Domestic Homicide Review (DHR)

Safer Devon Partnership

Overview Report into the death of 'Laura'

May 2022

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Chair and Overview Report Author

v.4 Final Report

Date: 25th March 2024

Contents

Preface

This is a Domestic Homicide Review Report referring to the life and death of Laura. This is the pseudonym chosen by the panel and will be used throughout this report.

I would like to begin by expressing my sincere sympathies, and that of the panel, to the family and friends of Laura. This review has been undertaken in order that lessons can be identified to inform future responses to domestic abuse.

I would like to thank the panel and those that provided chronologies and individual management reviews for their time and co-operation.

1. Introduction

1.1 This report of a domestic homicide review (DHR) examines agency responses and support given to Laura, a resident of Devon prior to her death in May 2022.

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

1.3 The review considers agencies contact and involvement with Laura from 22nd May 2021, when she separated from Michael and commenced a relationship with Christopher, to the date when Laura died in May 2022.

1.4 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides and suicides where a person dies as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each case, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

1.5 Every effort has been made to conduct this review process with an open mindset and to avoid hindsight bias. Those leading the review have sought the views of family members and made every attempt to manage the process with compassion and sensitivity.

2. Timescales

2.1 The Safer Devon Partnership received a DHR referral from Devon and Cornwall Police in May 2022, shortly after Laura's death, and the decision to undertake a DHR was agreed by the Devon DHR Executive Group on the 19th July 2022. The Home Office were notified in August 2022 and the police notified the family (Laura's daughter).

2.2 The Review commenced in July 2023, when the first panel meeting took place to scope and agree the terms of reference. The panel met on four occasions and the review concluded in December 2023. There was a delay in commencing this DHR due to a significant increase in volume and complexity of DHR referrals in Devon, impacting upon capacity, which has previously been communicated to the Home Office.

3. Confidentiality

3.1 The findings of each review are confidential. Information is available only to participating officers/professionals and their line managers during the review process.

3.2 In the absence of engagement with family and friends the panel chose and agreed an age-appropriate pseudonym for Laura and the other subjects of this review. These pseudonyms have been used throughout the report to protect the identity of the individuals involved and their families.

3.3 The subjects of this review are Laura, her husband Michael, and Michael's brother Christopher.

4. Terms of Reference

4.1 Statutory Guidance (Section 2.7) states the purpose of the DHR Review is to:

- Establish what lessons are to be learned from the domestic homicide [suicide] regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- 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;
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- Contribute to a better understanding of the nature of domestic violence and abuse;
- Highlight good practice.

Specific terms of reference set for this review

- Identify examples of good practice, both single and multi-agency.
- Analyse the quality of risk assessments undertaken. Were links between Mental Health (including risk of suicide) and Domestic Abuse (including historical domestic abuse) identified at any risk assessment?
- Whether risk was or was not identified, where can practitioners within your agency receive advice or support if they suspect domestic abuse? Was this taken up in this case? If this is available, would the advice extend to consultation or referral across agencies?
- Is there evidence of whether any identified risk had been assessed as reaching the threshold for inter-agency information sharing (including referral to MARAC)?
- What evidence is there of communication and information sharing between agencies? How could information sharing, and communication have been improved during the scoping period both within and between agencies?

5. Methodology

5.1 The method for conducting DHR's are prescribed by the Home Office Guidelines. These guidelines state: "Reviews should illuminate the past to make the future safer and it follows therefore that reviews should be professionally curious, find the trail of abuse and identify which agencies had contact with the victim, perpetrator or family and which agencies were in contact with each other. From this position, appropriate solutions can be recommended to help recognise abuse and either signpost victims to suitable support or design safer interventions".

5.2 Following the decision to undertake the review, all agencies were asked to check their records about any interaction with Laura, Michael and/or Christopher. Where it was established that there had been contact all agencies promptly secured all relevant documents, and those who could make an appropriate contribution were invited to become panel members. Agencies that were deemed to have relevant contact were then asked to provide an Individual Management Review (IMR) and a chronology detailing the specific nature of that contact. Where contact was minimal or outside of the scoping period agencies were invited to complete a summary report. Those agencies who provided IMR's or summary reports are detailed within section 7 of this report.

5.3 The aim of the IMR is to look openly and critically at individual and organisational practice to see whether the case indicates that changes could or should be made to agency policies and practice. Where changes were required then each IMR also identified how those changes would be implemented.

5.4 Each agency's IMR covered details of their interactions with Laura, Michael, and Christopher, and whether they had followed internal procedures. Where appropriate the report writers made recommendations relevant to their own agencies and prepared action plans to address them. Participating agencies were advised to ensure their actions were taken to address lessons learnt as early as possible. As part of this process IMR authors, where appropriate, interviewed the relevant staff from their agencies.

5.5 The findings from the IMR reports were endorsed and quality assured by senior officers within the respective organisations who commissioned the report and who are responsible for ensuring that the recommendations within the IMRs are implemented.

5.6 On request from the independent chair, some authors provided additional information to clarify issues raised individually and collectively within the IMRs. Contact was made directly with those agencies outside of the formal panel meetings.

5.7 Following submission of IMRs and chronologies, a practice learning event was undertaken involving panel members, professionals who had had direct involvement in the case, and their line managers. This enabled reflection on the key episodes of involvement and emerging themes against the key lines of enquiry. It also enabled further clarification to be sought on the content of the IMRs and chronologies.

6. Involvement of family, friends, neighbours and the wider community

6.1 Laura's daughter was notified of the intention to undertake a DHR by the police following Laura's death. Devon County Council's DHR coordinator made initial

contact with Laura's daughter to provide further information about the review, including provision of the Home Office leaflet for families, information about AAFDA, and details of the independent chair.

6.2 The independent chair and DHR Coordinator attempted to contact Laura's daughter by phone and email throughout the review process but was unsuccessful. Laura's daughter was further notified when the review concluded.

6.3 The panel discussed the involvement of Michael and Christopher in this review. The police advised that it would not be appropriate based on their recent knowledge of Michael and Christopher's current mental health status, and the further detrimental effect of being involved in this review might have upon their wellbeing and welfare.

7. Contributors to the Review

7.1 The agencies that have contributed to this review are as follows:

- FearFree (formerly FearLess and Splitz Support Service) - IMR
- Devon Partnership NHS Trust - IMR
- Devon and Cornwall Police - IMR
- Together Drug and Alcohol Service - IMR
- Royal Devon University Healthcare NHS Foundation Trust - IMR
- Medical Centre A, Devon – IMR
- Medical Centre B, Devon – Summary Report

7.2 IMR authors were independent with no direct involvement in the case, or line management responsibility for any of those involved.

8. The Review Panel Members

8.1 The DHR panel members were as follows:

Name	Role	Agency
Julia Greig	Independent Chair and Author	Octavia Consulting
Becky McMurray	DHR Review Co-ordinator	Devon County Council
Lee Nattrass Phil Hale	Detective Chief Inspector Detective Inspector	Devon and Cornwall Police
Melody Trott	Anti-Social Behaviour and Community Safety Partnership Co-Ordinator	East and Mid Devon Community Safety Partnership

Dave Whelan	Emergency Planning and Business Continuity Officer	
Gillian Scoble	Named Nurse Primary Care	NHS Devon Integrated Care Board
Paula McGinnis	Partnership, Service Development and Learning Officer	Devon County Council
Louise Arscott	Head of Devon and Torbay Probation	Devon and Torbay Probation
Alison Bolt	Senior Safeguarding Nurse	Royal Devon University Healthcare NHS Foundation Trust
Anthony Vaughan	Clinical Specialist	Devon Partnership Trust
Marise Mackie	Devon Service Manager	FearFree Support Service
Kayleigh Bradford	Principal Social Worker	Adult Social Care, Devon County Council
Kelly Jones	Senior Manager	Together / HumanKind
Charlotte Pavitt	Consultant in Public Health	Public Health

8.2 Independence and impartiality are fundamental principles of delivering DHR and the impartiality of the independent chair and report author and panel members is essential in delivering a process and report that is legitimate and credible. None of the panel members, had direct involvement in the case, or had line management responsibility for any of those involved.

9. Author of the Overview Report

9.1 The Safer Devon Partnership appointed Julia Greig to chair the review and to author the Overview Report. She is a registered social worker and has extensive social work experience in the statutory sector working with adults. She has completed the Home Office approved course for Domestic Homicide Review Authors provided by AAFDA and is an accredited reviewer using the Serious Incident Learning Process. She maintains her CPD through Review Consulting and the AAFDA Network. She has completed, and is currently undertaking, Safeguarding Adult Reviews and Domestic Homicide Reviews in other local authority areas. Julia is independent of all agencies involved in this case and has never worked in Devon or for any of its agencies.

10. Parallel Reviews

10.1 The Coroner's Inquest concluded in October 2023. The Coroner confirmed that the medical cause of death was 'polydrug toxicity'.

10.2 The Coroner's findings referred to Laura having 'personal relationship issues that may have been unresolved' at the time of her death. The Coroner provided a narrative conclusion as follows:

'[Laura] was found deceased at her home address having consumed sufficient alcohol in the hours before her death to cause drunkenness. She had also consumed a quantity of propranolol that had not been prescribed to her and had sent a text message before her death indicating that she had overdosed. No evidence has been placed before the Court that [Laura] intended to die as a result of what could be construed as a reckless act.'

11. Equality and Diversity

11.1 The nine protected characteristics in the Equality Act 2010 were assessed for relevance to the Review, that is: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. These protected characteristics are also further explored throughout the analysis section.

11.2 Laura was a 41-year-old white British woman. It is well known that women are much more likely than men to be the victims of high risk or severe domestic abuse; ninety-five percent of those referred to MARAC or accessing an IDVA service are women.[1] The Home Office analysis of 108 Domestic Homicide Reviews, which included fifteen victims that died by suicide, found that the average age of victims was 43 years old, with fifteen percent of victims being in the age group 40 to 49 years.[2] Seventy-four percent of victims were white British.

11.3 The Home Office analysis identified that fifty-eight percent of victims were recorded with at least one vulnerability.[3] However, there is little information available in respect of Laura's vulnerabilities. Whilst she used alcohol, the extent to which she was dependent on alcohol is not known. It is reported that victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse) with at least twenty percent of high-risk victims of abuse report using drugs and/or alcohol.

11.4 Forty percent of high-risk victims of abuse report mental health difficulties.[4] Whilst there was no relevant information available from her GP, the chronology identified that Laura reported low mood and depression. The Home Office analysis identified that thirty-three percent of victims experienced issues of mental ill-health and twenty-seven percent experienced problem alcohol use and represented the most frequently occurring vulnerabilities. In relation to mental health, depression was apparent in twenty-two percent of cases, low mood/anxiety was the second highest at seventeen percent, followed by suicidal thoughts which represented sixteen percent, which were all present in this case.

11.5 Michael was a 44-year-old white British man. Michael used alcohol and appeared to be a change resistant drinker.[5] Michael experienced poor mental health including

[1] Who are the victims of domestic abuse? | SafeLives

[2] Quantitative Analysis of Domestic Homicide Reviews October 2020 – September 2021 (accessible) - GOV.UK (www.gov.uk)

[3] Illicit Drug Use, Mental Ill-Health, Physical Disability, Pregnancy, Problem Alcohol Use

[4] Who are the victims of domestic abuse? | SafeLives

[5] Change resistant drinkers refers to people who have an enduring pattern of problem drinking, demonstrate a pattern of not engaging with or benefiting from alcohol treatment, despite being referred on more than two

post traumatic stress disorder and suicidal ideation. Michael also had angina and experienced periods of breathlessness.

11.6 Christopher was a 41-year-old white British man. Christopher used alcohol and was also considered to be a change resistant drinker. Christopher experienced poor mental health, he was described as having a trauma past and as a result he also appeared to experience post traumatic stress disorder and suicidal ideation. It is reported that Christopher experienced chronic pain due to a prior motorcycle accident which caused an injury to his back.

11.7 The Home Office analysis identified that the average age of perpetrators was thirty-nine and seventy-six percent of perpetrators were white British. Sixty-eight percent of perpetrators were recorded as having at least one vulnerability, the most common being mental ill health (37%), followed by illicit drug use and problem alcohol use (both 26%). Depression accounted for eighteen percent of mental health issues and suicidal thoughts accounted for sixteen percent.

11.8 Laura was married to Michael; they had separated and then later resumed their relationship. Laura also had a relationship with Christopher from whom she separated before she and Michael resumed their relationship. The Home Office analysis identified that in the relationships between victims and perpetrators, sixty-seven percent of the victims were or had been a partner of the perpetrator. For seventy-one percent of these victims the reviews used term partner, and for twenty-nine percent the terms ex-partner or separating were used.

11.9 It is known that domestic violence is higher amongst those who have separated, followed by those who are divorced or single. Forty-one percent of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 had separated or taken steps to separate from them. Thirty percent of these women were killed within the first month of separation and sixty-five percent were killed within the first year.[6]

11.10 Christopher had an offending history which included previous domestic abuse. Domestic abuse is more likely where the perpetrator has a previous conviction (whether or not it is related to domestic abuse). The Home Office analysis reported that sixty percent of perpetrators were indicated to have a previous offending history and fifty-six percent had abused previous partner/s or family members.

11.11 Laura's previous relationship history prior to the scope of this review is not known. It is not known whether she had experienced domestic abuse in the past in previous relationships and the 22nd May 2021 represented the first report of domestic abuse. However, the Home Office analysis reported that sixty-four percent of victims had been the target of an abuser before. For forty-six percent of these victims the abuser was the previous partner.

12. Dissemination

12.1 In accordance with Home Office guidance all agencies and the family of Laura are aware that the final Overview Report will be published. IMR reports will not be made

occasions; and repeatedly use a range of services. Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf (avaproject.org.uk)

[6] Femicide Census, 2020. 010998-2020-Femicide-Report_V2.pdf (femicidecensus.org)

publicly available. Although key issues if identified will be shared with specific organisations the Overview Report will not be disseminated until clearance has been received from the Home Office Quality Assurance Group.

12.2 The content of the Overview Report has been suitably anonymised to protect the identity of the female who died and relevant family members. The Overview Report will be produced in a format that is suitable for publication with any suggested redactions before publication.

12.3 Following quality assurance by the Home Office, the review will be shared with all the organisations that contributed to this review, the Devon and Cornwall Police and Crime Commissioner and the Domestic Abuse Commissioner, and will be published on the Safer Devon website. The CSP will attempt to re-engage with Laura's daughter, to provide an opportunity to review this report prior to any decision around publication, and should she wish to be provided with a copy of the review, this will be facilitated.

13. Background Information (The Facts)

13.1 On a day in May 2022, Michael's mother received a text message from Laura at 1647hrs which said: "Thank [Christopher] for leaving his propranolol. I've overdosed cos I deal with it." It is not known when Michael's mother received or read that text message.

13.2 At 19:42 Michael called 999 after finding Laura unresponsive in bed. The ambulance crew took four minutes to arrive, and Michael was on the phone to 999 control when they entered the property. When asked what had happened, he said 'I can't' and left the room. He confirmed Laura did not have any medical issues, took no regular medication, that she drank often but did not use drugs. On examination Laura was grey, cyanosed, there was no effort of breathing, with no chest rise and fall. Ambulance crew confirmed cardiac arrest and requested back up. Advance Life Support (ALS) was performed, however, after a discussion around Laura's potential down time, as given by Michael, and after all reversible causes had been considered ambulance crew were advised to cease ALS. Confirmation of death was provided at 20:29 hours. Ambulance crew broke the news to Michael and left the scene immediately due to Michael shouting and becoming increasingly agitated. The crew requested back up from Police who arrived on scene quickly. Police Officers located approximately 150 empty Propranolol[7] blister packets in the bin outside the back door.

14. Chronology

Background History

14.1 Laura was married to Michael; they had been together for fifteen years. She had separated from him twelve months prior to her death and had commenced a relationship with his brother, Christopher. At the time of her death Christopher was

[7] Propranolol belongs to a group of medicines called beta blockers. It is used to treat heart problems, symptoms of anxiety and to prevent migraines. An overdose of propranolol can be very serious. It can significantly slow heart rate, cause dizziness, trembling and seizures or fits, and make it difficult to breathe.

being investigated for offences of assault against Laura and there had previously been bail conditions not to contact her. It is also understood that at the time of her death Laura had resumed a relationship with her husband Michael.

14.2 Laura was the only person named on the tenancy of the property she lived in. However, it appeared that both Michael and Christopher lived with her at the property at various points during the time period in scope. Laura's daughter was an adult and was not living with her.

14.3 Christopher had previously lived in Birmingham, moving back to Devon some time in 2019. In 2018 he was given a Community Order following an assault on his partner, a Restraining Order was also granted with the condition not to contact, directly or indirectly, his partner, except via solicitor or family court for the purposes of arranging child contact. The restraining order expired in September 2020.

14.4 It is understood that Christopher also had an adult child from a previous marriage and that he had another child that had died, which was cited as the reason for his alcohol use.

14.5 Michael had served in the armed forces and experienced Post Traumatic Stress Disorder. He suffered with angina and used alcohol which on occasions triggered chest pain and breathing difficulties requiring paramedic attention.

Combined Narrative Chronology

14.6 The combined narrative chronology covers the period from the 22nd May 2021 to the date of Laura's death in May 2022.

14.7 On the 22nd May 2021 Laura told Michael that she wanted to end their marriage. There was an argument and Michael pushed and punched Laura in the face. Michael contacted the police saying that he needed to be arrested as he wanted to burn down Laura's house. On arrival, Michael was outside the property, intoxicated with alcohol, and continuing to make threats to damage Laura's house, saying she did not love him anymore.

14.8 Michael was arrested and interviewed. Christopher, who was reported to be a lodger at Laura's address, was also present at the time of the incident; he had witnessed the assault but declined to provide a statement. Laura also declined to make a statement and did not support any police action. A DVPN was considered but not pursued, and the decision was made to take no further action. Police recommended that a referral be made to the Fire Service due to the threats made by Michael, although this was never actioned. The police completed a DASH, with the outcome of medium risk, and referred Laura to FearFree.

14.9 On the 23rd May 2021 Michael was assessed by Liaison and Diversion. The assessment identified that there were no acute mental health issues which needed to be addressed and Michael's risk to others assessed as low. A copy of the triage tool was sent to Michael's GP, and he was referred to Together Drug and Alcohol Service.

14.10 On the 25th May 2021 FearFree telephoned Laura. Laura said she did not require the service's support. Laura was encouraged to call the service if she changed her mind or needed support in the future. The case was closed.

14.11 On the 20th June 2021 Michael's mother contacted police reporting that Michael was expressing suicidal thoughts. Michael was detained by police under section 136 of the Mental Health Act 1983. DPT undertook an assessment under the Act and during the assessment Michael discussed the recent domestic abuse incident. Michael stated that there was a twenty-eight day injunction order in place not to go near his wife[8]. He said that both he and Laura had been drinking, she had grabbed his neck, but he did not recall hitting her. He said that he hoped he could rebuild the relationship. The assessment concluded that there was no evidence of suicidal plan, intention, or risk to others and therefore no further action was taken.

14.12 On the 16th September 2021 Laura called the police reporting that she had been physically assaulted by Christopher, causing visible bruising, and that Christopher had dragged her around by her hair that evening. Whilst talking to officers she said she should have spoken to police after the first incident. When officers asked what she meant by this she lifted her t-shirt and showed them bruising on her back and around her chest/breast area. She said that the injuries were caused by Christopher three days prior. Laura also reported that Christopher had thrown her laptop causing damage beyond repair. Laura allowed police to photograph her injuries and provided police with a statement.

14.13 Christopher was arrested and interviewed. The decision was made to take no further action in relation to the assault because Christopher stated during interview that he had acted in self-defence because Laura was attacking him. Christopher was issued with a formal caution for criminal damage because he admitted damaging Laura's property.

14.14 A DASH was completed with Laura. The DASH recorded multiple bruises and marks to Laura's neck. Laura confirmed that she was frightened of further injury from Christopher. She said that she had been very low and depressed, and when Christopher would not let her out of the bedroom, she had thought about jumping out of the window because she did not want to be here anymore. Laura confirmed that the abuse was happening more often and getting worse, and that Christopher had strangled her. Laura said that she told Christopher three days ago that the relationship was over, and she wanted to resume her relationship with Michael. She confirmed that she was aware that Christopher had abused a previous partner and that he had issues with alcohol and with his mental health. The DASH was graded as high risk, and a referral was made to FearFree for Laura to be discussed at MARAC.

14.15 The Liaison and Diversion service met with Christopher in custody. They recorded that Christopher had reportedly dragged Laura by the hair and pushed her into the kitchen cupboard, alongside damaging a mobile phone and a laptop. It was recorded that Christopher was drinking two litres of vodka a day as well as lager, increasing the risk of misadventure and declining physical health; it was noted that Christopher

[8] Devon and Cornwall police confirmed that there was no 28 day injunction in place and agencies were notable to confirm why Michael may have believed this to be the case.

was engaged with Together Drug and Alcohol Service. Christopher denied any suicidal thoughts or self-harm behaviours. Christopher said he had suicidal thoughts many years ago and attempted to crash his motorbike into a car to end his life. Liaison and Diversion shared the information with Together Drug and Alcohol Service and Christopher 's GP.

14.16 On the 20th September 2021 FearFree received the MARAC referral from the police in relation to the recent reported assault. An IDVA was allocated the following day and they attempted to telephone Laura on the 21st, 22nd and 27th September 2021, Laura did not answer the phone on each occasion and voicemails were left requesting that she call back.

14.17 A MARAC meeting was held on the 28th September 2021. Information was shared by the agencies who held information about Laura and Christopher. The Police Domestic Abuse Officer confirmed that they had not been able to make further contact with Laura; they had sent her an email but were unsure if a reply had yet been received. The Domestic Abuse Officer reported that Laura had returned to her husband, who had also perpetrated domestic abuse against her previously. An action was agreed at MARAC for the Domestic Abuse Officer to check if they had received a response from the email sent to Laura. If not and there was still no response, attempts were to be made to contact Laura by phone, and the neighbourhood team to attend Laura's address to check on her welfare.

14.18 On the 4th October 2021 FearFree closed Laura's case due to non-engagement, as is usual practice after three failed attempts to make contact.

14.19 On the 18th October 2021, Michael attended the emergency department following an overdose. Michael said he had marital difficulties which he had discussed with his friend. He was seen by the Psychiatry Liaison team who provided Michael with information and contact details for Together Drug and Alcohol service, Relate and the Moorings service.[9] GP follow up was further recommended and it was suggested that once alcohol reduction and stabilisation had been achieved a referral to talking therapies could be considered.

14.20 On the 4th March 2022 police received an anonymous call reporting that their friend Laura was a victim of domestic abuse, and that the offender was called Christopher. Officers spoke to Laura and arranged to speak to her at the Police Station later that day, however she did not turn up. Laura sent an email to Devon and Cornwall Police stating:

> *"I spoke with one of your colleagues on Monday at [redacted] Police Station about an anonymous call to do with DA at my address. Whatever information has been given is false. I would like to clarify that there have been no recent*

[9] The Moorings offer mental health support in a non-clinical environment. No referral or appointment is required. The staff team are available to provide emotional, social and practical support to individuals in crisis or those who feel they are heading toward a crisis situation. Support can be provided in person, by phone, or via video call. The service also provides a 24/7 helpline, which offers access to emotional support and information even when The Moorings is closed.

physical abuse issues, just a few arguments that were alcohol induced. Therefore, I have nothing to report."

14.21 Officers later spoke to Laura in person, and she confirmed she did not wish to report any criminal offences. Laura also told the officers that she was back in a relationship with Christopher. No further police action was taken.

14.22 On the 9th April 2022 Michael called police saying that his wife Laura has been having an affair with his brother Christopher. He also reported that over a period of the last six weeks Laura had been assaulted by Christopher. This included being punched to the head, strangled, bitten on her hand and her fingers bent back. Michael said that Christopher had been controlling Laura, preventing her from reporting the assaults to the Police due to a cannabis grow in the property, which he threatened to blame on her. Officers attended Laura's home address and located a quantity of cannabis being grown. Christopher was arrested for assault and cultivation of cannabis.

14.23 An initial statement was obtained from Laura by officers at the time Christopher was arrested, which was also captured on body worn camera, along with photographs taken of bruising to her body. There were also several text messages on Laura's mobile phone of threats made by Christopher towards Laura of a violent and controlling nature.

14.24 A DASH risk assessment was completed with Laura, with the risk initially graded as medium. The risk was later reassessed by a Domestic Abuse Officer, re-graded as high and referred to MARAC.

14.25 Christopher was formally interviewed and denied assaulting Laura and said her bruising was either because he was acting in self-defence or that she bruised easily during their love making. He also denied sending Laura threatening text messages. Christopher did admit to having knowledge of the cannabis grow at Laura's house and to setting it up, but continued to say that the grow was Laura's and not his.

14.26 On the 10th April 2022 Liaison and Diversion visited Christopher in his cell. Christopher explained that he had a trauma history. Christopher said he wanted to be 'off the planet', not in a suicidal way, rather he did not want to think or feel. Liaison and Diversion recorded that Christopher was open to Together Drug and Alcohol Service, but was ambivalent about this, saying he had no phone and no means to buy a phone as all money went on alcohol and tobacco. Christopher's mother had expressed that she felt he may be experiencing schizophrenia. This was based on her observation that Christopher 'lashes out but cannot remember the incident afterwards.' Christopher denied hearing voices or having visual hallucinations and there was no evidence of thought disorder. The Liaison and Diversion social worker made a referral to secondary mental health services to support with depression and low mood, but the referral was declined with the rationale that the 'client needs to address severe alcohol misuse before mental health input can be considered.'

14.27 The matter of the assault upon Laura was reviewed by an Evidential Review Officer and the decision made to obtain further evidence before considering referral to the Criminal Prosecution Service for charging authorisation. This included obtaining a statement from Laura's husband Michael and obtaining an evidential download of

Laura's mobile phone with the text messages from Christopher. Christopher was released on police bail with conditions not to contact Laura or attend her home address.

14.28 FearFree received the referral from the police on the 11th April 2022 and the IDVA spoke to Laura by telephone on the 13th April 2022. Laura said she had moved back in with her husband, Michael, and they were back in a relationship. Laura said Christopher was not allowed to contact her, however Laura was given details about non-molestation orders if things escalated, and bail conditions were removed. The IDVA agreed to provide Laura with an update after the MARAC meeting.

14.29 On the 19th April 2022 Christopher had a GP consultation by telephone. It was recorded that Christopher had been struggling with mental health, lots of people told him he needed help as he got aggressive and was scared of everything. He said he did not feel he could `live in this world' even `the clouds scare him'. He described waking up, curling up in a ball and shaking, this was eased by drinking. Christopher said he had suicidal thoughts but no intent or plans as he was too frightened to do this. The GP noted that Liaison and Diversion had referred to mental health and advised Christopher that any support from metal health would likely be dependent on him stopping drinking. Christopher said he had been told this before and would not be able to stop drinking. Christopher described lashing out at people and being aggressive when he was frightened and that he often could not remember what had happened. The GP signposted Christopher to the Together Drug and Alcohol Service and the mental health crisis team.

14.30 On the 20th April 2022 police made the referral to MARAC. There was a comment on the MARAC referral that Laura had told the Domestic Abuse Officer that Christopher had been contacting her in breach of his bail conditions. Prior to the MARAC meeting the Domestic Abuse Officer had spoken to Laura and told them that Christopher had been contacting her in breach of his bail conditions. This does not appear to have been followed up or progressed, as a result of individual practice rather than a failing in policy or guidance. Laura told the Domestic Abuse Officer that Christopher had gone back to live with his parents, that she had resumed her relationship with Michael, and they were living together at her home.

14.31 The MARAC meeting took place 25th April 2022. No formal actions were raised at the MARAC meeting and the Domestic Abuse Officer and IDVA were to continue contact with Laura.

14.32 The IDVA called Laura on the 27th April 2022. There was no answer, and no voicemail was left due uncertainty about the safety to do so.

14.33 In the early hours of the 29th April 2022, Christopher's mother called an ambulance for Christopher as he was expressing suicidal intent. The mental health desk (Southwest Ambulance Service, Avon and Wiltshire Mental Health Partnership NHS Trust) spoke to Christopher, he said he had thoughts to end his life via overdose and had four years' worth of tablets to take. He said he had been declined mental health support numerous times over the years due to his alcohol use. Christopher confirmed he had not harmed himself and was staying with his mother overnight. The ambulance was stood down due to 'no current medical need'. Christopher was

signposted to mental health helplines for support and a request was made for an urgent GP appointment.

14.34 The GP received the request for an urgent appointment and called Together Drug and Alcohol service, who informed the GP that Christopher was closed to the service. The GP referred to the Crisis Resolution Home Treatment team who agreed to contact Christopher later that day. The GP then spoke to Christopher's mother who reported she had tried various services all week but found no help. She further reported that Christopher was only sober when he woke up, then drank almost continuously when awake. Christopher said he thought about taking an overdose every day and would probably do so later that day. Christopher said he wanted to have medical detox for alcohol, as he could not do the gradual reduction Together wanted him to do. The GP advised contacting Together again to see if they can help with further options for alcohol dependence recovery. The GP recommended a GP review in one week and changed Christopher 's prescription to weekly.

14.35 Later that day the Access and First Response Service (AFRS, DPT) contacted Christopher following the referral from his GP. During the triage, Christopher disclosed domestic abuse but made a counter claim that he had evidence that Laura assaulted him. The triage identified concerns about Christopher's health due to reports of excessive drinking, Christopher was therefore advised to attend the Emergency Department for a review of his physical health.

14.36 At the follow up GP consultation on the 3rd May 2022 Christopher refused to speak with the GP. His mother reported that he had been contacted by AFRS and had contacted Together Drug and Alcohol Service but was not sure of the outcome. Christopher's mother reported that he was drinking fifteen cans of lager a day and when intoxicated did not want to engage with any support. The GP encouraged support but advised that they were unable to help if Christopher was not willing to engage and to seek urgent medical help should the situation worsened.

14.37 On the 3rd May 2022 the IDVA telephoned Laura and provided an update from the MARAC meeting. The IDVA raised the concerns about Laura's husband and ex-partner being brothers. Laura said her husband did get angry at times when he is on his own but not in front of her. Laura said her husband had hit her twice in the fifteen years they had been together. The IDVA provided safety advice and gave information so Laura knew she could leave if she wanted to. The IDVA offered support, but Laura said she was ok, and they agreed for the case to be closed. The IDVA text the help desk number to Laura and undertook a DASH which had a score of nine. No individual support plan was developed as the IDVA and Laura did not agree any actions. The case was closed.

14.38 On the 5th May 2022 Christopher's bail was cancelled, and he was released under investigation. The police log showed that police attended Laura's address on the same day and left a calling card requesting contact be made. Christopher received a formal caution for production of a Class B drug (cannabis).

14.39 A few days later Laura died at her home.

15. Overview

15.1 The following overview provides a summary of what information was known, to the agencies and professionals involved, about Laura, Michael, and Christopher.

Overview of Involvement with FearFree

15.2 FearFree are a charitable organisation that delivers support to clients experiencing domestic abuse and are commissioned to provide that service in Devon.

15.3 FearFree received three referrals for Laura during the scoping period; all referrals came through the police. The first referral in May 2021 ended in no further action when Laura declined support from the service. Laura was provided with contact information and advised to reach out for support at any point in the future if she needed it.

15.4 The second referral in September 2021 was received through the MARAC process. The referral identified that Laura had been in a relationship with Christopher for six months. No contact could be made with Laura after several attempts to do so by phone, and voicemails left, and the case was closed.

15.5 The third referral was received in April 2022 and identified that both Laura and Christopher had previously been presented at a MARAC. The IDVA contacted Laura and during the first appointment a basic safety plan was discussed and shared with Laura verbally.

15.6 The IDVA fed back to Laura following the MARAC meeting and Laura advised she had reconciled with her ex-husband. The IDVA did discuss concerns around her reconciliation with Michael, as they were aware there had been domestic abuse previously within their relationship. On-going support and options were offered around her reconciliation with her and Michael; however, Laura declined any further support. Safety advice was discussed, and Laura confirmed she knew how to engage in the future, she was aware that support was available and confirmed she wished her case to be closed.

Overview of Involvement with Devon Partnership NHS Trust

15.7 Devon Partnership NHS Trust (DPT) is a provider of mental health and learning disability care to residents of Devon. DPT provide a range of primary and secondary mental health services including assessment and treatment for a full range of difficulties for adults over the age of 18 across Devon. This includes emergency support and triage for adults in mental health crisis through the Access and First Response Service, inpatient settings for informal and formal treatment under the Mental Health Act, Community Mental Health Services and Specialist Services for individuals.

15.8 DPT had contact with Christopher between September 2021 and May 2022. The first contact with Christopher was in September 2021 when he was risk assessed in police custody in September 2021 following the assault upon Laura. The second contact was with the Liaison and Diversion service in April 2022 following his second arrest for an assault on Laura. His trauma history and alcohol dependence were explored, and he was referred to secondary mental health services. Christopher's final contact with DPT was via the Access and First Response service in April 2022 when he was triaged following a request from his GP. Access and First Response identified concerns about Christopher and his health as a result of excessive drinking and advised him to attend the emergency department for a review of his physical health.

15.9 DPT had contact with Michael between May 2021 and June 2021. Michael's first contact with DPT was via Liaison and Diversion. The assessment undertaken identified that there were no acute mental health issues and risk to others was low. A copy of the triage tool was sent to his GP and a referral was made to drug and alcohol services.

15.10 The second contact was in June 2021 for the purposes of a Mental Health Act assessment following concerns raised by his mother that he was expressing suicidal thoughts. During this contact Michael discussed the recent incident of domestic abuse and indicated that he was the victim. There was no evidence of suicidal intention, plan, or a risk to others and therefore no further action was taken.

15.11 DPT were not aware of the relationship between Michael and Christopher, and they had no contact or involvement with Laura.

Overview of Involvement with Devon and Cornwall Police

15.12 Devon and Cornwall police is responsible for policing the counties of Devon and Cornwall (including the Isles of Scilly) in southwest England. The force serves approximately 1.8 million people over an area of 3,967 square miles (10,270 km2).

15.13 Devon and Cornwall police's first contact with the subjects during the scoping period was in May 2021 when they were called to Laura's home by Michael following threats to damage property. A DASH was completed for Laura and no further action was taken against Michael.

15.14 The second contact was a month later resulting in Michael being detained under section 136 of the Mental Health Act 1983 following concerns for his mental health.

15.15 The third contact took place in September 2021 following an assault on Laura by Christopher and damage to property. A DASH was completed with Laura, and she was referred to MARAC. Christopher claimed self-defence and no further action was taken with regards to the assault. Christopher admitted to damaging Laura's property and was issued with a formal caution.

15.16 An anonymous report of domestic abuse by Christopher towards Laura was made in March 2022. Police contacted Laura who said that the allegation was untrue and confirmed she had resumed a relationship with Christopher. No further action was taken.

15.17 Devon and Cornwall police's final contact with Laura Prior to her death was in April 2022 following a report made by Michael that Christopher had assaulted Laura over the past six weeks and was controlling. Officers attended Laura's home address and located a quantity of cannabis being grown. Christopher was arrested for assault and cultivation of cannabis. A DASH was completed with Laura and graded as medium, this was upgraded to high by the Domestic Abuse Unit and she was referred to MARAC. Christopher was released on bail, with conditions not to contact Laura, whilst further evidence was sought. The bail was cancelled on the 5th May 2022 and he was released under investigation.

Overview of Involvement with Together Drug and Alcohol Service

15.18 The Together Drug and Alcohol Service offers support to those over 18 who wish to address their drug and alcohol use.

15.19 Christopher self-referred to the service on 17th September 2019 for support with his alcohol use. This was just after he had finished working with probation, although Together Drug and Alcohol Service were not aware of the reason for his involvement with probation. A Severity of Alcohol Dependence Questionnaire indicated that Christopher had a severe dependence on alcohol. He reported also being prescribed propranolol and mirtazapine by his GP for anxiety and sleep issues. Whilst working with the service Christopher engaged with psychosocial support from a Recovery Worker and focussed mainly on reduction plans with his drinking. He discussed some physical health issues also, which the service tried to support him to access the GP about.

15.20 Whilst working with the service a risk assessment was conducted whereby Christopher shared that he had been both the victim and the perpetrator of domestic violence. He described having been in a relationship with a woman 10 years older than him, who he was with for 11 years and that during this relationship he was the victim of domestic abuse. He also disclosed he was convicted of common assault on a previous partner in the past for which he received a fine and was put on a tag.

15.21 Christopher's engagement was sporadic, and he was closed to the Together service on 10th March 2021 after he disengaged with the treatment process. Christopher 's involvement with the Together Drug and Alcohol Service therefore took place outside of the scoping period but offers some insight into his alcohol use and previous support provided to him in this respect.

15.22 Despite reported difficulties with alcohol for both Laura and Michael, there is no recorded involvement with the Together Drug and Alcohol Service for either individual.

Overview of involvement with Royal Devon University Healthcare NHS Foundation Trust

15.23 The Royal Devon University Healthcare NHS Foundation Trust (RDUH) was established in April 2022, bringing together the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust. The Trust covers more than 2,000 square miles across north, east, and mid Devon, providing services to more than 615,000 people. The Trust delivers emergency, specialist and general medical services, with two acute hospitals.

15.24 All RDUH inpatients, pre-surgery and day case patients are asked routinely about domestic abuse, as are those attending the Emergency Department where signs of domestic abuse are seen. However, outpatients in clinics are not routinely asked about domestic abuse.

15.25 RDUH provided healthcare to both Laura and Michael in the form of Emergency department and outpatients clinics. They had no contact with Christopher.

15.26 Within the scoping period of this review Laura attended the hospital twice in relation to a referral the GP had made with regards to a lump that Laura could feel in her throat. She attended an Ear, Nose and Throat outpatient appointment in April 2021 and then returned for an endoscopy in June 2021. Symptoms were in keeping with globus pharyngeus (the sensation of a lump with no evidence of one). The endoscopy was normal, and Laura was given lifestyle advice and recommended dual anti reflux treatment.

15.27 Laura's attendances took place prior to the MARAC referrals and there was nothing recorded in her notes that she either disclosed or that there were any signs of domestic abuse.

15.28 The RDUH Safeguarding Team received information that Laura had been discussed at MARAC on two occasions, September 2021 and April 2022, and a notification of "Safeguarding: High risk domestic abuse" was added to Laura's records on both occasions including information about the perpetrator of abuse and advice for staff to be alert to signs of domestic abuse at subsequent attendances.

15.29 Michael attended the Emergency department twice. His first attendance was on the 18th October 2021 when he was brought in by ambulance following an overdose and was under the influence of alcohol. He indicated stresses at home as a possible cause. He was seen by the Psychiatry Liaison team who provided Michael with information and contact details for Together Drug and Alcohol service, Relate and the Moorings service.[10] GP follow up was further recommended and it was suggested that once alcohol reduction and stabilisation had been achieved a referral to talking therapies could be considered.

15.30 Michael's second attendance was in December 2021 with chest pain. After examination, cardiac issues were ruled out and that the pain was most likely to be muscular skeletal in origin.

Overview of involvement with Medical Centre 'A'

15.31 Medical Centre A is a general practice. It has a multidisciplinary team which includes GPs, practice nurses, nurse practitioners, paramedics, and health care assistants to deliver adult and child health, mental health, adult medicine and long-term conditions.

15.32 Christopher had been registered at Medical Centre A since 2nd October 2019. Christopher accessed the practice regularly in relation to his health, this was mainly via telephone consultations. There was communication between the practice and Christopher's mother, which usually took place when there were concerns around his alcohol use and mental health. The practice reported that Christopher had a history of depression, anxiety and alcohol use disorder.

15.33 Christopher had four GP consultations during the scoping period. The first was in September 2021 in relation to chronic pain. An appointment was made for a face-to-face consultation but appears Christopher did not attend. The practice reported that Christopher did not attend around fifty percent of scheduled GP appointments.

15.34 The practice received notification of the outcome of Liaison and Diversion's assessment in April 2022 and noted the recommendation of a GP review. Eight days later Christopher had a telephone consultation with a GP regarding his mental health

[10] The Moorings offer mental health support in a non-clinical environment. No referral or appointment is required. The staff team are available to provide emotional, social and practical support to individuals in crisis or those who feel they are heading toward a crisis situation. Support can be provided in person, by phone, or via video call. The service also provides a 24/7 helpline, which offers access to emotional support and information even when The Moorings is closed.

and was signposted to Together Drug and Alcohol service as he would likely be required to address alcohol use before support was given in relation to mental health.

15.35 A request was made by the mental health desk at Avon and Wiltshire Mental Health Partnership NHS Trust on the 29th April 2022 for an urgent GP appointment. The GP spoke with Christopher's mother and advised that Christopher contact Together Drug and Alcohol service again to explore options. The GP recommended a review in one week with the duty GP. His prescription was changed to weekly given the statements that he was planning an overdose, and the GP referred to Access and First Response Service (DPT).

15.36 The final contact with Christopher during the scoping period was on the 3rd May 2022, although Christopher refused to speak to the GP so his mother did so on his behalf. Christopher's mother reported ongoing excessive alcohol intake. The GP encouraged support measures but advised that they were unable to help if Christopher was not willing to engage. Christopher's mother was advised to seek urgent medical help if Christopher's condition worsened.

Overview of involvement with Medical Centre 'B'

15.37 Laura was registered with Medical Centre B. The practice confirmed that they had received a MARAC notification in September 2021 and that Laura had not had any recent contact with the practice. They stated there was nil of note on her medical record for the purposes of this review.

16. Analysis

16.1 The following analysis will explore the four key episodes of involvement with Laura and address the terms of reference and the key themes arising. In doing so it will examine how and why events occurred, information that was shared, the decisions that were made and the actions that were taken or not taken. It will also highlight examples of good practice and action already taken by agencies to improve practice in response to early lessons learned.

Response to Domestic Abuse and Risk Assessment

16.2 In May 2021 police received the first report of domestic abuse which had occurred between Laura and Michael. Good practice was shown in that police recognised that the situation presented as high risk due to the ending of the relationship. Police formally assessed the risk to Laura using the DASH, identifying a medium risk, which led to a referral to FearFree for IDVA support.

16.3 At the time, the Domestic Abuse Unit (DAU), Devon and Cornwall Police were reviewing all medium risk assessments and did so in this instance. Given that the police had no recorded domestic abuse history, and neither had been referred to MARAC in the past, the outcome of the assessment remained medium risk. Good practice was also demonstrated in identifying a referral to the Fire Service for a fire safety visit because of the threats Michael had made. However, this referral was not actioned and a discussion has since taken place with the staff involved, reflecting on this missed opportunity, and has been passed to the second line supervisor to ensure

that the wider team and process learning is embedded, and staff supported. Although the risk of Michael deliberately setting fire to Laura's property was considered minimal, the visit would have provided Laura with some reassurance.

16.4 The decision by police to take no further action and not to explore a Domestic Violence Protection Notice (DVPN)[11] was based on factors including: no previous domestic abuse reports in relation to Michael or Laura, Michael was very amenable and happy to move away from Laura, Michael had been the one to contact the police requesting intervention and Laura did not support any further police action. Consideration was given to an Evidence Lead Prosecution, however with no evidence provided by either Laura or Christopher the decision was made not to pursue this option.

16.5 Police had noted that Laura, Michael and Christopher were intoxicated and appeared to be 'heavy drinkers'. With regards to mental health Laura answered "No" to the questions concerning her suffering any mental health conditions or having any suicidal or self-harm ideation and/or attempts. Mental health and alcohol are explored further below.

16.6 Although this was the first report of domestic abuse in respect of Michael, research tells us that on average high-risk victims live with domestic abuse for 2.3 years and medium risk victims for 3 years before getting help. Furthermore, on average victims experience fifty incidents of abuse before getting effective help.[12] It is therefore possible that Laura was experiencing domestic abuse for a period before the first report to police. Professionals should be mindful of this and that help seeking may represent an escalation for the victim.

16.7 The second key episode of involvement with Laura was in September 2021 when she reported an assault by Christopher to police. Good practice was shown through the immediate taking of a statement from Laura and securing evidence through taking photographs of Laura's injuries and damage to her property. Police officers will sometimes postpone taking a statement until the following morning and by taking one at the time of the arrest allowed Laura's evidence to be captured early and minimised the risk of Laura declining to make a statement once the perceived risk had subsided. Furthermore, attending officers captured the arrest and conversations with Laura on body worn video.

16.8 A DASH risk assessment was undertaken and correctly graded as high given the information that Laura shared, which led to a referral for an IDVA and to MARAC. The DASH highlighted the first disclosures around Laura's mental health. She described feeling low and depressed and made the statement that she did not want to be here anymore and considered taking action in this respect. This statement could be interpreted either as possible suicidal ideation or as the wish to leave the

[11] A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. This police-issued notice, is effective from the time of issue, thereby giving the victim the immediate support. Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim. Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) guidance - GOV.UK (www.gov.uk)

[12] How long do people live with domestic abuse, and when do they get help to stop it? | Safelives

relationship. Either way this was not explored further and may have been useful in assessing risk further, particularly with reference to the domestic abuse suicide timeline[13] which is explored in more detail below.

16.9 No further action was taken in relation to the reported assault as during interview, whilst admitting to causing Laura's injuries, Christopher said that he did so in self-defence because Laura was attacking him first. Laura had provided a full account of Christopher's violent behaviour towards her, and this was corroborated by photographic evidence of her injuries. There was body worn video footage, a recording of the 999-call made by Laura, a high-risk DASH and admissions made by Christopher at the time of his arrest and after caution. However, there was an acceptance of Christopher's version of events that he has acted in self-defence. The fact that an Evidence Lead Prosecution was not considered for all matters and referred to the Crown Prosecution (CPS) for review, is considered a missed opportunity to effectively address Christopher's criminal offending towards Laura and the associated risk that carried.

16.10 This incident demonstrated a significant escalating risk to Laura. In the DASH undertaken with Laura she said that Christopher was controlling and had tried to strangle her. Furthermore, she said that she wanted to end her relationship with Christopher and re-connect with her husband Michael. She indicated that she had been maintaining contact with Michael and that Christopher was aware of this.

16.11 Non-fatal strangulation is an important predictor of future significant risk. If a woman has been strangled by her partner the risk of attempted murder increases sevenfold and death by a factor of eight.[14] Non-fatal strangulation became an offence under the Domestic Abuse Act 2021 on the 7th June 2022. Where there are no physical signs of strangulation cases can be prosecuted on the account of the victim alone. Unfortunately, the offence was not available when Laura reported that she had been strangled by Christopher but nonetheless the indication for future risk would have been significant.

Whilst only 50% of victims will have a visible injury as a result of strangulation, victims can experience other physical symptoms both during and after strangulation including: pain, difficulty with breathing and swallowing, problems with sight and hearing, unconsciousness, confusion, agitation, headaches, nausea. Damage to blood vessels in the neck can also lead to stroke days, weeks or even months later. The effects of strangulation will also be psychological. Many victims will think they are going to die and may experience post-traumatic stress disorder leading to flashbacks and nightmares, avoidance, hyperarousal, self-harm and substance misuse.[15]

16.12 The review established that since the introduction of the specific offence of non-fatal strangulation, police have been trained in this respect. Furthermore, the MARAC is coordinated and chaired by Devon and Cornwall police which means that specific knowledge is available to the MARAC and its partner agencies when reviewing cases where non-fatal strangulation has arisen. FearFree are also members

[13] Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide - Research Repository (glos.ac.uk)

[14] Glass *et al*, 2007. 'Non-fatal Strangulation is an Important Risk Factor for Homicide in Women.'

[15] *What is Strangulation?* Institute for Addressing Strangulation

of MARAC who can share their knowledge in this area. Health also confirmed that they anticipate training in the area of non-fatal strangulation in the near future.

16.13 It is also well known that separation is a dangerous time with attempts to end a relationship being strongly linked with intimate partner homicide. Forty-one percent of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 had separated or taken steps to separate from them. Thirty percent of these women were killed within the first month of separation and sixty-five percent were killed within the first year.[16]

16.14 It was shared via the MARAC process that Christopher had a previous conviction for domestic assault in 2018 and as a result was issued a Restraining Order which expired in September 2020. As part of the MARAC process Laura's case was held and managed by a police Domestic Abuse Officer (DAO). Prior to the MARAC meeting the DAO put several safety plans in place for Laura including detailed markers linked to both address and individual to alert responding officers to domestic abuse. Both would have provided advance information of risk to officers should they respond to any further calls from Laura and is standard practice for any victim of high domestic abuse.

16.15 There is one recorded action from the MARAC meeting which was for the DAO to contact Laura to find out what her current status was, as there was a suggestion she had resumed a relationship with her husband Michael. However, there was no record of that conversation taking place.

16.16 In March 2022 an anonymous report of domestic abuse towards Laura by Christopher was received by police. Police initiated contact with Laura who assured them that there were no offences to report, and the allegations of domestic abuse were false. Laura also stated she wanted to end her relationship with Christopher and reconnect with her husband Michael.

16.17 Whilst the response in locating and speaking to Laura was good, there did not appear to have been any consideration given to liaising with the local Domestic Abuse Officer, who had been dealing with Laura following the September 2021 incident, or with FearFree and the previously allocated IDVA. This may have provided an opportunity for the DAO or the IDVA to contact Laura to discuss any issues in more detail and to gauge the risk from Christopher. Laura may have felt more comfortable speaking to someone with whom she had already established a relationship with.

16.18 In April 2022 it was Michael who reported domestic abuse, by Christopher towards Laura, to the police. Again, good practice was shown with an initial statement being obtained from Laura by officers at the time Christopher was arrested along with photographs taken of bruising to her body from assaults by Christopher. As referenced above, the early capturing of this evidence is considered good practice as officers sometimes defer the taking of statements until the following day, which can lead to victims not wanting to engage in the investigation process.

16.19 The DASH risk assessment was completed, and the risk was initially graded as medium, despite several of the high-risk questions being answered yes. The risk was later reassessed by the Domestic Abuse Unit and graded as high. This review of the risk also demonstrated good practice as it enabled holistic consideration of Laura and Christopher's relationship and the escalating behaviour of Christopher towards

[16] Femicide Census, 2020. 010998-2020-Femicide-Report_V2.pdf (femicidecensus.org)

Laura. Review of medium risk cases was undertaken in recognition that officers attending the scene do not always have all the information available to them, although officers also stated that they are experienced and see the situation in the moment which often presents as more serious. However, in September 2023 the decision was taken for the review of medium DASHs by the DAU to cease due to capacity issues. Whilst the DAU continue to review all high risk DASHs and check for MARAC flags, the cessation of review of medium risk cases is concerning, as in this case the assessment of risk would have remained medium and would not have been referred to MARAC, enabling the sharing of information between agencies and considering the options available to increase Laura's safety.

16.20 In contrast to the reported offences in September 2021, consideration was given, and the decision made, to obtain further evidence before considering the matter for referral to CPS for charging authorisation. This included obtaining a statement from Michael and obtaining an evidential download of Laura's mobile phone with the text messages from Christopher, which would have provided evidence to strengthen the case.

16.21 Christopher was released on police bail with the condition not to contact Laura or attend her home address. This was appropriate and proportionate with the matter being referred to MARAC for continued safeguarding and support for Laura. However, because there was a delay in obtaining digital evidence from mobile phones Christopher later had his bail conditions cancelled and he was Released Under Investigation (RUI). This was the wrong decision as it was revealed by Laura that Christopher had been contacting her in breach of his bail conditions.

16.22 Christopher stated that he was living at his mother's address and was bailed to that address. In May 2021 Christopher was present at Laura's address and was referred to as a lodger. In September 2022 the assumption was made that the relationship between Laura and Christopher had ended, and Christopher would no longer be residing at her address. In April 2022 he was still living at the address when he was arrested. This gave rise for the review to consider the validity of the address details provided by Christopher. Christopher's address, had it been provided as Laura's address, would have influenced decision making. However, the review concluded that it would not be realistic for police to check every address upon release from custody, particularly when there are no conditions in place.

16.23 On the 25th April 2022 the MARAC was provided with the information that Christopher was breaching bail conditions and contacting Laura to withdraw her complaint. This was never explored in more detail to establish what offences Christopher had committed, it was not discussed by the IDVA at the final meeting with Laura and no safety advice given on this specific issue. The breaching of bail conditions by Christopher was a missed opportunity to consider taking a more proactive and robust approach to dealing with him as a person who caused harm in a relationship. It also indicated further risk to Laura, with violations of bail conditions, court orders etc being associated with an increase of risk of future violence and indicated Christopher's disregard for authority.

16.24 The timeliness of the investigation was standard practice and the delay in obtaining digital evidence from Laura's mobile phone is well documented and an area of police business that continues to affect many investigations. Digital evidence can only be obtained by specially trained staff and demand for this area of business across all criminal offences is considerable.

16.25 Following the referral from police to FearFree, the FearFree administrator identified the significant risk to Laura and therefore referred for IDVA support before the MARAC form was received. Good practice was demonstrated during the first contact with Laura on the 13th April 2022 when the IDVA discussed the option of a Non-Molestation Order[17] should things escalate, or the bail conditions were removed.

16.26 A safety plan was also initiated during the first meeting with Laura, although the safety plan contained generic safety advice and had not been personalised to Laura's needs. Furthermore, there was clear evidence of the IDVA attempting to offer on-going support following on from reconciliation with Michael, however, the safety plan was not updated with specific safety advice pertaining to the risk identified as a result of the resuming of that relationship.

16.27 When the MARAC referral was received on the 20th April 2022 and meeting took place on the 25th April, there was knowledge that Christopher had breached his bail conditions. In addition to no action being taken directly in relation to those breaches, there was also a missed opportunity to revisit the option of a Non-Molestation Order.

16.28 Upon closure of the April 2022 referral the IDVA recorded that the DASH was updated. However, there was no documentation to support this, and no recording of the risk outcome. FearFree have identified a need to ensure all case closure procedures are followed. Regardless of whether an individual wishes to engage with the service, it is an expectation that their staff consider all the risks and take any identified safeguarding actions. FearFree were not assured that this was completed in this case and have therefore made a recommendation for their agency in this respect.

16.29 FearFree reported that engaging effectively with Laura did appear challenging, both the IDVA and the DAO struggled to engage with Laura and there was limited evidence of any agency building meaningful relationships with her. Given what is known and understood about trauma, it is questionable whether all agencies, as a whole, did enough to build a relationship with Laura. Furthermore, poor engagement can be a sign of significant risk; Laura may have lacked trust in services and may have felt at risk just talking to them. Whilst agencies were able to visit Laura's home, this may have been an issue for Laura as it may not have provided a safe space for her. However, there was evidence of safety being discussed, even on occasions when Laura declined support.

16.30 When Christopher's bail was cancelled on the 5th May 2022, and he was Released Under Investigation, it was recorded that police visited Laura's home and left a calling card. It is assumed this visit was to inform her of this change but there is no evidence to show that Laura was informed that Christopher was no longer subject to bail with conditions not to contact her. Sharing this information with the IDVA would have enabled them to engage Laura in considering the previously discussed Non-molestation Order. Christopher was still being investigated for this matter a month later when Laura was found deceased.

[17] The purpose of a Non-molestation Order is to ensure the safety and well-being of the applicant. It can prevent a partner or ex-partner from using any physical violence or threatening violence, or harassment against the applicant, it may also prevent the abuser from contacting the victim by any means including at their place of work. An Order can last from six to twelve months. Breaking a Non-Molestation Order is considered a criminal offence which may lead to action in criminal court, or criminal proceedings. The maximum sentence for breaking a Non-Molestation Order is 5 years imprisonment, a fine, or both.

Mental Health and Suicide

16.31 Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment. Research suggests that forty percent of high-risk victims report having mental health issues, with sixteen percent of victims reporting that they have considered or attempted suicide as a result of the abuse.[18]

16.32 Whilst the DASH includes specific questions around mental health for both the victim and perpetrator, there does not appear to be any recorded or documented link between Laura's mental health and the ongoing domestic abuse she was experiencing, and missed opportunities to consider the risk she posed to herself. Both MARACs identified Laura's low mood and suicidal ideation, and whilst it is possible that this was discussed at MARAC meetings, there was no record of this.

16.33 When police attended in April 2022, they completed a Vulnerability Screening Tool[19] and assessed Laura as being at medium risk. This was included in the MARAC referral form which further identified that Laura would like GP support. However, this was not picked up or addressed by the IDVA and there was no evidence of engagement with, or direct referral to, the relevant medical support organisation regarding mental health concerns. There was no discussion about suicidal ideation despite this being clearly identified as an issue within both MARAC referrals. Laura's mental health was also not acknowledged or referred to within the safety plan in April 2022. FearFree have already undertaken significant actions to improve practice around cases where a risk of suicide is identified. This includes an action plan and fortnightly review meetings to ensure ongoing monitoring and oversight.

16.34 Devon and Cornwall Police reflected that whilst the number of incidents and contacts with Laura during the scoping period was limited, in relation to other ongoing DHRs across Devon and Cornwall, a recurring theme is the increasing number of DHRs where the victim of domestic abuse has taken their own life rather than being killed by a third party.

16.35 Research has shown that amongst people who had attempted suicide, half had experienced intimate partner violence.[20] The Suicide Timeline (Appendix 1) is as a practical tool, for use by professionals, developed through research and analysis of case studies to understand the interactions between perpetrators of coercive control and their victims, and how these interactions may be linked to escalating and de-escalating risk of serious harm or homicide.[21]

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[18] How widespread is domestic abuse and what is the impact? | SafeLives

[19] Vulnerability Screening Tool is a process of identifying vulnerabilities, grading of the risk and signposting to relevant agencies.

[20] Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England - The Lancet Psychiatry

[21] Jane Monckton-Smith (2022), Building a Temporal Sequence for Developing Prevention Strategies, Risk Assessment and Perpetrator Intervention in Domestic Abuse Related Suicide, Honour Killing and Intimate Partner Homicide. https://eprints.glos.ac.uk/10579/

16.36 The behavioural data gathered through this research was organised into a sequence of eight stages that represent potential escalating risk. The further along the stages, the higher the risk of serious harm, with opportunities at every stage to cease the progression. Each stage provides indicators of perpetrator and victim characteristics.

16.37 Stage one draws on previous research which identifies that perpetrators are both repeat and serial offenders and that those who employ coercive control are likely to do so in all their intimate relationships. Criminal behaviour does not just relate to a criminal record and previous convictions, but may also be identified through testimony from professionals, the victim, family or the perpetrator themselves. History may also be identified through behavioural characteristics. In relation to the victim, there are identified vulnerabilities from past domestic abuse, sexual abuse, child neglect, bereavement, or eating disorder, and sometimes drug and alcohol misuse which precedes the relationship.

16.38 The early relationship represents stage two and is marked by relationships that develop quickly with early cohabitation, early pregnancy, or early declarations of love. Families report the strong influence exerted by the perpetrator at an early stage and often express concerns about the speed of which the relationship developed.

16.39 Relationships (stage 3) are dominated by intimate partner abuse. Control and violence starts at an early stage within the relationship.

16.40 During stage four the victim identifies the behaviour of the perpetrator as abusive and may start to disclose, usually to friends and family first. Disclosure may be incremental and may come before explicit help-seeking. Disclosure in health settings is common as the environment may feel more confidential and supportive, although research suggests that victims are more likely to disclose to their GPs than in an A&E setting, with victims returning to surgeries 30 or 40 times before managing to disclose domestic abuse.

16.41 Perceived escalation of the seriousness of the abuse is a key factor in the victim deciding to disclose. Equally shame, perpetrator threats, fear over increased violence, and how disclosure will affect social interactions, were reasons for hesitating to reveal abuse.

16.42 In many cases initial disclosure is made to friends or family, escalating to disclosure to police or other services, with early disclosure more common in cases of domestic abuse suicide, than the homicide cases. It is important for practitioners to recognise that a disclosure will not represent the beginning of the risk but will likely be indicating an escalation. Disclosure is distinct from help-seeking as it is more likely to be linked to exploration and validation for the victim.

16.43 Help-seeking can occur in stage five usually after disclosure, and often in response to the victim's perception that the abuse has escalated, and things have become more serious. Active help-seeking can be seen as a threat to the control exerted by perpetrators, as a result there may be consequences, and the perpetrator may also increase their control in response. Perpetrators are seldom deterred as a result of help-seeking, even if the help sought includes police involvement and results in

arrest, prosecutions, civil orders and so on, with perpetrators continuing to exert control despite any sanctions.

16.44 Help-seeking is most commonly sought from mental health services and the police. When help is sought from mental health services the help sought is for mental health linked to the domestic abuse being experienced. However, services do not always make those links explicitly, prescription medication was a more common response than specific help with the abuse.

16.45 The victim's mental health help-seeking can dominate assessments of them and the victim assessments of themselves leading to self-blame. The victim being perceived as 'mentally unstable' creates perceptions that they are culpable in the abuse. This can become worse, and attention further diverted when the victim self-harms, talks about suicide, or makes attempts to kill themselves. In some cases, victims feel that if they receive mental health support they will become 'strong enough' to leave the abuser.

16.46 Although suicidal ideation is placed at stage six, this is considered the latest, but most common stage that suicidal ideation was noted in the cases analysed, although in some cases, it appeared in earlier stages, sometimes as early as stage one. Self-harm, suicidal ideation and suicide attempts are sometimes seen as confirmation of mental instability, re-focusing attention on the victim's mental health rather than the abuse. Suicidal ideation can occur in parallel with homicidal ideation in perpetrators of high-risk abuse, perpetrators can also encourage suicide, and therefore all suicidality should be taken seriously.

16.47 At stage seven the victim feels and sometimes vocalises that they feel trapped in a situation from which there is no escape, and feel that nothing will get better. Where the relationship has ended, contact and control or stalking behaviours can persist.

16.48 Stage eight represents the suicide. The most common method of suicide is ligature and in many cases the perpetrator is the last person to see the victim and discover the victim's body. It is common for the suicide to be accepted based on the mental health history of the victim, especially if there was a history of suicidal ideation.

16.49 There are characteristics of Laura, Christopher and Michael that are reflected in the Suicide Timeline. Christopher's history includes a history of domestic abuse. There is little evidence available about the early relationship with Michael, but it is known that Laura's relationship with Christopher was marked by control, jealousy and violence, with Laura being the subject of that violence which appeared to escalate quickly within the short period of time they were in a relationship. Laura sought help on one occasion when she contacted police in September 2021, but it seems likely that she may have also sought support from Michael in April 2022 resulting in him contacting police. Suicidal ideation was evident in both September 2021 and April 2022 and there was a suggestion of Laura feeling complete entrapment as early as September 2021 when she said to police that 'she did not want to be here anymore'. That feeling of entrapment may have increased through the contact Christopher made with her in breach of his bail conditions and when the bail was cancelled days before her death.

16.50 The application of the Suicide Timeline begins to shine a light on Laura's experiences of domestic abuse. Further exploration of the stages with Laura may have helped professionals better understand the risk posed to her and the escalation of risk and consider prevention strategies and interventions.

16.51 FearFree reported that they have introduced a number of measures which are pertinent to Laura's case, this includes: the provision of Suicide Awareness training as part of the new staff induction programme, with all existing staff enrolled on suicide awareness and prevention training to ensure consistent level of practice; indications of enduring mental health issues or suicidal ideation being recorded as a specific risk in the safety plans, with bespoke actions and guidance relevant to the individual concerned; suicidal ideation identified as a specific "vulnerability" on the database with management quality checks to include ensuring suicidal ideation is recorded correctly, and action plans clearly identify this as a risk, with the appropriate actions in place to support this risk.

Working with people who cause harm in relationships

16.52 The DPT interventions with both Christopher and Michael, in the period subject to review, were relatively brief. In May 2021, following the first report of domestic abuse, Michael was assessed by Liaison and Diversion whilst in police custody. He engaged in the assessment and identified that alcohol was a problem that affected his relationships. However, whilst the assessment undertaken was completed to a good standard it did not identify, and therefore explore, domestic abuse. DPT commented that they are usually only aware of the category of offence when they meet with individuals, for example, common assault, ABH, GBH etc. DPT reflected on the interface between clinical and criminal, that translating a crime to an incident of domestic abuse may lead to a change in approach and the opening up of other support networks.

16.53 Michael's next contact with mental health services was following detention under s.136 of the Mental Health Act, Michael informed the assessors that he is not able to see his wife due to there being a 28 day injunction against him preventing contact with Laura. Both interactions with mental health services identified that Michael had no ongoing mental health need at that time. Following the Mental Health Act Assessment, the Approved Mental Health Professional (AMHP) did explore, and provide advice about, the link between Michael using alcohol and the impact this would have on his medication which he was taking for depression.

16.54 Christopher was seen by Liaison and Diversion in September 2021. Liaison and Diversion were aware on this occasion of the domestic abuse nature of the offence and identified excessive alcohol intake. They assessed him again in April 2022 when his mental health difficulties became more apparent. Consideration of Christopher's presentation and his trauma history evidenced exploration of the potential root causes to the presenting challenges and a holistic assessment. This assessment with Christopher resulted in an onward referral to secondary mental health services which was refused due to his alcohol consumption.

16.55 There is evidence of robust risk assessments by the Liaison and Diversion service which is evidence of compliance with DPT policy about routine enquiry in relation to domestic abuse.

16.56 DPT's final intervention with Christopher during the scoping period was in late April 2022 via the Access and First Response Service who explored domestic abuse with Christopher. However, there is no evidence that this was followed up with services for people who cause harm in relationships. The AFRS triage identified potential significant concerns with Christopher and his physical health due to reports of excessive alcohol consumption and so he was advised to attend the local Emergency Department, which he agreed to do the following day, although there is no evidence that he did so.

16.57 Both Christopher and Michael were, at the time of DPT involvement, potential perpetrators of Domestic Abuse towards Laura. DPT policy and guidance for staff around domestic abuse focuses on how to intervene and respond to concerns from the perspective of victims. Neither Christopher nor Michael was identified as victims of domestic abuse, although Christopher did allege he was assaulted by Laura. This raises the question as to whether there needs to be policy to identify practice standards for working with people who may be a person who is causing harm.

16.58 Research supports there being high levels of mental health problems amongst those who cause harm in relationships. Along with other risk factors, research has found mental health needs are associated with increased risk of domestic homicides. In one study forty percent of people who caused harm had suicidal ideation/attempts or had self-harmed prior to the incident.[22] This was the case for both Michael and Christopher; they both experienced suicidal ideation during the scoping period and self-harmed through the use of alcohol.

16.59 Research has also found mental health professionals reporting 'low' or 'very low' levels of knowledge regarding domestic abuse, along with a lack of skills and confidence in enquiring about and exploring abuse. Whilst some practitioners find it easier to enquire about perpetration - as this aligns with routine risk assessments – they also report a significant lack of training in how to respond to people who cause harm in relationships.[23] This lack of training and guidance was highlighted by DPT.

16.60 Christopher had regular contact with his GP during April and May 2022. Christopher's GP practice commented that whilst records clearly recorded depression, anxiety and abuse of alcohol there is no exploration as to what might be behind Christopher's history. Christopher had referred to having flash backs of past trauma, albeit outside of the scoping period, there was no evidence of staff exploring this past trauma further.

16.61 Whilst agencies responded to the mental health concerns for both Michael and Christopher and the incidents of domestic abuse were responded to by police and domestic abuse services, neither were held accountable for their abusive behaviour.

16.62 Home Office analysis showed that of those being managed, supervised or attending a service, including drug and alcohol services, probation, Multi-Agency Public Protection Arrangements, mental health services, only seven percent of people who caused harm were attending, or had attended, a domestic abuse programme.

16.63 In Devon, FearFree provide the Behaviour Change Support programme to people who cause harm in relationships. The aim of this work is to provide bespoke one to one

[22] Spotlight 7 - Mental health and domestic abuse.pdf (safelives.org.uk)
[23] Spotlight 7 - Mental health and domestic abuse.pdf (safelives.org.uk)

support and advocacy for adults in order to change their harmful and abusive behaviours and promote the safety of victims and their children.[24]

16.64 FearFree reported that since the beginning of this contractual year (to December 2023) they have actively engaged forty-nine clients on the Behaviour Change programme. Of interest, one third of these clients identified alcohol or drug addiction and one quarter identified significant and enduring mental health issues. Furthermore, since the introduction of the programme the service has gathered information around the percentage of those on the programme who have identified witnessing or experiencing domestic abuse as a child or an adult, that figure is ninety-seven percent. Although it is not known whether Michael or Christopher had previously experienced or witnessed domestic abuse this factor appears to be significant and worthy of further exploration in other domestic abuse cases.

16.65 In terms of uptake in the Behaviour Change programme FearFree identified a significant gap between the number of victims and perpetrators they work with, for example, last year FearFree worked with approximately 250 clients on the Behaviour Change programme and yet they supported around 3000 victims of domestic abuse. One explanation is that the Behaviour Change programme is voluntary and needs some level of recognition and acceptance by the person causing harm of the impact their behaviour has on their families and so one could argue that due to the voluntary nature of the programme FearFree may not be engaging with those individuals who may struggle to take ownership of their behaviour and its impact.

16.66 FearFree report a re-offending rate of 8% (domestic abuse specific crimes) across an 18 month period for those who complete the programme, compared to a re-offending rate for overall crimes of ten percent. However, FearFree are unable to compare with the re-offending rate for domestic abuse specific crimes for those who have not engaged in the programme.

16.67 At time that services were responding to the domestic abuse that Laura was experiencing, the referral route for the Behaviour Change programme was via the police and the programme only took clients who were deemed suitable by the integrated offender management teams. However, since April 2023 the funding has changed and allows for both self-referral and referrals from other agencies. Despite this referral remain low- and FearFree are keen to raise awareness with all agencies who may be working with families and who would benefit from this support. In addition, FearFree have now arranged for Behaviour Change workers to attend every MARAC to promote the programme and raise awareness of the impact that working with people who cause harm could have on the overall safety of the victim.[25]

Alcohol

16.68 Both Michael and Christopher used alcohol, and both appear to have been change resistant drinkers. There was evidence of both being referred to Together Drug and Alcohol service. There appears to have been a belief at times that Christopher was engaged with the service but he had not engaged or been open to the service since

[24] Devon - FearFree

[25] Following conclusion of this review, FearFree reported that as of April 2024 funding for the Behaviour Change programme has reduced by 50%. This has resulted in the loss of practitioner resource and receipt of insights on previous offending from the Integrated Offender Management team.

March 2021. Together reported that signposting to their service during the scoping period was not evident.

16.69 Where alcohol is involved in domestic abuse, much of the evidence suggests that it is not the root cause, but rather a compounding factor, sometimes to a significant extent.[26] In a randomly selected sample of DHRs the AVA Project found that in sixty-nine percent of DHRs alcohol was mentioned as a negative issue.[27] Whilst there is evidence that alcohol use by people who cause harm in relationships, and to a lesser extent by those who experience harm, increases the frequency of violence and the seriousness of the outcomes, this does not mean that alcohol use causes domestic abuse. It is neither an excuse nor an explanation, whereby people who cause harm are all too often depicted in terms of the 'stereotype' of a drunk who loses control and assaults their partner.

16.70 The DASH includes the question 'Has (the perpetrator) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?' Therefore, the assessment recognises the use of alcohol as a high-risk factor, however, consultation through the AVA project found that participants commonly felt that this question did not do justice to the potential significance of alcohol problems in domestic abuse.

16.71 The AVA project has produced guidance on how to address domestic abuse and alcohol use. The aim of the guidance is to create a baseline of good practice for those supporting clients that have been understood to be change resistant drinkers and who are perpetrating or experiencing domestic violence.[28] This guidance may be useful to agencies who are working with people who experience, and people who cause, harm where alcohol is a factor.

16.72 The use of alcohol and other drugs is widely understood to be a means of coping with traumatic life experiences and a significant proportion of problem drinkers also have a mental health problem. This combination is associated with high levels of suicide, self-harm and violence to others and makes clients difficult to engage in services or treat effectively. This was indeed the case for both Michael and Christopher. Both experienced mental health issues and there was evidence of both having experienced past trauma.

16.73 Despite the established link between alcohol and mental health, a referral for Christopher to secondary mental health services was declined on the basis that he needed to address his alcohol misuse before mental health intervention could be considered. This response can be frustrating and appear counterintuitive to the client, their families and other professionals. DPT were able to share with the review panel the complex dynamic between alcohol and mental health, explaining that in order to achieve therapeutic change an individual requires the ability to think in depth and reflect which is limited by alcohol and therefore alcohol needs to be controlled to a certain level for any therapeutic intervention to be effective.

16.74 Together countered this by highlighting that their service works with anyone experiencing a substance misuse issue including those experiencing mental ill health. The work they do with their clients also involves talking about the past and that it is their experience that despite the use of alcohol clients are able to take on

[26] IAS report Alcohol, domestic abuse and sexual assault.docx
[27] Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf (avaproject.org.uk)
[28] Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf (avaproject.org.uk)

information, think deeply and reflect. Together emphasized that it is not necessarily the level of alcohol use that is the prominent factor but the capacity of the individual to engage linked to their alcohol tolerance.

16.75 The perspectives and approaches taken by agencies in relation to alcohol and mental ill health only reinforces the complexities in working with this client group.

16.76 Laura also used alcohol, although the extent to which she did so is unknown. She had not sought support from Together and it was not highlighted as an issue by any of the agencies, except for the police who noted she was intoxicated when they attended her address in response to the reported incidents.

16.77 Victims may be using alcohol as a means of coping with the abuse. Victims are also more likely to use violence to defend themselves, or in retaliation, when they have been drinking. This can make it hard for agencies to discern who is the cause of harm and who is the person experiencing harm. Fortunately, in this case police were able to identify that Laura was the one experiencing harm and Michael and Christopher the cause of harm.

16.78 A particular concern to be addressed is the frequency with which victims of domestic abuse who use alcohol problematically are viewed negatively because of their alcohol use. For example, victims may be seen as causing the abuse that is perpetrated against them due to their own seemingly antisocial behaviour, including their use of violence to defend themselves.[29] It is possible that the professionals in this case held this bias unconsciously when responding to and supporting Laura.

Domestic Abuse Support and Advice for Professionals

16.79 Training in domestic abuse is available for all staff and officers within Devon and Cornwall Police and continues to be constant, relevant, and current. Force Policy and Guidance in relation to domestic abuse is reviewed and updated yearly by the Strategic Safeguarding Improvement Hub. In the last twelve months Devon and Cornwall Police has reviewed its operating model for responding to and investigating domestic abuse and made considerable changes. These include the formation of a specialist team of investigators for all matters of domestic abuse. These teams are referred to as Moonstone and are embedded in each Local Policing Area and offer a consistent approach across the force to domestic abuse. Officers on Moonstone also received further specialist training in domestic abuse matters.

16.80 Medical Centre A reported that the practice has historically received Identification and Referral to Improve Safety (IRIS) training and can access a designated practitioner that's linked across the Primary Care Network (PCN). The practice also has a domestic abuse policy in place that provides guidance on how to identify and respond to domestic abuse. This includes guidance on people who cause harm in relationships.

16.81 The Royal Devon University Healthcare NHS Foundation Trust report that if a professional has concerns about a patient being a victim of domestic abuse, they can immediately open up conversations, gain consent for referrals to the Health IDVA, RDUH safeguarding team or MARAC. The Trust also has a domestic abuse leaflet

[29] Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf (avaproject.org.uk)

which can be shared with patients. The leaflet has an explanation of what domestic abuse is and contains information about accessing support and safety planning. The Trust has a domestic abuse policy and further guidance, information on referrals and contacts that are accessible to staff via the Trust intranet. The RDUH employs a Health IDVA specifically to support staff and patients who are experiencing domestic abuse.

16.82 In addition, all clinical staff at RDUH complete a mandatory domestic abuse module. The training changed from a one-off training to three yearly repeat training in 2022 and staff across the Trust are in the process of renewing their compliance. In July 2023 79.6% of staff were compliant in their domestic abuse training. Bespoke domestic abuse training sessions are also available for teams when the need for training and support is identified or requested.

16.83 Together Drug and Alcohol Service offers three specific Domestic abuse training courses: Domestic Abuse Level 2, Domestic Abuse Perpetrators and Domestic Abuse Victims. During the time period in scope for this DHR, Together staff received training on Domestic Abuse through the generic Safeguarding Training (Level 2). Staff may have had more dedicated development on this topic through on-the-job training and shadowing but attended no formal session through Together. Staff may also access Domestic Abuse training through local/partner organisations at one off events such as a recent event from FearFree. Together are a main agency within the MARAC process and have representation on the MARAC steering group.

16.84 FearFree is the specialist domestic abuse service in Devon. All employees of the service receive a full formal induction and training in all areas of domestic abuse. IDVAs are encouraged to undertake the IDVA qualification, following their probation period, if they do not already possess it. Advice and support are available to employees from line managers in addition to formal four weekly one to ones and six weekly supervision.

Communication and Information Sharing

16.85 Three of the four key episodes of involvement with Laura assessed the risk as reaching the threshold for inter-agency information sharing resulting in referrals to FearFree for IDVA support and two referrals to MARAC. Agencies that were not actively involved at the time were made aware of the domestic abuse risk as a result of the MARACs. For example, The Trust was not aware of any risk to Laura until September 2021 when her case was heard at MARAC. There is good evidence of information sharing, as one of the core agencies for MARAC the Trust is informed of everyone who is discussed at each MARAC meeting. The Trust flags the records of all victims in order to raise staff awareness to enable support to be provided. Following Laura's referral to MARAC in September of 2021 the flag was placed on her electronic record system alerting staff to the risks. Had she attended the Trust again this flag would have advised staff to be more vigilant to the risk and open up conversation where possible with the victim. There is also evidence within the notes of multi-agency working and information sharing between RDUH and the mental Health Trust Devon Partnership Trust (DPT) and the RDUH and multi-agency partners via MARAC.

16.86 There was also strong evidence of a good working relationship and information sharing between FearFree and the Police's Domestic Abuse Officer.

16.87 As already stated, there were some missed opportunities to share information. This included following the anonymous contact in March 2022 whereby sharing information with the DAO and FearFree might have enabled further support to Laura, assessment of risk and safety planning.

16.88 The quality of the information shared in the NICHE automated referrals from police to FearFree, following NICHE implementation which included changes to information sharing of medium risk DASHs, was highlighted as a potential issue by the review. Devon and Cornwall police acknowledged that sharing had, at times, been greater in the past but that previously some of that information was not properly reviewed and assessed for sharing. The new NICHE system provides information without danger of inappropriate sharing and does not require intensive management input, which took staff away from core responsibilities. It was accepted that the automated system relies on the quality of Public Protection Notice (DASH) completion by attending officers and it was recognised that this human input can be a failure point, although there is monitoring of the quality of entries in the Central Safeguarding Teams, with training and advice provided to those officers identified as failing in the area. Devon and Cornwall police further confirmed that there is a monthly working group in place to monitor the Public Protection Notice progress and identify learning and improvements.

16.89 Devon and Cornwall police said that if FearFree identify cases of low-quality referrals, they are encouraged to contact the police domestic abuse teams so that further appropriate information sharing can be considered, the Public Protection Notice can be quality assured, and the inputting officer engaged with. Devon and Cornwall police gave assurances that any learning would be because of individual deviation from best practice and not as a result of a systems, process, or policy failing. Furthermore, FearFree confirmed that they are working with the Devon and Cornwall police Learning and Development department to raise awareness of domestic abuse and how to complete referrals.

16.90 As part of discussions about working with people who cause harm the review explored the risks and benefits of 'flagging and tagging' on agency systems to assist in identification of domestic abuse perpetrators and sharing information. Devon and Cornwall police confirmed that if a person who is causing harm is part of a MARAC discussion, they will also have a MARAC 'marker' on them. They also identified that often, 'markers' are put onto a system at the initial stages of an investigation, when the individual might not have been charged with an offence, and therefore there is a requirement to be compliant with GDPR. However, by having a marker, it enables actions such as DVDS to be undertaken, and allows the opportunity for information sharing. The panel identified that a marker could prompt professionals to enquire and ask more questions, but that consideration should be given to their relevancy and accessibility on agency systems. Furthermore, the identification of a person as 'a perpetrator' needs to be done in an ethical way, that does not then risk labelling someone and attributing that label incorrectly. The panel concluded that any move to add such markers was likely not practicable and assured the review that MARAC markers are used across agencies.

17. Conclusions and Lessons Identified

17.1 In the final year of her life Laura experienced domestic abuse from both Michael and Christopher. Unfortunately, little is known about Laura, and her lived experience,

other than that reported by the agencies that contributed to this review. However, the risk to Laura was escalating during this period, which may have led to her feeling trapped in the situation. In consideration of this escalation and feelings of entrapment, alongside other predisposing factors and identified risks, this increased the risk of suicide, as demonstrated through the application of the Suicide Timeline.

17.2 The review has highlighted the importance of the use of domestic abuse risk assessments and how this enabled a multi-agency response through the MARAC and the availability of support from both the IDVA and Domestic Abuse Officer. However, there are concerns that the review of risk assessment by police, which has ceased due to resource and capacity constraints, which in this case, would now result in the assessment of risk relating to the April 2022 incident remaining medium with no referral to MARAC. This therefore has implications for current and future cases of domestic abuse which are identified by Devon and Cornwall police.

17.3 Whilst good practice was shown by police in the immediate taking of statements, use of body worn cameras, securing evidence and consideration of an evidence led prosecution following the report in April 2022, there were also missed opportunities in the earlier reports of domestic abuse whereby Christopher's account of self-defence was too readily accepted. The MARAC also lacked evidence of holding people who cause harm to account and this is reflected in the low numbers of people who cause harm accessing the Behaviour Change Programme compared to the number of those experiencing domestic abuse that are referred to FearFree.

17.4 Overall, the review concluded that in this case the people causing harm were not held to account, and this may be attributable to a lack of knowledge and guidance across all agencies about how to work with people who cause harm in relationships, exacerbated by challenges around identification.

17.5 The review also recognised the challenges and complexities of working with people who experience ill mental health and use alcohol and how this can limit access to services and the successfulness of interventions.

17.6 The review has also highlighted the changes that have been made as both a result of the early learning from this review and changes that have occurred since Laura's death which indicate an opportunity to make the future safer and reduce the risk of reoccurrence of such a tragedy.

18. Recommendations

1) Agencies[30] to develop a specific policy, review and/or raise awareness of existing policies around how staff should work with people who cause harm in relationships.

2) FearFree to raise awareness of the Behaviour Change programme.

[30] Devon Partnership NHS Trust; Devon and Cornwall Police; Together Drug and Alcohol Service; Royal Devon University Healthcare NHS Foundation Trust; Probation; Adult Social Care and Children's Social Care, Devon County Council; South Western Ambulance Service.

3) To share learning in reference to the Suicide Timeline with the Suicide Prevention Group and request consideration of its inclusion in the suicide prevention plan and domestic abuse suicide workstream.

4) Devon and Cornwall Police to consider the current process to review, action and share information from domestic abuse risk assessments to ensure consistency across the Force and maximise safeguarding opportunities with other agencies.

5) To increase awareness of the learning from this review through production of a learning briefing and to seek assurances that lessons from this review have been disseminated to staff within agencies and incorporated into current domestic abuse training.

6) With specific reference to paragraph 16.52, Devon and Cornwall Police to ensure that the nature of an offence is shared with Liaison and Diversion, for example domestic abuse, and that Liaison and Diversion request details of the nature of an offence, when a person is detained in custody.

Single-Agency Recommendations

The following recommendations were made by agencies, for their own agency, in their IMRs:

FearFree

- To ensure the service's procedures around closing cases, including end of support risk assessments and safety plans, are all being followed. This will be achieved through audit and reminding operational staff of organisational policy.

Medical Centre A

- For Medical Group A to engage with the new Interpersonal Trauma Response Service that has been rolled out in April 2023 to receive training.

Appendix 1 – The Suicide Timeline

Stage	Reported perpetrator characteristics	Victim characteristics
History	History of domestic abuse, coercive control, stalking, routine jealousy, violence, history of criminal behaviour	History of vulnerability. Previous domestic abuse, coercive control or sexual assault, away from home (student), previous local authority care
Early Relationship	Speed and intensity	Speed and intensity
Relationships	Dominated by controlling patterns, violence in many cases	Subject to violence, drugs and alcohol, sexual violence
Disclosure	Control escalating, violence may escalate, persistent harassment	Starts to tell other about the abuse
Help-Seeking	Reported perpetrator may use victims mental health against them, may make threats to family/friends, counter allegations	Mental health services, GP for mental health, A&E, child services, social services, police
Suicidal Ideation	Reported perpetrator may encourage suicide, persistent contact, threats	Suicide attempts, self-harm, may so they 'can't go on', may be convinced they will be killed, may have lost custody of the children
Complete Entrapment	Stalking, threats, persistent contact, threats to others, violence	May say 'I will never be free' or similar,
Suicide	Common for reported perpetrators to find body, in some cases abuse transferred to victim's family	Most common to be at home with ligature, other methods also noted

Appendix 2 - Home Office QA Panel Feedback Letter

Home Office

Interpersonal Abuse Unit
2 Marsham Street
London
SW1P 4DF

Tel: 020 7035 4848
www.homeoffice.gov.uk

Becky McMurray
Review Co-ordinator
Communities Team
Devon County Council
County Hall, Topsham Road
Exeter, Devon
EX2 4QD

21st October 2024

Dear Becky,

Thank you for submitting the Domestic Homicide Review (DHR) report (Laura) for Safer Devon Partnership (CSP) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 18th September 2024. I apologise for the delay in responding to you.

The QA Panel felt that the report was sensitive, well written and clear to understand, with the timeframe and agencies involved clearly stated. There was a clear rationale regarding the lack of engagement with Laura's family and the report also effectively utilises research and analysis to explore the issues which Laura faced.

The QA Panel felt that there are some aspects of the report which may benefit from further revision, but the Home Office is content that on completion of these changes, the DHR may be published.

Areas for final development:

- As it stands Laura's voice is somewhat unheard within the report, largely as there was no family engagement in the DHR process. It might have been helpful to seek input from friends, colleagues and neighbours and the CSP should consider doing this for any future DHRs undertaken.

- The data collection sheet states that the family saw the Terms of Reference, however, this does not seem accurate based on the information at section 6.

- An explanation is needed regarding the year long delay in commencing the DHR, as stated in paragraph 2.2.

- The criminal damage caused by Christopher to Laura's laptop and phone could be recognised as economic abuse.

- In section 11, it would be useful to explain the protected characteristics referenced within the Equality Act.

- The report is missing key details about Laura's daughter. It is currently unclear in the report whether she lived within the family and was exposed to or witnessed the domestic abuse her mother experienced.

- There was an opportunity to reflect further on the use of non-fatal strangulation in this case. There is some discussion in paragraphs 16.11 and 16.12, however, further reflections, through the lens of the victim, might have helped us to get a sense of how the victim felt and her experiences of abuse.

- When considering the Suicide Timeline in paragraphs 16.35-16.38, it would be helpful to include the stages and consider how these applied to the case and to include the table in Appendix 1.

- The sibling relationship between Christopher and Michael should be referenced.

- There was opportunity to consider the victim's risk to herself, so it would be helpful to know whether the police, MARAC or the IDVA considered this.

- It is not clear if there were any discussions around involving the alleged perpetrator(s) in this review – was this considered? If so, what were the reflections and how was a decision taken?

- It is also unclear if the alleged perpetrators considered the risk Laura posed to herself and if there is learning in relation to this.

- Whilst Laura's family have not engaged to date, it would be good practice to add them to the dissemination list, along with Police and Crime Commissioner and the Domestic Abuse Commissioner.

- The numbering on the DHR presentation needs addressing.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Panel feedback letter should be attached to the end of the report as an

annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Panel, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Panel

Domestic Homicide Review (DHR)
Safer Devon Partnership
Executive Summary

'Laura'

May 2022

Julia Greig
Chair and Overview Report Author
v.2
Date: 25th March 2024

Contents

The Review Process

1.1 This summary outlines the process undertaken by the Safer Devon Partnership domestic homicide review panel in reviewing the death of Laura who was a resident in their area.

1.2 The following pseudonyms have been used in this review for the victim and perpetrators to protect their identities and those of their family members. Laura was a white British woman who was 41 years of age at the time of her death. Michael was Laura's husband, he was a white British man and 44 years of age at the time of Laura's death. Christopher was Michael's brother, and therefore Laura's brother-in-law, he was also a white British man and was 41 years of age when Laura died.

1.3 The Coroner's Inquest concluded in October 2023. The Coroner confirmed the cause of Laura's death was 'polydrug toxicity'. There were no criminal proceedings in this case in relation to Laura's death.

1.4 The review process began with an initial meeting of the Safer Devon Partnership on 19th July 2022 when the decision to hold a domestic homicide review was agreed. All agencies that potentially had contact with Laura, Michael and/or Christopher, prior to the point of death, were contacted and asked to confirm whether they had involvement with them. Seven of the thirteen agencies contacted confirmed contact with the victim and/or perpetrator and were asked to secure their files.

Contributors to the Review

2.1 The agencies that have contributed to this review are as follows:

- FearFree (formerly FearLess and Splitz Support Service) - IMR
- Devon Partnership NHS Trust - IMR
- Devon and Cornwall Police - IMR
- Together Drug and Alcohol Service - IMR
- Royal Devon University Healthcare NHS Foundation Trust - IMR
- Medical Centre A, Devon – IMR
- Medical Centre B, Devon – Summary Report

2.2 IMR authors were independent with no direct involvement in the case, or line management responsibility for any of those involved.

The Review Panel Members

3.1 The DHR panel members were as follows:

Name	Role	Agency
Julia Greig	Independent Chair and Author	Octavia Consulting
Becky McMurray	DHR Review Co-ordinator	Devon County Council
Lee Nattrass Phil Hale	Detective Chief Inspector Detective Inspector	Devon and Cornwall Police
Melody Trott Dave Whelan	Anti-Social Behaviour and Community Safety Partnership Co-Ordinator Emergency Planning and Business Continuity Officer	East and Mid Devon Community Safety Partnership
Gillian Scoble	Named Nurse Primary Care	NHS Devon Integrated Care Board

Paula McGinnis	Partnership, Service Development and Learning Officer	Devon County Council
Louise Arscott	Head of Devon and Torbay Probation	Devon and Torbay Probation
Alison Bolt	Senior Safeguarding Nurse	Royal Devon University Healthcare NHS Foundation Trust
Anthony Vaughan	Clinical Specialist	Devon Partnership Trust
Marise Mackie	Devon Service Manager	FearFree Support Service
Kayleigh Bradford	Principal Social Worker	Adult Social Care, Devon County Council
Kelly Jones	Senior Manager	Together / HumanKind
Charlotte Pavitt	Consultant in Public Health	Public Health

3.2 Independence and impartiality are fundamental principles of delivering a DHR and the impartiality of the independent chair and report author and panel members is essential in delivering a process and report that is legitimate and credible. None of the panel members, had direct involvement in the case, or had line management responsibility for any of those involved.

Author of the Overview Report

4.1 The Safer Devon Partnership appointed Julia Greig to chair the review and to author the Overview Report. She is a registered social worker and has extensive social work experience in the statutory sector working with adults. She has completed the Home Office approved course for Domestic Homicide Review Authors provided by AAFDA and is an accredited reviewer using the Serious Incident Learning Process. She maintains her CPD through Review Consulting and the AAFDA Network. She has completed, and is currently undertaking, Safeguarding Adult Reviews and Domestic Homicide Reviews in other local authority areas. Julia is independent of all agencies involved in this case and has never worked in Devon or for any of its agencies.

Terms of Reference

5.1 Statutory Guidance (Section 2.7) states the purpose of the DHR Review is to:

- Establish what lessons are to be learned from the domestic homicide [suicide] regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- 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;

- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

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

- Contribute to a better understanding of the nature of domestic violence and abuse;

- Highlight good practice.

Specific terms of reference set for this review

- Identify examples of good practice, both single and multi-agency.

- Analyse the quality of risk assessments undertaken. Were links between Mental Health (including risk of suicide) and Domestic Abuse (including historical domestic abuse) identified at any risk assessment?

- Whether risk was or was not identified, where can practitioners within your agency receive advice or support if they suspect domestic abuse? Was this taken up in this case? If this is available, would the advice extend to consultation or referral across agencies?

- Is there evidence of whether any identified risk had been assessed as reaching the threshold for inter-agency information sharing (including referral to MARAC)?

- What evidence is there of communication and information sharing between agencies? How could information sharing, and communication have been improved during the scoping period both within and between agencies?

Summary Chronology

6.1 Laura was married to Michael; they had been together for fifteen years. She had separated from him twelve months prior to her death and had commenced a relationship with his brother, Christopher. It is understood that at the time of her death Laura had resumed a relationship with Michael.

6.2 Although Laura was the only person named on the tenancy of the property she lived in, both Michael and Christopher lived with her at the property at various points during the time period in scope.

6.3 Christopher had previously lived in Birmingham, moving back to Devon some time in 2019. In 2018 he was given a Community Order following an assault on his partner, a Restraining Order was also granted with the condition not to contact, directly or indirectly, his partner, except via solicitor or family court for the purposes of arranging child contact. The restraining order expired in September 2020.

6.4 Michael had served in the armed forces and experienced Post Traumatic Stress Disorder. He suffered with angina and used alcohol which on occasions triggered chest pain and breathing difficulties requiring paramedic attention.

6.5 The combined narrative chronology covered the period from the 22nd May 2021 to the date of Laura's death in May 2022.

6.6 On the 22nd May 2021 Laura told Michael that she wanted to end their marriage. There was an argument and Michael pushed and punched Laura in the face. Michael contacted the police saying that he needed to be arrested as he wanted to burn down Laura's house.

6.7 Michael was arrested and interviewed. Christopher, who was reported to be a lodger at Laura's address, was also present at the time of the incident; he had witnessed the assault but declined to provide a statement. Laura also declined to make a statement and did not support any police action. Police decided to take no further action but recommended a referral to the Fire Service due to the threats made by Michael, although this was never actioned. The police completed a DASH, with the outcome of medium risk, and referred Laura to FearFree.

6.8 Michael was assessed by Liaison and Diversion which identified that there were no acute mental health issues and Michael's risk to others was assessed as low. A copy of the triage tool was sent to Michael's GP, and he was referred to Together Drug and Alcohol Service.

6.9 On the 25th May 2021 FearFree telephoned Laura. Laura said she did not require the service's support and she was encouraged to call the service if she changed her mind or needed support in the future. The case was closed.

6.10 On the 20th June 2021 Michael's mother contacted police reporting that Michael was expressing suicidal thoughts. Michael was detained by police under section 136 of the Mental Health Act 1983. DPT undertook an assessment under the Act and during the assessment Michael discussed the recent domestic abuse incident. He said that both he and Laura had been drinking, she had grabbed his neck, but he did not recall hitting her. He said that he hoped he could rebuild the relationship. The assessment concluded that there was no evidence of suicidal plan, intention, or risk to others and therefore no further action was taken.

6.11 On the 16th September 2021 Laura called the police reporting that she had been physically assaulted by Christopher. Laura told police that she should have spoken to police after the first incident. When officers asked what she meant by this she lifted her t-shirt and showed them bruising on her back and around her chest/breast area. She said that the injuries were caused by Christopher three days prior. Laura also reported that Christopher had thrown her laptop causing damage beyond repair. Laura allowed police to photograph her injuries and provided police with a statement.

6.12 Christopher was arrested and interviewed. The decision was made to take no further action in relation to the assault because Christopher stated during interview that he had acted in self-defence. Christopher was issued with a formal caution for criminal damage.

6.13 A DASH was completed with Laura. The DASH recorded multiple bruises and marks to Laura's neck and Laura said that she was frightened of further injury. She said that she had been very low and depressed, and when Christopher would not let her out of the bedroom, she had thought about jumping out of the window because she did not want to be here anymore. Laura confirmed that the abuse was happening more often and getting worse, and that Christopher had strangled her. Laura said that she told Christopher three days ago that the relationship was over, and she wanted to resume her relationship with Michael. The DASH was graded as high risk, and a referral was made to FearFree and MARAC.

6.14 The Liaison and Diversion service met with Christopher in custody. They recorded that Christopher had reportedly dragged Laura by the hair and pushed her into the kitchen cupboard, alongside damaging a mobile phone and a laptop. It was recorded that Christopher was drinking two litres of vodka a day as well as lager, increasing the risk of misadventure and declining physical health; it was noted that Christopher

was engaged with Together Drug and Alcohol Service. Christopher denied any suicidal thoughts or self-harm behaviours. Liaison and Diversion shared the information with Together Drug and Alcohol Service and Christopher's GP.

6.15 Following the referral to FearFree an IDVA was allocated and they attempted to telephone Laura on the 21st, 22nd and 27th September 2021, Laura did not answer the phone on each occasion and voicemails were left requesting that she call back.

6.16 A MARAC meeting was held on the 28th September 2021. Information was shared by the agencies who held information about Laura and Christopher. The Police Domestic Abuse Officer confirmed that they had not been able to make further contact with Laura; they had sent her an email but were unsure if a reply had yet been received. The Domestic Abuse Officer reported that Laura had returned to her husband, who had also perpetrated domestic abuse against her previously. An action was agreed for the Domestic Abuse Officer to check if they had received a response from the email sent to Laura. If not and there was still no response, attempts were to be made to contact Laura by phone, and the neighbourhood team to attend Laura's address to check on her welfare.

6.17 On the 4th October 2021 FearFree closed Laura's case due to non-engagement, as is usual practice after three failed attempts to make contact.

6.18 On the 18th October 2021, Michael attended the emergency department following an overdose. Michael said he had marital difficulties which he had discussed with his friend. He was seen by the Psychiatry Liaison team who provided Michael with information and contact details for Together Drug and Alcohol service, Relate and the Moorings service.[1] GP follow up was further recommended and it was suggested that once alcohol reduction and stabilisation had been achieved a referral to talking therapies could be considered.

6.19 On the 4th March 2022 police received an anonymous call reporting that their friend Laura was a victim of domestic abuse, and that the offender was called Christopher. Officers spoke to Laura and arranged to speak to her at the Police Station later that day, however she did not turn up. Laura sent an email to Devon and Cornwall Police stating that the information that the report they had received was false. Officers later spoke to Laura in person, and she confirmed she did not wish to report any criminal offences. Laura also told the officers that she was back in a relationship with Christopher. No further police action was taken.

6.20 On the 9th April 2022 Michael called police to report that over the last six weeks Laura had been assaulted by Christopher. This included being punched to the head, strangled, bitten on her hand and her fingers bent back. Michael said that Christopher had been controlling Laura, preventing her from reporting the assaults to the Police due to a cannabis grow in the property, which he threatened to blame on her. Officers attended Laura's home address and located a quantity of cannabis. Christopher was arrested for assault and cultivation of cannabis.

6.21 An initial statement was obtained from Laura, which was also captured on body worn camera, along with photographs taken of bruising to her body. There were also several text messages on Laura's mobile phone of threats made by Christopher towards Laura of a violent and controlling nature. A DASH risk assessment was completed, with the risk initially graded as medium. The risk was later reassessed by a Domestic Abuse Officer, re-graded as high and referred to MARAC.

6.22 Christopher was formally interviewed and denied assaulting Laura and said her bruising was either because he was acting in self-defence or that she bruised easily during their love making. He also denied sending Laura threatening text messages. Christopher did admit to having knowledge of the cannabis grow at Laura's house and to setting it up, but continued to say that the grow was Laura's and not his.

6.23 On the 10th April 2022 Liaison and Diversion assessed Christopher. Christopher explained that he had a trauma history. Christopher said he wanted to be 'off the planet', not in a suicidal way, rather he did not want to think or feel. Liaison and Diversion recorded that Christopher was open to Together Drug and Alcohol Service, but was ambivalent about this, saying he had no phone and no means to buy a phone as all money went on alcohol and tobacco. Christopher's mother had expressed that she felt he may be experiencing schizophrenia. This was based on her observation that Christopher 'lashes out but cannot remember the incident afterwards.' Christopher denied hearing voices or having visual hallucinations and there was no evidence of thought disorder. The Liaison and Diversion social worker made a referral to secondary mental health services to support with depression and low mood, but the referral was declined with the rationale that the 'client needs to address severe alcohol misuse before mental health input can be considered.'

6.24 The matter of the assault upon Laura was reviewed by an Evidential Review Officer and the decision made to obtain further evidence before considering referral to the Criminal Prosecution Service for charging authorisation. This included obtaining a statement from Laura's husband Michael and obtaining an evidential download of Laura's mobile phone. Christopher was released on police bail with conditions not to contact Laura or attend her home address.

6.25 FearFree received the referral from the police on the 11th April 2022 and the IDVA spoke to Laura by telephone on the 13th April 2022. Laura said she had moved back in with her husband, Michael, and they were back in a relationship. Laura said Christopher was not allowed to contact her, however Laura was given details about non-molestation orders if things escalated, and if bail conditions were removed. The IDVA agreed to provide Laura with an update after the MARAC meeting.

6.26 On the 19th April 2022 Christopher told his GP that he had suicidal thoughts but no intent or plans. The GP noted that Liaison and Diversion had referred to mental health and advised Christopher that any support from metal health would likely be dependent on him stopping drinking. Christopher said he would not be able to stop drinking. Christopher described lashing out at people and being aggressive when he was frightened and that he often could not remember what had happened. The GP signposted Christopher to the Together Drug and Alcohol Service and the mental health crisis team.

6.27 On the 20th April 2022 police made the referral to MARAC. There was a comment on the MARAC referral that Laura had told the Domestic Abuse Officer that Christopher had been contacting her in breach of his bail conditions. This does not appear to have been followed up or progressed, as a result of individual practice rather than a failing in policy or guidance. Laura told the Domestic Abuse Officer that Christopher had gone back to live with his parents, that she had resumed her relationship with Michael, and they were living together at her home.

6.28 The MARAC meeting took place 25th April 2022. No formal actions were agreed although the Domestic Abuse Officer and IDVA were to continue contact with Laura.

6.29 The IDVA called Laura on the 27th April 2022. There was no answer, and no voicemail was left due uncertainty about the safety to do so.

6.30 In the early hours of the 29th April 2022, Christopher's mother called an ambulance for Christopher as he was expressing suicidal intent. The mental health desk (Southwest Ambulance Service, Avon and Wiltshire Mental Health Partnership NHS Trust) spoke to Christopher, he said he had thoughts to end his life via overdose and had four years' worth of tablets to take. He said he had been declined mental health support numerous times over the years due to his alcohol use. Christopher confirmed he had not harmed himself and was staying with his mother overnight. The ambulance was stood down due to 'no current medical need'. Christopher was signposted to mental health helplines for support and a request was made for an urgent GP appointment.

6.31 The GP called Together Drug and Alcohol service, who said that Christopher was closed to the service. The GP referred to the Crisis Resolution Home Treatment team who agreed to contact Christopher later that day. The GP then spoke to Christopher's mother who reported she had tried various services all week but found no help. She further reported that Christopher was only sober when he woke up, then drank almost continuously when awake. Christopher said he thought about taking an overdose every day and would probably do so later that day. Christopher said he wanted to have medical detox for alcohol, as he could not do the gradual reduction Together wanted him to do. The GP advised contacting Together again to see if they can help with further options for alcohol dependence recovery. The GP recommended a GP review in one week and changed Christopher 's prescription to weekly.

6.32 Later that day the Access and First Response Service (AFRS, DPT) contacted Christopher following the referral from his GP. During the triage, Christopher disclosed domestic abuse but made a counter claim that Laura had assaulted him. The triage identified concerns about Christopher's health due to reports of excessive drinking, Christopher was therefore advised to attend the Emergency Department for a review of his physical health.

6.33 At the follow up GP consultation on the 3rd May 2022 Christopher refused to speak with the GP. Christopher's mother reported that he was drinking fifteen cans of lager a day and when intoxicated did not want to engage with any support. The GP encouraged support but advised that they were unable to help if Christopher was not willing to engage and to seek urgent medical help should the situation worsen.

6.34 On the 3rd May 2022 the IDVA telephoned Laura and provided an update from the MARAC meeting. Laura said her husband did get angry at times when he is on his own but not in front of her; he had hit her twice in the fifteen years they had been together. The IDVA provided safety advice and gave information so Laura knew she could leave if she wanted to. The IDVA offered support, but Laura said she was ok, and they agreed for the case to be closed. The IDVA text the help desk number to Laura and undertook a DASH which had a score of nine. No individual support plan was developed as the IDVA and Laura did not agree any actions. The case was closed.

6.35 On the 5th May 2022 Christopher's bail was cancelled, and he was released under investigation. The police log showed that police attended Laura's address on the same day and left a calling card requesting contact be made. Christopher received a formal caution for production of a Class B drug (cannabis).

6.36 A few days later, Michael's mother received a text message from Laura at 1647hrs which said: "Thank [Christopher] for leaving his propranolol. I've overdosed cos I deal with it." It is not known when Michael's mother received or read that text message.

6.37 At 19:42 Michael called 999 after finding Laura unresponsive in bed. The ambulance crew took four minutes to arrive, and Michael was on the phone to 999 control when they entered the property. When asked what had happened, he said 'I can't' and left the room. He confirmed Laura did not have any medical issues, took no regular medication, that she drank often but did not use drugs. On examination Laura was grey, cyanosed, there was no effort of breathing, with no chest rise and fall. Ambulance crew confirmed cardiac arrest and requested back up. Advance Life Support (ALS) was performed, however, after a discussion around Laura's potential down time, as given by Michael, and after all reversible causes had been considered ambulance crew were advised to cease ALS. Confirmation of death was provided at 20:29 hours. Ambulance crew broke the news to Michael and left the scene immediately due to Michael shouting and becoming increasingly agitated. The crew requested back up from Police who arrived on scene quickly. Police Officers located approximately 150 empty Propranolol[2] blister packets in the bin outside the back door.

Key Issues Arising from the Review

Response to Domestic Abuse and Risk Assessment

7.1 In May 2021 police received the first report of domestic abuse which had occurred between Laura and Michael. Good practice was shown in that police recognised that the situation presented as high risk due to the ending of the relationship. Police formally assessed the risk to Laura using the DASH, identifying a medium risk, which led to a referral to FearFree for IDVA support.

7.2 At the time, the Domestic Abuse Unit (DAU), Devon and Cornwall Police were reviewing all medium risk assessments and did so in this instance. Given that the police had no recorded domestic abuse history, and neither had been referred to MARAC in the past, the outcome of the assessment remained medium risk. Good practice was also demonstrated in identifying a referral to the Fire Service for a fire safety visit because of the threats Michael had made. However, this referral was not actioned and a discussion has since taken place with the staff involved, reflecting on this missed opportunity, and has been passed to the second line supervisor to ensure that the wider team and process learning is embedded, and staff supported. Although the risk of Michael deliberately setting fire to Laura's property was considered minimal, the visit would have provided Laura with some reassurance.

7.3 The decision by police to take no further action and not to explore a Domestic Violence Protection Notice (DVPN)[11] was based on factors including: no previous domestic abuse reports in relation to Michael or Laura, Michael was very amenable and happy to move away from Laura, Michael had been the one to contact the police requesting intervention and Laura did not support any further police action. Consideration was given to an Evidence Lead Prosecution, however with no evidence provided by either Laura or Christopher the decision was made not to pursue this option.

7.4 Police had noted that Laura, Michael and Christopher were intoxicated and appeared to be 'heavy drinkers'. With regards to mental health Laura answered "No" to the questions concerning her suffering any mental health conditions or having any

suicidal or self-harm ideation and/or attempts. Mental health and alcohol are explored further below.

7.5 Although this was the first report of domestic abuse in respect of Michael, research tells us that on average high-risk victims live with domestic abuse for 2.3 years and medium risk victims for 3 years before getting help. Furthermore, on average victims experience fifty incidents of abuse before getting effective help.[12] It is therefore possible that Laura was experiencing domestic abuse for a period before the first report to police. Professionals should be mindful of this and that help seeking may represent an escalation for the victim.

7.6 The second key episode of involvement with Laura was in September 2021 when she reported an assault by Christopher to police. Good practice was shown through the immediate taking of a statement from Laura and securing evidence through taking photographs of Laura's injuries and damage to her property. Police officers will sometimes postpone taking a statement until the following morning and by taking one at the time of the arrest allowed Laura's evidence to be captured early and minimised the risk of Laura declining to make a statement once the perceived risk had subsided. Furthermore, attending officers captured the arrest and conversations with Laura on body worn video.

7.7 A DASH risk assessment was undertaken and correctly graded as high given the information that Laura shared, which led to a referral for an IDVA and to MARAC. The DASH highlighted the first disclosures around Laura's mental health. She described feeling low and depressed and made the statement that she did not want to be here anymore and considered taking action in this respect. This statement could be interpreted either as possible suicidal ideation or as the wish to leave the relationship. Either way this was not explored further and may have been useful in assessing risk further, particularly with reference to the domestic abuse suicide timeline[13] which is explored in more detail below.

7.8 No further action was taken in relation to the reported assault as during interview, whilst admitting to causing Laura's injuries, Christopher said that he did so in self-defence because Laura was attacking him first. Laura had provided a full account of Christopher's violent behaviour towards her, and this was corroborated by photographic evidence of her injuries. There was body worn video footage, a recording of the 999-call made by Laura, a high-risk DASH and admissions made by Christopher at the time of his arrest and after caution. However, there was an acceptance of Christopher's version of events that he has acted in self-defence. The fact that an Evidence Lead Prosecution was not considered for all matters and referred to the Crown Prosecution (CPS) for review, is considered a missed opportunity to effectively address Christopher's criminal offending towards Laura and the associated risk that carried.

7.9 This incident demonstrated a significant escalating risk to Laura. In the DASH undertaken with Laura she said that Christopher was controlling and had tried to strangle her. Furthermore, she said that she wanted to end her relationship with Christopher and re-connect with her husband Michael. She indicated that she had been maintaining contact with Michael and that Christopher was aware of this.

7.10 Non-fatal strangulation is an important predictor of future significant risk. If a woman has been strangled by her partner the risk of attempted murder increases sevenfold and death by a factor of eight.[14] Non-fatal strangulation became an offence under the Domestic Abuse Act 2021 on the 7th June 2022. Where there are no physical

signs of strangulation cases can be prosecuted on the account of the victim alone. Unfortunately, the offence was not available when Laura reported that she had been strangled by Christopher but nonetheless the indication for future risk would have been significant.

7.11 Whilst only 50% of victims will have a visible injury as a result of strangulation, victims can experience other physical symptoms both during and after strangulation including: pain, difficulty with breathing and swallowing, problems with sight and hearing, unconsciousness, confusion, agitation, headaches, nausea. Damage to blood vessels in the neck can also lead to stroke days, weeks or even months later. The effects of strangulation will also be psychological. Many victims will think they are going to die and may experience post-traumatic stress disorder leading to flashbacks and nightmares, avoidance, hyperarousal, self-harm and substance misuse.[15]

7.12 The review established that since the introduction of the specific offence of non-fatal strangulation, police have been trained in this respect. Furthermore, the MARAC is coordinated and chaired by Devon and Cornwall police which means that specific knowledge is available to the MARAC and its partner agencies when reviewing cases where non-fatal strangulation has arisen. FearFree are also members of MARAC who can share their knowledge in this area. Health also confirmed that they anticipate training in the area of non-fatal strangulation in the near future.

7.13 It is also well known that separation is a dangerous time with attempts to end a relationship being strongly linked with intimate partner homicide. Forty-one percent of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 had separated or taken steps to separate from them. Thirty percent of these women were killed within the first month of separation and sixty-five percent were killed within the first year.[16]

7.14 It was shared via the MARAC process that Christopher had a previous conviction for domestic assault in 2018 and as a result was issued a Restraining Order which expired in September 2020. As part of the MARAC process Laura's case was held and managed by a police Domestic Abuse Officer (DAO). Prior to the MARAC meeting the DAO put several safety plans in place for Laura including detailed markers linked to both address and individual to alert responding officers to domestic abuse. Both would have provided advance information of risk to officers should they respond to any further calls from Laura and is standard practice for any victim of high domestic abuse.

7.15 There is one recorded action from the MARAC meeting which was for the DAO to contact Laura to find out what her current status was, as there was a suggestion she had resumed a relationship with her husband Michael. However, there was no record of that conversation taking place.

7.16 In March 2022 an anonymous report of domestic abuse towards Laura by Christopher was received by police. Police initiated contact with Laura who assured them that there were no offences to report, and the allegations of domestic abuse were false. Laura also stated she wanted to end her relationship with Christopher and reconnect with her husband Michael.

7.17 Whilst the response in locating and speaking to Laura was good, there did not appear to have been any consideration given to liaising with the local Domestic Abuse Officer, who had been dealing with Laura following the September 2021 incident, or with FearFree and the previously allocated IDVA. This may have provided an

opportunity for the DAO or the IDVA to contact Laura to discuss any issues in more detail and to gauge the risk from Christopher. Laura may have felt more comfortable speaking to someone with whom she had already established a relationship with.

7.18 In April 2022 it was Michael who reported domestic abuse, by Christopher towards Laura, to the police. Again, good practice was shown with an initial statement being obtained from Laura by officers at the time Christopher was arrested along with photographs taken of bruising to her body from assaults by Christopher. As referenced above, the early capturing of this evidence is considered good practice as officers sometimes defer the taking of statements until the following day, which can lead to victims not wanting to engage in the investigation process.

7.19 The DASH risk assessment was completed, and the risk was initially graded as medium, despite several of the high-risk questions being answered yes. The risk was later reassessed by the Domestic Abuse Unit and graded as high. This review of the risk also demonstrated good practice as it enabled holistic consideration of Laura and Christopher's relationship and the escalating behaviour of Christopher towards Laura. Review of medium risk cases was undertaken in recognition that officers attending the scene do not always have all the information available to them, although officers also stated that they are experienced and see the situation in the moment which often presents as more serious. However, in September 2023 the decision was taken for the review of medium DASHs by the DAU to cease due to capacity issues. Whilst the DAU continue to review all high risk DASHs and check for MARAC flags, the cessation of review of medium risk cases is concerning, as in this case the assessment of risk would have remained medium and would not have been referred to MARAC, enabling the sharing of information between agencies and considering the options available to increase Laura's safety.

7.20 In contrast to the reported offences in September 2021, consideration was given, and the decision made, to obtain further evidence before considering the matter for referral to CPS for charging authorisation. This included obtaining a statement from Michael and obtaining an evidential download of Laura's mobile phone with the text messages from Christopher, which would have provided evidence to strengthen the case.

7.21 Christopher was released on police bail with the condition not to contact Laura or attend her home address. This was appropriate and proportionate with the matter being referred to MARAC for continued safeguarding and support for Laura. However, because there was a delay in obtaining digital evidence from mobile phones Christopher later had his bail conditions cancelled and he was Released Under Investigation (RUI). This was the wrong decision as it was revealed by Laura that Christopher had been contacting her in breach of his bail conditions.

7.22 Christopher stated that he was living at his mother's address and was bailed to that address. In May 2021 Christopher was present at Laura's address and was referred to as a lodger. In September 2022 the assumption was made that the relationship between Laura and Christopher had ended, and Christopher would no longer be residing at her address. In April 2022 he was still living at the address when he was arrested. This gave rise for the review to consider the validity of the address details provided by Christopher. Christopher's address, had it been provided as Laura's address, would have influenced decision making. However, the review concluded that it would not be realistic for police to check every address upon release from custody, particularly when there are no conditions in place.

7.23 On the 25th April 2022 the MARAC was provided with the information that Christopher was breaching bail conditions and contacting Laura to withdraw her complaint. This was never explored in more detail to establish what offences Christopher had committed, it was not discussed by the IDVA at the final meeting with Laura and no safety advice given on this specific issue. The breaching of bail conditions by Christopher was a missed opportunity to consider taking a more proactive and robust approach to dealing with him as a person who caused harm in a relationship. It also indicated further risk to Laura, with violations of bail conditions, court orders etc being associated with an increase of risk of future violence and indicated Christopher's disregard for authority.

7.24 The timeliness of the investigation was standard practice and the delay in obtaining digital evidence from Laura's mobile phone is well documented and an area of police business that continues to affect many investigations. Digital evidence can only be obtained by specially trained staff and demand for this area of business across all criminal offences is considerable.

7.25 Following the referral from police to FearFree, the FearFree administrator identified the significant risk to Laura and therefore referred for IDVA support before the MARAC form was received. Good practice was demonstrated during the first contact with Laura on the 13th April 2022 when the IDVA discussed the option of a Non-Molestation Order[17] should things escalate, or the bail conditions were removed.

7.26 A safety plan was also initiated during the first meeting with Laura, although the safety plan contained generic safety advice and had not been personalised to Laura's needs. Furthermore, there was clear evidence of the IDVA attempting to offer on-going support following on from reconciliation with Michael, however, the safety plan was not updated with specific safety advice pertaining to the risk identified as a result of the resuming of that relationship.

7.27 When the MARAC referral was received on the 20th April 2022 and meeting took place on the 25th April, there was knowledge that Christopher had breached his bail conditions. In addition to no action being taken directly in relation to those breaches, there was also a missed opportunity to revisit the option of a Non-Molestation Order.

7.28 Upon closure of the April 2022 referral the IDVA recorded that the DASH was updated. However, there was no documentation to support this, and no recording of the risk outcome. FearFree have identified a need to ensure all case closure procedures are followed. Regardless of whether an individual wishes to engage with the service, it is an expectation that their staff consider all the risks and take any identified safeguarding actions. FearFree were not assured that this was completed in this case and have therefore made a recommendation for their agency in this respect.

7.29 FearFree reported that engaging effectively with Laura did appear challenging, both the IDVA and the DAO struggled to engage with Laura and there was limited evidence of any agency building meaningful relationships with her. Given what is known and understood about trauma, it is questionable whether all agencies, as a whole, did enough to build a relationship with Laura. Furthermore, poor engagement can be a sign of significant risk; Laura may have lacked trust in services and may have felt at risk just talking to them. Whilst agencies were able to visit Laura's home, this may have been an issue for Laura as it may not have provided a safe space for her.

However, there was evidence of safety being discussed, even on occasions when Laura declined support.

7.30 When Christopher's bail was cancelled on the 5th May 2022, and he was Released Under Investigation, it was recorded that police visited Laura's home and left a calling card. It is assumed this visit was to inform her of this change but there is no evidence to show that Laura was informed that Christopher was no longer subject to bail with conditions not to contact her. Sharing this information with the IDVA would have enabled them to engage Laura in considering the previously discussed Non-molestation Order. Christopher was still being investigated for this matter a month later when Laura was found deceased.

Mental Health and Suicide

7.31 Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment. Research suggests that forty percent of high-risk victims report having mental health issues, with sixteen percent of victims reporting that they have considered or attempted suicide as a result of the abuse.[18]

7.32 Whilst the DASH includes specific questions around mental health for both the victim and perpetrator, there does not appear to be any recorded or documented link between Laura's mental health and the ongoing domestic abuse she was experiencing, and missed opportunities to consider the risk she posed to herself. Both MARACs identified Laura's low mood and suicidal ideation, and whilst it is possible that this was discussed at MARAC meetings, there was no record of this.

7.33 When police attended in April 2022, they completed a Vulnerability Screening Tool[19] and assessed Laura as being at medium risk. This was included in the MARAC referral form which further identified that Laura would like GP support. However, this was not picked up or addressed by the IDVA and there was no evidence of engagement with, or direct referral to, the relevant medical support organisation regarding mental health concerns. There was no discussion about suicidal ideation despite this being clearly identified as an issue within both MARAC referrals. Laura's mental health was also not acknowledged or referred to within the safety plan in April 2022. FearFree have already undertaken significant actions to improve practice around cases where a risk of suicide is identified. This includes an action plan and fortnightly review meetings to ensure ongoing monitoring and oversight.

7.34 Devon and Cornwall Police reflected that whilst the number of incidents and contacts with Laura during the scoping period was limited, in relation to other ongoing DHRs across Devon and Cornwall, a recurring theme is the increasing number of DHRs where the victim of domestic abuse has taken their own life rather than being killed by a third party.

7.35 Research has shown that amongst people who had attempted suicide, half had experienced intimate partner violence.[20] The Suicide Timeline (Appendix 1) is as a practical tool, for use by professionals, developed through research and analysis of case studies to understand the interactions between perpetrators of coercive control and their victims, and how these interactions may be linked to escalating and de-escalating risk of serious harm or homicide.[21]

7.36 The behavioural data gathered through this research was organised into a sequence of eight stages that represent potential escalating risk. The further along the stages,

the higher the risk of serious harm, with opportunities at every stage to cease the progression. Each stage provides indicators of perpetrator and victim characteristics.

7.37 Stage one draws on previous research which identifies that perpetrators are both repeat and serial offenders and that those who employ coercive control are likely to do so in all their intimate relationships. Criminal behaviour does not just relate to a criminal record and previous convictions, but may also be identified through testimony from professionals, the victim, family or the perpetrator themselves. History may also be identified through behavioural characteristics. In relation to the victim, there are identified vulnerabilities from past domestic abuse, sexual abuse, child neglect, bereavement, or eating disorder, and sometimes drug and alcohol misuse which precedes the relationship.

7.38 The early relationship represents stage two and is marked by relationships that develop quickly with early cohabitation, early pregnancy, or early declarations of love. Families report the strong influence exerted by the perpetrator at an early stage and often express concerns about the speed of which the relationship developed.

7.39 Relationships (stage 3) are dominated by intimate partner abuse. Control and violence starts at an early stage within the relationship.

7.40 During stage four the victim identifies the behaviour of the perpetrator as abusive and may start to disclose, usually to friends and family first. Disclosure may be incremental and may come before explicit help-seeking. Disclosure in health settings is common as the environment may feel more confidential and supportive, although research suggests that victims are more likely to disclose to their GPs than in an A&E setting, with victims returning to surgeries 30 or 40 times before managing to disclose domestic abuse.

7.41 Perceived escalation of the seriousness of the abuse is a key factor in the victim deciding to disclose. Equally shame, perpetrator threats, fear over increased violence, and how disclosure will affect social interactions, were reasons for hesitating to reveal abuse.

7.42 In many cases initial disclosure is made to friends or family, escalating to disclosure to police or other services, with early disclosure more common in cases of domestic abuse suicide, than the homicide cases. It is important for practitioners to recognise that a disclosure will not represent the beginning of the risk but will likely be indicating an escalation. Disclosure is distinct from help-seeking as it is more likely to be linked to exploration and validation for the victim.

7.43 Help-seeking can occur in stage five usually after disclosure, and often in response to the victim's perception that the abuse has escalated, and things have become more serious. Active help-seeking can be seen as a threat to the control exerted by perpetrators, as a result there may be consequences, and the perpetrator may also increase their control in response. Perpetrators are seldom deterred as a result of help-seeking, even if the help sought includes police involvement and results in arrest, prosecutions, civil orders and so on, with perpetrators continuing to exert control despite any sanctions.

7.44 Help-seeking is most commonly sought from mental health services and the police. When help is sought from mental health services the help sought is for mental health linked to the domestic abuse being experienced. However, services do not always make those links explicitly, prescription medication was a more common response than specific help with the abuse.

7.45 The victim's mental health help-seeking can dominate assessments of them and the victim assessments of themselves leading to self-blame. The victim being perceived as 'mentally unstable' creates perceptions that they are culpable in the abuse. This can become worse, and attention further diverted when the victim self-harms, talks about suicide, or makes attempts to kill themselves. In some cases, victims feel that if they receive mental health support they will become 'strong enough' to leave the abuser.

7.46 Although suicidal ideation is placed at stage six, this is considered the latest, but most common stage that suicidal ideation was noted in the cases analysed, although in some cases, it appeared in earlier stages, sometimes as early as stage one. Self-harm, suicidal ideation and suicide attempts are sometimes seen as confirmation of mental instability, re-focusing attention on the victim's mental health rather than the abuse. Suicidal ideation can occur in parallel with homicidal ideation in perpetrators of high-risk abuse, perpetrators can also encourage suicide, and therefore all suicidality should be taken seriously.

7.47 At stage seven the victim feels and sometimes vocalises that they feel trapped in a situation from which there is no escape, and feel that nothing will get better. Where the relationship has ended, contact and control or stalking behaviours can persist.

7.48 Stage eight represents the suicide. The most common method of suicide is ligature and in many cases the perpetrator is the last person to see the victim and discover the victim's body. It is common for the suicide to be accepted based on the mental health history of the victim, especially if there was a history of suicidal ideation.

7.49 There are characteristics of Laura, Christopher and Michael that are reflected in the Suicide Timeline. Christopher's history includes a history of domestic abuse. There is little evidence available about the early relationship with Michael, but it is known that Laura's relationship with Christopher was marked by control, jealousy and violence, with Laura being the subject of that violence which appeared to escalate quickly within the short period of time they were in a relationship. Laura sought help on one occasion when she contacted police in September 2021, but it seems likely that she may have also sought support from Michael in April 2022 resulting in him contacting police. Suicidal ideation was evident in both September 2021 and April 2022 and there was a suggestion of Laura feeling complete entrapment as early as September 2021 when she said to police that 'she did not want to be here anymore'. That feeling of entrapment may have increased through the contact Christopher made with her in breach of his bail conditions and when the bail was cancelled days before her death.

7.50 The application of the Suicide Timeline begins to shine a light on Laura's experiences of domestic abuse. Further exploration of the stages with Laura may have helped professionals better understand the risk posed to her and the escalation of risk and consider prevention strategies and interventions.

7.51 FearFree reported that they have introduced a number of measures which are pertinent to Laura's case, this includes: the provision of Suicide Awareness training as part of the new staff induction programme, with all existing staff enrolled on suicide awareness and prevention training to ensure consistent level of practice; indications of enduring mental health issues or suicidal ideation being recorded as a specific risk in the safety plans, with bespoke actions and guidance relevant to the individual concerned; suicidal ideation identified as a specific "vulnerability" on the database with management quality checks to include ensuring suicidal ideation is recorded correctly, and action plans clearly identify this as a risk, with the appropriate actions in place to support this risk.

Working with people who cause harm in relationships

7.52 The DPT interventions with both Christopher and Michael, in the period subject to review, were relatively brief. In May 2021, following the first report of domestic abuse, Michael was assessed by Liaison and Diversion whilst in police custody. He engaged in the assessment and identified that alcohol was a problem that affected his relationships. However, whilst the assessment undertaken was completed to a good standard it did not identify, and therefore explore, domestic abuse. DPT commented that they are usually only aware of the category of offence when they meet with individuals, for example, common assault, ABH, GBH etc. DPT reflected on the interface between clinical and criminal, that translating a crime to an incident of domestic abuse may lead to a change in approach and the opening up of other support networks.

7.53 Michael's next contact with mental health services was following detention under s.136 of the Mental Health Act, Michael informed the assessors that he is not able to see his wife due to there being a 28 day injunction against him preventing contact with Laura. Both interactions with mental health services identified that Michael had no ongoing mental health need at that time. Following the Mental Health Act Assessment, the Approved Mental Health Professional (AMHP) did explore, and provide advice about, the link between Michael using alcohol and the impact this would have on his medication which he was taking for depression.

7.54 Christopher was seen by Liaison and Diversion in September 2021. Liaison and Diversion were aware on this occasion of the domestic abuse nature of the offence and identified excessive alcohol intake. They assessed him again in April 2022 when his mental health difficulties became more apparent. Consideration of Christopher's presentation and his trauma history evidenced exploration of the potential root causes to the presenting challenges and a holistic assessment. This assessment with Christopher resulted in an onward referral to secondary mental health services which was refused due to his alcohol consumption.

7.55 There is evidence of robust risk assessments by the Liaison and Diversion service which is evidence of compliance with DPT policy about routine enquiry in relation to domestic abuse.

7.56 DPT's final intervention with Christopher during the scoping period was in late April 2022 via the Access and First Response Service who explored domestic abuse with Christopher. However, there is no evidence that this was followed up with services for people who cause harm in relationships. The AFRS triage identified potential significant concerns with Christopher and his physical health due to reports of excessive alcohol consumption and so he was advised to attend the local Emergency Department, which he agreed to do the following day, although there is no evidence that he did so.

7.57 Both Christopher and Michael were, at the time of DPT involvement, potential perpetrators of Domestic Abuse towards Laura. DPT policy and guidance for staff around domestic abuse focuses on how to intervene and respond to concerns from the perspective of victims. Neither Christopher nor Michael was identified as victims of domestic abuse, although Christopher did allege he was assaulted by Laura. This raises the question as to whether there needs to be policy to identify practice standards for working with people who may be a person who is causing harm.

7.58 Research supports there being high levels of mental health problems amongst those who cause harm in relationships. Along with other risk factors, research has found mental health needs are associated with increased risk of domestic homicides. In one study forty percent of people who caused harm had suicidal ideation/attempts or had self-harmed prior to the incident.[22] This was the case for both Michael and Christopher; they both experienced suicidal ideation during the scoping period and self-harmed through the use of alcohol.

7.59 Research has also found mental health professionals reporting 'low' or 'very low' levels of knowledge regarding domestic abuse, along with a lack of skills and confidence in enquiring about and exploring abuse. Whilst some practitioners find it easier to enquire about perpetration - as this aligns with routine risk assessments – they also report a significant lack of training in how to respond to people who cause harm in relationships.[23] This lack of training and guidance was highlighted by DPT.

7.60 Christopher had regular contact with his GP during April and May 2022. Christopher's GP practice commented that whilst records clearly recorded depression, anxiety and abuse of alcohol there is no exploration as to what might be behind Christopher's history. Christopher had referred to having flash backs of past trauma, albeit outside of the scoping period, there was no evidence of staff exploring this past trauma further.

7.61 Whilst agencies responded to the mental health concerns for both Michael and Christopher and the incidents of domestic abuse were responded to by police and domestic abuse services, neither were held accountable for their abusive behaviour.

7.62 Home Office analysis showed that of those being managed, supervised or attending a service, including drug and alcohol services, probation, Multi-Agency Public Protection Arrangements, mental health services, only seven percent of people who caused harm were attending, or had attended, a domestic abuse programme.

7.63 In Devon, FearFree provide the Behaviour Change Support programme to people who cause harm in relationships. The aim of this work is to provide bespoke one to one support and advocacy for adults in order to change their harmful and abusive behaviours and promote the safety of victims and their children.[24]

7.64 FearFree reported that since the beginning of this contractual year (to December 2023) they have actively engaged forty-nine clients on the Behaviour Change programme. Of interest, one third of these clients identified alcohol or drug addiction and one quarter identified significant and enduring mental health issues. Furthermore, since the introduction of the programme the service has gathered information around the percentage of those on the programme who have identified witnessing or experiencing domestic abuse as a child or an adult, that figure is ninety-seven percent. Although it is not known whether Michael or Christopher had

previously experienced or witnessed domestic abuse this factor appears to be significant and worthy of further exploration in other domestic abuse cases.

7.65 In terms of uptake in the Behaviour Change programme FearFree identified a significant gap between the number of victims and perpetrators they work with, for example, last year FearFree worked with approximately 250 clients on the Behaviour Change programme and yet they supported around 3000 victims of domestic abuse. One explanation is that the Behaviour Change programme is voluntary and needs some level of recognition and acceptance by the person causing harm of the impact their behaviour has on their families and so one could argue that due to the voluntary nature of the programme FearFree may not be engaging with those individuals who may struggle to take ownership of their behaviour and its impact.

7.66 FearFree report a re-offending rate of 8% (domestic abuse specific crimes) across an 18 month period for those who complete the programme, compared to a re-offending rate for overall crimes of ten percent. However, FearFree are unable to compare with the re-offending rate for domestic abuse specific crimes for those who have not engaged in the programme.

7.67 At time that services were responding to the domestic abuse that Laura was experiencing, the referral route for the Behaviour Change programme was via the police and the programme only took clients who were deemed suitable by the integrated offender management teams. However, since April 2023 the funding has changed and allows for both self-referral and referrals from other agencies. Despite this referral remain low- and FearFree are keen to raise awareness with all agencies who may be working with families and who would benefit from this support. In addition, FearFree have now arranged for Behaviour Change workers to attend every MARAC to promote the programme and raise awareness of the impact that working with people who cause harm could have on the overall safety of the victim.[25]

Alcohol

7.68 Both Michael and Christopher used alcohol, and both appear to have been change resistant drinkers. There was evidence of both being referred to Together Drug and Alcohol service. There appears to have been a belief at times that Christopher was engaged with the service but he had not engaged or been open to the service since March 2021. Together reported that signposting to their service during the scoping period was not evident.

7.69 Where alcohol is involved in domestic abuse, much of the evidence suggests that it is not the root cause, but rather a compounding factor, sometimes to a significant extent.[26] In a randomly selected sample of DHRs the AVA Project found that in sixty-nine percent of DHRs alcohol was mentioned as a negative issue.[27] Whilst there is evidence that alcohol use by people who cause harm in relationships, and to a lesser extent by those who experience harm, increases the frequency of violence and the seriousness of the outcomes, this does not mean that alcohol use causes domestic abuse. It is neither an excuse nor an explanation, whereby people who cause harm are all too often depicted in terms of the 'stereotype' of a drunk who loses control and assaults their partner.

7.70 The DASH includes the question 'Has (the perpetrator) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?' Therefore, the assessment recognises the use of alcohol as a

high-risk factor, however, consultation through the AVA project found that participants commonly felt that this question did not do justice to the potential significance of alcohol problems in domestic abuse.

7.71 The AVA project has produced guidance on how to address domestic abuse and alcohol use. The aim of the guidance is to create a baseline of good practice for those supporting clients that have been understood to be change resistant drinkers and who are perpetrating or experiencing domestic violence.[28] This guidance may be useful to agencies who are working with people who experience, and people who cause, harm where alcohol is a factor.

7.72 The use of alcohol and other drugs is widely understood to be a means of coping with traumatic life experiences and a significant proportion of problem drinkers also have a mental health problem. This combination is associated with high levels of suicide, self-harm and violence to others and makes clients difficult to engage in services or treat effectively. This was indeed the case for both Michael and Christopher. Both experienced mental health issues and there was evidence of both having experienced past trauma.

7.73 Despite the established link between alcohol and mental health, a referral for Christopher to secondary mental health services was declined on the basis that he needed to address his alcohol misuse before mental health intervention could be considered. This response can be frustrating and appear counterintuitive to the client, their families and other professionals. DPT were able to share with the review panel the complex dynamic between alcohol and mental health, explaining that in order to achieve therapeutic change an individual requires the ability to think in depth and reflect which is limited by alcohol and therefore alcohol needs to be controlled to a certain level for any therapeutic intervention to be effective.

7.74 Together countered this by highlighting that their service works with anyone experiencing a substance misuse issue including those experiencing mental ill health. The work they do with their clients also involves talking about the past and that it is their experience that despite the use of alcohol clients are able to take on information, think deeply and reflect. Together emphasized that it is not necessarily the level of alcohol use that is the prominent factor but the capacity of the individual to engage linked to their alcohol tolerance.

7.75 The perspectives and approaches taken by agencies in relation to alcohol and mental ill health only reinforces the complexities in working with this client group.

7.76 Laura also used alcohol, although the extent to which she did so is unknown. She had not sought support from Together and it was not highlighted as an issue by any of the agencies, except for the police who noted she was intoxicated when they attended her address in response to the reported incidents.

7.77 Victims may be using alcohol as a means of coping with the abuse. Victims are also more likely to use violence to defend themselves, or in retaliation, when they have been drinking. This can make it hard for agencies to discern who is the cause of harm and who is the person experiencing harm. Fortunately, in this case police were able to identify that Laura was the one experiencing harm and Michael and Christopher the cause of harm.

7.78 A particular concern to be addressed is the frequency with which victims of domestic abuse who use alcohol problematically are viewed negatively because of their

alcohol use. For example, victims may be seen as causing the abuse that is perpetrated against them due to their own seemingly antisocial behaviour, including their use of violence to defend themselves.[29] It is possible that the professionals in this case held this bias unconsciously when responding to and supporting Laura.

Domestic Abuse Support and Advice for Professionals

7.79 Training in domestic abuse is available for all staff and officers within Devon and Cornwall Police and continues to be constant, relevant, and current. Force Policy and Guidance in relation to domestic abuse is reviewed and updated yearly by the Strategic Safeguarding Improvement Hub. In the last twelve months Devon and Cornwall Police has reviewed its operating model for responding to and investigating domestic abuse and made considerable changes. These include the formation of a specialist team of investigators for all matters of domestic abuse. These teams are referred to as Moonstone and are embedded in each Local Policing Area and offer a consistent approach across the force to domestic abuse. Officers on Moonstone also received further specialist training in domestic abuse matters.

7.80 Medical Centre A reported that the practice has historically received Identification and Referral to Improve Safety (IRIS) training and can access a designated practitioner that's linked across the Primary Care Network (PCN). The practice also has a domestic abuse policy in place that provides guidance on how to identify and respond to domestic abuse. This includes guidance on people who cause harm in relationships.

7.81 The Royal Devon University Healthcare NHS Foundation Trust report that if a professional has concerns about a patient being a victim of domestic abuse, they can immediately open up conversations, gain consent for referrals to the Health IDVA, RDUH safeguarding team or MARAC. The Trust also has a domestic abuse leaflet which can be shared with patients. The leaflet has an explanation of what domestic abuse is and contains information about accessing support and safety planning. The Trust has a domestic abuse policy and further guidance, information on referrals and contacts that are accessible to staff via the Trust intranet. The RDUH employs a Health IDVA specifically to support staff and patients who are experiencing domestic abuse.

7.82 In addition, all clinical staff at RDUH complete a mandatory domestic abuse module. The training changed from a one-off training to three yearly repeat training in 2022 and staff across the Trust are in the process of renewing their compliance. In July 2023 79.6% of staff were compliant in their domestic abuse training. Bespoke domestic abuse training sessions are also available for teams when the need for training and support is identified or requested.

7.83 Together Drug and Alcohol Service offers three specific Domestic abuse training courses: Domestic Abuse Level 2, Domestic Abuse Perpetrators and Domestic Abuse Victims. During the time period in scope for this DHR, Together staff received training on Domestic Abuse through the generic Safeguarding Training (Level 2). Staff may have had more dedicated development on this topic through on-the-job training and shadowing but attended no formal session through Together. Staff may also access Domestic Abuse training through local/partner organisations at one off events such as a recent event from FearFree. Together are a main agency within the MARAC process and have representation on the MARAC steering group.

7.84 FearFree is the specialist domestic abuse service in Devon. All employees of the service receive a full formal induction and training in all areas of domestic abuse.

IDVAs are encouraged to undertake the IDVA qualification, following their probation period, if they do not already possess it. Advice and support are available to employees from line managers in addition to formal four weekly one to ones and six weekly supervision.

Communication and Information Sharing

7.85 Three of the four key episodes of involvement with Laura assessed the risk as reaching the threshold for inter-agency information sharing resulting in referrals to FearFree for IDVA support and two referrals to MARAC. Agencies that were not actively involved at the time were made aware of the domestic abuse risk as a result of the MARACs. For example, The Trust was not aware of any risk to Laura until September 2021 when her case was heard at MARAC. There is good evidence of information sharing, as one of the core agencies for MARAC the Trust is informed of everyone who is discussed at each MARAC meeting. The Trust flags the records of all victims in order to raise staff awareness to enable support to be provided. Following Laura's referral to MARAC in September of 2021 the flag was placed on her electronic record system alerting staff to the risks. Had she attended the Trust again this flag would have advised staff to be more vigilant to the risk and open up conversation where possible with the victim. There is also evidence within the notes of multi-agency working and information sharing between RDUH and the mental Health Trust Devon Partnership Trust (DPT) and the RDUH and multi-agency partners via MARAC.

7.86 There was also strong evidence of a good working relationship and information sharing between FearFree and the Police's Domestic Abuse Officer.

7.87 As already stated, there were some missed opportunities to share information. This included following the anonymous contact in March 2022 whereby sharing information with the DAO and FearFree might have enabled further support to Laura, assessment of risk and safety planning.

7.88 The quality of the information shared in the NICHE automated referrals from police to FearFree, following NICHE implementation which included changes to information sharing of medium risk DASHs, was highlighted as a potential issue by the review. Devon and Cornwall police acknowledged that sharing had, at times, been greater in the past but that previously some of that information was not properly reviewed and assessed for sharing. The new NICHE system provides information without danger of inappropriate sharing and does not require intensive management input, which took staff away from core responsibilities. It was accepted that the automated system relies on the quality of Public Protection Notice (DASH) completion by attending officers and it was recognised that this human input can be a failure point, although there is monitoring of the quality of entries in the Central Safeguarding Teams, with training and advice provided to those officers identified as failing in the area. Devon and Cornwall police further confirmed that there is a monthly working group in place to monitor the Public Protection Notice progress and identify learning and improvements.

7.89 Devon and Cornwall police said that if FearFree identify cases of low-quality referrals, they are encouraged to contact the police domestic abuse teams so that further appropriate information sharing can be considered, the Public Protection Notice can be quality assured, and the inputting officer engaged with. Devon and Cornwall police gave assurances that any learning would be because of individual deviation from best practice and not as a result of a systems, process, or policy failing. Furthermore, FearFree confirmed that they are working with the Devon and

Cornwall police Learning and Development department to raise awareness of domestic abuse and how to complete referrals.

7.90 As part of discussions about working with people who cause harm the review explored the risks and benefits of 'flagging and tagging' on agency systems to assist in identification of domestic abuse perpetrators and sharing information. Devon and Cornwall police confirmed that if a person who is causing harm is part of a MARAC discussion, they will also have a MARAC 'marker' on them. They also identified that often, 'markers' are put onto a system at the initial stages of an investigation, when the individual might not have been charged with an offence, and therefore there is a requirement to be compliant with GDPR. However, by having a marker, it enables actions such as DVDS to be undertaken, and allows the opportunity for information sharing. The panel identified that a marker could prompt professionals to enquire and ask more questions, but that consideration should be given to their relevancy and accessibility on agency systems. Furthermore, the identification of a person as 'a perpetrator' needs to be done in an ethical way, that does not then risk labelling someone and attributing that label incorrectly. The panel concluded that any move to add such markers was likely not practicable and assured the review that MARAC markers are used across agencies.

Conclusions and Lessons to be Learned

8.1 In the final year of her life, Laura experienced domestic abuse from both Michael and Christopher. Unfortunately, little is known about Laura, and her lived experience, other than that reported by the agencies that contributed to this review. However, the risk to Laura was escalating during this period, which may have led to her feeling trapped in the situation. In consideration of this escalation and feelings of entrapment, alongside other predisposing factors and identified risks, this increased the risk of suicide, as demonstrated through the application of the Suicide Timeline.

8.2 The review has highlighted the importance of the use of domestic abuse risk assessments and how this enabled a multi-agency response through the MARAC and the availability of support from both the IDVA and Domestic Abuse Officer. However, there are concerns that the review of risk assessment by police, which has ceased due to resource and capacity constraints, which in this case, would now result in the assessment of risk relating to the April 2022 incident remaining medium with no referral to MARAC. This therefore has implications for current and future cases of domestic abuse identified by Devon and Cornwall police.

8.3 Whilst good practice was shown by police in the immediate taking of statements, use of body worn cameras, securing evidence and consideration of an evidence led prosecution following the report in April 2022, there were also missed opportunities in the earlier reports of domestic abuse whereby Christopher's account of self-defence was too readily accepted. The MARAC also lacked evidence of holding people who cause harm to account and this is reflected in the low numbers of people who cause harm accessing the Behaviour Change Programme compared to the number of those experiencing domestic abuse that are supported by FearFree.

8.4 Overall, the review concluded that in this case the people causing harm were not held to account, and this may be attributable to a lack of knowledge and guidance across all agencies about how to work with people who cause harm in relationships, exacerbated by challenges around identification.

8.5 The review also recognised the challenges and complexities of working with people who experience ill mental health and use alcohol and how this can limit access to services and the successfulness of interventions.

8.6 The review has also highlighted the changes that have been made as both a result of the early learning from this review and changes that have occurred since Laura's death which indicate an opportunity to make the future safer and reduce the risk of reoccurrence of such a tragedy.

Recommendations

1. Agencies[3] to develop a specific policy, review and/or raise awareness of existing policies around how staff should work with people who cause harm in relationships.

2. FearFree to raise awareness of the Behaviour Change programme.

3. To share learning in reference to the Suicide Timeline with the Suicide Prevention Group and request consideration of its inclusion in the suicide prevention plan and domestic abuse suicide workstream.

4. Devon and Cornwall Police to consider the current process to review, action and share information from domestic abuse risk assessments to ensure consistency across the Force and maximise safeguarding opportunities with other agencies.

5. To increase awareness of the learning from this review through production of a learning briefing and to seek assurances that lessons from this review have been disseminated to staff within agencies and incorporated into current domestic abuse training.

6. With specific reference to paragraph 16.40, Devon and Cornwall police to ensure that the nature of an offence is shared with Liaison and Diversion, for example domestic abuse, and that Liaison and Diversion request details of the nature of an offence, when a person is detained in custody.

Appendix 1 – The Suicide Timeline

Stage	Reported perpetrator characteristics	Victim characteristics
History	History of domestic abuse, coercive control, stalking, routine jealousy, violence, history of criminal behaviour	History of vulnerability. Previous domestic abuse, coercive control or sexual assault, away from home (student), previous local authority care
Early Relationship	Speed and intensity	Speed and intensity
Relationships	Dominated by controlling patterns, violence in many cases	Subject to violence, drugs and alcohol, sexual violence
Disclosure	Control escalating, violence may escalate, persistent harassment	Starts to tell other about the abuse
Help-Seeking	Reported perpetrator may use victims mental health against them, may make threats to family/friends, counter allegations	Mental health services, GP for mental health, A&E, child services, social services, police
Suicidal Ideation	Reported perpetrator may encourage suicide, persistent contact, threats	Suicide attempts, self-harm, may so they 'can't go on', may be convinced they will be killed, may have lost custody of the children
Complete Entrapment	Stalking, threats, persistent contact, threats to others, violence	May say 'I will never be free' or similar,
Suicide	Common for reported perpetrators to find body, in some cases abuse transferred to victim's family	Most common to be at home with ligature, other methods also noted

ANNEX 1

Devon DHR 27 – Action Plan – Live Document subject to change as outcomes are delivered

Recommendation	Action	Intended outcome.	Timescales	Responsibility	Measures of Progress
R1 - Agencies to develop a specific policy, review and/or raise awareness of existing policies around how staff should work with people who cause harm in relationships. **<u>Together Drug and Alcohol Service</u>**	Conduct a bitesize with each local team on the Domestic Abuse & Sexual Violence Policy which addresses this issue within staff groups. Conduct a bitesize awareness session around referrals and signposting that can be made for those disclosing harmful behaviour in relationships.	Remind staff teams about their responsibility to support those with harmful behaviour, which will increase the referrals and signposting for this.	Completion date end of July 2024 (A briefing with the staffing team around the Behaviour Change programme and how to refer into it, has already been undertaken, with more training already scheduled for May and June)	Area Manager – Francesca Bendal	Staff one to ones. Monitoring the number of referrals and signposting. **Update 29/05/25:** **Action complete.** Bitesize DA training was completed within 2024. A further and newly designed specific DA Training package for

Recommendation	Action	Intended outcome.	Timescales	Responsibility	Measures of Progress
					all staff, covering all aspects of Domestic Abuse is being delivered in September 2025.
Recommendation as above: **<u>FearFree</u>**	The Behaviour Change programme is now included as a structured session on the FearFree Induction. The Case Management processes have been re-worked and now include guidance on the Behaviour Change programme and the support available.	To increase awareness of the support available for individuals who cause harm and support for those individuals to understand the impact of their actions, and strategies to amend their behaviours moving forward.	Already in place.	HR arranges the formal induction programmes and ensures all new staff attend all sessions. The case management processes are shared with new staff and any amendments to the case management processes are shared with all the team.	Structured induction process introduced towards the end of 2023. Feedback from new staff identify that the structured induction programme provides insight into all aspects of the programmes that FearFree provide.

Recommendation as above: **<u>Police</u>**	Devon and Cornwall Police have already fulfilled the requirement of this recommendation as follows: The police have a primary role to intervene with those causing harm in relationships by way of POSITIVE ACTION including arrest and processing through the criminal justice system. In addition, police gain civil orders to hinder the harm cause by those responsible. Police systems have appropriate markers which are applied to individuals, so their risk is known to officers and staff who encounter them. This marking system allows for officers to identify the risk they pose informing responses including when DVDs disclosures are required. The DVDs process includes, where safe to do so, signposting of those	N/A	N/A	Force head of DA- Supt. Nicky Seager	N/A

	causing the harm to the respect phone line. **These activities are well embedded in the policies of Devon and Cornwall Police.** A secondary role for police is to make referrals into support and intervention services or programmes for those causing harm, there are specific routes set up for many of these referrals to mental health, drug and alcohol services etc. The police do not manage or provide such services to perpetrators of harm and pathways and thresholds for services to be provided are the responsibility of the providers. DCP would welcome a specific policy and referral mechanism to signpost those who would benefit for available interventions.				

Recommendation as above : **<u>Probation</u>**	The Probation Service have already fulfilled the requirement of this recommendation as follows: There are existing clear guidelines within the Probation Service on how to work with people who cause harm in their relationships. There is guidance based on the risk assessment of the individual and this can be addressed via 1-1 or group intervention. Staff are expected to proactively liaise with the Domestic Abuse Unit and refer into the MARAC where required. There is existing mandatory Domestic Abuse and Safeguarding training for staff.	N/A	N/A	Mandatory training for all staff.	N/A
Recommendation as above: **RDUHT**	The Royal Devon University Hospital Trust have already fulfilled the				

	requirement of this recommendation as follows: This recommendation is covered within the existing Domestic Abuse Policy for Staff and the Domestic Abuse Policy for patients. This is also covered in mandatory training for all clinicians and Managers within the Trust. The polices are both in the process of being reviewed and updated and these will have areas which relate to those that cause harm in relationships.				
Recommendation as above: **<u>DPT</u>**	DPT Deliver our Level 3 Safeguarding Training in-house, providing 80 spaces per month for each course, for both adult and children's safeguarding courses. We review our training annually to ensure it is contemporary. DPT will include information within the training about	The actions identified will ensure that awareness about how to effectively engage with individuals who may be causing harm to other people, or are within an abusive relationship is	The Level 3 Training will be reviewed by September 2025.	Anthony Vaughan, Clinical Specialist: Safeguarding	The level 3 Safeguarding Children and Adult's training presentations will be updated with a slide to outline key things to consider when working with people who may cause harm to others.

	how to work with people who may be causing harm to other people. DPT also offers Safeguarding Supervision to clinical and community teams across the Trust. Safeguarding clinicians will be asked to hold discussions during supervision exploring approaches to working with such people. DPT have a group of 63 Safeguarding Champions from across all directorates across the Trust. We hold quarterly Safeguarding Champion sessions which enable clinicians to update their knowledge on various	disseminated across the Trust. We want clinicians to develop confidence in approaching with this group of individuals and these actions will ensure that this knowledge is embedded within our core understanding.	Safeguarding Supervision takes place monthly. The Central Safeguarding Team are currently in Business Continuity and while the number of teams receiving supervision is currently limited, there are teams still receiving safeguarding supervision on a monthly basis. Therefore this will be achieved by August 2025. The Safeguarding Champions Meetings take place every 12 weeks. The next session is due to be arranged and therefore, this will be complete by September 2025.		There will also be a video recording of the presentation to the Safeguarding Champions which outlines the principles and considerations for working with this group of people.

	subjects. DPT will hold a specific Safeguarding Champion session exploring this topic. The sessions are recorded and available to watch on demand by champions who have not been able to attend.				
Recommendation as above: **<u>ICB</u>** **<u>General Practice</u>**	This is already covered within the Domestic Abuse and Sexual Violence Policy. This is already covered within the Domestic Abuse and Sexual Violence Policy and within the Interpersonal Trauma Response Service (ITRS)Training	Providing guidance about HR response to people who harm. Providing guidance on people who are harming. ITRS training covers people who harm (and they take referrals for this group from GPs)	Target to train all surgeries by October 2025	NHS Devon ICB* *NB GP practices are entitled to refuse ITRS training, but NHS Devon will work to prevent/mitigate this.	Number of surgeries to complete full clinical training.
R2 – FearFree to raise awareness of the Behaviour Change programme.	Appropriate organisations contacted to raise awareness of support available through Behaviour Change and FearFree to deliver	To increase referrals to the Behaviour Change programme from external sources.	Dec/Jan 24- presentations delivered to probation. Jan 24- presentation to Together all.	Behaviour Change Team Manager Devon Service Manager	Monitoring of agency/self-referrals. Looking for increase in referral numbers.

	presentation on support available.		Jan 24- engaged with welfare departments within schools. Jan- 24 leaflets and posters printed detailing BC support. Shared virtually and delivered to all police stations in Devon. Leaflet on Behaviour Change support to be handed to potential clients following on from Domestic Abuse interviews. Dec 23- delivered presentations to Children's Centres. Jan 24- delivered presentation to Local Partnership bboard March 24- Date booked to deliver at DMT (Team Managers) at County Hall.		

R3 - To share learning in reference to the Suicide Timeline with the Suicide Prevention Group and request consideration of its inclusion in the suicide prevention plan and domestic abuse suicide workstream	Facilitation of an Integrated Care System-Wide Suicide prevention event aimed at people working in and around DSVA /IGBVA Prioritise the links between Suicide and DSVA/ IGBVA on the Devon Suicide prevention Action Plan and attend national webinars on the subject	Awareness of Suicide Prevention initiatives across Devon. Exploring the links between Suicide and DSVA/IGBVA Promoting training opportunities Exploring collaborative working Highlight the links between Suicide and DSVA/IGBVA to the wider system via the Devon Suicide Prevention Implementation group.	**Update 27/01/25** A county-wide conference was held in November 2024 highlighting the links between suicide and DSVA. Jane Monkton Smith was one keynote speaker and she presented and promoted the suicide timeline. Public Health and DSVA are currently discussing how to implement learning, closer collaboration and training opportunities following the conference and also the recommissioning of the Devon DA service. The links between suicide and DSVA/IGBVA are prioritised in the action plan 2024-27 DCC	Nicola Glassbrook (Public Health Specialist) Nicola Glassbrook	Increased Uptake of Suicide Prevention training among workforces coming into contact with victims of DSVA/ IGBVA and those and those who are causing the harm. Increased understanding of links between Suicide and DSVA/IGBVA across the wider system Wider knowledge and understanding of the links among Suicide Prevention Implementation Group (SPIG) Members

			Suicide Prevention Statement Action Plan		
R4 - DCP to consider the current process to review, action, and share information from domestic abuse risk assessment to ensure consistency across the Force and maximise safeguarding opportunities with other agencies.	Through a phased approach the aim is to enhance the service level for ALL DA PPN risk assessments, by developing existing CST working practices to incorporate the secondary review of ALL types of PPNs, including Stalking and Harassment, Honor Based Abuse, Female Genital Mutilation and Forced Marriage. To develop a consistent force model for MARAC research, performance data and sharing of information with partners. **Update 24/01/2025** Devon and Cornwall Police has commenced a MARAC review to consider its internal structure. DCP is currently not committing to a centralised team to resource a secondary	Implementation of a secondary risk assessment process on an organisational level. This will ensure that all Vulnerability risk assessments including DA PPNS are reviewed, and action taken as appropriate in a consistent manner. **Update 24/01/2025** This will include to share information in a timely efficient manner with partner agencies.	6-12 months dependant on securing resources Started 13/03/24, line manager consultation/briefing and stakeholder management commenced. **Update 24/01/2025** Revised from this date to be 12-18 months.	**Update 24/01/2025** Force head of Vulnerability Command Detective Chief Superintendent Jenny Bristow.	The implementation of the change in process. The increased qualitative and quantitative review of PPNs. The multiagency partnership audits will provide assessment of PPN quality.

	review of domestic abuse risk assessments. Other alternatives are being considered including the review of MARAC administration and delivery to identify potential efficiencies and resource that could deliver against this recommendation.				
R5 - To increase awareness of the learning from this review through production of a learning briefing and to seek assurances that lessons from this review have been disseminated to staff within agencies and incorporated into current domestic abuse training.	FearFree to engage with appropriate staff at DCC to produce and share a learning brief.	To ensure appropriate support is sourced where client presents with suicidal ideation. To ensure all agencies are aware of Behaviour Change support and the positive impact this programme has on reducing risk and increasing safety.	On final completion of this DHR – DCC to set timeframe.	DCC with support from FearFree	Heightened awareness of the significant link between suicidal ideation and Domestic Abuse. Increased awareness of the positive impact of Behaviour Change programme in reducing risk and addressing harmful behaviours.
R6 - With specific reference to paragraph 16.40, Devon and Cornwall police to ensure that the nature of an offence is shared with Liaison and Diversion, for example domestic abuse, and that Liaison and Diversion request details of the nature of	L&D managers have confirmed that there is a professional-to-professional conversation between the L&D and custody staff when	N/A	N/A	Force head of Mental Health – Inspector F Paterson	 CJ L& D Referral Form Sample

an offence, when a person is detained in custody.	custody staff make a referral to L&D during working hours. The nature of the offence and aggravating factors, such as domestic violence, would form part of this professional conversation. For non-custody referrals to L&D, or custody referrals when L&D staff are not working, a referral form is used. In the relevant factors section, on page 2, the **question "How is this person vulnerable? Please provide specific details, such as any issues with Domestic Abuse etc**. as well as **"Warning Markers: Please identify any warning markers or risks for this person"** are where the nature of the offence and would be shared. The content of the form used by CIOS L&D is the same. Custody whiteboards hold an overview of all detained people and will				

	be manually updated with entries of either DV999 or DA999 to highlight the nature of the arrest. L&D staff have access to police Niche computer system on which they can view the custody white board and read further information including the arrest circumstances. Devon and Cornwall Police already comply with this recommendation- for consideration of finalisation please.				

ANNEX 2

Home Office

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Becky McMurray
Review Co-ordinator
Communities Team
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EX2 4QD

21st October 2024

Dear Becky,

Thank you for submitting the Domestic Homicide Review (DHR) report (Laura) for Safer Devon Partnership (CSP) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 18th September 2024. I apologise for the delay in responding to you.

The QA Panel felt that the report was sensitive, well written and clear to understand, with the timeframe and agencies involved clearly stated. There was a clear rationale regarding the lack of engagement with Laura's family and the report also effectively utilises research and analysis to explore the issues which Laura faced.

The QA Panel felt that there are some aspects of the report which may benefit from further revision, but the Home Office is content that on completion of these changes, the DHR may be published.

Areas for final development:

- As it stands Laura's voice is somewhat unheard within the report, largely as there was no family engagement in the DHR process. It might have been helpful to seek input from friends, colleagues and neighbours and the CSP should consider doing this for any future DHRs undertaken.

- The data collection sheet states that the family saw the Terms of Reference, however, this does not seem accurate based on the information at section 6.

- An explanation is needed regarding the year long delay in commencing the DHR, as stated in paragraph 2.2.

- The criminal damage caused by Christopher to Laura's laptop and phone could be recognised as economic abuse.

- In section 11, it would be useful to explain the protected characteristics referenced within the Equality Act.

- The report is missing key details about Laura's daughter. It is currently unclear in the report whether she lived within the family and was exposed to or witnessed the domestic abuse her mother experienced.

- There was an opportunity to reflect further on the use of non-fatal strangulation in this case. There is some discussion in paragraphs 16.11 and 16.12, however, further reflections, through the lens of the victim, might have helped us to get a sense of how the victim felt and her experiences of abuse.

- When considering the Suicide Timeline in paragraphs 16.35-16.38, it would be helpful to include the stages and consider how these applied to the case and to include the table in Appendix 1.

- The sibling relationship between Christopher and Michael should be referenced.

- There was opportunity to consider the victim's risk to herself, so it would be helpful to know whether the police, MARAC or the IDVA considered this.

- It is not clear if there were any discussions around involving the alleged perpetrator(s) in this review – was this considered? If so, what were the reflections and how was a decision taken?

- It is also unclear if the alleged perpetrators considered the risk Laura posed to herself and if there is learning in relation to this.

- Whilst Laura's family have not engaged to date, it would be good practice to add them to the dissemination list, along with Police and Crime Commissioner and the Domestic Abuse Commissioner.

- The numbering on the DHR presentation needs addressing.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Panel feedback letter should be attached to the end of the report as an

annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Panel, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Panel