.20 Friend 3 told police how kind and friendly Mavis was when they moved to the area for work and how welcoming she was when they started to go to the takeaway, not only to them but also to their dog. They described how, after a few weeks of going to the takeaway she insisted that they stay and eat, saying that the food would be cold by the time they travelled home. Mavis even opened the takeaway on a Sunday for them to go and eat when it wasn't generally open. They would spend up to a couple of hours together a couple of times a week in the months before her death during which time Mavis shared a lot about her life. They recall how she would introduce them as *her dear friend*.

1.21 The lodger explained how he would take Mavis out shopping as *although she could drive she had lost her nerve and would always want the company of someone.* Sister 1 also references how Mavis *had lost confidence and didn't like being alone*.

1.22 Sister 1 describes Mavis as *useless with technology.* She did not have a mobile phone, didn't have any other digital devices and didn't use social media.

1.23 In their statements to Police, Mavis's friends, family and the lodger all refer, to differing degrees, to her drinking;

- Friend 3 states that they would drink wine together of an evening;
- Friend 1 states that she would often see Mavis drinking Shiraz from a cup but *I would never describe her as drunk;*
- The lodger, who had lived with Mavis and Geoff for 8 years describes how Mavis would drink two bottles of red wine a day. He explained that she would never drink before midday, *wine was just part of her lifestyle, she would have it to relax and would never seem to be hungover;*
- Sister 1 told police that she would never call Mavis after 8pm as she would be *slurring her words.* She further states that Mavis would *never be drunk in work although she would drink in work;*
- Friend 1 states *I would say Mavis had a drink problem as she would start some days at 10 in the morning until 9 at night sipping on wine throughout the day but it never seemed to affect her and she would be able to continue serving and cooking without a problem;*

- Sister 2 tells police that *Mavis has always liked a drink. She liked to drink red wine. My concerns for her in the last 12 months were to do with the fact that she seemed to start drinking earlier in the day. I just put this down to the stresses of the running of their business. I think the business took off more than Mavis and Geoff bargained for, and they were getting older at the end of the day.*

1.24 This is an observation that is echoed by Sister 1 who states that during her last visit to Mavis two weeks before her death;

She was her usual self, laughing one minute and crying the next. She was saying that she felt lonely and that the business was getting too much for her. She said that she was tired.

1.25 Mavis was described by her sisters and the lodger as *feisty:*

She was feisty and knew what she wanted and we all knew how to handle her.

Mavis was feisty and could kill you with her tongue but above all she'd make you laugh and had an absolute heart of gold.

She was very feisty and sometimes you could love her and hate her at the same time. She never admitted when she was in the wrong and always felt that she was in the right; most of the time she was right. I experienced her feisty character many times growing up, but I loved her to bits.

1.26 Mavis was a successful businesswoman, a status she sustained over a long period. She was smart, determined, energetic and ambitious in terms of achieving her goals and, as stated above, she was the driving force in these matters. She liked nice things, had a great deal of focus and worked hard to establish and sustain the couple's lifestyle. The report examines how Mavis's outer appearance, as perceived by others, may have concealed the vulnerabilities and distress that lay beneath her day to day persona.

SECTION THREE – CHRONOLOGY

1.1 The chronology included in this section is an abbreviated account. It aims to be sufficient to provide readers with an understanding of the key events, contacts and involvement of professionals and others in order to assist with navigating the content of the Overview and Analysis section.

1.2 The Terms of Reference set out the scope of the review from 1984 when Mavis married Geoff, to her death in October 2018. Agencies were asked to submit information that fell outside of this scope if deemed relevant and appropriate.

1.3 Where entries have been taken verbatim from agency records, statements given to the police or the diary entries of Friend 1 these are shown in italics.

1.4 The reader is reminded that only agency information relating to Mavis is included within the chronology.

Date	Source of Information	Contact/Event
25/07/1985	GP records	Letter sent to GP from Gynaecologist: 'This 36-year-old lady has been married for one year. This is her second marriage, and she has been married for five years. Apparently, she has had two miscarriages during the first marriage, and she was admitted to hospital each time and had a surgical evacuation. Her husband is 36 years old; he has previously been married and in fact, fathered three children by that marriage. She tells me she has had a laparoscopy in Southampton 5 years ago. She told me about all the recent troubles with regard to her restaurant in Cardigan, and possibly they might be asked to leave forcibly.'
22/10/1985	GP records	Seen in Gynaecology clinic: Subfertility continues
17/02/1986	GP records	GP appointment: Nerves playing up, hitting the bottle, generally with friends. Anxiety and depression, not suicidal. Moved to Fishguard; new restaurant
23/11/1987	GP records	New patient appointment: History of hiatus hernia, infertility, PMT and alcohol abuse. Complaining of crying all the time, feels tired, violent temper. Lost business recently. Husband beats her, same 2-3 years. Drinks heavily at times - thinks it is all due to her periods!
30/12/1987	GP records	Review appointment: Drinking up to 210 units/ week. Agreed she needs to reduce intake.
25/01/1988	GP records	GP consultation: Stopped alcohol completely in past 2 months. Not committed to longer term abstention. Still c/o PET symptoms. Thinking about having another child. Discussed.
26/06/1989	GP records	Dysmenorrhea and menorrhagia x 2 years. PMT, lack of libido.

		Occasional rows with husband.
28/06/1989	GP records	GP Appointment: PV examination
06/08/1990	GP records	GP Consultation: Mild depression Anxiety
19/12/1990	GP records	Menorrhagia – clots; Cx ok. Blood-stained slides x 2
05/01/1991	GP records	GP consultation: PMS, row with husband last pm; Left black eye; no fracture, clinically
08/02/1991	GP records	GP consultation: Patient states that medication isn't working, makes her feel 'not herself'
16/08/1991	GP records	Medical Attendant's report – for life assurance; Medical history recorded; Abused alcohol in 1987 - last consultation for this 25.1.1988; Last medical advice sought 08.02.91
22/04/1992	GP records	GP Consultation: Depressed, suicidal. Mother died a few months ago. Marital difficulties. Drinking heavily, Discussed problems
29/04/1992	GP records	Letter sent to Patient from GP: Further to our conversation in the surgery on the 22nd of April, I have made enquiries as to where you could receive marriage guidance counselling. There is a group called RELATE which are very skilled in dealing with marital difficulties, and if you wish, you could contact them to make an appointment.'
30/04/1992	GP records	Referral letter: 'This lady who owns a coffee shop in Cardigan presented at surgery today with chest discomfort, radiating to her arms, lasting a few minutes. Not related to exertion and not sounding ischaemic. Observations normal. I feel her symptoms are probably attributable to a grief reaction (her mother died Xmas time ? M.I).

		Her mother worked with her in Cardigan; they travelled together etc. She is extremely anxious and probably depressed. She is also anaemic; she feels her periods last 11/7 and are heavy.'
24/08/1992	GP records	Referral to Gynaecology: history of intermenstrual bleeding and menorrhagia
14/09/1992	GP records	Gynaecology appointment report: sent to GP
14/10/1992	GP records	Discharge letter from West Wales General Hospital: Date of admission: 15/10/92 Date of Discharge: 22/10/92 Discharge summary: operation: Total abdominal hysterectomy
05/11/1992	GP records	Total abdominal hysterectomy 16/10/92. Private certificate requested.
14/11/1992	GP records	GP consultation: Right iliac fossa pain
31/12/1992	GP records	GP consultation: Well, active, Abdomen: NAD. Loss of libido. For FSH, LH and FBC.
15/01/1993	GP records	GP appointment: Tearful, nausea, eats ok. Wind+++, frequency of micturition
19/01/1993	GP records	Sick every morning for 1 year. Moods better today.
02/02/1993	GP records	GP consultation: For 13 months, wakes up and is then sick. No abdominal pain, (notes are illegible) ? indigestion. No real change in bowels. She thinks it stems from her mother's death.

05/02/1993	GP records	Referral to psychologist: *I would be very grateful if you could see this lady; she has been having marital problems for over a year and half. She complains she has gone off sex, which is causing severe problems in her marriage. Her husband becomes very aggressive apparently. He tells her it is her fault and has sometimes even hit her.* *She had a hysterectomy in 1992 and I think she thought her sexual relations would improve after this.* *I don't think she is suffering with the menopause. She seems emotionally labile, one day she is full of the joys of spring, then the next day down in the dumps. She is often very tearful with the feeling that a big black cloud is hanging over her head. I feel she needs some more professional counselling regarding her marital problems.*
05/02/1993	GP records	Referral for gastroscopy: *This lady is complaining of vomiting each morning when she wakes up. This symptom is present for a year since she heard of her mother's death. After hearing the news, she apparently went to the bathroom and vomited, and has done this every morning since. Recently she is also complaining of indigestion. There has been no change in her bowel habit; no blood passed PR. She does have a few emotional problems at the moment, but in view of additional symptoms, I wonder if she warrants a gastroscopy*.
27/05/1993	GP records	GP consultation. Back at work now. Good marital relations. Diarrhoea after Kenya.
03/06/1993	GP records	Letter sent to GP from Psychologist: *Thank you for referring Patient. I met with her for an initial appointment, where she impressed upon me the urgent need to have marital counselling. We discussed this at length, including my reservations of this, and I agreed to meet with her and her husband for one session. Neither of them attended the session, and I have not had any response to my usual letter sent to non-attenders.'*
21/10/1993	GP records	GP consultation: Tiredness all the time. Can't wake up, sleeping too well. Appetite good. Happy.
12/09/1994	GP records	GP Consultation: 10 days of headaches. Laying down helps. Nurofen eases it.

18/10/1994	GP records	GP appointment: Court case pending. Very uptight. Requests letter for court regarding position. Discussed.
19/10/1994	GP records	Letter sent to the County Chambers: medical report request. *Patient was seen in the surgery in 1992, when she was depressed; her mother had died in the December of the previous year, and she had a lot of marital difficulties.* *She was later seen that year with gynaecological problems, resulting in a hysterectomy.* *In Feb 1993, she was still feeling low, and was referred to a Psychologist and commenced on antidepressant treatment.* *She was seen again in October 1993 where she complained of continuous tiredness which persists to today.* *I saw her today and she was suffering with acute stress and anxiety about the forthcoming court case.*
09/02/1995	GP records	Life insurance application request from Allied Dunbar Assurance plc.
24/10/1995	GP records	GP appointment: Stress from business (Restaurateur). Lost income from Pub closure. Financial problems. Nausea, chest pains, weakness legs. Sleep fine, occasional early morning waking. Tearful, getting depressed
24/05/1996	GP records	GP consultation: describes feeling depressed; mainly work/money and financial problems. No GAW (*unable to decipher this abbreviation*). Working hard in Pub.
25/10/1996	GP records	Further information requested for application for life assurance. *Your Medical report notes alcohol abuse in 1987.* *Can you confirm whether patient has now stopped drinking?* *Where there any investigations done at the time. i.e., LFTs; if so, what were the results?* *Was there any adverse effect?* *Confirm whether the patient is a member of A.A*.'
2/11/1996	GP records	Alcohol consumption recorded as 14 units per week
5/11/1996	GP records	Response to Life Assurance Co Ltd.

27/11/1996	GP records	GP appointment: Insurance medical examination. c/o tiredness all the time. Note history of anxiety and depression. No abnormality on examination.
03/04/1997	GP records	GP appointment: Total abdominal hysterectomy 5 years ago; lethargy, anxiety, states mood swings
29/06/1998	GP records	GP appointment: shaking legs and aching, fainting episodes, headache all the time: frontal, paraesthesia on back, dizziness, epistaxis x 2 sore gums, night sweats
03/09/1998	GP records	Syncope last pm and loss of consciousness. Gets intermittent chest tightness radiating ? Angina
02/03/1999	GP records	Seen in Acute Chest pain clinic for exercise test. History of previous pre-syncope in September.
18/10/1999	GP records	GP consultation: Depression: 1 year ? related to businesses bloated, weight gain. Alcohol consumption: 80 units per week
10/11/1998	Carmarthenshire Children's Services	Both subjects referred to Child Care Team in Carmarthen on 10/11/1998. Referral details 'Ass.Lodgings-Child'. Outcomes of referral shown as 'Aim Achieved' Assigned to a Supported Lodging Development Officers.
13/07/2000 - 17/12/2001	GP records	5 appointments for medical concerns, including leg pains, sore throat, night sweats
17/5/2001-13/9/2018	GP records	49 blood pressure monitoring appointments recorded, ranging between twice to quarterly per year
17/12/2001	GP records	Anxiety and depression. Very stressful time of year, restaurateur. Well on Citalopram before; restart.

		Unable to take Fematrix; weight gain and bloating.
18/02/2002	GP records	Letter sent from Emergency Department to GP: Diagnosis: intoxication and social situation. History of collapse, intoxicated, states under stress at work, evidence of physical abuse from husband Blood alcohol 321mg% At 0400hrs, fully ambulant with GCS 15/15. Gamma-GT slightly raised.
03/06/2002	GP records	Seen at GP surgery: complaining of bilateral loin pain, PV bleeding and bloating, some frequency
5/6/2002	GP records	Abdo pain, bloating, not on HRT, some frequency
01/07/2002	GP records	PV bleeding, abdominal pain
02/07/2002	GP records	Letter for referral to Gynaecology from GP: for complaints of bloating, low pelvic pain, with PV blood loss.
17/07/2002	GP records	Letter from Gynaecology Consultant: Seen at Gynaecology clinic *I saw this pleasant lady today in clinic. She informed me that her symptoms had improved a lot since attending a herbalist.* *Main symptoms are urinary and bowel symptoms.* *A hysterectomy was performed 10 years ago for menorrhagia and unilateral oophorectomy was performed at the same time.* *She tried a number of HRT preparations but stopped them due to side-effects.*
09/08/2002	GP records	Heartburn for 3 months. Drinks red wine, non-smoker. Stress. Examination of abdomen.

12/08/2002	GP records	Referral for Endoscopy: Clinical details: heartburn, suspected reflux type
06/08/2002	GP records	Seen at Gynaecology clinic
21/10/2002	GP records	Attendance at Gynaecology clinic
14/01/2003	GP records	Report from Endoscopy procedure
03/11/2003	GP records	Alcohol consumption: 7-9 units per day
07/11/2003	GP records	Depressed for a year. Sleeping ++, Not suicidal, lack of motivation. Retired from catering after many years; misses feeling of company. Papilloma on head: wants Cryotherapy.
11/05/2004	GP records	Alcohol consumption: moderate drinker; 18 units per week
20/07/2004	GP records	Letter from Plastic surgeon to GP: *Patient attended for advice on facial lines.* *Patient has asked that this treatment should be supported by the GP.* *Advised on treatment.*
28/06/2005	GP records	Correspondence from Plastic Surgeon: *Patient attended hospital for facelift, laser resurfacing of lower eyelids and lips, liposuction to jowls and submental area, lipectomy, blepharoplasty, and transconjunctival lower eyelid fat removal, restatylane implantation into the upper lip vermillion border, philtral column and upper part of glabella lines.*
22/05/2006	GP records	Medical report requested by Life Assurance company: signed by GP, filed in records. lists patient's alcohol intake to be 13 Units of alcohol per week
12/03/2007	GP records	Alcohol consumption: occasional drinker
14/06/2007	GP records	Low mood, not depressed, lots of family stresses, doesn't want to go on antidepressants.

		Tooth ache. Hay fever.
15/10/2007	GP records	c/o uterine prolapse; seen and examined,
03/12/2007	GP records	Seen in Gynaecology clinic
17/04/2008	Medical notes	During the nursing assessment patient was asked in 'Patients own words': *Have you any worries or concerns at present?* *Response: Pain from surgery* *Have you ever suffered with your nerves?* *Response: Stress from work problems* *Do you ever feel lonely or miserable?* *Response: Sometimes*
20/04/2008	GP records	Repair of anterior vault and uterine prolapse
07/04/2009	Medical records	Attended for day case procedure: Upper endoscopy performed (follow-up endoscopy)
08/04/2009	GP records	Alcohol consumption: occasional drinker (no Units listed)
24/06/2010	GP records	Alcohol consumption: occasional drinker (no Units listed)
13/07/2011	GP records	Alcohol consumption: Light drinker: 1-2 Units per day
20/04/2008 - 28/05/2012	GP records	13 contacts with GP for minor ailments, including sinus pain, cough, dry eyes, dry skin, rash, bp check.
31/10/2012	GP records	Tearful, stressed at work: court case. PHQ9 questionnaire completed: scored 26.

22/07/2013	GP records	Stress related problems: bank repossessing properties; requesting letter from Dr, c/o her advisor to demonstrate effect on health
15/08/2013	GP records	Patient reviewed. Feeling better.
16/08/2013	GP records	Telephone encounter: Patient feeling nauseous. Requesting script for antibiotics.
24/03/2014	GP records	c/o loin pain; examined. Low mood. Ongoing for a few months; financial situation being sorted. No suicidal ideation. Withdrawn, been staying at home. Only took SSRi (Citalopram) for a few days, as made her feel nauseated
24/3/2014-30/9/2016	GP records	Multiple entries for minor ailments recorded. 15 listed contacts: unclear whether these are telephone encounters or appointments. These consultations are for a variety of complaints, including relating to hay fever, pain in joints, athletes foot, hip pain, loin pain, arm pain, sinus problems, and heartburn.
22/08/2014	GP records	Entry in records. (Unclear whether this is Telephone encounter or Appointment) Stress at home. Another property being seized/sold by bank causing stress
13/10/2015	GP records	Alcohol: current drinker; 63 Units per week
12/08/2016	GP records	Stress at home, struggling financially, bank took property and sold it; needs to pay back several thousand pounds and unable to sleep, still drinking a bottle and a half of wine per night; worrying about this. Would like letter.
17/10/2016	GP records	Patient reviewed: Nasal polyps

17/01/2017	GP records	Telephone encounter: c/o tight chest; Declined appointment
18/01/2017	GP records	Seen at surgery. Acute sinusitis.
25/05/2017	GP records	Seen by ENT services: sneezing, postnasal drip, facial pain. Polyps
20/7/2017	GP records	GP Consultation: c/o multiple symptoms; difficult consultation, patient listing them, cannot give definite time frame, ? months ? years. c/o pains, bloating, bowels switching from diarrhoea to constipated, hot flushes. No red flags. Requests bp check
14/8/2017	Medical records	Attendance at ENT (Ear Nose and Throat) Consultant appointment
5/9/2018	Friend 1 diary	*Geoff not well now. Mavis looking better today.*
9/8/2018	GP records	Telephone encounter: complaining of headache. No visual disturbances, no limb problems, no vomiting.
12/9/2018	GP records	Frequency of passing urine, having accidents, no back pain, no dysuria, no haematuria
13/9/2018	GP records	GP consultation: Urinary Tract infection: burning, unwell, tired, found herself incontinent a few times. Urogenital repair but reoccurred 1 year following operation
13/9/2018	Medical notes	Seen in hospital Accident and Emergency department
16/9/2018	Friend 3 Statement to Police	*I was with Mavis, sat in the cabin. She began to open up to me and said that Geoff had been horrible to her. Her words were "He's horrible to me". She didn't go into detail but her face was scrunched up and her eyes closed. She began to cry. She didn't tell me many details other than that Geoff was horrible to her and that he gets so angry.*

		Geoff came out to the cabin and we both just changed the subject. Mavis wiped her eyes and we talked about something else.
18/9/2018	Friend 1 diary entry	*18th Mavis S4C 12 o clock – cancelled – next week now……B/K eye.* *Cancelled S4C Mavis B/K eye.*
19/9/2018	Friend 1 Statement to Police	Friend 1 went to see Mavis. *I asked why she had cancelled the filming and she pointed to her left eye. I could see it was a black eye although it was more a blue colour. I asked her how she had done it and she said similar to "oh I walk into things'.* *She never told me that Geoff had caused her black eye, but I believed that walking into things was language she used to tell me that Geoff had done this.*
30/9/2018	Friend 3 Statement to Police	*I brought my friend over to meet Mavis. I had talked fondly of Mavis to him and others. She was often my topic of conversation with him as she was so sweet. As I was going to be returning home, I thought he may wish to meet her. Mavis opened up on this occasion too and told both of us that Geoff was horrible to her. Again she cried and didn't go into any detail. I didn't ask for detail from her, I just listened.*
11/10/2018	Friend 1 diary entry	*Geoff in hospital for tests. Mavis worried.* *Rang Mavis at 11. Poor bgr. Geoff ok. Thank god 4 that.*
21/10/2018		Mavis appears on S4C Heno programme
21/10/2018	Friend 1 Statement to Police	The last time Friend 1 saw Mavis. She had called there to pick up food and whilst the food was packed ready for them she went find Mavis to pay for the food. Mavis was in the kitchen and Friend 1's statement reads; *She was very upset and crying. She was so upset that she was going from holding the side of her head with both hands to wrapping arms around her body and hugging herself. She had a cut to her left index finger. She said she had done this opening a parcel. She told me that she had asked Geoff to help her mash the potatoes but she said 'do you think the bastard would mash my potatoes?'. She said that he had called her awful names, using foul language and gave her a lot of abuse about being left handed.* *I asked why she put up with the situation and told her she deserved better but she said she had nowhere to go. She told me that he had been getting so nasty that she had been on the phone to Geoff's doctor the previous Friday and arranged an appointment that Tuesday and had told the doctor that they'd better sort him out or she'd kill him.*

		She also told me she was frightened of Geoff and frightened for her life. She said this quite plainly "I'm frightened of Geoff, I'm frightened for my life and I'm frightened he's going to kill me'. Geoff came home after Mavis had told Friend 1 this and Friend 1 describes him as being *much angrier than normal and 'growling'.* Friend 1 further states; *After we drove off I told (husband) I wanted to get her away from Geoff as I was worried he might physical harm her but he (my husband) told me I should leave them alone.*
21/10/2018	Friend 1 diary entry	*Picked up lunch. Mavis was in hell of a state on her own. Made appt for G Drs.*
24/10/2018	Friend 1 diary entry	*Called chippie. Rang from C to order Mavis in Morriston. Burnt with oil.* *Rang en route bk to c/van order for us. Mavis not well. Call in the house. Told by G.*
26/10/2018	Friend 1 diary entry	*Rang G. M still outers.* *Rang Chippie Thurs + called – G thrown oil over Mavis. Not one of them rang 999 until C got there. Ridiculous. Poor bgr.*
27/10/2018	Friend 1 diary entry	*Called with card in house for M.*
29/10/2018	Friend 1 diary entry	*Rang Lodger and he rang me back to say Mavis stable.* *Lodger took her everywhere for gold & clothes. Geoff doesn't know what she got. I was told £100,000 gold.*
30/10/2018	Friend 1 diary entry	*G rang we were in C'then 'M gone'.* *Mavis died last night at 10.20.*
31/10/2018	Friend 1 diary entry	*Called in. OMG. What a shock.*
8/11/2018	Friend 1 diary entry	*G rang us for 30 mins ¼ to 6 to 6.15 on route back from Bwlch. What a speech.* *G rang us ¼ to 6 to 6.15. Mavis back and funeral thing.*

10/11/2018	Friend 1 diary entry	*Rang Friend 2 Sat. poor bgr. She knew Mavis 20 years or more and not allowed to go to her funeral. So sad. Pity.*
15/11/2018	Friend 1 diary entry	*Mavis funeral. Not going!! Poor Mavis.*
22/11/2018	Friend 1 diary entry	*Friend 2 text me poor bgr. G ill rang me 1 o clock. G arrested for murder!!!*

SECTION FOUR – OVERVIEW AND ANALYSIS

This section examines the events and contacts detailed in the chronology to provide an overview and analysis and considers the Key Lines of Enquiry to identify good practice, learning and recommendations. Each subject heading is set out in two parts; an overview followed by an analysis. Information is set out under the headings listed below in order to address the key lines of enquiry set out in Section One.

- Friends and family members perceptions of patterns of behaviours and abuse within the relationship
- Alcohol as a factor in Mavis and Geoff's relationship
- Mental Health as a factor in Mavis's life
- Mavis's experience of the menopause
- Intersectionality and Mavis's experiences viewed in the context of older women's experiences of Domestic Abuse

1. Friends and family members perceptions of patterns of behaviour and abuse within the relationship

Overview

1.1. Mavis and Geoff had been married for 34 years at the time of her death.

1.2. Friends and relatives described the relationship as problematic, volatile and abusive:

Friend 1 tells the Police that: *Mavis intimated to me on many occasions that she was a 'beaten women'. When I talked about domestic violence she said 'I'm in the same boat'. I asked her whether she'd had a bad partner previously and she said yes. I told her she had gone 'from the frying pan into the fire' and she responded 'yes I have'.*

Friend 2 who had known them both for 20 years told police that: *As long as I have known them, they have always argued, swearing and shouting at each other and she was always nagging him but always over silly things and that's just how they were. They have both got tempers and I have seen this for myself from both of them……Mavis would say to Geoff 'I'll fucking kill you one of these days' and he would reply by telling her to 'shut up, sit down and stop drinking'.*

Friend 2 further told Police that: *The only time I had known physical abuse is around 10 years ago whilst still at the pub and Mavis came down with a black eye and she tried to hide with makeup and said that Geoff had hit her 'but it's ok as I gave as good back'.*

I also saw him with cuts on him so again it was as though they were as bad as each other and that's just how they were.

Sister 1 describes an incident to the police that occurred in the pub that Mavis and Geoff owned: *Time in the pub, mid 1990's when Mavis slapped Geoff on his face because she wanted the music louder and he said no.*

She also recalled Mavis having a black eye about 25 years before her death.

Sister 1 also told police that Mavis got annoyed with Geoff and in the year before her death Mavis would ring her and say *I've just slapped him across the head* or *I'm going to stab him*. Sister 1 states that Mavis never explained why and she didn't ask.

1.3. In the months prior to her death Mavis is upset and tells her friends that Geoff is nasty and horrible to her and that she is scared.

Friend 2 tells police that:
The last few months however things seem to be worse, I would say July/August time. In this time Mavis calling 2/3 times a week crying down the phone saying 'he's getting nasty' and that she was scared and scared for her life.

She never said what scared of and never gave details as to what she meant by getting nasty or why she was sacred for her life. The only thing she said a while back was that he had pushed her into a chair in the kitchen and gone to hit her.

At the beginning I didn't take her seriously as he was always so calm and placid but the last few months not sure….because always took pride in herself and had let herself go; crying saying he's nasty.

16/9/2018 Friend 3 tells police that:

I was with Mavis, sat in the cabin. She began to open up to me and said that Geoff had been horrible to her. Her words were 'He's horrible to me'. She didn't go into detail but her face was scrunched up and her eyes closed. She began to cry. She didn't tell me many details other than that Geoff was horrible to her and that he gets so angry.

19/9/2018 Friend 1 went to see Mavis

I asked why she had cancelled the filming and she pointed to her left eye. I could see it was a black eye although it was more a blue colour. I asked her how she had done it and she said similar to "oh I walk into things'.
She never told me that Geoff had caused her black eye, but I believed that walking into things was language she used to tell me that Geoff had done this.

30/9/2018 Friend 3 tells police that

Mavis opened up on this occasion too and told both of us that Geoff was horrible to her. Again she cried and didn't go into any detail. I didn't ask for detail from her, I just listened.

21/10/2018 Friend 1 visits Mavis

She told me that she had asked Geoff to help her mash the potatoes but she said 'do you think the bastard would mash my potatoes?'. She said that he had called her awful names, using foul language and gave her a lot of abuse about being left handed.

I asked why she put up with the situation and told her she deserved better but she said she had nowhere to go. She told me that he had been getting so nasty that she had been on the phone to Geoff's doctor the previous Friday and arranged an appointment that Tuesday and had told the doctor that they'd better sort him out or she'd kill him.

She also told me she was frightened of Geoff and frightened for her life. She said this quite plainly "I'm frightened of Geoff, I'm frightened for my life and I'm frightened he's going to kill me'.

Friend 1 tells police that she spoke to her husband after visiting Mavis on the 21st October 2018 about getting her away from Geoff because she was worried that he might physically hurt her. Her husband responding by saying that she should leave them alone.

1.4. There is information to suggest that finances were a trigger for disagreements:

The lodger told police that Mavis and Geoff's businesses *seemed to cause them stress at times and I hear them argue sometimes. It's usually about money. When I first lived here they could get heated however the last several years the arguments remained placid.* The lodger, who was also Mavis and Geoff's bookkeeper, told police that they lived within their means and that finances were not a worry for them. This is echoed by her sister who tells police that they were *well off.*

Sister 1 described Mavis and Geoff's relationship to the police as *a normal marriage, ups and downs. They would row now and again, the reason for the rows seemed to be about financial matters. Mavis wasn't happy with Geoff spending on scratch cards and Geoff wasn't happy with Mavis spending on jewellery.*

1.5. Mavis also made a number disclosures to Primary Care Practitioners which are summarised below: (these are examined in more detail in Section Five)

- November 1987 *Husband beats her – same 2-3 years*
- June 1989 *occasional rows with husband*
- January 1991 *Row with husband last pm, left black eye, no fracture*
- February 1993 Referral from GP to Psychologist *marital problems year and a half…gone off sex causing severe problems in marriage….husband becomes aggressive apparently. He tells her it's her fault and has sometimes even hit her*

- February 2002 – a letter from Emergency Department to the GP which refers to *evidence of physical abuse from husband* is filed in Mavis's GP records.

The records reference aggression and rows and, on five of the six occasions, physical assaults. From Mavis's primary care records the business and finances can also be seen as triggers for Mavis's increased alcohol consumption and reports of feeling depressed and anxious which are examined further under headings 2 and 3.

Analysis

1.6. There is evidence that Mavis told those that she trusted about Geoff's behaviours towards her and that she was frightened and scared. The concerns of friends become more pronounced in the time leading up to her death whereas in earlier years friends and family tended to view it as a relationship that was, at times, volatile and argumentative.

1.7. However the records of health practitioners over 15 years detail that she experienced physical and emotional abuse from Geoff.

1.8. It is the Panel's view that there is a pattern of disclosures to, and help-seeking from, friends leading up to her death. It is clear that her friends listened and became concerned for her safety but their interaction with her in relation to her relationship with Geoff stopped there. Only Friend 1 questioned Mavis more closely in an attempt to find out more about the relationship.

1.9. Having considered the statements of friends and Primary Care records it is the Panel's view that Mavis did experience physical and emotional abuse within her relationship with Geoff, the responses to which are examined elsewhere in this section and Section 5.

1.10. The Panel considered how the reluctance of friends to ask or intervene may be a reflection of people's confidence and knowledge in speaking about domestic abuse, especially older people's experiences of abuse. A recent blog[14] highlights how support networks including friends, family, neighbours don't always recognise signs or abuse and don't know what to do to help. It is also the Panel's view that friends were not aware of, or able to connect Mavis to services that may have been able to support her.

2. Alcohol as a factor in Mavis and Geoff's relationship

Overview

[14] https://blogs.ucl.ac.uk/ioe/2022/11/23/friends-family-colleagues-and-neighbours-play-a-vital-role-in-responding-to-domestic-abuse/

2.1. Age UK's response to the Commission on Alcohol Harm in 2020[15] contained the following information in respect of older people's consumption of alcohol;

- Since 2012 the age group with the highest alcohol consumption has consistently been aged 55-64. Despite public discourse focusing on younger binge drinkers, evidence clearly demonstrates that harmful drinking is a growing problem amongst older people;
- Drinking over 14 units of alcohol per week is most common amongst adults aged 55-64, with 38% of men and 19% of women in this age group doing so;
- Older people drink more regularly than younger: 21% of adults aged 65 to 74 drink at least five days a week, compared to only 3% of people aged 16 to 24
- The proportion of men and women drinking in the last week increases with age and peaks at age 55-64, with 72% of men and 63% of women in this age group drinking in the last week;
- Drinking levels are declining among every age group except for 65-74 year olds, where consumption is increasing;
- The NHS spends more on alcohol-related treatment for people aged 55-74 than for those aged 16- 24. Two-thirds of all hospital admissions caused by alcohol occur among people aged over 55, compared to just 3% among under 25s

2.2. Initial scoping information provided to the Review by primary care recorded that Geoff consumed 100 units of alcohol per week and had refused support to stop drinking. On 3 October 2018, it is noted that he had stopped drinking.

2.3. Primary Care records reference Mavis's use of alcohol on 16 occasions between 1986 and 2016. On 11 of these occasions the records state the total of alcohol units that Mavis reports consuming on a daily or weekly basis.The records document alcohol intake that exceeds the current Public Health recommended 14 units a week in 1987, 1999, 2003, 2015 and 2016. Many of the records that refer to excessive intake of alcohol correlate with Mavis's disclosures of domestic abuse and / or reference to financial pressures or stresses.

2.4. On three occasions in 1986, 1987 and 1999, Mavis was offered advice on reducing her intake. It is noted however that during presentations in 2015 when Mavis reports drinking 63 units per week and in 2016 when it is recorded that she *is still drinking a bottle and a half of wine per night* there is no record in the Primary Care information of advice being offered or a referral made to support services. Furthermore, there is no evidence in the records that she was signposted or referred to alcohol support services at any point, nor of any discussion around the reasons that she drank alcohol.

[15] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/health--wellbeing/age_uk_response_to_commission_on_alcohol_harm_february2020.pdf

2.5. Mavis's recorded pattern of alcohol use is not consistent. In 1988 it is recorded that she stopped drinking for 2 months and on several occasions (in 2004, 2006, 2007, 2009, 2010, and 2011), it is recorded that she is an *occasional* or *light drinker* of alcohol.

2.6. In their statements to Police, Mavis's friends, family and the lodger all refer, to differing degrees, to her alcohol use;

- Friend 3 states that they would drink wine together of an evening;
- Friend 1 states that she would often see Mavis drinking Shiraz from a cup but *I would never describe her as drunk;*
- The Lodger, who had lived with Mavis and Geoff for 8 years describes how Mavis would drink two bottles of red wine a day. He explained that she would never drink before midday, *wine was just part of her lifestyle, she would have it to relax and would never seem to be hungover;*
- Sister 1 told police that she would never call Mavis after 8pm as she would be *slurring her words.* She further states that Mavis would *never be drunk in work although she would drink in work;*
- Friend 1 states *I would say Mavis had a drink problem as she would start some days at 10 in the morning until 9 at night sipping on wine throughout the day but it never seemed to affect her and she would be able to continue serving and cooking without a problem;*
- Sister 2 tells police that *Mavis has always liked a drink. She liked to drink red wine. My concerns for her in the last 12 months were to do with the fact that she seemed to start drinking earlier in the day. I just put this down to the stresses of the running of their business. I think the business took off more than Mavis and Geoff bargained for, and they were getting older at the end of the day.*

Analysis

2.7. It is clear from these accounts that those who knew Mavis were aware of the extent of her alcohol use with Sister 2 explicitly sharing her concerns about Mavis drinking earlier in the day in the year leading to her death.

2.8. The Panel note however the comments that Mavis never appeared hungover or drunk whilst working, possibly indicating her tolerance of alcohol.

2.9. The lodger's statement that *wine was just part of her lifestyle* points to a pattern of alcohol use that had become routine for Mavis as a means of coping with the stresses of business, her relationship and loneliness.

2.10. It is estimated that fewer than 15% of older adults with an alcohol problem are accessing treatment[16]. Age UK's submission to the Commission on Alcohol Harm[17] details some of the challenges experienced by older people in accessing support services:

- Older people are less likely to disclose that they need help with their drinking due to shame or a perception that they are too old to recover;
- They can often have smaller social networks meaning that signs of excessing drinking may not be picked up;
- Previous unsuccessful attempts to access support;
- Many professionals fail to look out for signs of problem drinking as they incorrectly presume it's a younger person's issue[18]. Even when health professionals do recognise that an older person has an issue with alcohol they may not refer them to services;
- Older people who are referred to support frequently find that services have been designed with younger people in mind and do not address the issues they are facing;
- One third of older people living with an alcohol problem began drinking harmfully in later life[19] often as a coping strategy to experiences such as bereavement, loneliness, health problems or the loss of routine;
- All age services often fail to recognise or respond to the specific needs facing older people.

2.11. Public Health guidance is 14 units per week with 2-3 alcohol free days[20]. The level of alcohol consumption recorded in 2015 and 2016 for Mavis may have indicated a level of dependency or a pattern of behaviour, however there is no evidence in her primary care records that reasons for Mavis's alcohol use were explored.

2.12. Panel members representing alcohol use services reported that an increase in drinking for those over the age of 50 can be triggered by life changes e.g. retirement/loneliness (see reference in chronology 7/11/2003 where Mavis states that she has recently retired and misses the company). They further

---

[16] Drink Wise, Age Well (2019), 'Calling time for change: a charter to support all older adults in England to live free from the harm caused by alcohol'. https://drinkwiseagewell.org.uk/wp-content/uploads/2019/06/Calling-Time-for- Change-Charter-_Drink-Wise-Age-Well-UK.pdf

[17] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/health--wellbeing/age_uk_response_to_commission_on_alcohol_harm_february2020.pdf

[18] Rahul Rao, 2016, 'Managing older people's alcohol misuse in primary care', *British Journal of General Practice.* https://bjgp.org/content/bjgp/66/642/6.full.pdf

[19] Drugscope. (2014) It's About Time: Tackling Substance Misuse in Older People

[20] https://www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units/#:~:text=To%20keep%20health%20risks%20from,several%20drink%2Dfree%20days%20each

report that drinking is often hidden in the over 50s age group and individuals over the age of 55 are less likely to seek support. The representatives spoke about the stigma/shame associated with drinking at that age reported by clients and how individuals can feel embarrassed or awkward trying to seek support or access services feeling that services will be judgemental/prejudice. They also reported that people often minimise their drinking patterns and therefore if Mavis was self-reporting 63 units a week this is likely to have been higher.

2.13. The Panel considered to what extent Mavis's time as a landlady may have contributed to her relationship with alcohol in that this would have been part of her lifestyle for many years and consideration was also given to the rurality of the community in which she lived. A recent scoping review concluded that *alcohol-related harm is a major public health concern and appears to be particularly problematic in rural and remote communities. Evidence from several countries has shown that the prevalence of harmful alcohol use and alcohol-attributable hospitalisations and emergency department visits are higher in rural and remote communities than in urban centres……Most studies (60%) found rural, relative to urban, residence to be associated with an increased likelihood of hazardous alcohol use or alcohol-related harm.*[21].

2.14. It is the Panel's view that Mavis's alcohol use masked other issues including her relationship with Geoff, financial stressors and isolation and loneliness. They conclude that there were opportunities missed for primary care practitioners to be professionally curious in better understanding the reasons that she used alcohol and support her to access specialist support.

2.15. In relation to Geoff, the Panel explored the potential effects of reducing drinking from a 100 to 0 units a week as documented in his medical records. Representatives from substance use services explained that potential effects would depend on the duration of time over which the reduction happened. People often reduce drinking through a self-imposed reduction plan. Panel members explained that this was not recommended as it can cause fatal seizures and withdrawal symptoms which, for some people can result in irritability and in increase in violence or aggression. Geoff's reduction of alcohol consumption coincided with the timeframe of Mavis reporting to a friend that Geoff was nasty to her and also with Friend 1's diary entries stating that he was unwell and undergoing tests in hospital which may have accounted for his decision to stop drinking.

2.16. It is acknowledged by the Panel that there could be difficulties in relationships where both partners had been drinking and one has stopped and is trying to abstain while the other is still drinking. The panel acknowledged that some

[21] Friesen EL, Kurdyak P Alcohol use and alcohol-related harm in rural and remote communities: protocol for a scoping review *BMJ Open* 2020 https://bmjopen.bmj.com/content/10/8/e036753

people use a person's dependency to further coerce and control and considered whether, and to what extent, Geoff and the lodger sought to control Mavis's drinking as it was they who bought the wine, 8 bottles for Monday to Thursday and 6 bottles for Friday to Sunday.

2.17. Current responses to alcohol/substance use in Carmarthenshire are summarised below:

- Tier 1 services are non-specialist who work with people who use substances e.g. GPs, voluntary sector services;
- D-DAS are commissioned to deliver Tier 1 training to professionals across the region;
- If an individual disclosed levels of alcohol use as disclosed by Mavis or Geoff GPs should do a blood test and monitor usage. This approach ensures the lowest intensity of intervention possible to meet needs;
- Accessibility of substance use services: there are a number of different access points for individuals including physical offices/outreach surgeries, telephone and live web chat which is popular with those aged 50 and over. Services are also accessible to individuals concerned about others (friends or family members);
- Alcohol Liaison Nurses are based in hospitals across the region and play a key role in referring individuals who are in hospital directly to specialist services.

2.18. Whilst substance use service representatives were moderately confident that all GP practices are aware of the pathways to support services, they identified a need for consistency in referrals from GPs to specialist services.

2.19. The panel supports the recommendations included within Age UK's response to the Commission on Alcohol Harm[22] in 2020 that:

- The misconceptions around older people and alcohol need to be broken down. Health professionals should routinely check for signs of harmful alcohol consumption from older patients and make referrals to services based on need, as opposed to age;
- Public health campaigns and messaging must target older people and demonstrate understanding of their unique needs, instead of being skewed towards a younger audience. This should include supporting older people to recognise the risks of harmful drinking and ask for help when needed;
- Alcohol support services must recognise and respond to the needs of older people, ensuring that they are accessible to everyone and reduce the stigma around accessing support. This includes recognising the

[22] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/health--wellbeing/age_uk_response_to_commission_on_alcohol_harm_february2020.pdf

unique reasons behind older people's drinking and how the impacts of alcohol consumption are different in later life.

3. Mental Health as a factor in Mavis's life

Overview

3.1. References to Mavis's mental health are recorded on 18 occasions within her primary and secondary health care records between 1986 and 2016. These include references to anxiety, depression, low moods and stress.

3.2. Mavis is prescribed anti-depressants on a number of occasions and this response is examined further under the next heading relating to Mavis's menopausal symptoms.

3.3. On three occasions, in February 1986, November 2003 and August 2014 it is recorded that Mavis is not suicidal. However, in April 1992, following the death of her mother the GP records that Mavis reports that she is suicidal.

3.4. Stress at work and financial difficulties including property repossessions and County Court hearings are noted on a number of occasions as contributors to Mavis's stress, anxiety and depression.

3.5. In November 1987 it is recorded that Mavis tells the GP that her *husband beats her, 2-3 years.* The GP records *No clinical depression: suggests she approaches her husband for marriage guidance*. In April 1992, Mavis describes feeling depressed and suicidal and *marital difficulties* are also recorded in the GP entry. These responses are explored further in Section Five.

3.6. On 31st October 2012, the GP completed a Patient Health Questionnaire (PHQ 9) with Mavis. The PHQ 9 is a diagnostic tool introduced in 2001 to screen adult patients in a primary care setting for the presence and severity of depression. Mavis scores 26 in responding to the questionnaire which indicates a severe level of depression. She is provided with leaflets on stress courses and advised to contact Citizen's Advice.

3.7. On three occasions *stress at home/family stress* is noted as a contributory factor to how Mavis is feeling, notably on the last two GP appointment records in 2014 and 2016. There is no record of what is meant by this or evidence of further questioning to determine the nature of family stresses.

Analysis

3.8. Whilst recognising the time that has passed since Mavis's interactions with the GP the Panel note the following;

- In April 1992 when Mavis describes feeling suicidal there is no record of the GP undertaking any assessment of her suicidal ideation, offering information or a referral to support services;
- At no point in Mavis's records is there evidence that GPs enquired about her family or social networks in terms of providing emotional support;
- There is no record of GPs linking Mavis's presentations relating to her mental health to the abuse she discloses from her husband;
- There is no evidence that the GPs asked about domestic abuse in the context of a depressive illness/presentation.

3.9. Safe Lives Safe and Well Report [23]states that there is a link between domestic abuse and mental health problems. Mental health problems are a common consequence of experiencing domestic abuse[24] and having mental health problems can render a person more vulnerable to domestic abuse.[25]

3.10. The report, based on SafeLives Insight data highlights that:

- Victims with mental health needs are more likely to have problems with drug and alcohol use compared to those who do not (14% compared to 4% for alcohol and 10% compared to 2% for drug use);
- People with mental health needs had visited their GP and A&E more times on average compared to those without (5.9 times compared to 3.8 times for GPs and 1.5 compared to 1.2 times for A&E));
- Victims of Domestic Abuse with mental health needs more likely to have visited GP and A&E before accessing support (83% compared to 60% for GPs).

3.11. Research published in the British Medical Journal[26] found that survivors of abuse had double the risk of developing anxiety, and three times the risk of developing depression and illnesses such as schizophrenia and bipolar disease, even after accounting for other factors that can contribute to mental illness.

---

[23] https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf May 2019

[24] Oram, S., Khalifeh, H., & Howard, L.M. (2016). Violence against women and mental health. The Lancet Psychiatry, 4 (2): 159-170. https://DOI.org/10.1016/S2215-0366(16)30261-9

[25] Devries, K.M., Mak, J.Y., Bacchus, L.J., Child, J.C., Falder, G., Petzold, M., & Watts, C.H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. PLoS Med 10(5): e1001439. DOI:10.1371/journal.pmed.1001439

[26] Women who experience domestic abuse are three times as likely to develop mental illness *BMJ* 2019; 365 doi: https://doi.org/10.1136/bmj.l4126 (Published 07 June 2019)

3.12. During the course of this DHR the following learning has been implemented by Hywel Dda University Health Board;

- Lead Practitioner for Violence against Women, Domestic Abuse, Sexual Violence and Safeguarding has delivered a presentation on the links between mental health, substance use and domestic abuse to GP services across the Health Board (including Out of Hours GPs);
- Lead Practitioner for Violence against Women, Domestic Abuse, Sexual Violence and Safeguarding has developed a 7-minute briefing highlighting the links between domestic abuse, mental health and substance misuse which is being disseminated through primary care forums and the primary care newsletter;
- Hywel Dda University Health Board has developed a co-occurring pathway for Mental Health and Substance Use Services which aims to provide greater clarity on responses for patients who experience these needs and has created a role of Co-occurring Mental Health and Substance Use Practitioner to support the implementation of this pathway.

4. Mavis's experience of the menopause

Overview

4.1 The Panel acknowledges that Mavis's presentations to her GP were over 20 years ago but with the new UK Government Menopause Taskforce and the increased focus on awareness of and responses to menopause it is right that this is examined in the context of this review. In addition; *Emerging evidence suggests that experiencing domestic abuse may be associated with worsening menopause symptoms and that menopause may lead to changes or escalation in domestic abuse*[27]*. Nearly four in ten (39%) of women killed by men in the UK are in the 36-55 age range*[28]*.*

4.2 From her early 40s Mavis presents to the GP with symptoms that may now be identified as perimenopause or menopause. The GP notes Pre-Menstrual Tension (PMT) and Pre-Menstrual Syndrome (PMS) in records in 1987 and 1989.

4.3 PMS is defined by the NHS website[29] as *the symptoms women can experience in the weeks before their period which may include mood swings, feeling upset, loss of libido, anxious or irritable, tiredness or trouble sleeping and bloating.*

4.4 In January 1991, Mavis is prescribed medication for hormone imbalance and this medication is changed in February 1991 as she reports that it makes her

[27] https://irisi.org/wp-content/uploads/2022/02/Menopause-and-Domestic-Abuse-Brief-Guidance-for-Staff-and-Clinicians-in-General-Practice.pdf
[28] Femicide Census 2020
[29] www.nhs.uk/conditions/pre-menstrual-syndrome/

feel *not herself*. It is during the January appointment that Mavis discloses that she has had a row with Geoff the night before and has a black eye.

4.5 In October 1992 Mavis has a total hysterectomy. The NHS website states that *if you have a total hysterectomy that removes your ovaries you'll experience the menopause immediately after the operation regardless of your age. This is known as a surgical menopause.*

4.6 When the GP refers Mavis to a Psychologist in February 1993 the letter states: *I don't think she is suffering with the menopause. She seems emotionally labile, one day she is full of the joys of spring then the next day down in the dumps. She is often very tearful with the feeling that a big black cloud is hanging over her head.*

4.7 Between 1993 and 1999 Mavis reports symptoms on 7 occasions which could be attributable to the menopause including tiredness/lethargy, early morning waking, headaches, mood swings, anxiety, night sweats, feeling bloated and weight gain.

4.8 It is only following an appointment in December 2001 that Mavis is prescribed medication for menopause symptoms.

4.9 In June 2002, it is recorded that Mavis is presenting with menopausal symptoms and is to see the GP for hormone treatment. Mavis has an appointment with the Gynaecology Consultant in July 2002 who notes that she had a hysterectomy 10 years previously and has tried a number of HRT preparations but stopped them due to side effects. A Menoring (an oestrogen vaginal ring) is recommended and is fitted the following month. In October 2002, the Consultant requests that the GP prescribes a 3 month prescription for HRT. There is no further record of Mavis receiving prescriptions for HRT after 2002.

Analysis

4.10 It is 9 years after Mavis's total hysterectomy that she is prescribed medication for menopause symptoms. During this time she is prescribed anti-depressants on two occasions (1995 and 1999).

4.11 A factsheet[30] by the Menopause Charity outlines the relationship between Antidepressants and the Menopause;

- Feeling down, sad, and upset can be very common symptoms of the menopause and perimenopause. Other psychological symptoms include feelings of low self esteem, having reduced motivation or interest in things, anxiety and panic attacks, irritability, and mood swings. It is clear to see why these feelings could be mistaken for depression and perhaps, therefore, understandable why a doctor might prescribe antidepressants;

[30] https://www.themenopausecharity.org/wp-content/uploads/2021/05/Antidepressants-and-Menopause.pdf

- Research suggests that more than half of all perimenopausal women report an increase in depressive symptoms;
- Menopause guidelines are clear that antidepressants should not be used as first line treatment for the low mood associated with the perimenopause and menopause. This is because there is no evidence that they actually help psychological symptoms of the menopause;
- Research has shown that if women are given HRT when they are perimenopausal, this can reduce the incidence of clinical depression developing. Many women who start HRT and have been incorrectly given antidepressants in the past, find that their depressive symptoms improve on the right dose and type of HRT, to the extent that they can reduce and often stop taking their antidepressants.

4.12 A recent study undertaken with nearly 3000 women by the non-profit Newson Health[31] showed that 66 per cent of respondents had been inappropriately offered or given antidepressants for the low mood associated with their menopause. Furthermore, some 80 per cent of those women said they felt antidepressants were an "inappropriate" treatment for the symptoms they were suffering.

4.13 Whilst Mavis's experiences with her GP were over 20 years ago this recent research indicates that the practice of inappropriately prescribing antidepressants in response to menopause symptoms continues.

4.14 AVA's Stuck in the Middle With You Project[32] researched the link between menopause and domestic abuse and how women's contact with GPs for menopause related symptoms could provide an opportunity for disclosure and support. The Project which ran between 2020 and 2021 was delivered by AVA in partnership with IRISi and IMECE Women's Centre and resulted in guidance[33] for practitioners. Key insights include:

- Menopause impacts women's relationships, especially with their intimate partner/s and family members;
- Domestic abuse impacts menopause symptoms; with negative symptoms or experiences compounding or obscuring one another;
- Women view menopause as a pivotal moment for making life changes, suggesting that menopause may be a key time when women are looking for support to escape domestic abuse;
- Women highlight a number of intersecting barriers in the way of adequate support in General Practice settings, including, but not limited to: short appointments; lack of routine enquiry; inadequate mental health support; negative experiences with male GPs; generic or unhelpful information on menopause; few/no onwards signposting to specialist support for either menopause or domestic abuse;

[31] https://www.independent.co.uk/news/health/menopause-antidepressants-symptoms-worse-hrt-shortage-a9148951.html

[32] https://avaproject.org.uk/stuck-in-the-middle-with-you/

[33] https://irisi.org/wp-content/uploads/2022/02/Menopause-and-Domestic-Abuse-Brief-Guidance-for-Staff-and-Clinicians-in-General-Practice.pdf

- The findings also suggest women experiencing both menopause and domestic abuse are likely to face significantly elevated health needs. A clear lack of specialist support or sensitive routine inquiry means menopause-related appointments are currently a missed opportunity for intervention.

4.15 Menopause related health appointments can be a key opportunity for intervention with women who may not otherwise disclose or identify their experiences as domestic abuse[34].

4.16 It is the Panel's view that Mavis's menopause symptoms were not identified in a timely manner and that she continued to experience symptoms unnecessarily between 1992 and 2001. There is no record of her menopause symptoms or HRT being discussed after the request by the Consultant to prescribe 3 months of HRT in 2002 despite presentations that could have indicated a continuation her symptoms.

4.17 Hywel Dda University Health Board is currently developing a Menopause Pathway which should consider the guidance and research referenced in this section to inform approaches to workforce development, proactive, sensitive enquiry, early identification and referral pathways.

5. Intersectionality and Mavis' experiences viewed in the context of older womens' experience of Domestic Abuse

Overview

Through an awareness of intersectionality, we can better acknowledge and ground the differences among us[35]

5.1 Intersectionality is defined by the Oxford Dictionary as the *interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.*

5.2 Mavis was an older woman who was a victim of domestic abuse. The Panel also considered how, and to what extent Mavis's first marriage, which her sister recalls as being abusive, may also have contributed to her vulnerability. She used alcohol and on numerous occasions presented at her GP with symptoms of depression, anxiety and stress.

[34] https://irisi.org/wp-content/uploads/2022/02/Menopause-and-Domestic-Abuse-Brief-Guidance-for-Staff-and-Clinicians-in-General-Practice.pdf
[35] Kimberle Crenshaw, 1991

5.3 Mavis spoke of her lonlieness and the Panel considered how the following factors may have contributed to her isolation;

- Her age;
- Living in a Welsh speaking, rural community;
- Loss of confidence to drive, poor public transport and therefore a reliance on Geoff or the lodger to take her places;
- Living in a different location to her friends and sisters; relying on them to come to visit her;
- The time commitment of the takeaway resulting in limited free time;
- No access to the internet or IT devices.

5.4 When considered together, the vulnerabilities identified in paras 5.2 and 5.3 above created multiple disadvantages to Mavis in any attempts to seek help and support.

5.5 Mavis's mental health and use of alcohol were identified by the GP during her presentations but her disclosures of domestic abuse were not 'seen or heard' by practitioners thereby presenting a barrier that prevented Mavis from being able to access further help and support.

5.6 The Panel considers that these factors continue to be stigmatised by society and that Mavis may have been embarrassed to seek support for fear of how people may have perceived her.

Analysis

5.7 This is the fourth DHR in the Mid and West Wales region relating to the death of an older female and therefore merit a close examination of what age combined with the intersection of other vulnerabilities meant for Mavis and other women who experience abuse in similar settings and situations.

5.8 In 2021, the Older People's Commissioner for Wales commissioned research into the support available in each Local Authority area in Wales for older people experiencing violence against women, domestic abuse and sexual violence[36].

5.9 The report concludes that incidents of older people experiencing abuse remain under-reported and under-recorded. The report finds that older people feel less able to access support that is available for a number of reasons, such as unawareness of support services; a perception that support is not available for older generations; financial dependence on the abuser; a sense

[36] Report into the Support available in each local authority area in Wales for Older People experiencing Violence against Women, Domestic Abuse and Sexual Violence 2021 (Inside Out Organisational Solutions Dr. Norma Barry and Rhian Bowen-Davies)

of shame or embarrassment; perceived lack of entitlement to support: fear of the consequences of reporting abuse; and perceived ageism amongst professionals.

5.10 The report further concludes that older people living in rural communities face additional barriers and needs in relation to accessing support services for VAWDASV.[37] There are particular challenges for older people such as living in small, close-knit communities where it is difficult to achieve anonymity or who experience isolation due to limited or lack of public transport, poor internet connections, a lack of IT skills and services being located some distance away. Abuse in rural areas is likely to last about 25% longer than in urban areas and the levels of reporting in such areas is lower when compared to reports in urban areas.[38] These challenges are often overlooked in the design and delivery of services.

5.11 The report makes a range of recommendations to Welsh Government, the Older People's Commissioner for Wales, Public Services and the specialist sector including the establishment of a national taskforce to develop a strategic and system wide approach to improving responses to older people who are experiencing abuse in Wales to review policies, strategies and service delivery models to ensure that they take account of and are responsive to the needs of older people, a review of the national training framework and adopting age-appropriate assessments of risk.

5.12 The Older People's Commissioner for Wales report[39]concludes that generic violence against women, domestic abuse and sexual violence services are not equipped to respond to the needs of older people experiencing domestic abuse with service models and interventions tailored to the needs of younger people and failing to take account of the needs and experiences of older people. The report further concludes that older people feel less able to access support that is available for a number of reasons, such as unawareness of support services; a perception that support is not available for older people; financial dependence on the abuser; a sense of shame or embarrassment; perceived lack of entitlement to support: fear of the consequences of reporting abuse and a perceived ageism amongst professionals.

5.13 Mavis lived in a small, Welsh speaking rural community, 10 miles from the nearest town where public services and specialist domestic abuse organisations were located. She did not use technology and had lost her confidence to drive, relying on others to take her places. Public transport links

[37] Welsh Women's Aid Briefing: Rurality and VAWDASV
[38] Captive and Controlled, Domestic Abuse in Rural Areas https://www.ruralabuse.co.uk/wpcontent/uploads/2019/07/Domestic-Abuse-in-Rural-Areas-National-Rural-Crime-Network.pdf
[39] Report into the Support available in each local authority area in Wales for Older People experiencing Violence against Women, Domestic Abuse and Sexual Violence 2021 (Inside Out Organisational Solutions Dr. Norma Barry and Rhian Bowen-Davies)

in the region are poor. A search of bus routes from the village indicate that whilst there is a week day bus service it goes to Cardigan, the main town in a neighbouring county rather than to Carmarthen. A bus route to Carmarthen would have involved Mavis changing buses and waiting for a connection in addition to a journey lasting over an hour and a half. When seen collectively, these factors would have presented multiple barriers that limited Mavis's ability to identify or access support services.

5.14 There were a number of bespoke and specialist support initiatives for older people who are experiencing domestic abuse operating in Carmarthenshire at the time of Mavis's death:

- Dewis Choice

The Dewis Choice[40] initiative is a dedicated service for older people, providing intensive support for people over the age of 60 who are experiencing domestic abuse. The initiative is coproduced with older people and focuses on providing a holistic, coordinated and person-centred service to meet the individual's needs.

The initiative has evolved from findings from the Access to Justice[41] research carried out by the Centre for Age and Gender and Social Justice at Aberystwyth University. The research demonstrated that agencies tended to respond to older people who were experiencing abuse as welfare cases requiring a health or social care response rather than making appropriate referrals to specialist domestic abuse organisations or the police. The research further highlighted that in cases where domestic abuse of older people had been identified there was rarely any follow up support offered resulting in trauma and an impact on mental health.

Funded by the Big Lottery Research Grant between 2017 -2019 the initiative initially operated in Cardiff and Carmarthenshire but since 2019, has only operated in Carmarthenshire funded by a combination of charitable, Ministry of Justice and regional Welsh Government grants.

The initiative is aimed at supporting older people who are assessed as standard to medium risk of domestic abuse and are referred by statutory services. The reality however is that high risk individuals are being supported by the initiative as they are falling through the gaps in existing risk assessment, systems and processes.

Since its inception, Dewis Choice has supported 125 older people in Carmarthenshire.

[40] https://dewischoice.org.uk/what-we-do/dewis-choice-initiative/
[41] https://www.gov.wales/sites/default/files/statistics-and-research/2019-08/121220accesstojusticeen.pdf

- FARM (Family and Rural Mentor Project)

Carmarthen Domestic Abuse Services received National Lottery Funding from 2017- 2021 for FARM, a mentor scheme which worked in rural communities across Carmarthenshire to raise awareness of domestic abuse and support services. The project worked with 214 clients during the four years it was funded but was unable to continue when funding came to an end.

5.15 There is no evidence that Mavis was aware of either service. It emphasises how, even when initiatives are targeted at a specific demographic group, people can still fall below the radar. It still relies on people identifying/seeing themselves as victims of domestic abuse and while Mavis was scared of Geoff there is no evidence of her using the term 'domestic abuse' to describe her circumstances.

- Training

There is a lot of training that needs to be done for professionals as understanding of older people's experiences of domestic abuse is lacking.[42]

Whilst relevant authorities are required to complete the relevant elements of the National Training Framework these requirements are currently limited to those identified as relevant authorities e.g. Local Authorities, NHS Trusts and Health Boards and Fire and Rescue Services. Panel members identified that there are organisations working in communities who, whilst not providing direct support for domestic abuse are trusted professionals for older people and they may not be playing as full as part as they could in respect of identifying individuals who are experiencing abuse. The panel recognised that bespoke training for practitioners would improve knowledge and confidence to have conversations that could identify domestic abuse and facilitate referrals to specialist services.

5.16 It is the Panel's view that there is a need to extend the requirements of the National Training Framework to non-relevant authorities which would include third sector providers including Age Cymru and Citizen's Advice who are working with older people across Wales.

5.17 It is also the Panel's view that bespoke training, tailored to the needs and experiences of older people must be delivered to practitioners across Mid and West Wales. This training, which should be delivered by specialist providers should include exploring the experiences of older people in respect of interpersonal and familial abuse, economic abuse and the link between domestic abuse, dementia and other cognitive impairments and mental health in addition to safeguarding and support options. Training should be complemented by a range of resources that practitioners can access.

[42] https://www.olderpeoplewales.com/Libraries/Uploads/Leave_no-one_behind_-_Action_for_an_age-friendly_recovery.sflb.ashx

- Community based responses to Domestic Abuse

We know that communities are often the first to know about abuse, and that they can act as gate openers or gate closers in terms of help seeking[43]

Mavis confided in her friends, people that she knew and trusted. Whilst Mavis's friends listened to and were worried about her, they were not aware of, or able to connect Mavis to services that may have been able to support her.

A recent article[44] highlights how friends, family, colleagues, and neighbours don't always recognise the signs of abuse, don't know how to help, or fear repercussions or negative consequences if they intervene.

The Panel recognise that a lack of understanding and confidence can result in people being unsure of how to respond when someone discloses abuse and survivors can feel judged, isolated or silenced by people around them. This further highlights the need for greater awareness and understanding amongst communities of older people's experiences of domestic abuse so that friends and family members can recognise and seek information about how best to speak to and support someone who may be experiencing abuse.

Whilst there are national resources[45] available for those who are concerned about someone it is the Panel's view that information for friends and families needs to be more visible in communities.

The report for the Older People's Commissioner concludes that;

the language, imagery and rhetoric about VAWDASV used in publicity campaigns and literature fails to convey the experiences of older people[46]

A primary reliance on older people recognising and identifying themselves as victims of domestic abuse presents a challenge both in terms of how practitioners identify and respond and the service models to support older people.

It is the Panel's view that there is a need to generate discussions with the public and practitioners about older people's experiences of domestic abuse. Raising awareness of older people's experiences appears to be an

---

[43] Finding the Costs of Freedom report, 2014

[44] Friends, family, colleagues, and neighbours play a vital role in responding to domestic abuse By Blog Editor, IOE Digital, on 23 November 2022 Karen Schucan Bird, Carol Rivas, Martha Tomlinson, Nicola Stokes, Patricia Melgar Alcantud, Maria Vieites Casado

[45] https://www.womensaid.org.uk/information-support/the-survivors-handbook/im-worried-about-someone-else/ and https://safelives.org.uk/reach-in

[46] Report into the Support available in each local authority area in Wales for Older People experiencing Violence against Women, Domestic Abuse and Sexual Violence 2021 (Inside Out Organisational Solutions Dr. Norma Barry and Rhian Bowen-Davies)

uncomfortable discussion for society and there is a need to bring these conversations to the fore through raising public and practitioner's awareness alongside that of older people to recognise abusive behaviours whether these be within interpersonal or wider familial relationships.

- Response of the Regional Safeguarding Board and Violence against Women, Domestic Abuse and Sexual Violence Partnership

In response to recommendations in previous DHRs involving older women the Regional Safeguarding Board and Violence against Women, Domestic Abuse and Sexual Violence Partnership have:

- Developed learning resources for practitioners relating to older people's experiences of domestic abuse;[47]
- Worked in partnership with the Older People's Commissioner for Wales to launch a campaign in 2021 targeted at practitioners working with older people. The campaign included social media posts #GetHelpStaySafe and #YouAreNotAlone and the distribution of over 1000 copies of the Get Help Stay Safe leaflet produced by the Older People's Commissioner. Braille and British Sign Language versions of this leaflet have also been developed by the region;
- Worked in partnership with Bro Myrddin Housing, Dewis Choice Initiative and older survivors to co-design a safe accommodation option for older people in the region;
- Worked with survivors across Mid and West Wales to co-design an awareness campaign targeted at older people who are experiencing domestic abuse, their friends and families on where and how to access information and support. This campaign will launch in Autumn 2023 with information being made available in community settings accessed by older people including GP surgeries, pharmacies, libraries, community centres and supermarkets;
- Worked with representatives of the Health and Beauty sector in 2022 to develop a community-based programme aimed at raising awareness, challenging attitudes and providing appropriate signposting to specialist services. The approach, which included webinars, podcasts[48] and Live Fear Free resources is now being extended to barbers and other community settings;
- Identified older people as a priority group in the draft regional Violence against Women, Domestic Abuse and Sexual Violence strategy 2023-27 including the following actions;
    - Raise public awareness of older people's experiences of domestic abuse and sexual violence and the help and support available;

[47] https://www.cysur.wales/dhr-learning-materials/
[48] https://podcasts.apple.com/us/podcast/what-next/id1489192748?uo=4
https://open.spotify.com/show/3WmAwK1WfaqcU78A9D4bo5

- Improve practitioners' knowledge and understanding of older people's experiences of both interpersonal and familial abuse and pathways to support;
- Ensure that there is a consistent service offer across the region to meet the needs of older people;
- Increase safe accommodation options for older people experiencing violence and abuse.

SECTION FIVE – OVERVIEW AND ANALYSIS AGENCY RESPONSES

This section examines the responses of Hywel Dda University Health Board to Mavis during the scope of the review.

Whilst Carmarthenshire County Council had contact with Mavis and Geoff in 1998 in relation to an application to offer assisted lodgings, these records have been destroyed in line with Carmarthenshire County Council Record Retention Policy and the Panel was unable to examine contact or responses.

In examining the Health Board's response to Mavis the Panel were mindful of when this contact happened and have sought to examine and include changes in policy and practice to identify learning that is relevant to the 'here and now'.

1. Primary Care

Overview

1.1 Mavis tells her GP about physical abuse from Geoff on two occasions, in 1987 when she intimates that the abuse has been ongoing for 2-3 years and in 1991 when the GP records a left black eye following a row with her husband the night before. On a further two occasions GP notes refer to marital difficulties or rows.

1.2 In response to her disclosures, it is suggested to Mavis that she seek marriage counselling (1987 and 1992) and she is referred by her GP to a Psychologist in 1993. The referral letter references *her husband becomes very aggressive apparently. He tells her it is her fault and has sometimes even hit her.*

1.3 There is no evidence of Mavis being encouraged to report the abuse to the Police or seek support from a specialist service operating at the time (Carmarthenshire Women's Aid opened in 1978).

1.4 The letter from the Psychologist to the GP in 1993 states that they met with Mavis who *impressed upon me the urgent need for marriage counselling.* The panel notes the psychologist's reference to their *reservations about this* but these are not detailed. The Psychologist does agree to meet with Mavis and Geoff but they did not attend the appointment.

1.5 Following this interaction there are no further disclosures or references to her relationship with Geoff until contact with Accident and Emergency in 2002 and it is the Panel's view that an absence of positive experiences is likely to have resulted in Mavis no longer seeking help for the abuse she experienced.

1.6 The chronology evidences how Mavis disclosed a range of life experiences to primary care practitioners, some of which clearly cause her trauma e.g. miscarriages, marriage breakdown, fertility issues and a desire to have another child, the death of her mother, domestic abuse and debts/financial issues.

1.7 It is evident that Mavis considers health practitioners as *trusted professionals* and this highlights the critical role that health practitioners have in terms of responding appropriately to disclosures of domestic abuse. As Primary Care services often have the most contact with patients than any other health service, the opportunities to proactively enquire and respond appropriately are critical.

Analysis

1.8 Despite attempts by the Head of Safeguarding for Hywel Dda University Health Board and the lead nurse for violence against women, domestic abuse and sexual violence, Mavis and Geoff's GP practice did not engage with the review. Whilst GP records were included in the Health Board's IMR, attempts to engage further with the Practice for this review were unsuccessful.

1.9 Prior to 2019, training for GPs relating to the awareness of, identification and responding to domestic abuse was incorporated into other Safeguarding training and delivered by the Health Board's Safeguarding Team. Furthermore in 2018/19 a representative from the Older Persons Commissioner's Office delivered several bespoke training sessions on 'Domestic Abuse and Older persons' throughout the Health Board area however, it is not known what the uptake from primary care was partially due to the fact that as independent contractors, they do not have an Electronic Staff Record which records all mandatory training for Health Board employees.

1.10 Since 2018, in line with Welsh Government's Violence against Women Domestic Abuse and Sexual Violence National Training Framework, Ask and Act training has been available to Primary Care staff including GPs. Since October 2021, the Health Board has been able to offer Ask and Act training weekly to staff and currently just over 50% of staff requiring this competency have completed the training.

1.11 At the point that the Health Board IMR was submitted in 2022, Mavis's GP practice had not completed the Ask and Act training and similar findings were made in respect of GP practices in two recent DHRs[49] completed in 2022 within the Health Board area.

1.12 The Panel is concerned that despite this training being available since 2018 none of the practices involved in the three DHRs had completed the training by the time of the DHRs. The Panel is further concerned that there has been little oversight or monitoring of the update of this training by GPs at a national level.

[49] Safer Pembrokeshire 'June' 2022 and 'Judith' 2022

1.13 The two previous DHRs completed in 2022 and referenced in para 1.11 above recommended that **Primary Care improve compliance with Group 2 Ask and Act training and establish a mechanism for monitoring and reporting compliance.** To ensure that all relevant staff across Primary Care are trained and implementing Ask and Act an Assurance and Exception report was presented to the Health Board's Strategic Safeguarding Working Group outlining compliance, areas for improvement and recommendations.

1.14 Recommendations are again included in this report as the compliance of GPs with Ask and Act continues to be highly relevant to ensure improved outcomes for individuals who disclose domestic abuse in a primary care setting.

1.15 The GP practice in which Mavis was registered is part of the Primary Care cluster included in the Health Board's first phase implementation of IRISi[50]. IRISi aims to develop more effective responses to domestic abuse in health settings and has been used successfully in Primary Care services throughout the UK. The GP cluster participating in IRISi have received additional training on domestic abuse and have a direct referral process to an IRIS-appointed IDVA from within Primary Care services. At the time of writing this report Mavis's GP practice was the highest referring practice to IRISi from the cluster. The implementation of IRISi has been funded by the cluster on a two year arrangement which is due to end in 2024.

1.16 In addition to IRISi, one GP practice in the Carmarthenshire cluster is also implementing HARK.

1.17 HARK, which stands for Humiliation, Afraid, Rape, Kick is a four question, self reported screening tool that represents different components of domestic abuse including emotional, sexual and physical abuse.

1.18 It is the Health Board's intention to evaluate the implementation and outcomes from both IRISi and HARK with a view to identifying learning and inform improved identification and responses within primary care settings for individuals experiencing abuse.

2. Secondary Care

Overview

[50] https://irisi.org

2.1 Hywel Dda University Health Board IMR details that Mavis was referred to specialist services for a variety of health complaints within the timeframe. Several of her appointments were day cases or outpatient attendances, which included admission for Endoscopy, Gynaecology, and Ear Nose and Throat (ENT) consultations.

2.2 She also attended for two surgical procedures in 1992 and 2008 respectively. The available medical and nursing notes date from 2003, thus, the admission notes from 1992 for the first procedure, a total abdominal hysterectomy, were not available to the review.

2.3 The admission for surgery in 2008 is documented in both nursing and medical notes. There is no mention of any safeguarding questions being asked during any of the admissions to hospital or the day case admission. The nursing records at this time, did not include any enquiry relating to safeguarding concerns; the only record of direct responses from Mavis relate to her being asked 'If she had any worries or concerns?' to which she responded that she was concerned about experiencing post-operative pain. When Mavis is asked if she ever felt lonely or miserable she responded 'sometimes'. There is no evidence of follow up questions being asked to understand the context for this response.

2.4 The current nursing records for all inpatient admissions now include a specific safeguarding section. The questions included in this section include:

- Does your partner or anyone else at home physically hurt you?
- Does your partner or anyone else at home insult, talk down, or try to control you? Do you feel threatened in your current relationship?
- Does your partner/ex-partner or anyone else at home shout or swear at you so that you feel unsafe?

2.5 Current practice on admission for an inpatient stay, is that patients are asked these questions and answers recorded by nursing staff. Any positive responses result in mandatory completion of the Domestic Abuse, Stalking and Honour Based Abuse Risk Identification Checklist (DASH/RIC) with a referral, if appropriate, to the Multi-Agency Risk Assessment Conference (MARAC). The practitioners are also asked to consider advising patients about The Live Fear-Free helpline[51].

[51] https://www.gov.wales/live-fear-free All Wales helpline providing advice and information to individuals experiencing violence against women, domestic abuse or sexual violence. Helpline is bilingual and operates 24/7.

2.6 Mavis also attends at the Emergency Department in February 2002 and in September 2018. During her presentation to the Emergency Department in 2018 there is no evidence of Mavis being asked about domestic abuse.

2.7 There are no Emergency Department records available for the presentation in 2002 but the discharge letter included within GP records notes *Diagnosis: intoxication and social situation. Evidence of physical abuse from husband.* The letter does not state what the evidence of physical abuse was or whether information or advice was given to Mavis in respect of domestic abuse or specialist support services.

2.8 The processes to act on disclosures of abuse at that time were not known to the author of the IMR and therefore a senior nurse who had worked within the Health Board Emergency Department for over 20 years was asked for her recollection of processes to support victims of domestic abuse at that time. The practitioner advised that she did not recall there being any particular process to signpost victims to support in 2002, though as a minimum, practitioners should have encouraged the victim to report the abuse to the Police or reported the abuse directly to the Police themselves if the victim was unable to do so.

2.9 During 2008/2009, a pathway to enquire and respond to domestic abuse was introduced in Emergency Departments and included the *routine* asking of a series of questions called 'HITS' (standing for Hurt, Insult, Threaten and Scream) to all patients. Responses to HITS were recorded on the patients' casualty card and, using this tool staff were able to identify potential domestic abuse.

2.10 Since 2018, all staff who work in an Emergency Department are required to follow the guidance of the Health Boards Ask and Act[52] policy and pathway, developed in line with the statutory requirements of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015) and the training delivered via the National Training Framework[53], 'Ask and Act'. This pathway directs the practitioners to consider if a patient is experiencing abuse, whether from a direct disclosure or where indicators are present. To ensure the patient's safety, staff also need to consider whether an immediate safeguarding response is needed whilst the victim is in the department,

---

[52] A process of targeted enquiry across the Welsh public service in relation to violence against women, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services mental health and child maltreatment settings https://senedd.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf

[53] https://www.gov.wales/national-training-framework-violence-against-women-domestic-abuse-and-sexual-violence

consider any other persons including children and any adults at risk with whom the perpetrator has contact and who may be at risk of harm. There is further advice provided to staff regarding the completion of the Domestic Abuse, Stalking and Honour Based Abuse Risk Identification Checklist (DASH/RIC). If the criteria for referral is met, the completed DASH/RIC document is then forwarded to the Health board's safeguarding team to quality assure prior to sending to the local MARAC coordinator. Additionally, all victims should be offered details of the Live Fear-Free Helpline number.

Analysis

2.11 Two other DHRs in the Mid and West Wales[54] region have highlighted challenges when applying a threshold to asking about abuse rather than asking all patients routinely. The targeted enquiry approach is seen to limit opportunities to identify and offer support to those experiencing abuse.

2.12 One of the recommendations arising from these previous reviews is that all patients should be routinely asked questions around domestic abuse when they attend Emergency Departments to improve opportunities for all persons experiencing domestic abuse to disclose and be offered support and referral to specialist services.

2.13 Whilst Ask and Act has been requirement in the Heath Board since 2019 it recognises that there isn't yet a process in the Emergency Departments that provides assurance that Ask and Act is being implemented. This is partly attributable to the fact that there is nowhere in the current record keeping system to document responses nor is there a system to monitor the application of Ask and Act.

2.14 In 2023, in response to previous DHR recommendations, a routine enquiry process has been implemented in one of the Minor Injuries Unit with a view to extend this to all other Minor Injury and Accident and Emergency Units in the Health Board area. As part of this implementation the Routine Enquiry record has been added to the front of patient documentation enabling a record to be made and monitoring of compliance to take place. An Accident and Emergency nurse has also been seconded into the Health Board's safeguarding team with a view to improving compliance and standards of referrals.

2.15 These changes will directly contribute to Public Health Wales strategic objective to *support NHS Wales to evidence identification and response to*

[54] Safer Pembrokeshire 'June' 2022 and 'Judith' 2022

routinely asking about domestic abuse in Emergency Departments, Minor Injury Units and mental health services[55].

2.16 Hywel Dda University Health Board has also recently employed its first Health Domestic Abuse Advocate, funded by NHS Charities. As well as providing a direct referral service for victims one of the role's objectives is to improve staff skills and knowledge in respect of responding to domestic abuse.

2.17 All health staff, including those working in Primary Care have access to the Ask and Act training, which includes consideration of all factors that are associated with and contribute to an individual's experience of domestic abuse.Healthcare staff, including those working in Emergency departments are required to attend Ask and Act training, which is currently delivered virtually. Compliance with Ask and Act training is monitored via the Service Delivery groups.

2.18 In addition to Ask and Act training, the Lead VAWDASV practitioner has delivered bespoke training on older persons and domestic abuse and learning from Domestic Homicide Review's involving older persons. She has also presented such learning as a case study to senior managers and also to individual teams. This experiential style of learning has been well received by practitioners and has enabled further reflection on how best to respond effectively to domestic abuse, and specifically, the challenges faced by older victims.

2.19 It is possible, but difficult to be conclusive, that if Mavis had attended primary and secondary care services in recent years that she may have been subject to more detailed systems of inquiry and her experiences may have been highlighted and acted upon in terms of appropriate help and support being offered.

SECTION 6 - CONCLUDING REMARKS

The Panel wish to acknowledge the role of campaigners who challenged the decision not to conduct a DHR into Mavis's death which ultimately resulted in this decision being reversed and a review commissioned.

Mavis died in 2018 but it took until 2022 for the DHR to be commissioned, an

[55] https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2022-2023/30-march-2023/board-papers-30-march-2023/412a-board-20230330-strategic-plan-imtp-2023-2026/ pg 23

unnecessary delay in identifying and implementing learning from her death and a delay which had wider consequences for the review in terms of the engagement of family and friends.

Despite the timeline and minimum agency contact the Review has identified learning relevant to 'here and now'; evidencing the value and intended purpose of Domestic Homicide Reviews.

The Review has also highlighted some significant challenges in respect of elements of the current DHR guidance in particular those relating to information sharing and the terminology of DHRs.

Despite not having spoken to any individuals who knew Mavis directly, the Panel has considered information from a range of sources to inform the Review and are satisfied that they have obtained sufficient information to develop opinions and establish evidence based findings and recommendations.

Mavis was a victim of domestic abuse and disclosed this to those she trusted – friends and health practitioners. Alongside these disclosures she sustained her persona as a successful businesswoman and to a degree, her outward persona served to eclipse and disguise her experiences, as her strength and capabilities are not typically associated with notions of what constitutes a 'victim'.

She told her friends about Geoff's behaviours towards her and that that she was frightened and scared. Her friends listened and their concerns become more pronounced in the time leading up to her death. It is the Panel's view that friends were not aware of, or able to connect Mavis to services that may have been able to support her. This bears testament of the degree to which public awareness of domestic abuse in all its forms and sources of information and support remain under-developed.

The Panel recognised the time that had passed since Mavis's last disclosure to health practitioners, however there is no evidence that the issues that she did present with including domestic abuse, alcohol use and mental health were explored at the time or followed up in future appointments. Consequently her help seeking behaviours with professionals did not result in any positive change and this is likely to have prevented her disclosing or seeking help again.

Mavis's experiences highlight the need for Health and other sectors (but particularly Health in Mavis's case) to understand the potential intersectionality of mental and physical health issues, substance use and domestic abuse, even where they appear as separate presentations. In Mavis's case her age and social circumstances were also significant. It emphasises the importance of a skilled, knowledgeable workforce who are confident and equipped to identify and respond appropriately to older people experiencing domestic abuse.

The Panel acknowledge the work that the region has undertaken in respect of older people experiencing domestic abuse and the prioritisation given in the new regional strategy. There is a need to continue on this trajectory as there is still work to be done in relation to raising awareness to increase understanding amongst

professionals and the public, together with ensuring that there are services in place to meet the distinct needs of older people who are experiencing domestic abuse.

SECTION 7 – RECOMMENDATIONS

The recommendations listed below are those included in the individual agency IMR and agreed with the Panel.

Hywel Dda University Health Board

- To proactively support an increase in compliance with Ask and Act training in Primary Care who have not implemented IRIS by identifying enablers and barriers to improvement
- Routine enquiry to be expanded to all Minor Injuries and Accident Emergency Departments in Hywel Dda University Health Board
- Implementation of a compliance audit process for Ask and Act / Routine Enquiry
- Monitor compliance with Ask and Act training with evidence of measures made to address areas of poor compliance reported via operational delivery groups
- Evaluate the pilot of IRIS and HARK and consider ow this may be embedded across all clusters in Hywel Dda University Health Board
- To consider the links between menopause and domestic abuse within the development of the Health Board's Menopause Pathway
- Develop a 7 minute briefing on the links between Menopause and Domestic Abuse and distribute with the Guidance document[56] via the Health Board's Safeguarding Intranet, Primary Care Network and relevant forums
- Share guidance and briefing with NHS Wales Safeguarding Team for circulation to all Safeguarding leads in Wales

Mid and West Wales Partnership Recommendations

Violence against Women, Domestic Abuse and Sexual Violence Partnership

- Ensure that a service/services that can provide a bespoke, tailored service to respond to the needs of older people who are experiencing domestic abuse are commissioned across the region
- Ensure that a bespoke training programme relating to older people and domestic abuse is available to practitioners as part of the Regional Safeguarding Board's workforce development programme

Regional Partnership Board

- Develop a regional substance use, domestic abuse and mental health pathway for individuals who present with multiple needs

West Wales Area Planning Board

- Improve the consistency of GPs and wider agencies identification and referrals for specialist substance use services
- Improve the knowledge and confidence of practitioners working in Tier 1 services to have conversations with individuals about their substance use and options for support and interventions

[56] https://irisi.org/wp-content/uploads/2022/02/Menopause-and-Domestic-Abuse-Brief-Guidance-for-Staff-and-Clinicians-in-General-Practice.pdf

National Recommendations

Welsh Government

- Extend the Violence against Women, Domestic Abuse and Sexual Violence National Training Framework to non-relevant authorities
- IRIS to be mandated across all GP practices in Wales and resourced by Welsh Government in line with its commitments to early intervention and prevention in the National Violence against Women Domestic Abuse and Sexual Violence Strategy

NHS Wales

- Scope responses of Health Boards and NHS Trusts to Domestic Abuse, particularly the implementation and compliance with Ask and Act

Royal College of General Practitioners (Wales)

- Promote and include links to Ask and Act training on its learning platform[57]
- Develop and promote resources that support GP learning in respect of links between domestic abuse, mental health and substance use

Home Office

- Include direction in the revised DHR guidance in respect of the sharing of information relating to individuals in cases where there has been no conviction or consent provided
- Review terminology of 'Domestic Homicide Review' to reflect the range of deaths that fall within the criteria for a review
- Implement a clear communication strategy for new DHR Guidance to ensure awareness and understanding of changes and expectations

[57] https://gpcpd.heiw.wales/cpdon-demand/safeguarding/