Domestic Abuse Related Death Review

Bracknell Forest Community Safety Partnership

Jenny died June 2022

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Preface

Bracknell Forest Community Safety Partnership (CSP), panel members and the author wish at the outset to express their deepest sympathy to Jenny's (not her real name) family, and we appreciate the engagement from her family throughout this difficult process.

This review has been undertaken in an open and constructive manner with all the agencies, both voluntary and statutory, engaging positively in order that lessons can be learnt. This has ensured that we have been able to consider the circumstances of Jenny's death in a meaningful way and address with candour the issues that it has raised.

This report contains details and information of a highly sensitive nature including acts of physical and emotional abuse, substance use, self-harm and suicide that may be distressing to read.

1. Introduction

1.1 Jenny died by suicide in 2022 and lived in the Bracknell Forest area at the time of her death. She had three adult children and had been married to Max (not his real name) for 25 years. Due to allegations of domestic abuse towards Jenny from Max and Chris (not his real name and Jenny's eldest son), Bracknell Forest Community Safety Partnership identified the case met the criteria for a review under the Home Office Multi-Agency Statutory Guidance for Domestic Homicide Reviews 2016[1].

1.2 This review is a statutory requirement which examined agency responses and support provided to Jenny, Max, Chris, and Chris's ex-partner Fran (not her real name) with whom Chris was also abusive to. The report highlights positive and supportive practice, any barriers in accessing services and any learning that can be shared to reduce the risk of such a tragedy happening again.

1.3 The review considered agency contact and/or involvement with Jenny, Max, Chris, and Fran between 01/06/2020 and Jenny's death. Agencies were also asked to consider and include any events outside of these dates for this review should there be any relevant information. Family also provided insightful information which has also been included within the report.

1.4 The review and every panel meeting have been conducted with an open mind with an aim to avoid any hindsight bias.

2. Glossary

2.1 **A&E –** Accident and Emergency.

2.2 **AAFDA –** Advocacy After Fatal Domestic Abuse, a charity supporting families who have experienced a loss due to homicide or suicide.

2.3 **BHFT –** Berkshire Healthcare NHS Foundation Trust.

2.4 **BWA –** Berkshire Women's Aid - local commissioned domestic abuse service.

[1] Domestic homicide reviews: statutory guidance - GOV.UK (www.gov.uk)

2.5 **Care Coordinator** - A trained professional who helps manage the patients' mental health condition and oversees the patients' treatment plan.

2.6 **CCB** – Coercive and Controlling Behaviour

2.7 **CCR –** Coordinated Community Response Model.

2.8 **CMHT** - Community Mental Health Team.

2.9 **COPD –** Chronic Obstructive Pulmonary Disease.

2.10 **CRHTT** - Crisis Resolution and Home Treatment Team - Short term support for those in mental health crisis, once crisis is reduced onward referral are considered or they may be discharged.

2.11 **CRS –** Commissioned Rehabilitative Services.

2.12 **CPA** – Child to Parent Abuse.

2.13 **CPE** – Common Point of Entry, the 'gateway' to all mental health services, assessing need, and referring to other mental health services or signposting.

2.14 **CSC –** Children's Social Care

2.15 **CSP** – Community Safety Partnership

2.16 **DAAT –** Drug and Alcohol Action Team.

2.17 **DASH RIC**[2] –Domestic Abuse, Stalking and Harassment Risk Indicator Checklist, provides a consistent way to evaluate victims of domestic abuse risk.

2.18 **DOLS –** The Deprivation of Liberty Safeguards Team.

2.19 **DOM5 –** Thames Valley Police's version of the DASH RIC (implemented in 2013).

2.20 **DVDS** - Domestic Violence Disclosure Scheme[3].

2.21 **DVPN/DVPO** – Domestic Violence Protection Notice/Order[4].

2.22 **EIDA –** Employers Initiative on Domestic Abuse.

2.23 **EPF –** Effective Proposal Framework.

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[2] https://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL_1.pdf?msclkid=770463f4ceac11ec8f0466908e13260a

[3] Applicants can make enquiries to the police about their own situation or make enquiries on behalf of others that might be at risk from a current or ex-partner. If a disclosure is made, it is always made to the person at risk. Applicants who are not at risk of harm from the subject can be advised they will not receive the disclosure themselves.

[4] Domestic Violence Protection Notices and Orders can be used to help protect victims of domestic abuse from immediate violence or threat of violence by the perpetrator. They should be used as part of a wider plan to manage the risk to victims so not simply be seen as a solution in themselves. They give victims time and space to consider what to do about the abuse and perhaps seek a non-molestation order to protect themselves longer term. To obtain a DVPN/O, there MUST be evidence of recent use or threat of violence towards the victim. The requirements to apply for a DVPN/O applies immediately following an incident, these are not orders to be requested on retrospective incidents, following Police Bail or in addition to existing orders in place that already provide protection for the victim. Applications must be necessary and proportionate. Although a victim may not want a DVPN, it does not mean one should not be sought, but the court will want to know why one is being sought.

2.24 **EUPD –** Emotionally Unstable Personality Disorder.

2.25 **GP** – General Practitioner.

2.26 **HPDU –** Head of Probation Delivery Unit.

2.27 **ICB –** Integrated Care Board.

2.28 **IDVA** – Independent Domestic Violence Advocate, support for high-risk[5] victims of domestic abuse.

2.29 **IMR** – Individual Management Reviews require agencies to look openly and critically at individual and organisational practice.

2.30 **IOM –** Integrated Offender Management.

2.31 **IPA** – Intimate Partner Abuse.

2.32 **IPT –** Intensive Psychological Therapies.

2.33 **ISVA –** Independent Sexual Violence Advocate / Advisor.

2.34 **MARAC** – Multi Agency Risk Assessment Conference, a meeting to discuss high risk domestic abuse cases with the aim to increase safety, reduce risk and interrupt the abusive behaviour of the perpetrator.

2.35 **MARM –** Multi Agency Risk Management Framework.

2.36 **MASH –** Multi Agency Safeguarding Hub**.**

2.37 **NCDV** – National Centre for Domestic Violence support victims of domestic abuse obtain civil protection orders.

2.38 **OIC –** Officer In Charge.

2.39 **PNC** – Police National Computer.

2.40 **Police Closure Order** - A closure notice prohibits access to the premises for the period specified in the notice. Only the police or a local authority can initiate the process to close premises which are causing antisocial behaviour, if they reasonably believe that there is, or is likely to be either: a nuisance to members of the public or disorder relating to the premises and in its vicinity. In addition, the notice must be necessary to prevent occurrence or re-occurrence of the nuisance or disorder.

2.41 **PPCS –** Public Protection Casework Section.

2.42 **PPN1** – Public Protection Notice – A police record for all domestic incidents which is shared with partner agencies providing information of the victim and/or the children's safety.

2.43 **SCAS –** South Central Ambulance Service.

[5] HIGH RISK - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

2.44 **SDASH** - Stalking DASH is designed to support professionals identify stalking behaviour and professional judgement when considering risk, support, and intervention.

2.45 **TVP –** Thames Valley Police

3. Timescales

3.1 In September 2022 Bracknell Forest Community Safety Partnership (CSP) received a referral from Thames Valley Police for the suicide of Jenny. The decision to carry out the review was made in December 2022 and an independent chair and report author was commissioned in March 2023.

3.2 Paragraph 46 of the statutory guidance states that the target timescale for completion of the review of six months. Initial information was sought by Bracknell Forest CSP to ensure different agencies were aware of the review. Due to delays in IMRs being submitted, further exploration of information required and meeting the dates for the CSP to agree the final reports, the review was not completed in the expected timeframe. The CSP and panel were kept up to date and informed throughout the process with 6 panel meetings held in total.

4. Confidentiality

4.1 To protect the identity of those involved and to comply with the statutory guidance and Data Protection Act 1998[6] pseudonyms have been used (these were chosen by the review panel) with exact dates removed (where possible) to avoid any identifiable factors.

4.2 The sharing of information between agencies in relation to this review was underpinned by the Information Sharing Protocol which is in place to facilitate the exchange of personal information to comply with the requirements of Section 9 of the Domestic Violence, Crime and Victims Act 2004[7] to establish and coordinate a Domestic Abuse Related Death Review.

4.3 Panel meetings were all confidential and any sharing of information to third parties were carried out with the agreement of the agency's representative, panel, and chair.

4.4 The findings are restricted to authors of the reports, their managers and panel members. Once agreed by the CSP, the Home Office will be informed, and the report will be presented to the Home Office Quality Assurance Panel for final approval. Initial learning identified through the review process will be acted on immediately.

5. Terms of reference

5.1 Purpose of the review:

- Examine the events leading up to the death, including a chronology of the events in question.
- Highlight good practice and how this can be shared with wider partners.

[6] https://www.legislation.gov.uk/ukpga/1998/29/contents
[7] https://www.legislation.gov.uk/ukpga/2004/28/section/9

- Identify any learning, provide recommendations, how these will be actioned and what is expected to change as a result.
- Apply these lessons to service responses including challenging systemic issues and making changes to policies and procedures as appropriate.
- Improve service responses for all domestic abuse victims and their children through improved intra and inter-agency working.

5.2 Key Issues

- Consider how all forms of domestic abuse are understood by the local community including family, friends, statutory and voluntary organisations. This should also include consideration of coercive controlling behaviour, familial and economic abuse.
- Determine if there were any barriers that Jenny or her family/friends faced in both reporting domestic abuse and/or accessing services. Consideration to be especially given to:
    - The Equality Act 2010's protected characteristics,
    - Mental Health,
    - Alcohol and substance misuse, and
    - Familial Abuse
- Review agency responses, professional curiosity, interventions, care, treatment and/or support provided.
- Consider whether the work undertaken by services was consistent with each organisation's professional standards, domestic abuse and safeguarding policies, procedures, and protocols and whether there was adherence to national good practice.
- Review communication and information-sharing between agencies, services, family, and friends and how this informed risk assessments, decisions, and support.
- Consider what is 'good practice' for agencies to achieve in their response to domestic abuse for both victim/survivors and those who are abusive.
- Consider whether there is consistency in how agencies respond to victim/survivors and perpetrators especially where there is abuse by an intimate partner and family members.
- Explore Chris's intimate relationships and the domestic abuse within these relationships and whether these were inter-linked with the risks to Jenny.
- Consider whether there was any impact of the COVID-19 pandemic on the family or on service response to victim/survivors and those using abusive behaviours.

6. Methodology

6.1 Domestic Homicide Reviews became statutory in 2011 under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states:

A DHR should be a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:

a) A person to whom she was related or with whom she was or had been in an intimate personal relationship or

b) A member of the same household as herself; held with a view to identifying the lessons to be learnt from the death.

6.2 Since 2024 Domestic Homicide Reviews were renamed Domestic Abuse Related Death Review's, however the principles of the review have been followed in accordance with the Home Office

Multi-Agency Statutory Guidance on the Conduct of Domestic Homicide Reviews – Revised Version – December 2016.

6.3 The panel identified which organisations would be required to provide Individual Management Reviews (IMRs) after the CSP completed a scoping exercise across the Bracknell Forest area. Agencies were provided with the terms of reference and asked to review their involvement with Jenny, Max, Chris and/or Fran including interviewing any staff where appropriate. All were asked to highlight positive practice and learning as well as any recommendations and actions.

6.4 All IMRs were quality assured, and any recommendations and learning agreed by senior members of staff within each organisation.

6.5 This review has focused on the abuse Jenny was subjected to. However, due to the domestic abuse Chris subjected Fran to during the timescale the panel felt it was important to understand this to support any additional learning. Brief information has been interwoven throughout the report, discussed within the analysis with a more detailed background of the relationship in Appendix 1.

6.6 Various pieces of research have been used within the analysis and are referenced throughout the report.

7. Involvement of family

7.1 Jenny's children were informed of the review by letter which provided information for support via AAFDA (Advocacy After Fatal Domestic Abuse). Unfortunately, no contact was made with Jenny's children after multiple attempts to contact them. The chair continued to make attempts throughout the entirety of the review.

7.2 Max was contacted with the support of his Care Coordinator, met with the chair, and was also updated throughout the review.

7.3 The chair spoke with the Police and Max to identify any neighbours or friends who could be contacted for the review however, no details were provided.

7.4 Due to the review also reviewing Chris's abusive behaviours towards his Fran, attempts were made to contact her (with the support of the Police and Children's Social Care). This was to ensure she was aware of the report and provide her an opportunity to share her experiences. Due to her moving out of the area and there being no further contact with her from Bracknell Forest partner agencies, this was not possible.

7.5 The chair was supported by Probation to speak with Chris, who spoke with him on one occasion. Unfortunately, this contact was interrupted, attempts were made to speak with him again, but these were unsuccessful.

8. Contributors to the review

8.1 Panel members and IMR authors were all independent of any support offered and/or provided to those named within the review.

8.2 IMRs were provided and presented by:

- Berkshire Health Care Foundation Trust
- Frimley Health NHS Foundation Trust
- Frimley Integrated Care Board on behalf of Primary Care
- New Hope (Drug and Alcohol Action Team - DAAT)
- Probation
- Silva Homes
- South Central Ambulance Service
- Thames Valley Police

Summary reports were provided and presented by:

- Berkshire Women's Aid (BWA)
- Bracknell Forest Council Adult Social Care

8.3 The panel comprised of agencies recommended within the statutory guidance as well as agencies with specialist knowledge of domestic abuse, domestic abuse within older people and suicide. All panel members were required to review each chronology, IMR, provide feedback at panel meetings and support the process.

8.4 The review panel consisted of:

Agency	**Representative and role**
Bielec Consultancy Ltd	Katie Bielec – Chair and Author
Berkshire Health Care Foundation Trust	Debra Broderick – Locality Manager
Berkshire Women's Aid	Rachel Murray – Director of Operations
Bracknell Forest Council Adult Social Care	Simon McGurk – Interim Head of Service – ACT & Intermediate Care Services
Bracknell Forest Children's Social Care	Sonia Johnson – Assistant Director: Children's Social Care
Bracknell Forest Community Safety Partnership	Alison O'Meara – Head of Youth Justice and Community Safety Sophie Wing-King – Domestic Abuse Strategic Lead
Bracknell Forest Public Health	Gabriel Agboado – Consultant in Public Health
Frimley Health NHS Foundation Trust	Joanna Bennett – Specialist Children's Safeguarding Nurse Sue Spong – Specialist Nurse in Adult Safeguarding Ablen Dacolos – Adult Safeguarding Named Nurse and Dementia Lead Nurse
Frimley Integrated Care Board	Sharon Ballantyne – Domestic Abuse and Exploitation Safeguarding Lead
Hourglass	Maggie Evans – Director of Operations
New Hope	Sundeep Saundh – Deputy Head of Drug & Alcohol Services
Probation	Lorraine Mansell – South Central Lead for SFO and Complaints
Silva Homes	Tom Mason – Lead Customer Relations Partner (Housing Services)
South Central Ambulance Service	Jackie Osborne – Adult Safeguarding Practitioner
Thames Valley Police	Andy Grahame – T/Chief Inspector, LPA Commander Richard Jarvis – Detective Chief Inspector

	Paula Searle - Specialist Investigator – Investigation Review Team - Service Improvement.

9. Author of the Overview Report

9.1 Katie Bielec is an independent domestic abuse consultant providing support and training across England. She is an accredited chair with AAFDA and SILP[8], has completed the Home Office Domestic Homicide Review Training, is a member for AAFDA DHR Network, Standing Together Against Domestic Abuse Coordinated Community Response (CCR) and The Employers Initiative on Domestic Abuse (EIDA).

9.2 She chairs MARAC, Multi Agency Risk Management Meetings, and stalking clinics. She is an associate trainer for SafeLives, Surviving Economic Abuse (SEA), Rockpool, The Hampton Trust, a guest lecturer at Bournemouth University and is an accredited trainer delivering Coercive Controlling Behaviour and Stalking.

9.3 Katie was previously a Metropolitan police officer working in a variety of roles, is a qualified IDVA, IDVA manager, ISVA Manager and managed domestic abuse services for 11 years.

9.4 Katie is not associated in any way to any agency who have provided information for the review or had any personal or professional involvement with Jenny, or any other person involved within the review or their families.

10. Parallel Reviews

10.1 In January 2023, the coroner found Jenny died by suicide.

10.2 No other reviews were carried out at the time of this review.

11. Equality and Diversity

11.1 The chair and panel members considered whether any protected characteristics were relevant within the review.

11.2 Jenny was a 62-year-old white British female. At the time of Jenny's death, Max was 67 years old, Chris - 38 years old and Fran - 37 years old, all were white British (Jenny's age will be further explored as a victim of domestic abuse within the analysis).

11.3 Women are more likely than men to be victims of high risk or severe domestic abuse: 95% of those heard at MARAC or accessing IDVA services are women[9]. The Office for National Statistics 2023[10] found that 73.5% of victims were female. The Crime Survey for England and Wales estimated that 1.4 million women experienced domestic abuse between 2022 – 2023. Therefore, due to Jenny and Fran's gender they were at higher risk of being abused.

[8] https://www.reviewconsulting.co.uk/silp-reviews/
[9] https://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse
[10] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2023

11.4 Data of victims of domestic abuse over the age of 59 is limited as the Office for National Statistics only started to collect this information in 2017 (up to the age of 75) and in 2022 is unlimited, therefore this data is restricted. However, in the year 2022 – 2023 the ONS found 4.2% of victims were aged between 60 – 74 years. Research from SafeLives and Dewis Choice[11] found people aged 61 years and over were more likely to experience abuse from an adult family member, than an intimate partner. The research also found that statutory services regularly did not recognise domestic abuse in cases where the perpetrator is not an intimate partner. This can then result with older victim-survivors not being offered access to specialist domestic abuse resources.

11.5 Jenny and Max had been married for 25 years, Jenny and Chris claimed this had been abusive throughout. Jenny took her marriage vows seriously and made it clear she would not consider divorcing Max. Although Jenny recognised the abuse, after so many years she had tried to manage her relationship and desperately sought to control the abuse she was subjected to. As such this may have created a barrier in her seeking help and support as she had been managing the situation for such a long time.

11.6 Jenny's children were not Max's; however, he had been part of the family since they were teenagers. He has a child from a previous relationship but has no contact with them. Child to Parent violence (of any age) can often be misunderstood and the risks not identified by those who engage with the family. The dynamics within the family where there is abuse from a child shift. The abused parent may feel unable to keep themselves or others safe. They can also struggle with the consequences regarding reporting, not only for themselves but also their child. With these fears it can create significant barriers in the victim seeking support.

11.7 There was no information to suggest Jenny had a disability although she suffered from agoraphobia and experienced mental health difficulties which impacted on her life. Domestic Abuse can have a long term and significant impact on a victim's mental health which can be debilitating and create further isolation. Jenny was evidently using alcohol as a coping strategy not only with regards to the abuse she was subject to but also possible to cope with her mental wellbeing. Unfortunately, agencies can still at times focus on the mental ill health and alcohol misuse and at times blaming the victim for these rather than identifying the causal factors and addressing these to minimise the impact on the victim.

11.8 At the time of her death, Max was in supported living due to a brain injury caused after he attempted to take his own life approximately 18 months previously. Prior to this there were no known physical disabilities, however he had experienced issues with his mental health. Chris had no known disabilities, although he was known to mental health services.

11.9 Jenny told Police that she would be unable to leave Max due to being Catholic therefore this impacted on her regarding what options she felt she had with regards to the marriage. No information has been provided regarding religious beliefs of any other person involved in this review that had an impact on the circumstances.

12. Dissemination

12.1 Following sign off from the Home Office Quality Assurance Panel, the Bracknell Forest CSP will ensure the documents are disseminated to the Domestic Abuse Commissioner, Office of the Police and Crime Commissioner (OPCC) for Thames Valley, the Chief Executive (or equivalent)

[11] https://dewischoice.org.uk/wp-content/uploads/2021/12/Practitioner-guidance-document-English-epdf_compressed.pdf

for all partner agencies and services represented on the Review Panel, the Bracknell Forest Safeguarding Partnership, and the Thames Valley Domestic Abuse Coordinators Group.

12.2 Anonymised electronic copies of the Overview Report and Executive Summary will be published on the Bracknell Forest Council website and copies of the report and letter from the Home Office Quality Assurance Panel be provided to the family.

13. Suicide - The facts (detail will be provided within the chronology)

13.1 At the start of June 2022 Jenny contacted Police after Chris had been verbally abusive and had pushed her against a door. She stated she was frightened and asked for protection from him, officers attended the following day. When they spoke to Jenny, she did not want to support an investigation, a DOM5[12] was completed and she was graded medium risk[13]. A Domestic Violence Protection Notice (DVPN), non-molestation order and referral to the National Centre for Domestic Violence (NCDV) were discussed with Jenny but all were declined.

13.2 A week later, Police attended Jenny's address following a call from her reporting that Chris had turned up at her home. He was arrested for the assault (reported the week prior). Jenny declined to provide a statement and stated the Police were making matters worse and that he would return and beat her. Jenny later called Police stating she wished to pursue a non-molestation order and requested support doing this.

13.3 The following day, Jenny called her youngest son Seth (not his real name) to say goodbye. Due to being concerned for Jenny's welfare he called for an ambulance (he was not at the family home at the time). Jenny was found at her home address having taken an overdose, she passed away in hospital shortly before 21:00 hours that same day.

14. Family and relationship background

14.1 Jenny's three children (all of whom are adults) were from a previous relationship. Her middle child, lived in another part of England, her eldest child (Chris) stayed with her occasionally (once Max was no longer there) and her youngest child (Seth) lived with her on a permanent basis. It is unclear how or when she met Max, but they were married for 25 years.

14.2 Records from 1980 indicate Jenny worked as a nurse/nursing auxiliary. It is not clear when she stopped working however, she was not working at the time of her death or during the time frame for this review. Max had been working with a nationwide restaurant and was furloughed[14] during the pandemic. As with Jenny it is unclear when and why he stopped working prior to his overdose/brain injury but was also not working when Jenny passed away.

14.3 Max was recorded to have been abusive to Jenny throughout the marriage which was witnessed by Jenny's three children (Max denied any abuse when he met with the chair).

14.4 Max did not have a positive relationship with Chris, and this deteriorated further when Chris assaulted him, which resulted in Max obtaining a restraining order against Chris. This prohibited any contact and impacted Chris's relationship with Jenny.

[12] DOM5 is Thames Valley Police's equivalent to the national DASH (Domestic Abuse, Stalking, Harassment and Honour Based Abuse) Risk Identification Checklist

[13] MEDIUM RISK - There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, drug, or alcohol misuse.

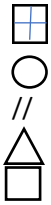
[14] A suspension of work due to the COVID-19 pandemic, payment for employee's were made by the UK Government.

14.5 Chris had a history of violence within his intimate relationships and was recorded as a perpetrator of abuse to Fran, he had no children with Fran or any other ex-partners.

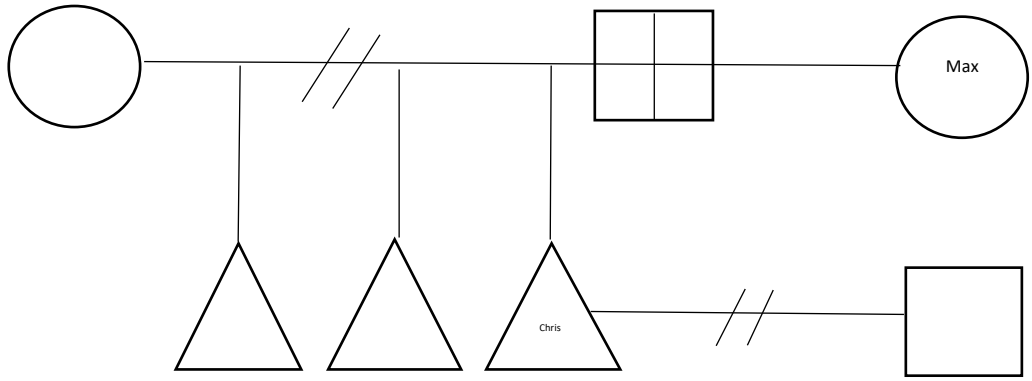
14.6 Chris experienced domestic abuse as a child, had a history of substance misuse, mental health and at the time of Jenny's death was working with agencies through the criminal justice system.

15. Genogram

Key:



Jenny - Deceased
Male ex/partners
// Divorced/Separated
Adult children
Fran - Chris's ex-partner



16. Chronology

16.1 There is very limited information regarding Jenny held by agencies, with extensive records for Max and Chris. The review has aimed to be proportionate in the amount of information included to ensure Jenny remains central to the review.

16.2 **Domestic Abuse was identified between Jenny, Max, Chris, and Fran outside the dates of the terms of reference. Although records are limited, they were relevant for the review and include:**

16.2.1 Between 2011 – 2014 Chris had sporadic contact with the Community Mental Health Team (CMHT) with a diagnosis of drug induced psychosis (he disagreed with this diagnosis).

16.2.2 In 2018 Chris started his relationship with Fran.

16.2.3 Between 2018 – 2019 Referrals into Common Point of Entry (CPE), and Community Mental Health Team (CMHT) indicated Chris had longstanding substance misuse and criminality with violence. Chris appeared to have some 'paranoid' thinking, grandiose ideas and was preoccupied with the notion that Max had abused Jenny and his siblings. Due to this, it resulted in Chris assaulting Max and a restraining order was put in place.

16.2.4 In August 2019 Chris was arrested for assaulting Fran by dragging her by her hair, no further action was taken. In September, Fran engaged with Berkshire Women's Aid (BWA) a local domestic abuse service, had fled to a place of safety and accepted support. Unfortunately, she stopped engaging with the service with multiple attempts being made.

16.2.5 The Crisis Resolution and Home Treatment Team (CRHTT) were contacted by Police in mid-December 2019 after Max had taken an overdose with unknown tablets. He stated he had thoughts of hurting Jenny and wanted to end his life.

16.2.6 The following morning Max saw his GP who made an urgent referral to the CPE. Max was tearful, low in mood, had poor eye contact and low self-esteem. He spoke of how he had always worked full time and socialised with colleagues. He had drunk alcohol in the past but was never dependent and he had now stopped drinking. He described Jenny being at home with ill health and there were communication issues between the couple as well as with Chris, who had substance misuse issues. Max was identified as being vulnerable as he blamed himself for everything and he had negative thoughts, "*no point in being here*." The previous night he had taken his antibiotics, a few paracetamols, and lay on side of the road and "*wanted to end it all*." The GP discussed a referral to CRHTT, however, Max was reluctant and stated, "*I need to be locked up as I will hurt myself or someone*."

16.2.7 Max spoke to the CPE that same day where he described Christmas being a difficult time for him due to childhood bereavement of his father. He got frustrated with his wife who he loved and felt ending his life would be the answer. He explained his relationship with Jenny was poor and had been for the past 3-4 months but they both wanted to be together. Max admitted to hitting Jenny about 18 months previously which the Police were aware of. Max described Chris living with them made the relationship difficult, calling Chris a '*junkie*' and that Chris had beaten Max up twice. Max felt Jenny "*nagged*" him, and he wanted to learn how to deal with this better so he would not become angry with her. A plan was agreed for Max to speak to his GP regarding restarting antidepressants (last taken in Oct 2018) and refer to Talking Therapies[15]. A guided self-help booklet, 'Behavioural Activation, and Cognitive Restructuring' was provided and a further appointment in two weeks was agreed.

16.2.8 Later that same day the GP had a follow up face-to face appointment with Max, who confirmed he had spoken with CPE and the outcome. Max wanted to go back to work but was offered a 2-week sick note with a 7-day prescription for his anti-depressant and a follow-up appointment in one week. In the interim he was encouraged to contact the CRISIS team.

16.2.9 Jenny was taken to hospital (Max accompanied her) just before Christmas 2019 by South Central Ambulance Service (SCAS) after she had taken an unknown quantity of medication with alcohol with suicidal intention. She was resuscitated by A&E, was transferred to the Intensive Care Unit where she also required resuscitation. She made a good recovery, was seen by the Psychiatric Liaison Team and a risk assessment was completed. Stressors noted as family, marital, home circumstances. She was discharged the next day with a plan for GP follow up for mental health, medication review and a referral to CRHTT.

16.2.10 Jenny was seen by CRHTT the day after she was discharged from hospital, initially with Max who left but returned later. Jenny explained she had agoraphobia, only went out when she had to and had no further intention of taking an overdose or harming herself. She described her overdose as more of a way to make the family '*sit up and take notice*' of her and stop the conflict. She asked for the practitioner to talk to Max alone, who told them he found Jenny's

[15] NHS England » NHS Talking Therapies, for anxiety and depression

recent behaviour difficult and was seeing his GP the following week regarding his low mood. Jenny did not feel she needed mental health support but would call the CRISIS number if required.

16.2.11 Max saw his GP at the end of December 2019 and stated he regretted his recent overdose and felt more stable. He was given a 14-day anti-depressant prescription and was scheduled to be seen in two weeks.

16.2.12 In mid-January 2020, Jenny's GP received a letter from the hospital regarding her overdose a couple of weeks earlier. Additional information provided:

- Triggered by row with Max where he had stormed out the house and told her he was going to kill himself, he then returned a few hours later.
- Jenny advised that she said to him "*I will show you how to really do it*" and proceeded to take a load of her prescribed medications with the intention to "*prove to her husband that he should not threaten her that he is going to kill himself."*
- Jenny stated she was *"almost regretful of the incident."*
- She felt that what she did would make Max and the rest of her family "*listen more to her."*
- Assessed to be "high risk" of further overdoses due to impulsivity.

16.2.13 Also, on this date Max told his GP that his mood was improving, and he felt better. He told them he was sleeping better and was calmer with no suicidal ideation, Jenny had also been supportive. He appeared more relaxed and smiling, a review appointment was scheduled for one month.

16.2.14 The GP was informed that Max had not contacted Talking Therapies and the referral had been closed. A couple of days later Jenny's GP made attempts to contact her to discuss a letter received by CMHT but Jenny did not respond to these calls.

16.2.15 Chris saw his Care Coordinator in mid-February 2020 after failing to attend an appointment a month earlier. There was no evidence of thought disorder, but behaviour was commented on as being a '*bit bizarre' (no further information was recorded why the practitioner felt this was)*. He admitted to using cannabis daily, using alcohol but not daily. He explained there was a restraining order against him which meant he was unable to contact Jenny or Max which resulted in him feeling he had no support and very alone. He said he had been bullied by Max since he was 12 years old, that he loved his mum but commented that her choice of men failed her, describing how Max had been violent towards Jenny and told of an incident when Max had grabbed her by the throat and threw her against the door frame. He continued to describe Max as *'a cold-blooded reptile'*. Chris was homeless, not in work and had not had a job since he took 'angel dust'[16]. An appointment was made for the next day to support him open a bank account however, he cancelled due to meeting his Probation Practitioner. A further appointment was arranged but Chris turned up too late to be seen and was offered another appointment in March.

16.2.16 In February 2020 Police and SCAS were called to Jenny's home address after a report of someone with a knife, was threatening to take their own life and was suffering a 'mental health episode'. Jenny was seen, was calm but appeared drunk when speaking to officers. She informed paramedics she wanted everyone to stop arguing and just wanted some peace and

[16] Angel dust, also known as PCP (phencyclidine), is commonly found as a white powder. This powder may be smoked, eaten, snorted or injected, its powerful dissociative effects and ability to cause hallucinations. PCP is rarely consumed alone today. It's often sold in conjunction with other illicit drugs to create a more powerful high and add an addictive element.

quiet. Jenny was not conveyed to hospital. Jenny had drunk alcohol that morning and Chris had come to her home asking who his real dad was. As a result, Chris and his brother had a fight and were shouting at each other. SCAS sent a report to the GP informing them of the incident. Police completed and sent an Adult Protection referral to the Adult Social Care email address. A referral for mental health support via the Common Point of Entry (CPE) who sent an opt in letter, due to non-engagement, Jenny was discharged from the service.

16.2.17 On 23/03/2020 due to the COVID-19 pandemic, the nation went into lockdown. As a result, Max was furloughed, and Fran's children moved to their father's home in another local authority area.

16.2.18 At the end of April 2020, Chris told his Care Coordinator he was living fulltime with his girlfriend (no details provided but believed to be Fran), and he requested he was discharged from the service. He was encouraged to engage with Probation and housing to secure his own accommodation, take his medication as prescribed, abstain from illicit drug use and secure a bank account. During a further telephone appointment, Chris talked of a traumatic childhood, that he feared Max, stating Max had been *'sent to destroy'*, and described a little demon in his head that was constantly proved right. He was assessed as medium risk to others.

16.2.19 At the beginning of May 2020 Chris had a review of his mental state with his Care Coordinator. There was little change. Chris attended most appointments with his Care Coordinator during May and June 2020 with no significant change.

16.2.20 Due to continued anti-social behaviour at Fran's home, both were given Acceptable Behaviour Contracts.

16.3 The following information has been taken from the dates set within the terms of reference.

16.3.1 The national lockdown ended on 23/06/2020, with an announcement of relaxing restrictions.

16.3.2 At the end of June 2020 Chris was seen by Intensive Psychological Therapies (IPT). He was not accepted into the service due to being too unstable and his goals would be met more appropriately by counselling which he was advised to self-refer into.

16.3.3 At the beginning of July 2020 Chris reported to his Care Coordinator no alcohol use for one month, was smoking two joints of cannabis a day, felt better physically but was stressed due to Police and council involvement regarding complaints by neighbours. Chris failed to attend several further scheduled appointments in July.

16.3.4 At the end of July during a final discharge planning appointment with his Care Coordinator Chris complained of his hands going numb, agreed his mental health was now stable and he was aware of counselling regarding his past and present relationship difficulties with his family. He was still using a friend's bank account for his benefits even though his Probation link worker had attempted to help him with accessing his own account. He viewed his assault on Max as positive due to Max beating Jenny for so long. He felt the restraining order had not worked well for him, and he felt his mother's choices regarding Max had impacted him growing up. A plan was agreed, it was explained he would be discharged, and care transferred to his GP. All agencies were informed of this decision and plan.

16.3.5 In August 2020 neighbours reported to Silva Homes and Police that they could hear fighting within the property, these allegations were denied by Fran.

16.3.6 A police partial closure order [17] was affixed to Fran's property in September 2020, both were arrested for breach of the order two days later. Fran disclosed that although understood she was able to live at the address and that Chris was not, she was struggling without him and could not cope. As a result of all of this, she was having suicidal thoughts. It is unclear what intervention was provided after these disclosures.

16.3.7 Fran contacted Police in mid-November 2020 after she fled to a friend and reported she had been assaulted (resulting in a broken nose) by Chris. Chris was arrested and bailed. Fran was graded as being at high risk of harm by the attending officer, but this was regraded to medium by DAIU (Domestic Abuse Investigation Unit). Fran self-referred to Berkshire Women's Aid (BWA), the local domestic abuse service and disclosed abusive behaviours including control, emotional abuse, sexual abuse, strangulation, isolation, threats to kill and use of weapons. She was identified as high risk of harm and referred to the Multi-Agency Risk Assessment Conference (MARAC).

16.3.8 SCAS received a 999 call from Max at the start of December 2020 after an argument with Jenny. He was distressed, stated Jenny had "*gone crazy*" and he had left the house. He stated he had taken an overdose that evening and was found sat on the ground by a passerby. The tablets he had taken belonged to Jenny, and he said he wanted to die.

16.3.9 Fran had informed Silva Homes that at the beginning of December 2020 that Chris had nearly poured a kettle of boiling water over her. She was going to contact BWA with a view to taking a refuge place out of area. She confirmed with Police the following day that she had ended the relationship. A week later she disclosed to BWA that she was still in contact with Chris despite bail conditions being in place. She raised concerns that he was spending time with a vulnerable adult who she felt he was exploiting.

16.3.10 By New Year 2021 there were concerns Fran was back at the address with Chris. She was heard at the start January MARAC after BWAs referral in December 2020.

16.3.11 Police found Chris at Fran's property four days after the MARAC by officers hiding behind a door at the address. He was arrested for breach of bail and coercive control and remanded into custody. A statement was provided, Fran was graded high risk and the case passed to DAIU (Domestic Abuse Investigation Unit) and referred to MARAC. Fran fled out of area to a place of safety.

16.3.12 On two occasions in February 2021 Chris told a mental health practitioner from Bullingdon Prison and SCAS that he heard voices who told him to swallow objects, that the TV told him to harm himself and people were calling him a 'nonce' and wanted to harm himself (he had visible fresh self-harm scars). He was transported to hospital for treatment, information was shared with CMHT.

16.3.13 Chris was referred for assessment with Criminal Justice Liaison Diversion service for court in April 2021, via video link. He reported feeling low, not suicidal but had self-harmed. He wanted to be moved to a secure psychiatric unit, however there was no evidence that he was responding to external stimuli and demonstrated the ability to engage with the criminal justice procedures and was future orientated. There was no further role for the Criminal Justice Liaison Diversion service as a solicitor had commissioned a psychiatric report.

[17] https://england.shelter.org.uk/professional_resources/legal/housing_conditions/nuisance_and_asb/local_authority_and_police_powers_to_close_premises

16.3.14 Max was seen by his GP in July 2021; Jenny was with him. Max disclosed increased anxiety over the previous three months, which had worsened during the pandemic. He was signposted to Talking Therapies for help with panic attacks and to consider further support at his next review.

16.3.15 Reconnect[18] received a referral for Chris from Inclusion (mental health team) at the beginning of August 2021 for support to find accommodation upon release from prison and for his mental health and substance misuse.

16.3.16 Max called SCAS via 999 in mid-August 2021 stating he had taken an intentional overdose (with Jenny's medication) with the aim to die. Jenny was spoken to by ambulance staff who told them she was frustrated as Max had been fine all day and had then taken the overdose. Once he had told her what he had done, she told him to call 999. He was found lying in the grass outside a neighbour's property, rolling around, gagging, he was able to communicate with the crew and was sat upright.

16.3.17 The following day Max was referred to Psychological Medicine Service by the emergency department where a face-to-face meeting was held. He reported he and Jenny had argued, he took an impulsive overdose and wanted the arguing to stop. He told them the relationship was often strained, that he loved his wife but she '*gets on top of him and he feels helpless*'. Jenny was spoken to via telephone, and she disclosed Max was emotionally abusive and controlling. She attributed his overdose to her going out with her son for a few hours, as he would take overdoses to manipulate the situation, however, she loved him, would always have him back and expressed no concern for her safety. Max showed no evidence of mental ill-health, was able to reflect and showed insight into his behaviour and the situation. He was encouraged to consider attending Talking Therapies to gain skills to aid him in his relationship, was deemed low risk of harm to self and discharged.

16.3.18 That same day Jenny booked a call with the GP for Max. She described Max displaying obsessive/compulsive traits and attention seeking behaviour. She gave an example of when he removed all her clothing from her wardrobes so she could not find them. When she questioned him, he told her he did not remember. She explained she found him controlling, for example he told her what to wear and was verbally abusive. Jenny felt "*something was brewing*" as his behaviour was more erratic, but she did not feel at risk from him. She described poor sleep, no alcohol abuse, and she was housebound. Max was referred to Talking Therapies.

16.3.19 Reconnect saw Chris whilst in prison, he told them he had no family or friend support; he had a good relationship with his mum but due to the restraining order, contact with her was difficult. He confirmed he was receiving mental health support in prison, accepted his difficulties, was compliant with his medication and planned to engage with services upon his release. An appointment was arranged upon his release at the Probation offices.

16.3.20 Chris pleaded guilty to the assault on Fran and not guilty to coercive control which the Crown Prosecution Service accepted. He was issued a suspended sentence and a ten-year restraining order. He was released from prison at the start of September 2021 and began to engage with New Hope.

16.3.21 Reconnect supported Chris complete a housing application with a Bracknell Forest Council housing officer two weeks after he was released from prison. He was advised to pay off rent arrears, to temporarily move back into Jenny's home and consider private rented

[18] Reconnect is a service to support people leaving prison to help address health inequalities. They support people to engage with community services then they will discharge.

accommodation. Chris gave consent for agencies to speak to Jenny about the support he would be receiving.

16.3.22 In mid-September 2021, at a CMHT allocation meeting it was recorded that whilst in prison, Chris had been given a diagnosis of schizophrenia and there was Probation involvement. He was allocated a Care Coordinator to jointly work with Reconnect. Chris failed to attend his CMHT appointment the following day.

16.3.23 Chris attended his appointment with CMHT a few days later and reported he had made progress with his Universal Credit claim, had engaged with New Hope and his next appointment was scheduled for the following week. At the following appointment with Reconnect, Chris stated he was not feeling well as he had been in hospital the day before due to his legs being swollen. He said things were stressful at home and Jenny was under a lot of stress, so he was trying to be more helpful.

16.3.24 During September Max received an initial assessment with Talking Therapies, he stated he felt anxious, irritable and that he was not good enough. He described that he felt he could not do enough for Jenny, wanted to be better and hated himself. He disclosed poor communication with her, claimed she drank a lot of alcohol and that if he '*disappeared*' it would help her. He was provided with a self-help booklet; 'Behaviour Activism and Cognitive Restructuring'.

16.3.25 Jenny called her surgery at the end of September 2021 and spoke to the receptionist, her notes state, "*Jenny called to cancel her Physio Appointment. She was very emotional on the phone reporting that she was unable to leave the house due to her husband's behaviours. She reports she hasn't slept since Sunday and feels she cannot cope anymore. I gave reassurance that we can rearrange the physio appointment and Jenny reported she would call back to rebook when in a more settled frame of mind*." The GP called Jenny who was in tears, she reported Max had bitten her arm and it was swollen and painful and that she had collected Chris from prison. She refused to come in for a face-to-face appointment as she stated she was "*protecting*" Max. The GP explained their safeguarding concerns for her, managed to persuade her to attend the next morning and sent an antibiotic prescription to the pharmacy in the interim.

16.3.26 The following day the GP saw Jenny who had a bite injury to her left thumb. She informed them her first marriage failed, that she loved Max, but he would tease her like she was a child until she reacted. The GP explained the safeguarding risks around her situation and deemed her to have mental capacity to make decisions. They discussed a referral to domestic abuse specialist services, but this was refused. She was advised that if she ever felt unsafe to call the Police and an appointment was made for one week later.

16.3.27 Chris was discharged from Reconnect at the beginning of October 2021 as he was engaging with CMHT and had made progress with benefits, GP services and New Hope.

16.3.28 Jenny attended her follow-up appointment with the GP, had a discussion surrounding safeguarding and she told them she was coping better. The GP explained risks of impulsivity and advised her to be careful, she told them that she would '*press charges if anything happened again*'. An x-ray of Jenny's left thumb was requested due to restriction in movement, but Jenny was reluctant to attend, a follow-up appointment was booked for four weeks later.

16.3.29 During a session with Talking Therapies, Max reported Jenny had punched and hit him, he was very scared and had tried to hold her down. He added he had memory problems and did not want to report to the police. He declined a referral to domestic abuse services saying, '*Jenny*

would go crazy if she found out'. He was told the disclosure would be escalated to the Berkshire Healthcare NHS Foundation Trust (BHFT) safeguarding team for advice due to concerns the violence was escalating. This was completed the following day and advice was given to complete the Domestic Abuse, Stalking, Harassment and Honour Based Abuse Risk Identification Checklist (DASH RIC) with Max. Max's therapist from Talking Therapies contacted the GP and advised them they would be completing the DASH RIC due to his disclosure of emotional abuse by Jenny. They raised concerns regarding him being low, self-critical and did not want a management plan. They would update the GP of the outcome. Attempts were made to contact Max to complete the DASH RIC however, these were unsuccessful.

16.3.30 SCAS received a 999 call mid-October 2021, Max reported they had had an argument and 'Jenny *had gone crazy'*, he had left the house, he had taken an overdose of her tablets and was found by a passer-by sat on the ground. He told paramedics he wanted to die, was distressed, and unsteady on his feet. SCAS called Police at 01:54 hours the following day due to the concern for welfare for Jenny after Max had reported she had taken an overdose.

16.3.31 Max disclosed to SCAS that he had been assaulted by Jenny. Police spoke to Jenny who confirmed she had not taken an overdose and that Max was playing games. Officers attempted to speak to Jenny about the report of her assaulting Max, she was reported as being dismissive and was arrested on suspicion of the assault.

16.3.32 Seth was also spoken to, he explained there had been an argument between Jenny and Max, neither had assaulted the other and that Max had been threatening to hurt himself all day and had then left the house.

16.3.33 A DOM5 was completed with Jenny, and she was graded standard risk. She stated that she had put up with Max for 25 years and did not want to put up with him any longer, but that she did not want to get him in trouble. Jenny was de-arrested. There is no record of Jenny being spoken to after she was de-arrested to establish what she meant by '*putting up with Max for twenty-five years'.*

16.3.34 Jenny later called Police asking why she had been arrested and de-arrested. Whilst on the phone she became very upset and stated she had been a prisoner in her home for the previous 11 years. She told them that before they arrived, Max stole her heart medication tablets, punched a wall, and asked her if she "*wanted one next*" and that the situation had made her want to die. Officers attended the home, when they arrived Jenny was described as hysterical, backing away from officers, and not making any sense. During completion of the DOM5 Jenny stated Max had been like this throughout their marriage, but she would not leave as she was Catholic. At the time of completion, Jenny was drunk, and her account was confusing. She said that Max did not allow her to leave the house to see her GP, Jenny was graded medium risk. Chris was present but Jenny kept telling him to shut up when he tried to aid communication. Jenny's priority appeared to be to obtain an apology from the Police. She claimed that she no longer took heart medication and therefore there was no theft. Jenny was asked about her allegations of long-term domestic abuse but declined to engage, and she declined any support from partner agencies. An Adult Protection template was completed and shared with Adult Social Care and the case was filed with no further action.

16.3.35 Jenny informed Max's Talking Therapies worker of his significant overdose and him being in hospital. A letter was sent to the GP regarding concerns around Max's memory, the domestic abuse and if there was no further contact, they would discharge him.

16.3.36 Chris was assigned to a New Hope criminal justice worker[19] at the start of November 2021 who recorded his engagement with the service continued to be sporadic, with most pre-booked appointments being missed. At one appointment, Chris reported no use of class A drugs, and did not disclose any alcohol use even though there were concerns surrounding this.

16.3.37 Jenny contacted CMHT regarding Chris and requested Chris's appointment was rescheduled due to Max being in intensive care after a significant overdose. She reported Chris was doing well, had spent most of his time with her, walking the dogs and making her cups of tea. CMHT called Chris a couple of days later and he stated he was trying to support Jenny.

16.3.38 Three days later the GP called Jenny who advised them that Max was in hospital, she alleged he had laced a cup of tea with her prescribed medications and written a note saying his intention was to kill her and himself. A face-to-face appointment was arranged that afternoon which Seth took her to, they disclosed that Max had told Police she had assaulted him, and she had been arrested. Her son explained he had stopped Police and told them about the abuse Jenny had suffered her whole life and she was de-arrested; safeguarding was discussed again by her GP.

16.3.39 Mid-November 2021 Jenny called police at 01:26 hours alleging that prior to her husband taking his overdose he had made her a cup of tea with her medication in it, with intent to murder her. She said that he had abused her over many years and that it was only because she no longer drinks tea she did not die. Jenny stated her neighbours were aware of the abuse she suffered, and they told her not have him back when he recovered, but she explained she would have him back because she loved him and that if officers did not attend quickly, she would not go through with making the report. Seth told Police that Max had left a suicide note which said something along the lines of "*see you down the river*." A DOM5 was completed, and she was graded medium risk. Later that day Chris contacted the Police making the same allegation, no further action was taken.

16.3.40 Officers dealing with Jenny's allegation of intent to murder concluded there was *'no logical basis for Jenny's suspicion'*. When she poured the tea away, she did not notice anything that would give rise to suspicion that anything had been put in it. She was seen by officers on the night of the alleged offence and made no disclosures at that time. Jenny was described as agoraphobic and exhibiting paranoid behaviours. The report was shared with CMHT and filed with no further action.

16.3.41 In late November 2021 Chris's Care Coordinator carried out a home visit. Chris and Jenny were both present it was noted Jenny dominated the conversation. They both spoke at length of their suspicions that Max had been overdosing her by stealth and putting medication in her tea. They felt he was trying to kill them both (unclear by both whether it is meant Jenny and Max or Jenny and Chris). Jenny expressed her distress when Police arrested and de-arrested her when they realised, she was a victim of domestic abuse rather than him.

16.3.42 Whilst in hospital (after his overdose) Max was seen by mental health support on four occasions. He presented with confusion, lacked insight to his mental health state, was unable to retain, understand, weigh up and use information.

16.3.43 In mid-December 2021 Jenny spoke with the Psychological Medicine Service and reported Max had been violent and aggressive all his life. She was aware when she met him that he had a diagnosis of manic depression and had previously had an inpatient hospital stay. She described how things had worsened over the past 3 years with an escalation during the previous 6 months.

[19] Recovery facilitator who engages with service users who have involvement within the criminal justice system.

He had been physically aggressive where she had sustained injuries, he would be very agitated which could last several days, and this was happening every month. She said more recently he was acting strangely, talking to himself, and claimed he could hear voices. She expressed she could not cope with him and would not want him home, however, would support him if he lived elsewhere.

16.3.44 Chris contacted New Hope on New Years Day 2022 to advise that he had been arrested over the Christmas period (there is no record of this arrest) and had "*fallen off script*"[20]. Arrangements were made for a new prescription and Chris was switched from Methadone to Subutex.

16.3.45 Three days later at 21:59 hours Chris called 999 for an ambulance as Jenny had taken an overdose and had been drinking. Chris was not aware what she had taken and claimed she had hit him whilst he tried to get her medication away from her. An ambulance was arranged, they contacted Police regarding the alleged assault on Chris.

16.3.46 Police attended the property, Jenny appeared to be intoxicated and her mental health was described as poor, however, she was coherent and not lacking capacity. Chris confirmed a verbal argument but denied any assault had taken place and refused to complete the DOM5, which was graded standard risk (he was recorded on their system as high risk to his partner). The incident was filed, and no further action taken.

16.3.47 At the start of January 2022 Jenny's middle child called Police (he was in Kent) and reported whilst he was on the phone to Jenny, he could hear a domestic incident between Jenny, Chris, and Seth. Jenny also called police stating that Chris *"was going mental"*, had smashed things up and pushed her. On police arrival both Jenny and Seth disclosed assaults by Chris but did not wish to support police action. Both declined to complete a DOM5 however, officers graded them as medium risk. Whilst on scene officers called 999 at 01:47 hours for an ambulance, due to concerns for Jenny. An ambulance had already been arranged from the previous call.

16.3.48 At 02:09 hours a further call was made by Police via 999 for an ambulance stating Jenny's medical condition was worsening, she was complaining of pains in her shoulder, had bruising on her shoulder which looked new (she was unable to explain how she had sustained them) and that she had also been experiencing palpitations for the last few days.

16.3.49 At 02:22 hours the ambulance arrived. Jenny complained of chest pain radiating into her arm and shoulder and reported to have periods of loss of consciousness. It was noted she had a reduced level of consciousness whilst the ambulance crew were assessing her. She was initially uncooperative and repetitively told the crew that she "*hated men*". She had repeated episodes of loss of consciousness and her blood pressure was found to be extremely low. Paramedics encouraged her to attend the hospital which she agreed to after some resistance, information was passed to the GP by SCAS and the hospital.

16.3.50 Jenny was admitted to hospital and her condition slowly improved; she was further monitored, and she was advised she needed to see the psychiatry liaison team. She was seen whilst in hospital by Police and an urgent Adult Protection template was graded high and submitted to the CMHT. However, she was keen to leave, had full capacity and fully understood the risks of discharging herself against medical advice. She self-discharged the following day.

[20] This meant that Chris had failed to collect prescriptions.

16.3.51 Chris was arrested for the assaults on Jenny and Seth and further arrested in custody for assaulting an emergency worker. He was bailed for the assault of Jenny and Seth, however, he was charged and remanded to court for assaulting an emergency worker.

16.3.52 Two days later Chris told his Probation Practitioner that he contacted the Police as Jenny was "*having an episode"* and he believed that she had taken an overdose. He also told them that Jenny had given him money to test him to see if he would 'score drugs' but he had offered to give it back. Another account of the incident included that a row broke out between him and Jenny which led to Seth becoming involved and the next thing he remembered was spitting in a police officer's face. He claimed his mental health was declining, was hearing voices, and seeing shadows. He stated he was still taking his medication but was very stressed and wanted to return home to support his mum. He was reminded of his bail conditions and the risk of arrest should he attend Jenny's address. At the time Chris was homeless and was not considered a priority need (by the Bracknell Forest Council housing department?); his Probation Practitioner contacted housing and shared their concerns of his declining mental health and his risk to the public.

16.3.53 The following day Chris's Care Coordinator called him and reported he presented as stressed, with pressured speech, was difficult to understand, inconsistent and said he was "*not in a good place"*. Chris reported Jenny had got a bottle of vodka and had become physical. He stated she had been under a great deal of strain; he was helping her but that she had had enough of him. He said his methadone prescription had been stopped as he had missed an appointment (it is unclear who with), was homeless and there were bail conditions preventing him from living at Jenny's home address.

16.3.54 Chris failed to attend a face-to-face appointment with his Care Coordinator three days later, stating he was unwell, was no longer on a methadone prescription but was taking his other medication as prescribed. He also informed them that Jenny was not supporting the Police investigation and he was hoping the bail conditions would be cancelled so he could return to her property.

16.3.55 Chris was seen by Probation in mid-January 2022. He presented in a downcast mood, did not believe it was his fault as to why he was homeless, stated Jenny wanted him to return home and that the assault was down to Jenny's overdose. It was explained to him again not to return due to his bail conditions. A call was made to New Hope to try to get Chris back on script.

16.3.56 Chris did not attend a planned phone call with his Care Coordinator, they spoke to Jenny who told them something went wrong with his methadone prescription, and he was unable to get it just before New Year. She spoke of his arrest and recalled how he had started to drink neat alcohol and had "*lost it*" so they had to call the Police. She did not want to support charges and wanted him to come home, so they needed to change the bail conditions. She informed them that although Chris kept asking her for money he was contributing to rent/food and bills. She claimed he was smoking cannabis but was unsure about other drugs. Professional impression by the Care Coordinator was that Chris was also using crack and heroin.

16.3.57 During a face-to-face recovery session with New Hope Chris discussed his arrest. During the meeting it was noticed that his mental health was a cause for concern which was raised with the CMHT in a phone call the same day. New Hope were concerned for Chris as he had not collected his methadone prescription between 28/12/21-10/01/2022. He had received warnings about his behaviour towards workers and his lateness. They identified the home environment was not healthy as Jenny was using alcohol and taking overdoses. There were

concerns about Chris's mental health as he spoke about the council conspiring against him and of "*higher powers"*. The plan was to continue to offer New Hope appointments and arrange a professionals meeting.

16.3.58 The GP made several attempts to contact Jenny after her hospital attendance in early January. She attended an appointment on the 24/01/2022 in response to these calls.

16.3.59 The following day Chris saw his Probation Practitioner; they noted his mental health appeared to be deteriorating as he kept referring to his previous life where he used to take "monkey dust". A lot of his sentences were not making sense and he jumped from one conversation to another. It was reiterated again that he was not to return to Jenny's address as he remained on bail.

16.3.60 Chris's engagement became sporadic with New Hope, prescriptions were issued throughout January and February. Also, during this time CMHT continued to try and contact Chris, a letter was sent to his GP informing them of the loss of contact.

16.3.61 Jenny saw her GP at the beginning of February 2022. She told them that Max was still in hospital, he called her every day, and she did not want him home. She was struggling to sleep, was offered medication and had a follow up appointment to check on her welfare.

16.3.62 Later that month Jenny informed the GP that Max had moved into the community. The GP spoke to Jenny two days later who described having panic attacks, that she felt guilty about Max, was stressed, and was having flashbacks of the distress she had been through. She was prescribed anti-depressants and signposted to Talking Therapies with a further appointment scheduled in two weeks.

16.3.63 Chris received a further custodial sentence for the offence of Assault on an Emergency Worker.

16.3.64 At the beginning of March 2022 New Hope closed Chris's case as he was in prison, however, upon his release he re-engaged with the service. Upon his release from custody his licence conditions (of relevance for the review) were:

- Be of good behaviour and not do anything which could undermine the purposes of the licence period. Not commit any offence.
- Keep in touch with the supervising officer in accordance with any instructions given by the supervising officer.
- Receive visits from the supervising officer in accordance with any instructions given by the supervising officer.
- Reside permanently at an address approved by the supervising officer and obtain the prior permission of the supervising officer for any stay of one or more nights at a different address.
- To comply with any requirements specified by the supervising officer for the purpose of ensuring that you address your Drug problems at the New Hope, Bracknell.
- Must reside within Bracknell while of no fixed abode.

16.3.65 The day after his release several calls were made to different services, the timeline of these events is broken down below:

16.3.66 At 12:42 hours Seth called 999 for an ambulance stating Jenny had fallen and sustained a head injury. The call taker reported the scene to sound "*hectic*", as a result Police were informed, and an ambulance was arranged.

16.3.67 Police arrived at Jenny's home where Seth explained Chris had returned to the address, he had heard an argument outside his room and when he came to the door, he found Jenny on the floor and Chris was leaving. Jenny was lying face down complaining that her head hurt, she had a large lump to the back of her head and complained she could not move. The officers described Jenny as very emotional and 'anti-police'. She initially stated that Chris had punched her to the head, but then retracted this and provided a pocketbook entry to that effect saying that she had fallen and hit her head. A DOM5 was refused; however, she was graded medium risk by attending officers. She stated she would not let Chris into the address and was given safety advice.

16.3.68 Police contacted Probation to inform them that Chris was wanted for an assault against Jenny, they were informed he was due for an appointment at 14:00 hours that day. Chris's Probation Practitioner decided that a recall action would be taken if there was a charge sheet.

16.3.69 At 13:00 hours a further call to 999 was made by Seth with concerns Jenny had a lump on the back of her head, she was bleeding from her nose and that Chris had hit her. Jenny was heard to say, "*let me die*" and "*don't touch me*" when he tried to help her. An ambulance had already been arranged because of the previous call.

16.3.70 At 13:39 hours Emergency Operations Centre staff made a referral to Adult Social Care, additional information provided on the referral included:

- Seth had originally stated Jenny *"banged her head against a wall".*
- Jenny could be heard in the background very distressed and stating that she had been *"beaten up".*
- Seth then explained Jenny had been punched in the head by Chris who had fled the scene.
- Jenny could be heard shouting that she had been beaten up, punched, and left to die.

16.3.71 A Senior Adult Social Worker contacted Jenny and left a message on her voicemail to contact them with regards to the report received. It was identified and noted that sensitivity and discretion would be necessary due to the allegation of domestic abuse. If contact were to be made, advice was to be given that she could report the assault to the police and to provide BWA information as well as ascertaining if there were care and support needs.

16.3.72 At 13:46 hours Police called for an ambulance via 999 with concerns that Jenny had become more agitated since the previous call.

16.3.73 At 15:10 hours a further referral to Adult Social Care was made by Emergency Operations Centre staff after Police had attended for a welfare check due to Jenny hanging up on the phone stating she did not want to live anymore. Information was shared that an ambulance had been called due to an overdose of medication with alcohol and that she was suffering with Agoraphobia and was a victim of historic domestic abuse.

16.3.74 At 15:24 hours a third call was made by Seth for an ambulance via 999 as he was concerned that Jenny was "*drowsier*", "*cold to the touch*" and a "*deathly colour*". An ambulance had already been arranged from the original call.

16.3.75 At 15:40 hours Seth rang 999 again for an ambulance stating that Jenny was confused and did not know who anyone was including him and was saying that she wanted to go home even though she was already home. He reiterated that Chris had pushed Jenny, she had hit her head,

and he believed that she had cracked her skull. He reported that Police had attended the address but left.

16.3.76 At 16:22 hours, four hours after the original call, an ambulance arrived. It was reported that Jenny had had a period on unconsciousness, but it was unclear how long for. She reported tingling in her legs immediately after the assault/fall, had become confused around two hours after the injury and her mobility had not been normal. Jenny was reported to be "*profoundly agitated*", saying she was thirteen years old, would like to go home and did not recognise Seth. Jenny complained of a severe throbbing headache, pain to her shoulder and neck, was off balance and a large haematoma with bruising was noted to the back of her head. Jenny was conveyed to hospital where Seth told staff that Jenny presented as confused on purpose as she did not want to press charges against Chris.

16.3.77 Chris failed to attend scheduled appointment with Probation at 14:00 hours, however he turned up at 17:00 hours and refused to report where he was staying. He appeared to be intoxicated.

16.3.78 On the same day of the assault CMHT were contacted by the prison in-reach health service stating Chris had been released from prison and they felt his mental health was stable. Chris had told them he was annoyed about how Max had treated Jenny and was glad he was no longer in the home. He admitted to still using cannabis and not taking his prescribed medication.

16.3.79 Hospital staff raised concerns with the hospital safeguarding team the following day, who liaised with the GP prior to discharge. The GP shared that Jenny had experienced a traumatic few months, following Max attempting to kill her and himself. They also informed the hospital that Jenny had chronic problems with alcohol (this contradicts the records on her notes and information provided by the surgery as there is no record of this). Concerns were raised that Jenny was not honest with the staff, was withdrawing from alcohol and depressed. The GP did not receive a PPN1 for the incident or documents from the hospital regarding referrals or discussions.

16.3.80 That same day Probation issued a Licence Compliance letter[21] to Chris for failure to attend his appointment, they liaised with Police who were concerned Jenny would not engage due to being scared, however, her injuries were recorded on a Body Worn Video camera and the investigation was pending whether an-evidence led prosecution would be considered. Chris was wanted by Police, and they felt he should be recalled. Probation explained if he were arrested, he would be released on bail and then there would be a warrant for a recall.

16.3.81 When Chris's Care Coordinator spoke to him the following day, he had pressured speech, was talking over the top of them and his words were out of context. He was angry and upset at the suggestions that he was using heroin again. He said he was homeless, was unhappy with the council and informed them that the Police were enquiring if he assaulted Jenny when she had a fall the previous day. He was advised to contact the GP to establish his medication and contact his housing officer. A further telephone appointment was scheduled, however Chris failed to attend and a further attempt to contact was unsuccessful.

16.3.82 After Jenny was discharged from hospital, she attended the police station to pass phone details for Chris to assist in locating him and told officers that she feared him. Chris was arrested and bailed with conditions for further enquiries to be completed.

[21] A letter to those who are not complying with their licence conditions, the expectations of their engagement, and consequence if they are not compliant.

16.3.83 The following day after her hospital release Jenny was seen by her GP (she was with Seth). She described the incident two days earlier, describing that Chris had been released from prison and went to her home, he was being loud and drank lots of alcohol. Jenny had gone upstairs to the bedroom where he was sleeping to tell him to leave, and he pushed her away. This was when Seth had heard the bang and found her face down on the floor unconscious with a large bump to the right side of her head. Seth told the GP that he was "*looking into protection for his mum from Chris, through the Police*." A plan was made for a review in four weeks, a problem code was added to the records -"*Victim of Domestic Violence*" and this was linked to Chris as the perpetrator. There was no documentation in her records pertaining to whether a referral to domestic abuse support services was discussed. However, the GP was clear that on multiple occasions they offered to call the Police on her behalf or enable her to remain at the surgery as a place of safety to contact relevant services, all were declined.

16.3.84 Chris failed to attend his scheduled appointment with Probation, a further Licence Compliance letter was sent. Probation felt inclined to recall, however, required a charging decision and further information from the evidence of the assault but had been unable to contact the Officer In Charge (OIC) of the case. As a result of the arrest additional licence conditions were requested, and a text was sent to Chris with his next appointment. He called stating he was unaware of the appointment and agreed that he would report the next day. The new licence conditions were as follows:

- Not to seek to approach or communicate with Jenny without the prior approval of your supervising officer.
- Not to attend Jenny's address without prior approval of your supervising officer.

16.3.85 The following day Chris was arrested for the assault on Jenny and released on bail. He was seen two days after his arrest by his Probation Practitioner, who informed him of his new licence conditions. He was seen again a week later where he stated he was frustrated, and that the council were letting him down. He was spoken to regarding him needing to take responsibility and pay back any money that he owed.

16.3.86 At the end of March 2022 New Hope shared Chris's new mobile number with CMHT, they reported Chris had been seen and was very low, spoke of self-harming and had been given the CRISIS number.

16.3.87 At the end of March, Chris attended a Probation appointment. He was very hostile and spoke about lack of support, stating agencies would pay as they had failed to support him. He believed agencies had a vendetta against him and it was only going to end in death or him being sent back to prison. He had been provided with a tent by the Rough Sleepers Team, was engaging with CMHT but some of his medication had been stolen. He shared that he was ready to go on a *"drugs bender*", that he would become violent and spit at people should he need to. As a result of his aggressive behaviour at the meeting it was deemed a 'Fail to Comply'[22], following the appointment Chris sent a text apologising about "*his mouth*" and blamed it on being tired.

16.3.88 At the beginning of April 2022 Probation called Police to report they suspected Chris was staying at Jenny's address, which was in breach of his bail conditions and there were concerns for her welfare. She was visited and told officers that she had not been in contact with Chris since the incident in March.

[22] https://www.scie.org.uk/mca/dols/at-a-glance/

16.3.89 The following day Bracknell CMHT carried out a Care Act Assessment[23] with Max at his assisted living accommodation. Further clarity was required before an overall treatment and care plan could be completed; Max gave permission for Jenny to be spoken to.

16.3.90 The following day, Max's Care Coordinator called Jenny who told them of the incident with Max making her a cup of tea which she believed had medication with an aim to harm her. She described "*loving him to bits*" but could not trust him and did not want him home to live with her. Jenny was told that Max would tell workers that he would rather end his life than be without her. Jenny was aware of this as he would tell her the same. The Care Coordinator identified there was concern about the risk of harm to Jenny from Max and the possible intention to end both of their lives. They planned to seek supervision with their line manager, check with the Deprivation of Liberty Safeguards (DOLS)[24] team on legal framework regarding Max, liaise with Adult Social Care, consider an Emotionally Unstable Personality Disorder (EUPD) referral for Max and refer for assessment of cognitive functioning and memory issues arising from an acquired brain injury.

16.3.91 Chris did not attend his appointments during March with the CMHT. At the beginning of April, CMHT received an email from Probation informing them that Chris was mistrustful of services and very distressed at times. Chris did not attend his next appointment with New Hope who made several attempts to contact him. The same day, a partnership meeting was held with CMHT, NHS Psychiatrist, New Hope and Housing. It was agreed that the main concern was his housing and that Chris had to set up a payment plan for arrears to get on the housing register and engage with them. He had relapsed into Class A use in the past four weeks and had not attended clinic appointments on time. The Psychiatrist felt the focus should be on social context rather than medication as they did not believe that he was schizophrenic.

16.3.92 On 07/04/2022 Chris told his Care Coordinator that he was angry and felt he was being monitored by the government and the council were working against him. He said his legs were swollen and he was being punished for attacking Jenny when it was the other way around. He raised his concerns that he was at risk of further crime and death if he remained homeless. A plan was agreed to contact Chris later in the week to arrange a date to visit the bank to start paying his rent arrears. Silva Homes later confirmed the debt had been 'written off' to enable Chris to be able to bid for properties. Chris also saw his Probation Practitioner and told them he had relapsed into Class A drug use as a form of coping, he had supplemented his Subutex prescription with heroin and that he had not engaged with New Hope as he was struggling to trust anyone. He became very emotional when the officer told him that people spoke well of him and wanted to help him. Chris had no clothing, so his officer requested a referral to The Cowshed, they spoke about current and previous offences, Chris felt wronged by Jenny and Fran and that he had been pulled into difficult situations.

16.3.93 That same day the OIC for the arrest made a request for the bail to be changed to 'Release Under Investigation' while the investigation continued[25], this was agreed on 12/04/2022. In the interim Jenny had called in to say that Chris had contacted her by phone and sent her a Mother's Day card. He also told her that he had been looking over the garden fence.

16.3.94 The following day an email exchange between Probation, CMHT and Housing discussed the way forward with Chris's housing situation. Chris reported to be sleeping in a bin cupboard and had a wound on his leg that was not healing.

[23] https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/assessing-needs/enacted
[24] The Deprivation of Liberty Safeguards | Bracknell Forest Council (bracknell-forest.gov.uk)

16.3.95 A few days later a clinic appointment was set up for Chris to attend with New Hope to see the Substance Misuse GP, however he did not attend. Chris attended New Hope the following day to collect his prescription, he refused to carry out a drugs test[26] and was informed he would need to provide a drug test the following week. His recovery worker informed him that failure to attend his next meeting would result in him being taken off script. The following is a recollection of the call "*When I called Chris he was staying in a 'cupboard' but would not elaborate further. Chris sounded very slurred and slow in speech which was concerning. Unfortunately, I could not get an address so cannot request a check for him. I have instructed him to call his GP as he explained that the infection in his leg has got worse, I also advised for him to call for urgent medical support if needed*." This information was passed to his Probation Practitioner.

16.3.96 That same day Max's Care Coordinator and a practitioner from CMHT older adults' team carried out a home visit to him in supported living. Max reiterated he would rather kill himself than be unable to live with Jenny stating that was why he had taken the overdose so he could leave her in peace. He denied attempting to kill anyone else. His residential keyworker felt he was desperate to be back with Jenny, but she would not have him home until he was 'better'. They remained concerned about the risk to Jenny with the allegations of Max putting medication in her tea as well as Max's overdoses. Max was referred to the Recovery After Critical Illness team and the CMHT psychiatrist to review his suicidality, the risks to Jenny and possible referral to a perpetrator programme (it is unclear which perpetrator programme they were considering). A further referral was made to the Headway Service[27] who did not open the case until later that month.

16.3.97 During Max's Care Coordinators assessment Jenny and Max's GP informed them that both had been violent to each other, and that alcohol was a factor. He recalled that when Max had beaten Jenny up in the past, she attended the surgery with physical injuries but would not support reporting the attack to the Police. He added that Jenny reported Max would tease her until he got a violent reaction from her. The Care Coordinator shared that they had considered a referral to Berkshire Women's Aid for Jenny, but they were concerned she also presented as a perpetrator.

16.3.98 At the end of April 2022 Chris was recalled to prison and returned to custody. Four days later he contacted Probation asking how long his recall would be and suggested all services were out to get him and wanted him in prison. Chris reported that he purposefully got himself recalled so he could get a good night's sleep and three meals a day, but he was now ready to be released. He made a further call to say that he did not want to be moved out of Bracknell. Two emails were sent to housing by Probation regarding Chris's options as well as a referral to the rehabilitation services for accommodation support.

16.3.99 Chris was released from prison at the beginning of May 2022 and failed to attend a scheduled appointment at 14:00 hours with Probation the following day. A recall was considered however he arrived at 16:00 hours that day, therefore the recall was not actioned. He presented well but was annoyed at the council as he believed they had made him homeless. He was motivated to work with agencies, to get off the street and wanted to stay with a friend in another area, but this was not possible due to licence conditions to remain in Berkshire.

[26] this can be a condition if remaining on prescription medication.
[27] Headway, charity who support people effected by head injuries.

16.3.100 During a Teams meeting between Max's Care Coordinator and the CMHT Psychiatrist there was a discussion that Max had admitted trying to end Jenny's life as well as his own, however, he then stated he could not remember. He was diagnosed with severe depression and prescribed antidepressants.

16.3.101 Max was seen by his Care Coordinator to review his mental health and discuss his future living arrangements. Jenny was present for some of the visit and professionals observed them arguing. It was recorded that '*Jenny had little time for his tears, she said he was putting it on and that he had tried to kill her*'. Max's key worker reported that a few days earlier Jenny and Chris had visited Max, Chris's presence had caused Max a huge amount of distress as both had accused him of trying to kill Jenny. Staff commented that neither Max nor Jenny were good at listening to each other. There was a discussion regarding the couple finances and Jenny was offered support to help sort this, but she declined. It was evident their relationship was of concern and abusive, but staff were unclear who was the primary victim. A Complex Case Discussion was arranged to discuss a plan in further detail.

16.3.102 Chris failed to attend an arranged meeting with New Hope, however, he attended the following day and was issued with a warning for non-engagement and failing to take a drug test when required. He became extremely abusive making several personal insults aimed at his recovery worker who updated his Probation Practitioner. During this time Jenny also contacted the Police for a concern for Chris's safety, reporting he was getting into trouble with people. She declined to provide further details, she was emotional and said that someone was telling Chris what to do, no further action was taken.

16.3.103 Shortly after this Chris attended his Probation appointment and stated he wanted to get out of the cycle of being in and out of prison. He felt like he was just keeping his head above water, wanted to be stable but there were people against him and had outstanding debts to housing. Two days later his Probation officer and CMHT worker had a case discussion, confirmed that Chris had a diagnosis of schizophrenia and drug-induced psychosis and prescribed anti-psychotic medication.

16.3.104 Chris made a call to the practice pharmacist for a medication review in mid-May 2022, he stated he had no current suicidal or self-harming thoughts and was "*keen to get himself back in line and stay out of trouble and wanted to be there for his mother who is having a rough patch*." Chris reported some side-effects from his medication, the pharmacist wrote to CMHT to request earlier assessment/advice. Chris failed to answer a call from the Commissioned Rehabilitative Services[28] (CRS) provider a couple of days later or attend an appointment with Probation.

16.3.105 At the Complex Case Forum (mid-May 2022) information was shared regarding Max's brain injury, the allegations of domestic abuse and concerns that practitioners were unable to identify who was the primary victim. Different care pathways were considered throughout the discussion. There continued to be concerns regarding the risk of suicide by Max. Chris was discussed and due to his aggressive behaviour at Max's accommodation he was no longer able to come to the property. The Care Coordinator asked Police if Jenny was at risk of coercive controlling behaviour (CCB) from Chris as there were concerns Max's money was still going into their joint account. This could not be determined at the meeting. Jenny had also disclosed to the Care Coordinator that she wanted to move; however, repairs would need to be done where holes had been punched in walls and doors. It was agreed Max should remain in supported living as it was not safe for him to return to live with Jenny.

[28] CRS are part of the Ministry of Justice's probation system and provide flexible, responsive services to help break the cycle of reoffending. They are delivered by expert organisations at a local and regional level to provide tailored support and address areas of need associated with reoffending.

16.3.106 Probation informed New Hope that Chris had disclosed he was at Jenny's address and there were no conditions stopping him being there. The following day Chris attended an appointment with Probation where he reported his health and mental health was poor, he was sleeping on the streets, had not received a call from CRS, was single, using cannabis and was not a risk to self. These concerns were relayed to agencies by Chris's Probation Practitioner via email who also set up a professionals meeting.

16.3.107 At the end of May 2022, Jenny requested a telephone call with her GP to increase her anti-depressants. She spoke to another GP (not her regular one) and reported her mood was still up and down on her current dose but did not have suicidal thoughts. A plan was made to gradually increase dosage and then book a review appointment for 2 weeks' time. An appointment was not booked in as the onus was on Jenny to arrange.

16.3.108 At the start of June 2022, Jenny called Police and reported Chris was verbally abusive to her and that he had pushed her against a door. Chris walked out of the house and Jenny stated she was afraid of him, needed protection and Seth was with her. Officers attended the following day; Jenny was not supporting an investigation but did complete a DOM5 which was graded medium risk and consented to a referral to NCDV. A DVPN and non-molestation order were discussed but Jenny did not want either.

16.3.109 Chris attended New Hope four days after Jenny had called Police. He did not present well (sweating, pale, out of breath) had fallen off script and had not collected since the end of May. These concerns were raised with Probation who spoke to him at this next appointment a few days later. Chris told Probation he was staying with friends (but gave no detail); it was noted that that he did not sound well and was slurring his words. He called again later that day stating he was on a train but felt like he was going to collapse. His Probation Practitioner was concerned about his untreated leg injury and asked him to seek medical attention, rather than attend the appointment with her.

16.3.110 Later that day Chris's Probation Practitioner discussed with their manager the difficulty to engage with Chris, was concerned he was residing with vulnerable people (intelligence from the police), that the Licence Compliance letters were not having any impact and wanted to consider a recall but determined this would only be until end of licence (July 2022) so unlikely to be helpful and current problems would still be present.

16.3.111 A week after calling the Police Jenny called again reporting Chris had turned up at her address, officers attended and arrested him for the reported assault seven days earlier. Jenny declined to provide a statement, saying that the Police were making matters worse and that he would return and beat her.

16.3.112 Upon arrival in custody Chris appeared drowsy, had slurred speech and was unsteady walking, he complained of blurred vision and nausea, and he had a head wound. An ambulance was called, and he was taken to hospital where no concerns were identified after a CT scan. He returned to custody in the early hours of the following day but was transferred back to hospital after further concerns for the same head injury.

16.3.113 After officers left Jenny, she called Police saying she wished to pursue a non-molestation order and would require support in doing this, as she was agoraphobic and did not know how to get in touch with the courts. An officer who was due to deal with Chris in custody called Jenny, but she hung up three times, saying that she did not want to live anymore. Due to concerns for her

welfare, they arranged for officers to attend her address, however, before this could happen at 14:38 hours (on the day of Jenny's death) Seth called for an ambulance via 999, reporting Jenny had taken an overdose of unknown medication. He reported that she had called him say goodbye and that she was crying (he was not with her at the time of the call). The call-handler called Jenny, she refused to answer any questions and said that she wanted to be left alone. She stated that she had not slept in years and wanted to go to sleep. She told them the front door was locked and that she had drunk a bottle of vodka and "*a tonne of pills*". An ambulance was arranged.

16.3.114 At 15:02 hours an ambulance arrived at Jenny's address, initially Jenny refused to answer the front door. The ambulance crew noted that the back door appeared to be open but due to hearing multiple dogs on scene barking, they were not willing to climb over the fence to gain entry. Jenny eventually opened the door and returned to bed, she told the ambulance crew that she was a "*victim of domestic violence from her son and father*" (it is unclear if she meant Max or whether she had also been subjected to domestic abuse as a child). Jenny refused to be assessed and was reported to be verbally aggressive. She stated that she had taken the overdose with the intention of ending her life and refused being taken to hospital. It was deemed Jenny did not have capacity to make decisions due to failing the capacity assessment. Police were requested for assistance to remove Jenny from the address and transport her to hospital. Police arrived at 16:02 hours, despite continuing to refuse to be assessed she eventually agreed to attend hospital with Police assistance. She was conveyed to hospital via ambulance with Police following. A concern for safety report was recorded and an Adult Protection template was completed and shared with Adult Social Care.

16.3.115 Jenny passed away a short while after arriving at hospital.

16.3.116 Eight days after his first arrest at the beginning of June Probation received a Police notification of this arrest. Further information was sought, and the Probation Practitioner received a reply the following day (by this time Jenny had passed away), informing them of the incident and of the Police call out the day before Jenny died. Chris was recalled two days later.

16.3.117 Five days after Jenny had passed away Max told his workers that he still wanted to take his own life. He told them Jenny had been calling him every 2 weeks and he had been heard saying nasty things to her (he denied this). Due to Max's continued suicidality being linked to relationship difficulties, the Care Coordinator made a referral to Relate. Max was assessed as high risk to ending his own life, it was viewed at this time Jenny was being coercively controlling and there was a risk of retaliation to Max if they were to return to living together.

16.3.118 Max's Care Coordinator was informed about Jenny's death 13 days after she had died who then delivered the news to Max.

17. Analysis

17.1 Recognising domestic abuse.

17.1.1 The Domestic Abuse Act 2021[29] created the first statutory definition of domestic abuse:

[29] https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

'Any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse between those aged 16 and over and personally connected to each other.'

17.1.2 Jenny was personally connected to two alleged abusers, Max - her husband, and Chris - her eldest son. This would have been incredibly difficult and traumatising for her and would have impacted how she responded to both Max and Chris, other family members and agencies. Domestic abuse is complex and can create confusion for victims especially when they love their abusers which Jenny clearly did (she verbalised her love for both Max and Chris to several practitioners).

17.1.3 Recognising domestic abuse can be difficult not only for frontline workers but also for those who are subjected to it especially when there are additional compounding factors. Jenny's compounding and additional complexities were familial abuse, her, Max's and Chris's mental health, her alcohol misuse, and her religious beliefs regarding marriage.

17.1.4 Jenny's responses to Max and Chris were different due to her relationship with each of them, which meant she responded differently to the support agencies who tried to help her. With the alleged decades of abuse from Max, and escalating alleged abuse from Chris, it is unsurprising that this led to Jenny's health and wellbeing deteriorating.

17.1.5 Although the physical violence was 'easier' to recognise and respond to, the other behaviours she suffered, especially coercive and controlling behaviour (CCB), appears to have at times been missed. It is essential therefore that agencies understand the different trauma responses victims have. Victims of domestic abuse will not use the language practitioners use within their day to day working life and therefore those who work with people need to be able to recognise CCB and feel confident in their response.

17.1.6 Section 76 of the Serious Crime Act 2015[30] (CCB) came into effect as there was a gap within law to protect victims who were subjected to emotional and psychological harm.

17.1.7 The Government definition also outlines CCB as the following:

"Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

"Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

17.1.8 Coercive control can at times be 'hidden in plain sight' and at times excused by those around the relationship. Jenny and Max had been married for 25 years which she stated had been abusive throughout.

17.1.9 Jenny alleged that Max systematically subjected her to two decades of abuse, behaviours included:

- Constantly shifting the blame to Jenny.
- Repeatedly threatening or attempting to take his own life 'to allow her to have a better life', or he would tell practitioners that he wanted to kill himself as he was concerned,

[30] https://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted

he would hurt her. Threats of suicide is a high-risk behaviour from perpetrators to ensure the blame is shifted onto the victim and trap the victim into a cycle of guilt.

- Taking Jenny's medication when he took an overdose and never his own. It is unclear from the information provided why Max became fixated on taking his own life with Jenny's medication, but it was a repeated pattern of behaviour after an argument that he would always take her medication. This may have been a way to ensure Jenny was to blame for his death.
- Having power over the relationship especially with regards to his threats ensuring she stayed in the relationship. Jenny only appeared to gain some control of herself with regards to Max when he was no longer able to be in the home and required care.
- Blaming Chris and being derogatory towards Seth.
- Displaying jealousy, stating he could not live without Jenny.
- The devastating overdose which was allegedly after he attempted to murder Jenny and ultimately altered all their lives forever. There had never been any allegation by Jenny that he had tried to kill her before, he admitted attempting to take her life and his own (although he then denied this). This behaviour indicates an escalation in his behaviour especially with regards to him demonstrating wanting control and having a sense of entitlement over Jenny and their marriage and this continued when telling professionals, he could not live without her.
- Hiding her clothes and gaslighting[31] her.
- Stopping her from leaving their home and having friends. In the later stages of her life Jenny had become agoraphobic, did not like leaving the house and struggled with engaging with some professionals. This isolated her and her only contact with others was her family or agencies.
- Antagonising her until Jenny reacted. (Some agencies felt Jenny was at times the abuser however this will be explored within the analysis regarding dual allegations and violent resistance).

17.1.10 The impact of these and other abusive behaviours would have been significant on Jenny, not only regarding her belief around marriage but also her role as a wife, mother, woman, and human being.

17.1.11 Jenny was able to recognise Max's abusive behaviours and started to speak to those around her. When Max took his life changing overdose it provided Jenny an opportunity to separate from him. However, the continued love she had for him, and her religious beliefs created a connection she clearly struggled to step away from. Max's overdose had a considerable impact on Jenny, he continued to tell her and professionals that he wanted to die if he could not be with her even though he knew she had told everyone he could not return home. Jenny's alcohol use increased, and it appears she became more dependent on her adult children, one of whom was abusing her.

17.1.12 Liz Kelly et.al 1999 research into the stages of coercive control explains the linear journey victims face when they are subjected to domestic abuse. This was apparent for Jenny, she moved from stage to stage with both her abusers, for example:

- **Grooming:** Chris presented himself as a 'rescuer' especially after Max had taken his overdose. Repeatedly he told professionals that he was supporting his mum and he needed to be there. For a vulnerable person who has experienced abuse and then the trauma of a loved one attempting to take their own life this help, and support is welcomed.

[31] Gaslighting – To manipulate (someone) by psychological means into doubting their own sanity.

- **Managing the situation:** Jenny managed her situation with both Max and Chris daily. She would present differently to agencies to ensure she managed that moment. This was vital not only to keep herself safe but manage what would happen next. When agencies work with victims at this stage they can be considered as uncooperative and unengaging, when in fact they are managing that moment in time.
- **Distortion of reality:** Jenny told people she just wanted them to stop, she would at times blame herself or others for the behaviours her abusers displayed. This may come across as minimisation or denying the abuse, however, when a victim has been subjected to abuse for decades their reality becomes warped and confused.
- **Defining the abuse:** Although Jenny never said the words 'I am a victim of domestic abuse or coercive control' she did start to open up to certain agencies and share her experiences. This can be a terrifying and dangerous time and agencies working with victims need to ensure they listen and explore options with them.
- **Re-evaluating the relationship:** Jenny re-evaluated both relationships. She loved Max and believed she could not divorce him, but she knew she could not have him back as she was at risk from him. With regards to Chris, just before she passed away, she had reached out to Police asking for a non-molestation order due to her fear of him. Again, this stage is dangerous and frightening for a victim as their futures are uncertain.
- **Leaving the relationship:** Jenny was able to be separated from Max due to him moving into supported living, but she was never truly separated from him. With regards to Chris, although she had told officers of her wish for a non-molestation order, the mother-son relationship was going to be difficult to end.
- **Ending the abuse**: Liz Kelly describes how victims are then able to be safer and move on. Sadly, Jenny did not feel she could do this and in her words "*Wanted it to stop and to just sleep".*

17.1.13 As we have identified, agencies were proactive in identifying and responding to physical assaults however, CCB was never fully explored.

17.1.14 Evan Stark, quotes:

"If we're waiting to see acts of violence, we have missed the 98% of coercive control already experienced".

17.1.15 CCB is one of the most dangerous forms of abuse, the University of Gloucester found that in 94% of domestic homicides reviewed CCB and/or stalking was present. Therefore, it is vital CCB is at the forefront of every practitioner's mind when exploring domestic abuse with victims and is considered when assessing risk. If this had been considered for Jenny this may have increased her risk within the DOM5, there would have been a MARAC referral which may have resulted in opportunities for other interventions.

17.2 Potential barriers faced to accessing services.

17.2.1 Age

17.2.2 Those who are over 61 years old are more likely to experience domestic abuse from a family member and/or intimate partner than those under 60. SafeLives[32] found 40% of victims aged 61+ are much more likely to be subjected to abuse by a current intimate partner. Older victims are also more likely to have experienced domestic abuse for longer periods of time, with a quarter of those living with abuse for over 20 years. This significant sustained abuse can create

[32] https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf

a dependency on the abuser from the victim which can impact them identifying the abuse and feeling able to leave.

17.2.3 SafeLives also found that 44% of respondents who were 60+ were experiencing abuse from an adult family member, compared to 6% of younger victims which created additional barriers in accessing support and for those working with victims. Older people may fear disclosing to authorities due to the possible consequences and their feeling of wanting to maintain their relationship with the family member. This can create confusion and difficulty when trying to safeguard themselves to the abuse.

17.2.4 The risk for older people can be different to those who are younger and although the DASH RIC is a tool used across all agencies, at times it is not suitable for those who are older. Cambridgeshire and Peterborough Domestic Abuse Partnership[33] worked with Dewis Choice[34] and through research created a DASH RIC for older people abused by their partners and/or family. Their resources provide practitioners additional tools to be able to support with professional judgement and referral pathways that may be the more appropriate.

17.2.5 Although Jenny was just over the ages of the statistics provided, the impact the abuse had on her and her ability to engage with services resonate with these findings. Services need to ensure they can adapt their offer of support to those who are older and have the resources to be able to ensure older people can engage with them.

17.2.6 Familial Abuse

17.2.7 There is still limited research for familial abuse with the focus being mainly child to parent violence. The definition of domestic abuse is clear that anyone personally connected to the victim can be a perpetrator of abuse which includes family members. The national charity PEGS[35] explains:

'Child to Parent Abuse' (CPA) is where a child (of any age) displays repeated abusive behaviours towards a parental figure. This abuse may be physical, verbal, economic, digital, coercive, or even sexual - and it is thought to occur in at least 3% of UK homes, although the real figure could be much higher.'

17.2.8 Throughout the discussions, the panel wanted to ensure the abuse and impact of familial abuse was highlighted due to awareness and responses being still minimal compared to Intimate Partner Abuse. The abusive behaviours Chris was alleged to have subjected Jenny to were:

- **Violence** – there were multiple reports of incidents of Chris being violent to his mother and his youngest sibling, including assault resulting in concussion.
- **Manipulation** – Chris repeatedly returned to the property especially when he had been released from prison and was homeless which caused continued arguments within the family.
- **Denying and blaming** – Chris blamed Max and Jenny for the abuse he had witnessed as a child and showed no remorse for the assault on Max or the possible impact his behaviour had on Jenny.
- **Use of drugs** – Chris had a long addiction to drugs and associating with those linked with county lines and drug dealing. Jenny was concerned for Chris around his health and welfare especially prior to her death.

[33] https://www.cambsdasv.org.uk/web/older_people/567583
[34] https://dewischoice.org.uk/about-us/
[35] https://www.pegsupport.co.uk/

- **Stalking and harassment** – Sending a Mother's Day card and repeatedly breaching his bail conditions.

17.2.9 Those subjected to familial abuse can experience further isolation, stigma, shame, guilt, and fear acting as particular barriers for parents in seeking help and that these barriers are compounded by the fear of blame and responsibility for the shortcomings in their own parenting. Research with abused parents found that many of them felt guilty that they had failed in their parenting role; felt that the behaviour of their children was at least partly their fault and found these feelings were exacerbated when their child also misused drugs or alcohol (Adfam, 2012).

17.2.10 Dewis Choice research stated that an older person who has experienced domestic abuse from a family member, particularly from an adult child or grandchild, can be reluctant to report to the police or support police action to impose a criminal sanction. There can be a fear of the consequences associated with a criminal sanction including, increased risks to safety, fear of the abuse becoming public, and fear of negative responses from other family members. They may also want to help the abuser, for example, with financial or substance misuse issues.

17.2.11 It was evident Jenny was concerned for Chris and that 'push and pull' impact of her relationship with her child and the domestic abuse created turmoil for her. Although she reported him breaching orders and at one stage admits her fear, she also called the Police with concerns for his welfare, him having nowhere to live and that he was involved in illegal activity. With these emotional ties to her child, it is no wonder she struggled to engage with services. Her reluctance to engage demonstrates the struggles parents face when being abused and are frightened but also want to support their children and not criminalise them.

17.2.12 For family members to recognise and acknowledge the abuse from their child whether under or over 18 can be traumatic but it can also be challenging for professionals who work with them. However, the Police, Probation and Care Coordinators involved in Jenny's case were able to recognise the risks Chris posed to Jenny. Although Jenny told Police that their involvement would make it worse by taking any action, they were proactive in explaining their reasons and the options available to her. Due to their concerns and the assault Chris had subjected Jenny to, Police were proactive in considering an evidence led prosecution using Body Worn Video, but Jenny passed away before this investigation could be completed. It is encouraging that officers were able to recognise, respond and support Jenny throughout this period.

17.2.13 Police officers who attended Jenny's property also appeared to have been empathetic to her complex abusive situation and were supportive in seeking intervention. There was also recognition of familial abuse, and the risk Chris posed towards Jenny at the Complex Case Forum, which is positive that it was identified and explored. Unfortunately, this was then followed with victim blaming language from others within the forum, these were:

- Jenny has the upper hand.
- Jenny keeps Chris on a leash.
- Jenny keeps inviting Chris into the household and promising it will be different, but it does not take long before it explodes, the police are called, and Chris is yet again blamed.
- They live in a chaotic, unhealthy, and toxic relationship.
- Chris moved in and out regularly, he gets invited back then chucked out, normally when Mum's drinking goes up.
- Jenny has the psychological power in this family, and we will be putting an increasingly vulnerable individual back into the mix if we go down that road.

17.2.14 This type of language is disrespectful of those who are being abused, is not empathetic to the challenges victims face and can be detrimental when considering how victims can be supported. It is unclear if this was due to a lack of understanding around complex and unique nature familial abuse or domestic abuse in general or whether this was the professional's true belief. Either way these comments, and lack of challenge highlights the need for specialist domestic abuse workers to be present at these meetings to oppose these types of comments and views, inform other professionals of the complexities of abuse and engage in the positive support planning for those in need.

17.2.15 When exploring familial abuse, we must also consider additional members of the family who may also be victims. Although there has been no involvement within this review and information has not been sought regarding Seth, he was clearly a victim of abuse. He was a victim of assaults from Chris and would have also seen his mother abused by Max. At times children/siblings can be 'overseen' as additional victims. The Police tried to engage with Seth, but he refused to make any statement, this may have been for similar reasons to Jenny along with the fear of the consequences from Chris. Seth was clearly concerned for his mother's safety and made numerous calls to emergency services after her assaults, being proactive in trying to safeguard his mother as much as possible.

17.2.16 Those who are work with victims of familial abuse must understand their intervention, experiences and responses will be very different to those who are or have been in an abusive intimate relationship. Therefore, services need to be able to adapt their support, ensuring victims remain central to the support and actions set.

17.2.17 Trauma

17.2.18 At times when Jenny presented to Police she was recorded as being obstructive, non-cooperative and anti-police, however this may have been her trauma response after so much abuse. When a traumatic event occurs, a person's responses are unconscious and instinctively driven. When a person feels or senses fear the brain prepares the body for a response of Fight, Flight, Friend, Freeze or Flop[36].

17.2.19 Whatever response is triggered, it places a person into either a state of Hypo-arousal or Hyper-arousal[37], and their Window of Tolerance[38] reduces, significantly reducing a person's ability to function in everyday life.

17.2.20 Some people with Complex Trauma can become trapped in a stress response leaving them in a constant state of hyper-vigilance. When Jenny presented to agencies and her family, she could be disruptive, argumentative, uncooperative, under the influence of alcohol and present as having 'mental health' issues, to name but a few. When you consider Jenny's behaviour towards all of those around her and the trauma it would suggest she was in a state of Hyper-arousal.

17.2.21 Victims of trauma can present as chaotic and in crisis, defensive, aggressive, withdrawn, with little capacity for clear thought, meaning they may experience a reduced capacity to engage. Those who have been through such trauma and who feel under the scrutiny of agencies, will typically feel they are under attack and will retaliate and respond in whichever way looks to them the most successful to preserve oneself.

[36] https://www.zoelodrick.co.uk/
[37] https://traumathrivers.com/more-on-hyper-and-hypo-arousal/
[38] https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/

17.2.22 The impact of trauma typically, creates feelings of worthlessness, low confidence, and self-esteem, helpless, hopeless, and fearful. Jenny, to those around her, demonstrated that she was frightened, believed Max had tried to kill her and that Chris could seriously hurt her. She was isolated and '*just wanted it all to stop*', these thoughts can be described as 'free falling'[39]. It is disappointing there was little work or discussion to explore Jenny's trauma and how she could have been supported to enhance her opportunity to recover.

17.2.23 Jenny was not the only person who had experienced trauma, Chris had also experienced trauma throughout his childhood and adulthood.

17.2.24 He told several agencies that he had been subjected to domestic abuse as a child and this had impacted on him as an adult. From the information we have, Chris had been subjected to at least 5 Adverse Childhood Experience's[40] (better known as ACEs), these were:

- Emotional Abuse.
- Lived with someone who abused alcohol.
- Exposure to domestic abuse.
- Lived with someone with mental illness.
- Parents separated.

17.2.25 The impact of ACEs can be significant especially for those who have been subjected to 4 or more experiences. Those that relate to Chris include:

- 8 times more likely to become an alcoholic.
- 15 times more likely to have committed violence against another person – he was violent to Jenny, Fran, and others in the community.
- 16 times more likely to have used drugs.
- 20 times more likely to have been incarcerated.

17.2.26 Although many children who experience ACEs do not go on to abuse or have these additional complexities, it is highly likely these experiences shaped Chris's adulthood. This can then become an even further challenge when there is continued anger to those who were the abuser (especially if they remain in their lives). Chris was angry at Max and there appeared to have been some resentment to Jenny in how she remained in the relationship with him. This is in no way to condone or minimise the abuse Chris subjected his victims to but those who work with perpetrators should understand the possible trauma that person has also experienced.

17.2.27 Jenny and Chris both voiced they did not trust services and they did not feel safe. This would have then impacted on their ability to connect with services and the ability to feel able to have a voice in the opportunities available to them.

17.2.28 When services are working with those who have been subjected to trauma, they should be able to adapt their offer of services to meet the needs of the service user. A Trauma Informed Approach[41] requires:

- Trauma Awareness.
- Emphasis on safety and trustworthiness.
- Opportunity for choice, collaboration, and connection.
- Strengths based skill building.

[39] https://emotionalgranularity.com/index.php/2019/08/20/freefall/
[40] https://www.cdc.gov/violenceprevention/aces/index.html
[41] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

17.2.29 All agencies involved in the review have received trauma informed training, however, the question remains whether there is trauma informed practice across the entire organisation or whether organisations are trauma aware, two very different things. Trauma informed practice means the entire organisation from its culture, policies, procedures, practices, and staff adapt to meet people's needs and are working to a strength-based model. Trauma Aware is when one organisation and their staff are aware of trauma, but practice and the agency has not changed and those in receipt of the service must fit into their criteria and 'box'.

17.2.30 To move forward with all of those who are vulnerable within our communities, all agencies need to ensure they have a culture of trauma informed practice, that they can offer support to those who need it and be able to bend and flex the offer available to meet the needs of service users rather than them meeting the needs of the service.

17.2.31 Mental Health

17.2.32 Jenny had a history of depression related to significant health concerns. It is not possible to differentiate between the mental health challenges and use of alcohol which existed prior to Jenny's experiences of domestic abuse and those which are directly related to the experience of being abused. Although there is no direct evidence, Jenny's mental health is likely to have impacted upon her ability to access help. It is well documented that domestic abuse has a significant impact upon the victim's mental health including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment, which often leaves a victim feeling helpless (Walby 2014).

17.2.33 Jenny was not open to any mental health services even though she had stated to several professionals that she was agoraphobic, struggling with the situation at home and had made repeated attempts to take her own life. Services had signposted her to Talking Therapies however, she did not engage with these services. It is unclear what the reasons were for the lack of engagement however, as already discussed it may have been that she felt unable to engage due to the trauma and circumstances she found herself in.

17.2.34 Jenny was experiencing agoraphobia which is a fear of being in situations where escape might be difficult or that help would not be available if things go wrong. Many people assume agoraphobia is simply a fear of open spaces, but it is a more complex condition. Someone with agoraphobia may fear:

- travelling on public transport
- leaving home

17.2.35 If someone with agoraphobia finds themselves in a stressful situation, they will usually experience the symptoms of a panic attack, such as:

- rapid heartbeat
- rapid breathing (hyperventilating)
- feeling hot and sweaty
- feeling sick

17.2.36 They will avoid situations that cause anxiety and may only leave the house with a friend or partner. They will order groceries online rather than going to the supermarket. This change in behaviour is known as avoidance.

17.2.37 We do not know the full extent of Jenny's agoraphobia, but it may give another explanation as to why she struggled to engage with services and felt trapped in the situation she found herself

in at home. Jenny had been subjected to domestic abuse throughout her 25 years marriage to Max. A fundamental impact of domestic abuse on victims is the isolation abuse causes, although we cannot be certain the isolation from the emotional, psychological, and physical abuse she had been subjected to may have increased Jenny's panic attacks and ultimately agoraphobia.

17.2.38 Both Chris and Max had Care Coordinator's due to their mental health, both practitioners were proactive in supporting their respective clients, which is positive. They were also instrumental within multi-agency discussions and evaluating risk to themselves and others.

17.2.39 Unfortunately, Chris's mental health appears to be severely impacted when in prison, where he repeatedly self-harmed, made attempts on his life and reported he could hear voices. This, combined with his use of substances when he was released had a detrimental effect on his mental health. He was facing multiple challenges including being homeless, engaging with services and the overdose by Max, all of which effected his mental health and how he engaged with services. However, they remained proactive in attempting to contacting him where possible.

17.2.40 Alcohol

17.2.41 Alcohol was identified as a reoccurring factor within Jenny's and Chris's day to day lives, with their increased use of alcohol and possible dependence there is a risk of 'alcohol harm' which can not only be experienced by drinkers but by those around them including families, friends, and strangers. There is a strong relationship between alcohol and domestic abuse and whilst alcohol should not be used as an excuse for those who perpetrate abuse, neither should its influence be ignored.

17.2.42 The Institute of Alcohol Studies[42] found that alcohol use with victims is complicated, and they may turn to alcohol as a means of coping with their experiences of abuse. The recent Domestic Homicide Oversight Report 2023[43] found that of the Domestic Homicide Reviews in 2020 – 2021, 61% of victims had a vulnerability and of these vulnerabilities, 34% were mental ill health and 28% problems with alcohol. Of those that had a mental health vulnerability, 15% had suicidal thoughts; Jenny was experiencing all these vulnerabilities, and although some agencies linked these with the domestic abuse there was little offer of intervention to support her. The study also found that 68% of perpetrators were vulnerable with mental health followed by alcohol, we know Max had previously drunk alcohol but reported to have stopped and Chris also experienced both, increasing the risk to Jenny. Victims of domestic abuse may use alcohol as a coping mechanism to 'dull' the impact of the abuse. It can leave them vulnerable due to the risk of being unable to protect themselves and the perpetrator using their use of alcohol to manipulate and blame them.

17.2.43 When professionals are working with people who use alcohol, take substances, or have 'unhealthy lifestyles', contributing factors behind the behaviour should be considered. From the language used within the Police reports it suggests she was considered obstructive due to being drunk and not cooperative. Although this may have been how she appeared it does not appear it was explored as to whether this was a trauma response and coping strategy.

17.2.44 Although the GP had told Max's Care Coordinator that there was a long history of alcohol misuse by Jenny, this was not documented in her GP records and she never appeared at the surgery intoxicated, however, when most organisations saw her, Jenny was intoxicated. It appears her

[42] https://www.ias.org.uk
[43] https://www.gov.uk/government/collections/domestic-homicide-review

alcohol increased during COVID-19, when Max started to take the repeated overdoses and Chris was 'in and out' of prison, creating potential increased stress factors and possible a barrier engaging with support. Jenny's level of intoxication when she was seen by services meant there was increased the likelihood, she would have been unable to recall incidents, conversations and any offers of support made, therefore where possible follow up support and enquiries may have aided her with interventions and access to support.

17.2.45 Although there are awareness campaigns for the impact of excessive drinking with regards to it impacting physical and mental health, there may be benefit in raising awareness of how alcohol can be used to mask a behaviour or be used as a coping strategy. This may then enable people to understand the complexities and offer support and advice to those they have concerns for.

17.3 Single agency response

17.3.1 Thames Valley Police

Police responses to Jenny and Max

17.3.2 During the incident in October 2021 (Max's overdose, Jenny's arrest, and de-arrest). The content of the Police report was confusing. The report was correctly recorded as an assault, with Max as the aggrieved, and Jenny as the suspect. However, within other parts of the Police system Jenny was referred to as the 'aggrieved' in the text. The DOM5 was also only completed with Jenny as the victim (even though she refused) and not Max who was also reported as the victim.

17.3.3 Safety planning was insufficient for this incident, as was the Sergeant review. There was no recorded exploration of Max's risks or his thoughts around suicide. And there was no exploration regarding Jenny's comments that she did not want to put up with Max anymore. Much of the notes are recorded as 'refused to answer' rather than information of the officer's observations and concerns. There was also no record of any attempts to signpost or provide support with regards to domestic abuse, mental health, suicide prevention or substance misuse. As a minimum standard, there should have been a further report of a domestic non-crime to record Jenny's allegations about long-term domestic abuse.

17.3.4 However, when officers attended Jenny's home after this incident, she told them the abuse had her want to die and that she was isolated. These officers were proactive in seeking solutions for her. Officers were able to complete anotherDOM5 which was graded medium risk, and they offered her support services which were all refused. It is not clear from their notes if her alcohol use was discussed as she was intoxicated at the time, however the officers were able to identify she was at risk of harm (even if not a high-risk MARAC case) and completed an Adult Protection template. This shows good insight into the abuse Jenny was discussing and the complexities officers face when there are counter allegations, alcohol misuse, mental health, and the possible fractured relationship with the Police after the arrest and de-arrest.

17.3.5 When Jenny alleged that Max had attempted to kill her, officers attended and spoke to her in person. It was concluded there was no logical basis for her allegation, she was asked multiple times on the night of Max's overdose (a month earlier) whether she had taken an overdose and she had told them no. She also made no allegation of the attempt on the morning of the incident or during the call she made later that day. Due to the time delay, there were no lines of enquiry available to support her allegation. No DOM5was completed on this occasion, even though the allegation was also made by Chris. Although Jenny had already been graded as medium risk at the previous police attendance, with the additional high-risk factor that she believed Max had

tried to kill her, t there was a missed opportunity for the police officers to have used professional judgment to consider whether she was high risk. High risk factors Jenny disclosed to officers on both occasions were:

- She was afraid Max was going to kill her.
- She was suicidal and depressed.
- Max was controlling and obsessive.
- There was an escalation (frequency and severity) – several calls to police in a 6-month period and he had tried to kill her.
- She was isolated – Max stopped her from going to the GP, she did not work or drive.
- Max had threatened to kill her, and she believed him – she believed he had tried to kill her with tablets.
- Max had mental health issues.
- Max had made threats and actions to take his own life.
- Her belief in marriage/her religion; Jenny told agencies she could not leave the relationship due to her religion; the Roman Catholic Church does not recognise separation and/or divorce. A marriage can only end when one partner dies or if there are grounds for an annulment. A couple may be granted a civil divorce and be divorced in the eyes of the state, but their marriage will continue in the eyes of God. Although we do not know the full extent of her beliefs the catholic scriptures regarding this may have caused her additional fear of what she could do. This belief her marriage vows and religion, created a barrier in her accessing support and feeling able to leave Max.
- Max's beliefs/codes; The research and book 'In Control' (Monkton-Smith) found abusers may have a 'Loyalty code' where they make their victims chose between them, their families, and friends. We know Max obtained the restraining order against Chris and did not want Jenny speaking with Chris and calling him abusive names, this can have devastating effects on these relationships in the future which was evident with how Chris viewed his mother and her 'choice of men'.
- The length of time she had been abused; Jenny and Chris disclosed Max had abused her throughout their entire marriage.

17.3.6 With these high-risk factors along with other possible 'yes' responses, Jenny should have been considered for MARAC at this stage which would have created an opportunity for a multi-agency discussion and action plan.

Police responses to Jenny and Chris

17.3.7 When Chris alleged to Police he had been assaulted by Jenny after she had taken an overdose, they correctly initially identified him as a possible victim and completed the DOM5 (standard risk).

17.3.8 The Sergeant's closing review at the start of February 2022 stated the following:
'The aggrieved is an elderly female with mobility and other health issues. She is terrified of her son and the son was arrested for assaulting her and his brother whilst high on drink and drugs. He called police claiming she had assaulted him. There is no evidence of this and it is believed he called this in due to his drugs and alcohol intake. Whilst we cannot categorically deny an assault there is no evidence to confirm this occurred. In light of the available information, filing this incident no further action appears appropriate'.

17.3.9 Jenny was described by officers as drunk and her mental health poor. Earlier Adult Protection templates had been completed for Jenny and based on the information it would have been appropriate for a further template to have been completed after this incident. This was missed

by both the OIC and the Sergeant, leading to adult social care not being fully informed of the situation regarding Jenny.

17.3.10 Officers recognised the risk to Jenny and Seth when they were both assaulted by Chris, and although they refused to complete the DOM5, support any allegation and Jenny stated she wanted Chris home, they were graded medium risk, and an Adult Protection template was completed which was graded high. A thorough investigation was completed into the two assaults and criminal damage. There was no support from either aggrieved party and insufficient supporting evidence to pursue an evidence led prosecution. Officers were able to recognise the risks with regards to Jenny's mental health and her alcohol intake and were proactive in trying to get her help and support.

17.3.11 There appeared to be an escalation in the behaviour from Chris to Jenny with Police being called 5 times in 8 months. Chris was also a high-risk perpetrator at MARAC and had received a custodial conviction for domestic abuse. SafeLives suggest 'there is a potential for serious harm or homicide when three domestic abuse events have been identified in a 12-month period. For example, three attendances at A&E, three police call outs or three calls to make housing repairs. This should alert professionals to the need to consider a referral to MARAC'. Not only were there 3 Police call outs within 6 months relating to Chris and Jenny, but there were also 3 attendances to hospital where Jenny had taken overdoses due to the abuse at home. Further risk factors to have supported professional judgement were:

- Injured.
- Frightened.
- Afraid Chris would return to beat her.
- Suicidal and depressed.
- Isolated.
- There was an escalation since he had come out of prison.
- Stalking and harassment.
- Chris had a problem with substances and mental health.
- Chris had a history of breaking orders.
- Chris had a police history for domestic abuse and violence.

Additional risk factors and barriers for engagement which can increase risks were:

- Chris was homeless; he was sleeping rough or staying at Jenny's home.
- Familial abuse.
- Jenny felt she needed safety measures and had requested help obtaining a Non-Molestation Order.
- Jenny was reliant on her abuser; when Max moved out of the home, Chris appeared to move in and start to provide support.

17.3.12 On one occasion, attending officers identified Jenny as high risk, however, this was regraded (downgraded) to medium risk by a DAIU officer who had never seen or spoken to her. SafeLives recommend, risk is never 'downgraded' and although there must be 'management of numbers' into MARAC it can result in dangerous decision making. As already highlighted it will never be known whether referring Jenny to MARAC would have made any difference, but it would have created an automatic referral for an IDVA (as this would not have required consent). This would have enabled the service to make proactive attempts to speak to contact her and would have also been an opportunity to identify risks, actions and support that may have been available to her.

17.3.13 There were opportunities for Police to have shared information with regards to Jenny as we have already highlighted through the MARAC but also for her to be referred to alcohol services, mental health support services and her GP. An example of this was that the GP never received a PPN1 form when Chris was arrested for assaulting Jenny. With this notification, it may have highlighted a risk of harm to the GP who would have been able to discuss this with Jenny and considered support options with her.

17.3.14 When Probation informed Police that Chris was staying at Jenny's property, breaching his Police bail conditions, had no regard for his licence conditions and wanted to see his mum they were proactive in carrying out a welfare check. Even though Jenny did not want to engage with officers and denied she had seen Chris since the assault in January 2022 they were able to check on her welfare and provide intelligence to Probation.

17.3.15 Even though she did not engage on that occasion, Jenny was proactive when she reported Chris sending her a Mother's Day card and peering through her garden fence, something that may have been difficult for her especially as she had been reluctant to continue with any Police investigation. It appears that these actions were not recognised as a breach of Chris's prison licence, and therefore not shared with Probation. These actions all constituted a breach of police bail; however, breach of police bail is not a criminal offence and arresting for the breach is only effective if the case is ready to charge. By this stage CPS had already indicated that they would not authorise a charge without further evidence. Jenny continued to decline to support the investigation. She declined to engage in the DOM5 process but was graded medium risk by attending officers. Safety advice was passed to Jenny during various officer contacts throughout the investigation and it was filed, no further action.

17.3.16 Chris was also a well-known, high-risk perpetrator to his ex-partner who had been heard at MARAC in January 2022 and was a high-risk offender not engaging with his licence or services. Although Jenny had two perpetrators, she was vulnerable and at risk from both, this highlights, when there are multiple perpetrators (especially within the same family), consideration should be made in how information is shared, risk is appropriately explored, and referrals made.

17.3.17 Primary Care

17.3.18 The Department of Health "Responding to domestic abuse – a resource for health professionals[44]" states that health practitioners are in a key position to identify domestic abuse and to initiate support and safety for victims. Doctors and nurses should be able to recognise signs of domestic abuse and assess risk, undertake enquiry, and offer a referral to specialist domestic violence services.

17.3.19 The guidance lists the signs of domestic abuse to look for (which can be identified for Jenny):

- Symptoms of depression, fear, anxiety, post-traumatic stress disorder (PTSD), sleep disorders.
- Non-compliance with treatment or early discharge from hospital.
- Frequent missed appointments.
- Frequent appointments for vague symptoms.
- Self-harming or suicidal tendencies.

17.3.20 Despite the above indicators of domestic abuse, a triggered enquiry for domestic abuse was never recorded, however the GP records have a documented history of domestic abuse incidents throughout Jenny's marriage.

[44] DomesticAbuseGuidance.pdf (publishing.service.gov.uk)

17.3.21 Triggered enquiry may have helped GP practice staff to gain a better of understanding of the nature, history, and the impact of domestic abuse on Jenny. The lack of triggered enquiry may have prevented Jenny being offered support for the domestic abuse she was suffering by practice staff or a referral to domestic abuse support agencies. Health professionals are often seen as trusted people and given the opportunity to discuss the domestic abuse she was suffering with; a health professional could possibly have helped Jenny to fully understand the relationship between her physical and mental health problems and the domestic abuse she was subjected to.

17.3.22 When the GP received a letter from the Psychiatry Liaison at Frimley Park Hospital in January 2020 after Jenny had been admitted to Intensive Care Unit (following an intentional overdose triggered by a row with Max), this was her first documented overdose and therefore a significant event. This would have been a good opportunity to add a "warning flag" to Jenny's record advising of impulsivity surrounding overdose to advise clinicians, particularly when doing prescriptions. The letter recorded Jenny had been reviewed by the Psychiatry Liaison team in hospital and discharged with ongoing support from the CRHTT and a referral to CMHT. The GP was proactive when they received this and made several attempts to contact Jenny to offer her support, however with no problem code added to her records for intentional overdose, there were no prompts to discuss this with her in the future.

17.3.23 There had never been any concerns with Jenny misusing alcohol, and she had never presented at the surgery for support with regards to alcohol (which contradicts the information shared with the Care Coordinator for the Complex Case Forum meeting). So, when the GP was informed of the incident by SCAS in February 2020 (Jenny using alcohol and threatening to take her own life), this may have been an opportunity to have made attempts to contact her. However, due to the pressures and the sheer volume of patients within each practice it is unreasonable to expect every patient to be contacted. At her next appointment it may have been an opportunity to have explored this notification to understand her coping strategies and circumstances at home.

17.3.24 The GP Practice was proactive in September 2021 after Jenny contacted reception, distressed, and had an injury after Max had bitten her. They recognised the safeguarding concern and were able to discuss this with her and explain the process they needed to follow. They swiftly sought support from the named GP for Safeguarding following the phone call and a plan was made to see Jenny face-to-face to review as soon as possible and ensure that safeguarding risks were discussed as well as assess her mental capacity which the GP carried out. Unfortunately, the GP was not advised to complete the DASH RIC and domestic abuse was not fully explored, but this is not unusual as GPs are not expected to complete these and are encouraged to signpost patients to support services available which they did. This was evident when they regularly highlighted the safeguarding issues surrounding Jenny's current home life and offered her a safe place to contact the Police or domestic abuse services within the surgery or to do so on her behalf. They continued to work with Jenny and always deemed her to have mental capacity to make decisions regarding her circumstances and was fully aware of the risks to herself.

17.3.25 There was a delay between Jenny self-discharging from hospital at the beginning of January 2022 and the discharge letter not being added to her GP records until mid-January 2022, it is unclear what the delay was. This is particularly significant as the GP would not have been informed of the admission at the time. Jenny would have needed to demonstrate full mental capacity of the risks to be allowed to self-discharge from hospital. It may have been beneficial for the hospital to contact the GP on the day she left to ensure a follow up could have been carried out. However, Jenny was seen a week after the entry onto her GP records for a Chronic Obstructive Pulmonary Disease (COPD) check and medication. If the hospital had raised these concerns, it may have

been an opportunity to have discussed her overdose. Unfortunately, due to these appointments focused on the monitoring and management of Jenny's physical health conditions and due to time constraints, this incident was not discussed however, it would not have been expected that the GP would have been able to explore recent events.

17.3.26 During the telephone call with the GP at the end of May 2022 (to increase her anti-depressant medication) she reported her mood was still up and down, there is no record to suggest the GP explored why this was and the impact Max's overdose was having on her. An appointment was not booked in, and the onus was on Jenny to make this. This could have been an opportunity for further exploration why her mood was 'up and down' and her current home situation. A "warning flag" on the records highlighting current issues of domestic abuse and previous intentional overdoses would have been useful to alert other clinicians seeing / speaking with Jenny for the first time to the current risks.

17.3.27 It was positive Jenny saw the same GP on each occasion which provided consistency in her care, however it may have been beneficial for them to have looked at Jenny's history, injuries, stress and explored their underlying causes. Professional curiosity would have enabled the GP to have discovered patterns and the bigger picture. There are challenges when all contacts, notes and information are entered onto one 'notes page' meaning important detail can at times be 'lost' within the 'reams' of notes. Systems need to remain dynamic; with the ability to identify clusters of injuries or high-risk factors and to prompt the GP with concerns enabling them to ask further questions join the dots and create a full picture.

17.3.28 GP's face extraordinary pressures not only with face-to-face consultations but also e-consultations as well as other requests. Appointments tend to be back-to-back, if any go over the 10/15-minute allocated time there can be a long-term impact on the entire day for not only the GP, but patients and the rest of the team. This is a national issue along with difficulties to retain staff, availability of appointments which impacts on the quality of time patients have with their GP and adds pressures and stress for the medical staff. With all these factors, staff struggle to have the time to fully explore with patients' additional risks other than the presenting concerns. GP's need to have time to be able to reflect on a conversation or consultation with a patient and be able to prepare for an upcoming appointment.

17.3.29 With regards to Max, the GP showed positive acknowledgement of his worsening anxiety and panic attacks seeking support for him. There were opportunities to have explored further the reasons why it was worsening, however, on a couple of occasions this may have been hindered by Jenny being present.

17.3.30 The GP did not create a problem code on Max's records for "intentional overdose" when notified by SCAS, however there were historical problem codes on the record from previous suicide attempts and overdoses. Additionally, there were no warning flags on Max's notes pertaining to previous overdoses / suicide risk. These would be a useful prompt for clinicians especially with his declining mental health.

17.3.31 Max's mental health was regularly managed at the surgery and referrals to appropriate services were made in a timely manner. During the scoping period it was evident that he had a good relationship with his GP and was able to speak openly about his mental state and home circumstances.

17.3.32 The GP's involved in the care for Jenny and Max demonstrated very good practice and went above and beyond to care for and safeguard their patients. It was clear that both Jenny and Max had a good relationship with the surgery and were able to always access support and assistance.

17.3.33 The surgery holds a weekly GP meeting in which high risk patients are highlighted and discussed. This is good practice for information sharing at a practice level. It was recommended to the GP that it would be useful to document in the relevant patients' records that an in-house discussion had been held and any outcomes, for example. The NHS Frimley ICB Safeguarding Team have now provided primary care with lots of training on "warning flags" and they have access to relevant guidance also. If a "warning flag" is added to a patients Education Management Information System, it does not appear on their patient access app.

17.3.34 Chris had minimal contact with his GP surgery during the scoping period so not a lot of information was gleaned from the record for analysis.

17.3.35 Frimley Park Hospital

17.3.36 Jenny presented to the hospital in December 2019, just before lockdown. At this stage there were already concerns related to her mental health, with Jenny presenting having taken unknown quantities of medication and vodka with suicidal intention. Stressors were noted as family, marital, home circumstances it does not record whether domestic abuse was explored. No safeguarding referrals were made in view of Jenny's mental health, physical abuse, and alcohol use when she attended hospital on this or on any other occasion.

17.3.37 Some of the challenges in identifying her risk arose from attendances being looked at in isolation rather than the picture over time. Had the chronology of events been viewed as a whole, it would have given a clear picture of domestic abuse, which continued to escalate in its severity. Medical staff however recognised the risk posed to Jenny after she had been assaulted by Chris in March 2022 and made an internal Adult Safeguarding referral which aligned with expected practice.

17.3.38 Following Jenny's hospital admissions, it is not clear from the records whether hospital staff pursued further lines of enquiries with regards to her concerns. There was a lack of professional curiosity by staff which would have enabled them to detect/respond to needs and risks. In addition, there is no evidence of any exploration as to how much alcohol Jenny was drinking, how much alcohol and what substances Chris was consuming or whether Jenny and/or Max needed help. If these lines of enquiries have been followed it would have enabled an opportunity to explore safety options with Jenny prior to her discharge from hospital in March 2022. Best practice would have been to further explore concerns raised and signpost to domestic abuse services if deemed necessary.

17.3.39 The expected practice would include alerting the Safeguarding Adult Team on each attendance. The Safeguarding Adult Team would have had capacity to make further lines of enquiry to Adult Social Care and ascertain if safeguarding concerns/risk had been identified within the community. This would also have resulted in consideration being given as to whether a Multi-Agency Risk Management Framework (MARM) was required given the vulnerabilities/risks. It is important to be acknowledged that whilst those who are vulnerable do not always have care and support needs and have capacity to make decisions, there needs to be an appropriate response from professionals to ensure that those presenting with the challenges that Jenny was clearly experiencing are offered support. Although there were opportunities to have made multi-agency referrals there was some evidence of good information sharing between the

hospital teams, the police, GP, hospital teams and mental health services following Jenny's hospital admissions.

17.3.40 Across health, good practice is to ensure that the response to domestic abuse is situated within a sound governance framework which incorporates a policy that reflects the recent legislative changes, a comprehensive domestic abuse training programme, safeguarding supervision, a clear referral pathway and a robust risk assessment framework. Within the BHFT, there is an up to-date domestic abuse policy, domestic abuse training is included in both level 3 children and level 3 adult safeguarding training and advice and supervision is available from the safeguarding team.

17.3.41 It is important that there is continued momentum to train and to provide tools and policies to ensure that professional curiosity and identification of domestic abuse are fostered in all settings. This is particularly true in relation to healthcare settings where there is opportunity to engage with both the victim, the perpetrator, and the wider family.

17.3.42 Frimley Park Hospital have prioritised its response to domestic abuse by its recent efforts in developing a business case and funding the services of an Independent Domestic Violence Advisor (IDVA). The work of the IDVA is distinct in that it assesses the risk a client faces and delivers a service appropriate to the level of risk. The main purpose of the IDVA is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

17.3.43 The successful tender for an IDVA within the Hospital was awarded to Hestia[45] and commenced at the start of 2023. The role of the IDVA is to provide support for those experiencing domestic abuse, offering a cross site service for patients and staff who are victims of domestic abuse. In addition to the IDVA service being embedded, the Trust have shown further commitment to tackling domestic abuse and are taking part in an important pilot project working directly with Employee Initiative on Domestic Abuse (EIDA) to formulate approaches to addressing domestic abuse.

17.3.44 When patients attend hospital, they may present with other medical ailments and domestic abuse is not immediately identifiable. It is for those caring for patients to review the patient's history and explore the circumstances around that patient. This will be a forever challenge especially within emergency departments due to the extreme pressures they face. However, they must also be allowed to stop, assess, and explore what may be behind the medical emergency.

17.3.45 Berkshire Healthcare NHS Foundation Trust (BHFT)

Support for Jenny

17.3.46 Jenny had very limited involvement with mental health services even though she was struggling with this. She was known to Crisis Home Resolution Treatment Team (CHRTT) and the Common Point of Entry (CPE) but was not open to any service at the time of her death.

17.3.47 The only contact with CRHTT was in December 2019 following an intentional overdose of prescribed medication. Jenny received a home visit and was seen both alone and with Max, at

[45] https://www.hestia.org/

her request. Max was also seen alone by the practitioner, and he discussed how he was also struggling with his mental health, and this made it more difficult to manage Jenny's behaviour and mental health problems which he expressed he found challenging.

17.3.48 Jenny attributed her overdose to all the conflict in the family and wanting them to recognise the impact it was having on her and for it to stop. Jenny explained there was an injunction against her eldest son which prevented him from seeing Max as he had assaulted him previously. Jenny did not feel she required any further support from mental health services. There was no exploration of domestic abuse during these discussions, her situation at home or with Max, her risk from others or to herself and if this was a contributing factor to her overdose.

Support for Max

17.3.49 During Max's contact with Talking Therapies, there were concerns he was subjected to abuse from Jenny after he had disclosed emotional abuse and the concerns around Chris and his behaviour. During Talking Therapies involvement, Max was offered a referral to domestic abuse services but declined. The reason for declining is he was concerned it would make the abuse worse. He also did not want Police involvement. This is not an uncommon concern for victims of domestic abuse and cannot be interpreted as the abuse not being 'that bad'. It was positive the therapist sought advice from BHFT safeguarding, who then advised them to complete the DASH RIC, unfortunately due to his overdose was not completed, and no further action was taken.

17.3.50 Concerns for Max were also raised by his Care Coordinator and the staff at the support housing, these concerns were of economic abuse regarding his pension and his benefits. Jenny was challenged about this and even though reluctant to get support around this, some of Max's pension payments were paid back to him. Staff were also concerned that he was at risk of emotional abuse due to the way Jenny spoke to him and how she acted when she visited.

17.3.51 When exploring Jenny's response to Max once he was in supported living, there is a possibility she felt some sense of control. She had been controlled and abused for 25 years; now she felt she could no longer be abused by him. Her presentation when she spoke to him may have been multiple emotions, such as relief, despair, hurt, upset, confusion, release, control and possibly some power. Jenny was clear she still loved Max but felt able to say he could not come home. She had the opportunity to have a voice in what was going to happen with regards to this relationship which may have appeared abusive and at times controlling.

17.3.52 Records within BHFT indicate an assumption that 'they were both as abusive as each other'. A referral or signposting to domestic abuse services for Jenny was considered however, the possibility that she may be a perpetrator led to a reconsideration of the appropriateness of the referral. The GP shared with Max's Care Coordinator that Max used to goad Jenny until she became aggressive. She was also seen by the GP with significant injuries. When there is 'mutual aggression' or 'violent resistance[46]' there can be an assumption that both people are perpetrators and both victims. This is rarely the case, and the power imbalance is nearly always there. A referral to domestic abuse services for Jenny would have been beneficial as then specialist services could determine the dynamics of the relationship and abuse.

17.3.53 A DASH RIC was not completed nor a referral to domestic abuse services offered to Jenny or Max. This is not in line with expected practice, although these were not initial disclosures and

[46] Violent resistance (sometimes known as 'self-defence' or 'retaliatory abuse') is when a domestic abuse victim, usually a female, perpetrates violence towards her coercive controlling and physically violent partner, Johnson (2002).

the concerns about abuse were already known to other agencies, risk is dynamic and repeating a DASH RIC at a different time by a different agency may have offered another opportunity for disclosure and engagement with domestic abuse support services. Furthermore, victims of domestic abuse may make different disclosures and different levels of fear to different people. This is not necessarily due to 'inconsistencies' in their version of events but more to do with the trust and comfortableness to disclose.

17.3.54 Max's Care Coordinator took appropriate action calling the Complex Needs Forum meeting to discuss legal frameworks around protecting Jenny if Max were to return home, especially after Jenny had made the allegations of attempted murder. Max's admission and continued threat of taking his own life was also of serious concern and he was not safe to return to the home. Although Max was experiencing some confusion due to his brain injury when he made this disclosure there was never a follow up for safeguarding or report to the Police, which would have been expected due to the seriousness of the offence and the concern for Jenny.

17.3.55 Within the Forum meeting, the risks to Jenny were discussed especially with regards to Max admitting to putting medication in Jenny's tea but then denying. Police were present at this meeting, and it does not appear this disclosure and denial was ever followed up or recorded. This may have been due to there being no 'live' investigation, but it was only one month after Jenny's allegation, and it would have been beneficial for the officer to have entered an intelligence report. An action was set for the Care Coordinator and Police to meet separately to consider any further potential offences occurring, this never occurred, and it is unclear what the barriers were to this.

Support for Chris

17.3.56 Chris's Care Coordinator questioned the appropriateness of him receiving their support as his engagement appeared driven by the need to get something tangible from the contact such as a repeat prescription for medication. Chris was described as very intimidating, dishonest and would control the contacts by very descriptive monologues that were not in context, and he showed no intent to improve his mental health by means of therapeutic work. He did not take responsibility for his behaviour, such as assaulting Max, the dispute with Fran's neighbours and abuse in his intimate relationship. He always denied Class A drug use, but the practitioner felt he was misusing street drugs and his prescribed medication. They also had suspicions he was dealing drugs (there is no evidence of this). Chris viewed himself as a powerful aggressor and needed to be due to others threatening him.

17.3.57 Chris's engagement was poor, characterised by lots of failure to attend, being late or too unwell to attend appointments. Chris talked openly about his hatred for Max and described how he had been very abusive to him as a child and was unremorseful for assaulting him which led to a restraining order. He said Max had beaten his mother many times and he hated him for it. He spoke fondly of his mother but blamed her for her poor choice of men and claimed she could be violent towards him and denied ever being abusive towards her. He denied any drug use apart from cannabis and some alcohol use. Even with all these barriers, the Care Coordinator continued to try and improve engagement.

17.3.58 Risk assessments were completed for Chris, reviewed, and updated on a regular basis and safety plans were completed with the input of the client in how they would keep themselves safe whilst working with drug and alcohol services, Probation, and housing.

17.3.59 The Care Coordinator for Chris was tenacious in their persistency to improve engagement and there was much evidence of good liaison with other key services, such as the Police, drug and alcohol services, Probation, and In-reach prison services. Additionally, there was excellent consistency in the delivery of this care with no change of Care Coordinator for neither Max nor Chris for the period of this review.

17.3.60 Probation

17.3.61 Chris's Probation supervision was because of domestic abuse towards his ex-partner, Fran. Even though his victim for this offence was not Jenny, Probation identified the risk he posed to Jenny very quickly. During his involvement with Probation, Chris had three different practitioners all with varied experiences and there were two different Senior Probation Officers who oversaw the case. This created a lack of consistency which impacted on the support provided and their responses. At the time, Probation was under extreme pressures with shortness of experienced staff as well as experienced mentors.

17.3.62 When Chris was released from prison in March 2022, he was of no fixed abode and failed to attend his scheduled appointment the following day, turning up three hours late. He was recorded as intoxicated, was mumbling, refused to give details of his accommodation plans and left before the conversation finished. This appointment was deemed to be an Unacceptable Absence and provided with another appointment. That same day, Probation was contacted by the Police who were at Jenny's property, stating she was alleging Chris had assaulted her. Chris had left the scene and was wanted by the Police for Grievous Bodily Harm (GBH). The Probation Practitioner who took this call spoke to a Senior Probation Officer, who decided that a recall would be actioned if Chris was charged with an offence against Jenny. It was agreed that a License Compliance letter would be issued for his failure to engage with his appointment.

17.3.63 The decision to issue a License Compliance Letter was not appropriate at this time[47]. There were several active risk factors (suspected substance misuse, homelessness, and alleged offence towards Jenny) and no protective factors in place. As Chris was, at this time, wanted for questioning by the Police and had failed to attend his appointment as instructed, the threshold for recall had been met. The Senior Probation Officer felt that the allegation, alongside a late attendance at the planned appointment was not sufficient to warrant him being unmanageable in the community. They acknowledged they did not make their own entry on the case management system but did not dispute what had been recorded. Their decision appears to be a process driven and there was a failure to consider other relevant factors indicating that Chris was currently unmanageable in the community.

17.3.64 Due to Chris being homeless the Licence Compliance letters were left in reception for Chris to collect when he did attend. There was never any chance that these letters would fulfil their goal of improving his compliance with the licence. The reviewer for Probation was able to identify that this was an established process and staff who were spoken to did not see an alternative. The Head of PDU (HPDU) reported that they were aware of this practice but was not supportive of this approach over any length of time. They reported they had previously taken stacks of letters from reception to instigate a case discussion and alternative action being taken.

17.3.65 Chris was also sent a text with instructions to attend his appointments, this was not an acceptable course of action when he had disengaged, and greater attempts should have been made to contact him. This could have included contact with partnership agencies, telephone calls as well as the use of texts to explain the potential consequences of him failing to comply.

[47] Recall, Review and Re-Release of Recalled Prisoner Policy Framework (publishing. service.gov.uk)

17.3.66 Two days after his prison release, Probation received information from the Police that Jenny would not engage in the investigation as she was scared. Her injuries had been recorded on Body Worn Video camera and they had still not been able arrest and interview Chris. This information adds weight to a decision regarding recall. It suggests that there was unlikely to be additional evidence forthcoming and that a charge was unlikely to be imminent and Chris remained out of touch. The Senior Probation Officer should have reviewed the situation considering this information and recorded their professional judgement about the recall decision. It is clear from the relevant guidance[48] that a charge is not necessary to decide to recall and this is particularly relevant in relation to domestic abuse:

"Where there are allegations of further offending, the decision to recall is based upon the individual's reported behaviour. There need not therefore be a criminal charge or conviction in order for the recall decision to be taken; the behaviour surrounding the alleged re-offending can be sufficient to warrant recall. This is often an issue in matters of alleged domestic violence, when Police/CPS are unable to prosecute because allegations are withdrawn. If the Probation Practitioner is satisfied that on the balance of probabilities the alleged behaviour has occurred, then they may proceed to recall."

17.3.67 When there had been no satisfactory contact with the Probation Service a week after his release it is positive Chris's original Probation Practitioner contacted the Police via 101 (as they had been unable to get hold of the investigating officer) for an update as they were inclined to recall due to non-contact and the allegation of reoffending on release. There is no evidence that a response was received. The OIC should have contacted the Probation Practitioner due to the risks Chris posed and the licence conditions in place.

17.3.68 Although it is not fully recorded, it is apparent that this Probation Practitioner had a further discussion with the Senior Probation Officer when Chris failed to attend. It seems that further information was deemed to be required, prior to a decision about recall being made and additional licence conditions were requested to try to manage the risk. This was not sufficient, and recall should have been discussed with the HPDU following Chris's failure to attend his appointment. The Senior Probation Officer reported that they would not have had a recall authorised by the HPDU at this stage and it seemed that this view is likely to have influenced their reluctance to instigate this discussion.

17.3.69 As part of this review, the lack of a recall was discussed with HPDU, they spoke of an assessment being made in each individual case and gave an example when a charge would be necessary for recall and when it was not. There example was an assault against a stranger, however, in this case there was a pattern of abusive behaviour perpetrated by Chris, against Jenny and his family, and it was Jenny who identified Chris as having been responsible for her injuries. Although it was accepted that Jenny later retracted this allegation (which is common in similar circumstances due to either fear or a sense of loyalty), a recall should have been made. There is evidence of some confusion about the appropriate process to follow in relation to the enforcement decisions.

17.3.70 The relevant assessment completed by the Probation Practitioner recognised that Jenny was a 'Known adult at medium risk of serious harm from Chris'. He was also assessed a medium risk of serious harm to Max and his ex-partner Fran. In relation to risk towards Jenny, this risk management plan stated the two additional licence conditions. There were also contingencies detailing what action should to be taken should Chris attend Jenny's home; request a welfare

[48] Compliance and engagement on licence (November 2021)

check and consider recall, there was also reference to a referral to MARAC if there was further violence (which never happened). To ensure risk could have been robustly monitored, further activity including monitoring contact via conversation with Chris and regular domestic abuse checks at the property should have been recorded and be included within all assessments and reviews.

17.3.71 Chris had several criminogenic needs, a high actuarial risk of reoffending and a history of convictions that meant that he should have been considered under Integrated Offender Management (IOM)[49]. He would not have met the criteria for the Fixed cohort but should have been considered under Flex. The Operational Guidance describes referrals being suitable for "*…those persistent offenders with non-acquisitive index offences but who have a similar needs and risk profile to the fixed cohort*." The needs of the Fixed cohort are described as being "*associated with drug use and that often these offenders have multiple needs which can reinforce each other (including substance misuse, housing, employment, and mental health).*" Chris had a previous conviction for robbery and convictions for theft and would have not had a legitimate form of income which meant that a risk of future acquisitive offences was high.

17.3.72 Chris's original Probation Practitioner recognised that IOM would be useful in managing Chris and had an informal discussion with the IOM Police Officer connected to Bracknell, they recall the Police Officer was not interested in considering Chris for IOM. Due to the Probation Practitioner being preoccupied with other high-risk offenders, Police being negative about Chris, this appeared to deter them from raising it again or challenging this thinking.

17.3.73 The absence of IOM meant that Probation became more involved in some of Chris's social needs, and this became the focus of sessions with him. IOM would have meant that there would have been greater support to engage Chris with housing, drug support and mental health services. Probation would then have been able to prioritise work with Chris around relationships. His 'Sentence Plans' from this period had two objectives focussed on housing and drug use. Although it would be crucial to focus on ensuring that Chris had secure accommodation and addressing his substance misuse, there are other agencies that provide the expertise/support in these fields.

17.3.74 Multi-agency communication was frequent throughout Chris's time with Probation, and it is a strength identified in the work of the allocated Probation Practitioners. It would have been preferable for some of the multi-agency liaison and information sharing to have been undertaken prior to Chris's release, however it has been taken into consideration that he was only in custody after recall for one week.

17.3.75 The Probation Practitioners were proactive in their attempts for Chris to have access to services identifying a need for a professionals meeting in April 2022. At this meeting, Police, New Hope, Chris's Care Coordinator, and housing were present. It was agreed that the main concern was for Chris to be considered for priority need housing. Information continued to be shared with CMHT, housing and New Hope in relation to Chris's presentation, engagement, opportunities for housing, relevant to risk staff, his well-being and drug use. This continued and once Chris was recalled; three enquiries were made with housing to determine if something could be done to prevent him from being released without secure accommodation again. There was no record of a response to these requests for information. This continued information sharing was useful to ensure that appropriate precautions were taken when staff were engaging with Chris, and it allowed a fuller picture to be held by each of these agencies. The positive communication also

[49] Neighbourhood Crime Integrated Offender Management Strategy - Neighbourhood Crime IOM strategy (publishing.service.gov.uk)

ensured that Chris was encouraged by agencies to attend appointments with those agencies supporting him.

17.3.76 Chris was finally recalled a month after his release due to his failure to attend an arranged appointment, having no fixed address, was only superficially engaging with services and that he had relapsed into Class A drug use. Chris was not initially apprehended and was returned to custody on at the end of April 2022 (47 days after his release from prison).

17.3.77 This was a Fixed Term Recall, requested for 28 days, to allow Chris an opportunity to reduce his drug use, reengage with services and recommence meaningful engagement with Probation. The Public Protection Casework Section (PPCS), part of HM Prison and Probation Service, are responsible for authorising a recall and Chris was recalled for a 14-day period. A Fixed Term Recall was not sufficient to address the factors that linked to Chris's failure to comply but also the risk he posed to others. Despite attempts made by the Probation Practitioner to engage with housing, Chris was released from custody again with no fixed address. It is not clear from records if Chris was released with medication for his mental health or a substitute prescription to support his recovery from drug misuse.

17.3.78 There was no indication from Probation records that there were any further reports of Chris behaving abusively towards Jenny between his two days after his release in March 2022 and when he was recalled in mid-April 2022 (it is possible incidents that were not reported to the Police). It therefore may indicate that the decision not to recall earlier did not significantly impact on Jenny's experiences.

17.3.79 Due to Chris's release from prison/offence not relating to Jenny she was not eligible to be considered a victim under the Victim Contact Scheme. Victims are contacted by the Probation Victim Contact Service, and they will have the opportunity to request licence conditions themselves. In the case of Chris, the Probation Practitioner could have requested the licence conditions without contact (which they later did) or contact the person deemed to be at risk to discuss whether this would be appropriate.

17.3.80 It would have been good practice for the original Probation Practitioner to have contacted Jenny to discuss her relationship with Chris, signpost her to support services, seek information to assess risk, discuss the potential for non-contact and exclusion conditions to be imposed. This would have made any licence conditions more enforceable, as Jenny would have known about the restrictions and could report any breaches. It would also have given her back some control over the contact she had with her eldest son. Permission could have been given for Chris to have contact with this mother if she wished to and she could have determined the circumstances of this contact. As part of this review, the Probation Practitioner stated this was considered and there were attempts to contact Jenny but that this was unsuccessful, and that previous contact had been made but she did not want to engage, this was not recorded.

17.3.81 Of concern, in relation to this area of practice, when Chris was released following his recall at the beginning of May 2022 the additional licence conditions in relation to Jenny were not included on his licence. The only additional licence condition added was '*Participate in activities in accordance with any instructions given by your supervisor'.*

17.3.82 This failure to request licence conditions to prohibit contact with Jenny was relevant in mid-May 2022 when New Hope informed his second Probation Practitioner that Chris had been staying at Jenny and that they believed that he remained there. The Probation Practitioner did not

consider taking any action as there were no licence conditions prohibiting this, this may have been due to their inexperience and a lack of understanding about managing a case on licence.

17.3.83 The OASys completed on Chris's second release from custody at the end of May 2022 continued to assess Jenny, Max and Fran at medium risk of serious harm. The assessment and the risk management plan were less developed than the previous assessment. The only measure in this risk management plan relating to Jenny was to liaise with the Domestic Abuse Unit in line with any risk concerns. Other measures reflect the Restraining Order in place relating to Fran. There was a contingency measure to consider a referral to MARAC if there was further violence towards Jenny or Max. This was not sufficient considering the risk assessment, and it would appear the Probation Practitioner was not aware they had the authority to request additional licence conditions. When informed that there was suspicion that Chris was staying at Jenny's home, they recorded they checked the licence and there were no relevant conditions. Previous conditions were removed from the OASys Risk Management Plan when they reviewed it.

17.3.84 The information provided by the Police was useful and provided sufficient detail about the incidents and those involved for Probation to evaluate the risk Chris posed. Thames Valley Police also usefully include the DOM5 grading on their information returns which supported the Probation Practitioners risk assessment and flag the presence of information that is held by the Police regarding the risk to the victim. The DOM5 risk grading was never higher than medium in relation to incidents involving Jenny which also supported the Probation risk assessment of medium risk of serious harm. This may have been different if she had been referred to MARAC.

17.3.85 South Central Ambulance Service (SCAS)

17.3.86 SCAS did not have any indication of domestic abuse escalation within the family and could not have foreseen the outcome of events by the small amount of involvement the service had with the persons subject to this review. It may have been difficult for staff to have safe conversations around domestic abuse due to the situation and the need to deal with the medical emergency. However, they were proactive when safeguarding Jenny and called Police when they had a concern for Jenny's welfare and made several Adult Protection referrals.

17.3.87 Whilst the response to domestic abuse by agencies is seen as safeguarding, there are individual challenges for SCAS who work as first responders when referring domestic abuse survivors. This is because SCAS operates across boundaries so individual programmes within a geographical area provide challenges to SCAS using these reporting pathways. Also, although survivors may be vulnerable, they often do not meet Care Act criteria which prohibits the conventional referral routes for SCAS who operate as a first responder.

17.3.88 To combat these challenges, the SCAS safeguarding team have been working with another NHS ambulance service trust to develop a bespoke domestic abuse referral form which would support survivors, other agencies, and local authorities.

17.3.89 New Hope

17.3.90 Chris approached New Hope again in 2019 but did not engage after the initial contact. His engagement, albeit sporadic only began in earnest in September 2021 after his release from prison. His support worker kept in regular contact with his Probation Practitioner, housing and CMHT to ensure collaborative working.

17.3.91 Chris at times was very hard to locate and to direct to his appointments. Even with these challenges there was good use of emails, phone calls etc to help locate him and remind him of his appointments, especially when the appointment involved seeing the doctor. All avenues were explored to reach out to Chris to offer him help around his drug and alcohol usage but unfortunately, he did not engage with the offer of intervention.

17.3.92 Other agencies involved with Chris during this time was Silva Homes and BWA (with Fran). These organisations were very much part of Chris's life during this period and have been able to provide insight into what else was happening. As such below is a brief analysis of their involvement with Chris and Fran.

17.3.93 Silva Homes

17.3.94 There were seven contacts with Fran, mainly to discuss the allegations of anti-social behaviour (ASB) from neighbours. These included reports of shouting and screaming between Chris and Fran. The Customer Relations Partner would query these allegations, but these were always denied, and Fran never elaborated on any domestic abuse incidents.

17.3.95 Most of the contacts with Fran was via the phone due to COVID-19 restrictions. If this case were occurring today, there would have been more in-person contact, such as home visits or meeting the customer in the office.

17.3.96 The Customer Relations Partner was heavily involved in this case due to the impact of ASB on the wider community rather than domestic abuse. There were never any follow up reports regarding arguments between the two of them. On one occasion Fran had broken her ankle, although there was no evidence provided that stated this was due to Chris, it should have been considered as a possibility and explored further. It was not until Fran informed Silva Homes of Chris breaking her nose that they first became aware and were then able to support her with her move to safety.

17.3.97 It is essential housing providers explore domestic abuse where there are reports of anti-social behaviour. Silva Homes' Domestic Abuse policy is linked to its Anti-Social Behaviour policy in that it states domestic abuse can be considered a form of anti-social behaviour, and is classed as a category A issue, which means that it will be responded to in one working day. However, the policy could be clarified to recognise the complexities of domestic abuse and how Customer Relations Partners should try to identify the warning signs when receiving a report of anti-social behaviour, that could in fact be someone suffering domestic abuse.

17.3.98 Berkshire Women's Aid (BWA)

17.3.99 Fran was initially referred to Berkshire Women's Aid in September 2019 by Children's Social Care due to the abuse from Chris. Contact was successfully established, and she disclosed an incident of physical abuse which involved her being dragged across the floor by her hair. Immediate support needs were discussed, she was safe with a friend and the whereabouts of her children were confirmed; she was encouraged to contact the Police to report incident. Signposting and safety planning advice was given, and an arrangement made to follow up contact and complete a full DASH RIC and initial assessment. Unfortunately, she did not engage after that time, thirteen attempts were made to try and contact her but were unsuccessful. BWA sought additional contact information with Children's Social Care during this period who provided alternative details which were also tried. Prior to closing the case in January 2020, the referrer was informed of the closure and non-engagement.

17.3.100 Fran declined to complete the DASH RIC during this initial call and said she was tired and wanted to sleep which meant BWA were unable to identify the risks from Chris, especially after the disclosure of the physical assault. Although BWA liaised with Children's Social Care for alternative contact details there may have been an opportunity to have worked with them to carry out a joint appointment creating an opportunity for her to engage and be risk assessed.

17.3.101 There was no further contact with Fran until November 2020 when she self-referred via the helpline. On this occasion, she disclosed multiple high-risk factors and was identified as high risk. This was positive that she felt able to share this and wanted support to explore refuge. BWA made multiple contacts with Fran during this time November 2020, they led with the search for the refuge with New Hope supporting her regarding her drug and alcohol support needs.

17.3.102 SafeLives best practice requires DASH RICs to be reviewed every six to eight weeks. Fran's DASH RIC was not reviewed for 13 weeks after the initial DASH RIC was completed. Berkshire Women's Aid were in regular contact with Fran throughout this time however, from reviewing the case notes, contacts were often short (at the request of Fran) and did not afford the worker(s) time to complete formal reviews of support in a way that is in line with their processes. Despite no formal review of the DASH RIC being completed, the service continued to work with Fran as a high-risk victim of domestic abuse and regularly reviewed the safety planning in place. Whilst the DASH RIC would have ideally been reviewed within designated timeframes, the fact that this was not able to happen did not prohibit access to support or change Berkshire Women's Aid's approach and demonstrated flexibility to continue providing support to a high-risk victim/survivor even though she was reluctant to engage with standardised processes.

17.4 Impact of domestic abuse and the risk of suicide

17.4.1 Research is still limited with regards to domestic abuse and suicide, however, in 2004, Prof Sylvia Walby[50] estimated that 1 in 8 of all female suicides and suicide attempts in the UK were due to domestic abuse. This equated to 200 women taking their own lives a year and nearly 30 women attempting domestic abuse related suicide every day. A Home Office and Police study[51] found in the first year of the pandemic (April 2020-March 2021) there were 38 female domestic abuse related suicides. Within these studies there it is thought that 10 women a week take their own lives due to domestic abuse with 30 attempting it each week, however reporting and recording is still not accurate.

17.4.2 Domestic abuse has a devastating impact on the victim's health and wellbeing and at times they feel there is no way out. The new national Suicide Prevention Strategy 2023[52] is clear that every suicide is preventable organisations need to work with those at risk and consider interventions that meet their needs. It is imperative suicide prevention strategies/polices are linked with organisation domestic abuse policies. Staff domestic abuse training needs to ensure it includes the risk of suicide and the high-risk indicator it poses. Bracknell's Domestic Abuse Strategy[53] and Berkshire Suicide Prevention Strategy 2021-26[54] have been recently reviewed and highlight the links between domestic abuse and suicide. There is a Berkshire Suicide Prevention Group which reviews Police Real Time (Suspected) Suicide Surveillance data including those where there are known/suspected links to domestic abuse (victims and perpetrators), and an East Berkshire

[50] https://eprints.lancs.ac.uk/id/eprint/55255/1/cost_of_dv_report_sept04.pdf
[51] https://cdn.prgloo.com/media/02d412c416154010b5cebaf8f8965030.pdf
[52] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028
[53] https://www.bracknell-forest.gov.uk/council-and-democracy/strategies-plans-and-policies/crime-and-community-safety-strategies-and-policies
[54] https://democratic.bracknell-forest.gov.uk/documents/s194945/Berkshire%20Suicide%20Prevention%20Strategy%202021-2026.pdf

Suicide Prevention Strategic Meeting. These groups have a domestic abuse representative present.

17.4.3 Jenny's suicide attempts at times were seen as a 'mental health episode' and some of the language used was that she was experiencing mental health issues with domestic abuse not being linked to, considered, or fully explored. Research by Warwick University and Refuge[55] found 96% of those in the suicidal group reported feeling despairing or hopeless, 49% of the suicidal group scored within the severe range of psychological distress and 86% of the suicidal group reported feeling depressed. Jenny had expressed she was feeling all these emotions.

17.4.4 Practitioners voiced their concerns for Jenny's welfare, and there is evidence of risk assessments being undertaken, however, these were in relation to her mental health rather than the danger posed as the result of her experiencing domestic abuse. Police and SCAS were proactive in raising their concerns for Jenny when they attended the property raising safeguarding referrals but again this was not around the domestic abuse and the link to her suicidal ideation. The hospital could have also used further professional curiosity when she presented with intentional overdoses with regards to domestic abuse.

17.4.5 When officers attended Jenny's address the day she died, Jenny appeared to have given up on any hope of the abuse stopping, the officers Body Worn Video show her refusing to leave, saying:

- *"I am humiliated… 13 years I haven't left this house*," and "*I am done*."
- "*30 years of hell, being abused, kicked, money stolen from me."*
- "*Chris beat me. I still got a lump there. It still hurts. He cracked my head on that door, and I tell you what I went down like a sack of shit, and that was 2 months ago, or a month ago. Find I couldn't remember my name."*
- "*Do you know you have signed my death warrant. He said if I called the police again, I'm going to die, and I believe that."*

17.4.6 Jenny refused medical treatment, she appeared lucid and not intoxicated. She did not present as emotional and spoke clearly and openly, albeit defiantly. She told officers she could not deal with things, saying "*Leave me alone. Go*." "*I have done what I have done*." She then went on to talk about years of abuse from Max. Attending officers asked Jenny to let them help her which she replied, "*No. I just. Let me go to sleep. I have done it. I do not want this anymore; I want to die*." When informed that she could be taken to the hospital by force Jenny stated, "*I'll just come back and do it again, and again, and again."*

17.4.7 Jenny on multiple occasions stated she would take overdoses so Max and Chris would listen, or to make the abuse stop. What options did Jenny have to escape the abuse? Did she feel she had anyone to turn to?

17.4.8 Although Max was no longer living with her there continued to be contact, there was a financial impact with regards to his care and he continued to make the threats of taking his own life.

17.4.9 Jenny was then being abused by her eldest son, someone she loved and had serious concerns about. All of this would have taken a considerable toll on her which is clear from her final comments to officers on the day of her death.

17.4.10 Those who consider taking their own lives feel despair and no way out, therefore early intervention is essential when trying to stop them making the decision to die by suicide.

[55] https://nspa.org.uk/wp-content/uploads/2021/04/New-Suicide-Report2c-Refuge-and-University-of-Warwick.pdf

18. Effective Practice and Learning

18.1 Information sharing

18.1.1 Information sharing is essential for individuals to receive the right services at the right time and prevent a need from becoming critical and difficult to meet. When information is looked at in isolation agencies are unable to see the whole picture and are unable to appropriately risk assess and offer the most appropriate intervention.

18.1.2 Organisations involved with Jenny, Max and Chris were proactive in sharing information and holding different multi-agency meetings. These were all held by those working with Max or Chris with Jenny also being discussed but she was never the central focus. Even though information was shared about Jenny's overdoses, and concerns for her welfare, the domestic abuse appears to have been lost with regards to the causal factor to her presentation. If this had been identified and the risks shared via MARAC, or another multi-agency processes, specialist domestic abuse provision and intervention may have been achieved.

18.1.3 That said there were examples of positive practice:

- Police were proactive in their referrals to adult social care for Jenny (even though there is no record of receipt from these by social services – this will be further discussed within this section).
- SCAS shared their concerns for Jenny referring her to Adult Social Care.
- Max's Care Coordinator discussed Max at the Complex Need Forum where Jenny and Chris were discussed, and concerns raised.
- Chris's Care Coordinator repeatedly made attempts to engage with him by seeking support through other agencies working with him.
- There were several multi-agency meetings held regarding Chris by Probation ensuring those involved in his support was invited.
- The Prison interacted with the community teams to try and ensure a plan was in place upon his release.
- The hospital and SCAS informed the GP of Jenny's overdoses and concerns for her well-being.
- Silva Homes were able to work with Fran and other services to remove Chris from her property and she was able to find safety in another area.
- The outcomes achieved with Fran during BWA's support were directly linked to consistent, positive multi-agency working. Professionals collaborated to secure space in refuge that met her needs and ensured that the barriers to leaving were mitigated as far as possible. This involved securing a transfer of clinical support to her new local area, securing transport, and working with her to ensure she was fully informed of her rights around her existing tenancy.
- Agencies were also proactive at engaging in support planning, with New Hope and BWA collaborating on a safety plan for Fran to ensure the alarm was raised if she did not attend appointments and how they would manage attendance times for her and Chris.
- BWA led the search for the refuge working closely with New Hope to ensure all support was transferred to the refuge.
- It was also clear that the working relationship Fran gained with the TVP officer promoted positive professional contact and supported her to assess her options and enter refuge.

18.1.4 However, there were opportunities where information could have been shared and wider discussions:

- The risk to Jenny was never seen as high even when there were high risk factors and the abuse was escalating, this meant she was not heard at MARAC or received an offer of support by an IDVA.
- There was limited interaction by Police with Probation to ensure those working with Chris were aware of the current situation and risk, especially after his arrests.
- No intelligence was submitted in relation to the report from Probation that he was not engaging with his licence and was back at Jenny's property.
- When Chris's Police bail was changed to 'Released Under Investigation', he had already breached his bail conditions, which Jenny had called to inform the OIC. The OIC did not acknowledge or follow up on. Since this Thames Valley Police have implemented Operational Guidance on 'Releasing domestic abuse suspects – Released Under Investigation (RUI)'. To comply with College of Policing guidance, for suspects in custody, before releasing them under investigation (RUI), medium and high-risk cases must have a full rationale documented by a detective inspector. Standard risk cases must have a full rationale documented by the PACE (Police and Criminal Evidence Act 1984) inspector. When converting bail to RUI, medium and high-risk cases must have a full rationale documented by a detective inspector and standard risk cases must have a full rationale documented by an inspector. It is essential therefore that officers ensure that they conduct regular checks of investigation logs to make sure they do not miss information relevant to any decision making especially with regards to safeguarding and domestic abuse.
- When Jenny reported Chris sending the Mother's Day card and peering through her garden fence in April 2022 he had breached the conditions of his prison licence. There is no record that this information was seen by the OIC or shared by Police with Probation. Probation was therefore unaware of this breach of licence conditions. Officers must ensure that they review the content of investigation logs and share information with other agencies as appropriate as this would have helped Probation gather evidence and make an informed decision whether to recall Chris.
- Chris would have benefitted from being managed under the IOM. Eligibility for the Flex cohort seems to be less understood, and Probation Practitioners need to have confidence in making referrals, challenging refusals, and engaging people on Probation in the scheme. An action will be set for the IOM Strategic Lead to secure management information to provide assurance that relevant cases are being considered.

18.2 Record keeping

18.2.1 Accurate record keeping is a vital part of effective communication within all organisations who work with vulnerable people as it ensures the continued safety of those in need of support. Throughout this process there has been evidence where records were not as detailed as expected. This may have been due to the pressures of workloads and the ability to be able to have recorded conversations and concerns.

18.2.2 The impact with the absence of detailed records was evident in these circumstances:

- The lack of recording around the decisions not to escalate Chris's case within Probation to support the IOM referral makes it difficult to understand the professional judgements made.
- A recall to court should have been considered by the Probation Practitioner due to Chris's arrest in June 2022 and his lack of engagement with any decisions clearly recorded by the supervising officer. It is unclear why this was never completed.
- Jenny's GP records did not have any problem codes regarding the abuse, self-harm/suicidal, or mental health. There was an opportunity for the GPs to use accurate

and appropriate problem codes on the Primary Care Records as well as looking at the use of "warning flags" on the notes to highlight significant issues to all clinicians.

- When Police record 'refused to answer' on their DOM5 or within their notes, they need to be able to detail their observations as well as the victim's responses.

18.3 Recognising and responding to counter allegations

18.3.1 Counter allegations can be difficult for any frontline worker to manage, navigate and respond to. Many of those who abuse will make counter allegations to continue the coercive control over their victims. It enables abusers to create doubt by professionals regarding the victim and seek to control the situation and professionals. All practitioners should be aware of counter allegations and the motivation behind them. It can be dangerous for the victims when there are counter allegations made as risk may not be evaluated appropriately and unsafe referrals may be made.

18.3.2 Max made counter allegations against Jenny, which resulted in Police arresting and de-arresting Jenny, which caused her distress which was evident when she called the following day to understand the reasons for her arrest. Even so, Max was not spoken to after this allegation and no DOM5 was completed with him. Max was a known victim of violence from Chris and there had been repeated calls to the home, but the allegation was never fully investigated. The Sergeant should have ensured that Max and any other persons involved were recorded correctly, and fully investigated, before filing, to maintain accurate information. This was a missed opportunity to have explored Max's perception of the relationship as well as speaking with Jenny when she wanted to have further understood of the arrest.

18.3.3 From 2020, Thames Valley Police commenced the roll out of the SafeLives DA Matters training programme[56]. As part of this, there are now Domestic Abuse Champions throughout the organisation. The training programme helps police to 'understand what is meant by the term coercive control, challenges victim blaming and prompts them to recognise the high levels of manipulation used by those perpetrating it, including in interactions with law enforcement'.

18.3.4 Other agencies also recorded their concerns regarding both Max and Jenny being victims and perpetrators of abuse and not knowing who and where to go to. Practitioners do not need to be experts in this however, they should feel confident and competent to explore the abuse, appropriately risk assess and seek advice and guidance from domestic abuse specialists. Bracknell Forest Domestic Abuse Strategic Lead has shared the SafeLives Counter Allegations[57] resource to all panel members to support with their learning and development as well as sharing it with frontline staff.

18.4 Professional curiosity

18.4.1 The term 'professional curiosity' links closely with 'respectful uncertainty', where those working with vulnerable people should attempt to view a situation with a critical eye. Questions should be asked, with inquisitive enquiries to try to establish what circumstances someone is in. Those who are working with vulnerable people should be professionally curious in a respectful way to ensure the person does not feel judged and the relationship between them and the worker is not damaged.

[56] https://safelives.org.uk/training/police
[57] https://safelives.org.uk/policy-evidence/about-risk-led-approach/counter-allegations

18.4.2 There was little professional curiosity by any of those who engaged with this family. TheDOM5 was utilised by Police however, there does not appear to have been any further enquiries into the impact the abuse was having on Jenny. This would have enabled officers to look at Jenny's situation with a wider lens and considered coercive and controlling behaviour offences by Max and Chris.

18.4.3 Jenny also shared with Police that her neighbours were witness of the abuse. Many incidents of domestic abuse happen behind closed doors with very few opportunities to have witnesses to these offences. When a victim provides details of witnesses it is essential all lines of enquiries are pursued or eliminated as not doing so may result in a possible loss of available information to inform the investigation and safeguarding.

18.4.4 Silva Homes dealt with Fran initially for anti-social behaviour and did not consider domestic abuse. It is essential all housing providers understand the complexities and use their unique position as landlords to explore what is happening being closed doors and feel able to assess the risk and offer appropriate interventions.

18.4.5 Other professionals who worked with Jenny dealt mainly with the presenting issues rather than exploring what was happening for her. Jenny presented with the trio of vulnerability (domestic abuse, mental health, and alcohol misuse). These were mainly dealt with in isolation rather than looking at the whole picture. If the whole picture had been understood and assessed, the interaction and offer of support may have looked different for Jenny.

18.5 Exploring risk, safeguarding and interventions

18.5.1 A noteworthy area of concern with regards to a gap in safeguarding was with Adult Social Care and its process when in receipt of referrals. Police were proactive with much of their attendance to Jenny with completing an Adult Protection template. When reviewing Adult Social Care information as part of this review, they had no record of any of these referrals from the Police and only recorded the two sent by SCAS.

18.5.2 The chair of this review spoke with the Assistant Community Services Manager from the Adult Social Care Hub (a single point of access for all adults into adult social care) who explained, up to 30/09/2023 Bracknell Forest Adult Social Care Services consisted of several teams, all of whom had their own route into their services:

- Adult Community Team– working with Adults 18+ with physical disabilities and long-term conditions (e.g. Diabetes etc)
- Community Team for People with Learning Disabilities– working with Adults 18+ with learning disabilities and Autism.
- Community Mental Health Team for Older Adults– working with Adults over 65 with Dementia diagnosis.
- Community Mental Health – working with working age Adults 18 – 65 with enduring mental health diagnosis.
- New Hope – Drug and Alcohol Team.

18.5.3 Most enquiries and referrals were received through a generic adult services email account, which was monitored by administrative staff linked to the Adult Community Team. Individuals would be checked to ascertain if they were known on the system and if known and linked with a team, the enquiry/referral would be forwarded direct to the team for them to action as appropriate.

18.5.4 The Adult Community Team administration would not be responsible for uploading the referral onto the system if the person were known to another team. If the person were unknown, then this would be passed to the Adult Community Team for a Senior Social Worker to triage and decide who the most appropriate team would be to action. This would then be forwarded directly to the team unless the Adult Community Team felt the referral should be progressed.

18.5.5 No records would be automatically recorded if the referral were received regarding other teams especially if the person were not on the Bracknell Forest Council computer system. Adult Community Team do not have access to RIO (health systems), therefore would be unable to ascertain if the person were known to health e.g. Mental Health records. They would not have been aware of any actions undertaken by teams following the transfer of the referral as these would not be recorded on the council system.

18.5.6 During COVID-19, referrals to the Adult Services email account increased significantly and it became apparent that the Adult Community Team were not equipped to manage the requests on behalf of all the other teams and it was recognised there were numerous routes into Adult Social Care Services.

18.5.7 From the start of October 2023 all referrals/access into Adult Social Care Services go into the Adult Social Care Hub where the team is made up of staff from the Adult Community Team, Community Mental Health Team for Older Adults and Community Team for People with Learning Disabilities. All referrals are recorded onto the system with a decision and rationale recorded as to initial actions. If the person is appropriate for CMHT, the contact would be forwarded to action as per their process. If the person is not on the system, the Hub Seniors will create the person to enable to a record of contact, actions, and input as appropriate.

18.5.8 As a result, even though Police were proactive with their referrals and sending them to the correct email address they assumed intervention was being taken, but these were never recorded or actioned by any of the social care teams. It is unclear why the two SCAS referrals were recorded (no action was taken which the reasons are not recorded) creating some confusion as to why certain referrals were considered and others not.

18.5.9 Adult Social Care has reassured the chair that the new system now records every referral received into the Hub and all actions and decisions are recorded within the persons notes. It is concerning for the chair and the panel that there were 1000's of referrals made by agencies to Adult Social Care but due to the old process many were not recorded or taken forward leaving referrers with a false sense of assurance some action had been taken for those vulnerable in the community.

18.5.10 Risk is dynamic which has been demonstrated throughout this review. Although the Police identified Jenny as medium risk through the DOM5, there were other occasions where different agencies should have been proactive in completing DASH RIC's as well. There was an over reliance on the Police risk assessments, resulting in other agencies taking the opportunity to explore the risks to Jenny at different times and by different workers. Jenny may have made different disclosures to different professionals who she had confidence and trust in. Therefore, all of those who work with people should be aware of the DASH RIC and feel able to complete them when required.

18.5.11 In the context of Jenny being the subject of previous adult protection referrals and Max being in hospital after an overdose, the OIC should have tasked the Police within the Multi Agency Safeguarding Hub, so they had an opportunity to review whether it was necessary and

proportionate to refer on the concerns to Adult Social Care. Additionally, there is no evidence to indicate support services were offered to Jenny regarding mental health, alcohol, or domestic abuse when she was assaulted by Chris.

18.5.12 The Complex Case Forum correctly identified Jenny would be at risk of harm should Max return home and were able to safeguard her by exploring alternative care options for him. They were also able to discuss the concerns they had for Max when Jenny and Chris both visited him in supported living and the impact Chris's behaviour had on Max. They made positive safeguarding provision to stop Chris attending and were making efforts to support Jenny make the changes to Max's pension and finances.

18.5.13 The partial closure order on Fran's property enabled Silva Homes to stop Chris coming to the property, however, this meant Fran was also punished when he returned. Victims of abuse are never to blame when abusers use coercion, control, and fear to return to the home. Fran was listed as a perpetrator of Anti-Social Behaviour rather than a victim of domestic abuse; this was not appropriate and should have been amended as soon as the domestic abuse was known. Additionally, Chris was never listed as a perpetrator linked to the property, this may have been due to him not being a tenant. However, it is possible to add non-Silva Homes tenants to a case, which can be done manually. If Silva Homes are made aware of people who pose a risk to a customer, these records can be flagged for colleagues to be aware of.

18.5.14 On BWA's contact with Fran in November 2020, a DASH RIC was completed with a score of 19, indicating she was at high risk of serious harm or fatal assault. At the time, BWA's processes were to allocate the case to an outreach worker who would complete the referral to MARAC. Due to the challenges in being able to establish successful contact the referral to MARAC was delayed and was not completed until a month after the initial contact. Whilst several professionals were involved, referrals to MARAC are essential to ensure all agencies are aware of the risks to the individual and can take appropriate steps within their agencies to mitigate these. The delay in referring to MARAC was unsatisfactory as any delay has potentially significant implications for ensuring the safety of survivors identified as high risk.

18.5.15 BWA's processes were updated in 2021 to ensure that Helpline team members complete a MARAC referral immediately in response to a survivor being identified as high risk. Helpline team members outline the nature and purpose of MARAC and provide the client with the opportunity to provide informed consent, noting however that this can be overridden, in high-risk cases, if the client does not consent.

18.5.16 In relation to Fran, the BWA worker provided a comprehensive response to ensure all appropriate agencies were informed of the various concerns raised and were able to take appropriate follow up actions, including:

- A referral to Children's Social Care for Fran's children and to Adult Social Care for an unrelated third party about whom they received a disclosure.
- A referral to the Crisis Team and No Woman Turned Away to address Fran's immediate needs.

18.6 Experience of staff and increased work-pressures

18.6.1 There is always the risk that with inexperienced staff there is a higher chance that risks will be missed, and processes will not be followed. This is not to blame those coming into new roles as they require time, training, and supervision. Unfortunately, with increasing caseloads, pressures on time and the lack of mentors to support new staff this can lead to mistakes being made.

18.6.2 This was especially evident within Chris's case and Probation. He had three different Probation Practitioners all of whom were not experienced to be overseeing a high-risk offender. The new Probation Practitioners had little managerial oversight which in turn impacted on their decision making and their ability to follow organisational expectations, these have been fully explored within the analysis.

18.6.3 The HM Inspectorate Report on Probation 2022/23[58] found that within Probation a repeat finding was high number of inexperienced staff and lack of experienced staff. In addition to the under-staffing of frontline roles, the report also found shortages of Senior Probation Officers. Staff interviewed talked about the pressure and responsibilities for line managing large numbers of Probation Practitioners. They felt this led to a weakened 'first line of defence' against the mistakes that new and inexperienced practitioners could be making, and limited opportunities for reflective supervision and coaching.

18.6.4 It also found that there was dangerous practice with inexperienced staff holding high risk cases with high caseloads, which in turn impacted the staff's ability to safely manage these offenders.

18.6.5 To ensure this risk is reduced, new members of staff should be provided with Senior Probation Officers who are confident in their role, are able to provide insightful oversight and guide them with difficult and complex cases.

18.6.6 Probation is not the only organisation to face these challenges, all statutory services are under extreme pressures with recruitment, retaining staff and demand on services. This can at times be a dangerous cocktail where risks and opportunities to safeguard can be missed. This is in no way to proportion blame on anyone who worked with those involved in this review, but to try and understand the enormous pressure those in frontline services face especially when working with complex vulnerable people.

18.6.7 All organisations need to be able to allow their staff to complete their roles thoroughly and efficiently, allowing time to engage with clients, self-reflection, and self-care.

19. Recommendations

19.1 Recommendation 1 – Thames Valley Police and Probation

Thames Valley Police to ensure information is shared in a timely way when there is Police contact with people on so that Probation can take appropriate action such as recall.

19.2 Recommendation 2 – Primary Care

Add a SNOMED[59] problem code to the patient's primary care record to identify any significant events that may alert the practitioner to review the record for further information. This may then influence how they treat the patient. For this IMR, the relevant SNOMED codes are:

- History of Domestic Abuse
- Victim of Domestic Abuse
- Intentional Overdose
- History of Repeated Overdose
- Vulnerable Adult

[58] https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2023/09/2022-2023-HMIP-Probation-Annual-Report-v1.0.pdf
[59] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submission-guidance/an-introduction-to-snomed

- Adult Safeguarding Concern

The SNOMED code should be accurately entered into the patient's health record.

19.3 Recommendation 3 – Primary Care
Ensure that all practitioners are aware how to add "Warning Flags" to a patient's primary care record to highlight any significant issues to colleagues.

19.4 Recommendation 4 – Primary Care
The learning from this review to be presented at the annual Level 3 Safeguarding Training Autumn/Winter 2023 which is available to all clinicians working in Primary Care.

19.5 Recommendation 5 – Primary Care
Promote use of the Ardens Template for "Depression" on the Primary Care Education Management Information System. This contains a specific section on Domestic Abuse Screening with relevant prompts.

19.6 Recommendation 6 – Primary Care
To produce a Domestic Abuse Pathway & Flowchart for Primary Care that contains important legislation, processes, pathways, and local information with domestic abuse specialist details for easy referral.

19.7 Recommendation 7 - Frimley Health NHS Foundation Trust
Undertake an audit of its domestic abuse practice and pathway and in undertaking this should consider using the Pathfinder toolkit[60] (2020) as a baseline.

19.8 Recommendation 8 - Frimley Health NHS Foundation Trust
Review its domestic abuse training offer to include the learning from this review, specifically signposting to alcohol misuse service, referral and utilisation of Alcohol specialist nurses and awareness and utilisation of MARM.

19.9 Recommendation 9 – BHFT
Where practitioners are unsure about the best support to offer regarding domestic abuse then advice from BHFT's safeguarding team should be sought.

19.10 Recommendation 10 – BHFT
Reminder to practitioners that when disclosures of abuse are made a DASH risk assessment should be completed and a referral to specialist domestic abuse services offered, regardless of whether there is lack of clarity that they are a victim or perpetrator. Should that victim then not engaged with domestic abuse services but there are further disclosures, a repeat DASH RIC should be completed and offer of rereferral to services be made.

19.11 Recommendation 11 - Probation
Appropriate decisions are made about recall, the process is adhered to, and decisions are fully documents.

19.12 Recommendation 12 - Probation

[60] The Pathfinders pilot project was funded by the Department of Health & Social Care and Department for Culture, Media & Sport. They developed a tool kit (Pathfinders 2020), which is unique in its whole-system approach to health and domestic abuse. Its ambition was to create an innovative, comprehensive, and sustainable model responding to domestic abuse across the health economy. The model response is the result of emerging, promising practice at the pilot sites coupled with the expertise of the Pathfinder consortium. The key components of the whole health model response are outlined as part of this Toolkit.

The communication and enforcement for those on Probation who are homeless is developed in the Bracknell team.

19.13 Recommendation 13 - Probation
Appropriate measures are utilised to manage the risk of known victims of domestic abuse, including assessments and the risk of suicide and domestic abuse.

19.14 Recommendation 14 - Probation
All relevant cases are considered for IOM, and records are detailed with any decisions ensuring managerial oversight.

19.15 Recommendation 15 – Silva Homes
Compulsory Domestic Abuse training should be incorporated as part of the induction process for the Customer Relations Partners.

19.16 Recommendation 16 – Silva Homes
All policies within Silva should contain links to the domestic abuse policy.

19.17 Recommendation 17 – Adult Social Care
To complete a 6-month review of the new Single Point of Access (Adult Safeguarding Hub) to ensure referrals are entered onto the system, decisions are recorded, and actions are completed.

19.18 Recommendation 18 – Bracknell Forest Council
To include Counter Allegations within the domestic abuse training available to services or to offer a separate module to enhance frontline and managerial learning.

19.19 Recommendation 19 – Public Health
Suicide Awareness training to include domestic abuse.

19.20 Recommendation 20 - All agencies
Ensure Suicide Prevention Policies/Strategies are linked with organisational domestic abuse policies.

20. Conclusion

20.1 The panel and chair are aware this review has included extensive information on Jenny's two alleged abusers rather than her. This has been a challenge due to such little information recorded about Jenny. All efforts have been made to ensure Jenny has remained central to the report and the discussions. Unfortunately, within the multi-agency meetings Jenny was either blamed for the abuse, was not recognised at risk, or was seen as uncooperative with alcohol and mental health issues. This review has highlighted what a difficult and complex situation Jenny was in, and this was also difficult for agencies to navigate.

20.2 The pressure on Jenny having two abusers was evidently creating extreme difficulties managing day-to-day. Max had been abusive to Jenny throughout their marriage with her children witnessing this and even after his overdose and moving out of the home address, he continued to try to manipulate her. Max was never going to stop with his threats to kill himself, which continue to this day.

20.3 It is recognised Chris had been subjected to domestic abuse as a child and this impacted on him. He also had additional complexities he was battling with such as mental ill-health, substance misuse and homelessness. Although he clearly loved his mother, he continued to allegedly abuse her up until her death. The panel hope that he will be supported with his childhood trauma, bereavement, and current situation to reflect, learn, stop offending and using violence to others.

20.4 From her last words to her youngest son and to officers it appears Jenny could not see any other way to make the abuse stop. Bessel Van Der Kolk MD states:

"*If a trauma victim is unable to imagine an alternative future, then they have no place to go"* and "*sometimes after being exposed to a traumatic experience, people feel immobilized and have a hard time finding purpose and pleasure in their current life, and focus, instead, on their traumatic past"*[61] .

20.5 This may explain how Jenny was feeling, and how she was unable to see an alternative future with suicide as her only option.

20.6 Jenny's other two children were clearly concerned for their mother and made multiple attempts to try and keep her safe and were in an incredibly difficult situation trying to protect their mother from their brother. It is unimaginable the pain and heartache they went through whilst Jenny was subjected to the abuse and since her death and we hope they have the support, love, and care to remember Jenny in their own individual way.

[61] https://www.besselvanderkolk.com/resources/the-body-keeps-the-score

Appendix 1 - Chris's intimate relationship

Shortly before and throughout the timeframe for the review Chris was in a relationship with Fran where there were repeated reports of domestic abuse within the relationship (there were children involved however, these were not Chris's). The following is a summary of this relationship (provided by agencies involved with the couple) providing an insight into Chris's life leading up to Jenny's death.

It is believed Chris and Fran started their relationship in 2018. In August 2019 he was arrested for assaulting her by dragging her across the room by her hair (a metal baseball bat was also seized from the address causing concerns for her safety). Fran was identified as medium risk of harm after completing theDOM5, she disclosed Chris had become more violent, there was an escalation in frequency especially when he had been drinking alcohol, and that the relationship was over. Officers raised concerns in relation to the state of the property and the potential impact on the children's health.

Following a referral to BWA from Children's Social Care in September 2019, and initial engagement, contact was lost with Fran and despite multiple attempts to contact her were made, the case was closed in in January 2020 and the referrer updated.

Following Children's Social Care involvement Fran made a DVDS request in October 2019 and accepted a disclosure. Chris breached Police bail conditions when he attended Fran's address, unfortunately she later provided a withdrawal statement and due to the Police receiving three different accounts there was no opportunity of an evidence led prosecution and therefore the case was filed with no further action taken.

Due to ongoing anti-social behaviour during the beginning of 2020 at Fran's address (Chris, was not an official tenant) a multi-agency meeting took place in May, with a partial closure order was agreed, however, further evidence was required. Fran was visited by Police but was not willing to engage with them. During a Partnership Problem Solving Group in June 2020, due to the antisocial behaviour and drug dealing involving Chris, the property was discussed and as a result Acceptable Behaviour Contracts were to be given to each person in September 2020.

Chris told professionals the allegations were not true, claimed both used cannabis but no other substances. He alleged he was 'trying to patch things up' with Fran after she had been 'unfaithful' and denied any domestic abuse. This information was shared with CSC (the children were living with their father since COVID-19), police, Silva Homes, and housing.

Police attended the property in August 2020, five children were present who appeared neglected. The original caller said they could hear fighting and were concerned for the children within. A verbal argument was disclosed to Police however, Fran declined to engage, the report was shared with Children's Social Care. Later that month a neighbour reported to Police a domestic incident between the couple. Fran told attending officers there had been a verbal argument, and Chris had left the property. She declined to complete any paperwork, or engage with the Police, she was graded as medium risk, and no further action was taken.

A partial police closure order was affixed to the property in September 2020, both were arrested for breach of the order two days later. Fran disclosed to officers that she struggled with her mental health, felt she was not supported (it is unclear who by) and was going around in circles. She disclosed that she suffered with EUPD[62], severe anxiety, bipolar disorder and although understood she was able to live at the address and Chris was not, she was struggling without Chris and could not cope. As a result of all of

[62] EUPD - Emotionally Unstable Personality Disorder

this, she was having suicidal thoughts, it is unclear what intervention was provided after these disclosures.

In November 2020, Fran contacted Police after she had been assaulted and had fled to a friend. Upon Police arrival she was bleeding from her nose which appeared broken and initially stated that she had been assaulted by unknown females. She then told officers Chris had assaulted her and he had told her to say it was unknown females. Initially she declined to engage with Police and would not tell officers where Chris could be located. She also told Police she did not want to send '*the man she loved'* to prison but she feared repercussions from him. Her friend also told Police that Fran had been on the phone to a domestic abuse service when the argument started, and that Chris assaulted her on a regular basis. Police graded the disclosure as high risk[63] which was later regraded to medium by DAIU. The incident was shared with CSC, Chris was arrested and bailed.

BWA was contacted by Fran in November 2020 seeking help, high risk factors included:

- control,
- emotional abuse,
- sexual abuse,
- strangulation
- isolation,
- threats to kill,
- use of weapons,
- His use of substances.

She was identified as high risk with a score of 19 on the DASH RIC, a referral to MARAC was made but not until the following month (December 2020) and not heard at the MARAC until January 2021.

During follow-up Police visits, officers recognised Fran as a repeat victim showing signs of fear of repercussions from Chris as he had '*drummed it into her'* that she had to protect him at all costs. She also told officers she could not see her children due to fear for their safety around him. She disclosed that due to the previous two years she was a nervous wreck, he constantly belittled and humiliated her, and she wanted to end the relationship but was scared he would become violent. She wanted to consider support from a domestic abuse service, a move to refuge, was supportive of the investigation and wanted to explore civil remedies. Worryingly after this conversation she was found in the company of Chris on at least 2 occasions while bail conditions were in place.

In December 2020, Fran disclosed to Silva Homes that Chris had nearly poured a kettle of boiling water over her and was seeking a refuge out of area. She confirmed to Police that she had ended the relationship, who completed an Adult Protection template due to concerns for her mental health. The domestic abuse service contacted CPE with regards to concerns that she had made two suicide attempts in two weeks. Fran was referred to CRHTT, she told them she was with a friend in another area as she did not feel safe and had changed her phone number to stop Chris from contacting her as his behaviour was erratic. She denied feeling suicidal and felt better staying with her friend.

Throughout November and December 2020 Berkshire Women's Aid remained in contact with Fran searching for refuge. She disclosed suicidal ideation and difficulties regarding substance use and she also raised concerns regarding Chris spending time with a vulnerable adult who she felt he was exploiting. Multiple follow up actions completed:

- MARAC referral completed.

- Children's safeguarding referral completed for her children as she disclosed, she was having unsupervised contact with them despite ongoing substance use.
- Referral to No Woman Turned Away[64] to find suitable refuge accommodation to support with additional needs.
- Referral to CMHT for mental health/crisis support.
- Referral to adult social care for vulnerable adult identified by as being at risk of exploitation from Chris.

By New Year 2021 there were concerns that Chris and Fran had resumed the relationship due to his coercion and the case was heard at MARAC, referred by BWA.

At the beginning of January 2021 neighbours called Police with concerns that Chris had been seen leaving the property. Fran denied Chris was there and told officers it was someone else, she did not engage and was graded medium risk. A few days later Chris was found by officers hiding behind a door at the address, was arrested for breach of bail and coercive control. The case was graded high risk, passed to DAIU and referred to the MARAC. Chris was subsequently charged with the original assault offence and remanded to Crown Court.

At the end of January 2021 Fran told CMHT she had returned to Bracknell and was supporting the Police investigation. She was also working with New Hope regarding her drug use which she used to cope with the domestic abuse. Later that month she confirmed she had moved out of area to a safe location and Chris did not know where she was.

[64] https://www.womensaid.org.uk/what-we-do/i-work-with-survivors/no-woman-turned-away/

Appendix 2 - Home Office DHR Quality Assurance Panel Letter

Home Office

Interpersonal Abuse Unit
2 Marshal Street
London
SW1P 4DF

Tel: 020 7035 4848

www.homeoffice.gov.uk

Susan Halliwell
Chief Executive's Office
Bracknell Forest Council
Time Square
Market Street
Bracknell
Berkshire
RG12 1JD

28th November 2024

Dear Susan,

Thank you for submitting the Domestic Homicide Review (DHR) report (Jenny) for

Bracknell Forest Community Safety Partnership (CSP) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 16th October 2024. I apologise for the delay in responding to you.

The QA Panel noted that this was a strong report which was sensitively written. The review includes a good analysis of the complexity of domestic abuse and a representative panel who showed a strong understanding of the protected characteristics of the victim. The reflection on the impact of age and familial abuse was noted as particularly good practice.

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:**

- It would be beneficial to conduct a thorough proofread of the report, including removing any information that may compromise the anonymity of individuals. For example, paragraph 15.25 of the executive summary and paragraph 18.5.10 in overview report currently include what appear to be the initials of the victim.

- Please consider using explanatory footnotes so that the document is accessible to all readers (such as paragraph 16.3.6 on the police partial closure order).

- The equality and diversity section could be further developed to identify the barriers the victim may have faced in disclosing domestic abuse.

- There is currently no information regarding the independence of the IMR Authors and the Panel members, which should be added.

- Please set out the reasons for the delays in the DHR process.

- The Panel noted that the review may have benefitted from a general discussion from a Catholic Church representative about practical responses to domestic abuse on disclosure.

- The Action Plan would benefit from a review. This includes further consideration on multi-agency working and seeking an update from the probation service.

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

Appendix 3 – Action Plan

BRACKNELL FOREST DOMESTIC ABUSE RELATED DEATH REVIEW ACTION PLAN: Jenny, February 2025

Please note this is a live action plan and subject to change as outcomes are delivered.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
What is the over-arching recommendation?						
1.	Local	HPDU (Head of Probation Delivery	TVP and Probation	Thames Valley Police	01/04/2024	Pending Police restructure 2025.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
Thames Valley Police to ensure information is shared in a timely way when there is Police contact with people on so that Probation can take appropriate action such as recall.		Unit) to share learning from this case with Thames Valley Police to identify if any improvements can be made to the current “arrest list” process.		Protecting Vulnerable People (PVP) will oversee this commitment, but the delivery of this function will vary locally dependent on the structure within each police area. Following the Force restructure due to conclude in 2025 there will be a greater degree of continuity in delivery of this function from within the new Local Command Units.		
2. Add a SNOMED problem code to the patient's primary care record to identify any significant events that may alert the practitioner to review the record for further information. This may then influence how they treat the patient. For this IMR, the relevant SNOMED codes are: • History of Domestic Abuse	Local	Safeguarding Lead for the GP practice to ensure all staff are aware of this requirement via, team meetings, newsletters and patient updates.	Primary Care	In the safeguarding lead GPs meeting hosted by Frimley ICB in Q1 2024/5, this action was discussed and noted that all leads will share this update in their next staff communications to reiterate the importance.	01/04/2024	Completed June 2024. This has been completed within the surgery cited in this review and across Primary Care.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
• Victim of Domestic Abuse • Intentional Overdose • History of Repeated Overdose • Vulnerable Adult • Adult Safeguarding Concern The SNOMED code should be accurately entered into the patient's health record.						
3. Ensure that all practitioners are aware how to add "Warning Flags" to a patient's primary care record to highlight any significant issues to colleagues.	Local	Safeguarding Lead for the GP practice to ensure all staff are aware of this requirement via, team meetings, newsletters, and patient updates.	Primary Care	In the safeguarding lead GPs meeting hosted by Frimley ICB in Q1 2024/5, this action was discussed and noted that all leads will share this update in their next staff communications to reiterate the importance.	01/04/2024	Completed June 2024.
4. The learning from this review to be presented at the annual Level 3 Safeguarding Training Autumn/Winter 2023 which is available to all clinicians working in Primary Care.	Local	Produce a learning document to share with practitioners. To highlight the complexities around domestic	Primary Care	The Safeguarding Level 3 training was on 26/03/24 and this review was featured to ensure learning was disseminated Primary Care wide.	31/03/2024	Completed June 2024.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		abuse especially the trio of vulnerabilities.				
5. Promote use of the Ardens Template for "Depression" on the Primary Care EMIS web system. This contains a specific section on Domestic Abuse Screening with relevant prompts.	Local	Safeguarding Lead for the GP practice to ensure all staff are aware of this requirement via, team meetings, newsletters and patient updates. To highlight the complexities around domestic abuse and depression.	Primary Care	In the safeguarding lead GPs meeting hosted by Frimley ICB in Q1 2024/25, this action was discussed and noted that all leads will share this update in their next staff communications to reiterate the importance	31/03/2024	Completed June 2024. To prompt a consideration of domestic abuse and potential of asking the routine question
6. To produce a Domestic Abuse Pathway & Flowchart for Primary Care that contains important legislation, processes, pathways, and local information with domestic abuse specialist details for easy referral.	Local	Share the Bracknell Forest Domestic Abuse Pathway [65]internally and via other publications throughout the ICB	Primary Care	Bracknell Forest DA Pathway was reviewed and sent to all Safeguarding Leads and Practice Managers in Q1 2024/5	01/05/2024	Completed June 2024. Increased confidence within the workforce of the most appropriate responses and support services available for patients.

[65] https://www.bracknell-forest.gov.uk/crime-and-emergencies/crime-and-community-safety/domestic-abuse/domestic-abuse-information-professionals/resources-domestic-abuse-professionals/domestic-abuse-referral-pathway

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
7. Undertake an audit of its domestic abuse practice and pathway and in undertaking this should consider using the Pathfinder toolkit (2020) as a baseline.	Local	Map current governance processes to respond to domestic abuse. Review current governance processes against the findings of this review and the Pathfinder toolkit and other documented best practice and identify gaps. Update the processes to include a review of the domestic abuse policy and risk assessment tool, training materials safeguarding supervision policy, domestic abuse referral pathway.	Frimley Health NHS Foundation Trust	Mapping of current processes took place in June 2023. Mapping has been completed and circulated within the Trust, December 2023. The new process was circulated within the Trust, October 2023.	01/12/2023	Completed December 2023.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
8. Review its domestic abuse training offer to include the learning from this review, specifically signposting to alcohol misuse service, referral and utilisation of Alcohol specialist nurses and awareness and utilisation of MARM.	Local	Review current training and map against review finding to identify gaps. Develop revised training package. Roll-out revised training package. Develop a longitudinal approach to developing impact.	Frimley Health NHS Foundation Trust	Mapping against IMR findings took place May 2023. Review of training material took place August 2023. Development of evaluation process to measure impact took place August 2023. Commencement of roll out of revised package took place September 2023.	30/09/2023	Completed September 2023. Frimley Health NHS Foundation Trust will have a clear, coordinated and systemic approach to identifying and responding to domestic abuse that results in improved safety planning for its patients.
9. Where practitioners are unsure about the best support to offer regarding domestic abuse then advice from BHFT's safeguarding team should be sought.	Local	Reminders to contact the Safeguarding Team will be reinforced at all safeguarding training. Safeguarding team's details to be put into Circulation the BHFT newsletter	BHFT Safeguarding Team	Safeguarding Team regularly contributes to the Trust's newsletters and have both child and adult safeguarding advice line available 9-5 Mon-Fri. Annual joint adult and child safeguarding forum hosted by the Safeguarding Team provides staff with a	31/07/2023	Completed July 2023 and ongoing.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		for frontline. practitioners. Re-circulate safeguarding team screensavers.		level 3 safeguarding update. Safeguarding Team's contacts are on the BHFT page of the Trust's intranet page.		
10. Reminder to practitioners that when disclosures of abuse are made a DASH risk assessment should be completed and a referral to specialist domestic abuse services offered, regardless of whether there is lack of clarity that they are a victim or perpetrator. Should that victim then not engaged with domestic abuse services but there are further disclosures, a repeat DASH RIC should be completed and offer of rereferral to services be made.	Local	To encourage all frontline practitioners to complete domestic abuse training. To provide enough training availability for practitioners	BHFT Domestic Abuse practitioner	Typologies regarding domestic abuse is now included in DA Awareness training and explored in more detail in DA and Mental Health training. Risk is dynamic and this is clearly communicated in all safeguarding and domestic abuse training. Practitioners are also reminded of this if they contact any member of the safeguarding team.	31/07/2023	Complete.
11. Appropriate decisions are made about recall and the process is adhered to.	Regional	Sharing of learning from his review at LEAP.	Probation Service	Learning from the review has been shared.	31/12/2023	Complete.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		Recommendation that recall is covered at regional all staff event (covering decision making and process). Implement South Central process to monitor the use of "decision not to recall" letters to ensure appropriate Senior Management oversight.		A new national system has been implemented for recall decision making and approval of 'Decision not to recall' warning letters.		
12. The communication and enforcement for those on Probation who are homeless is developed in the Bracknell team.	Local	Learning from this review to be used to facilitate a reflective discussion in Bracknell team to consider how we can achieve effective engagement and enforcement with someone with is NFA.	Probation	Discussion scheduled for 28/02/2025. Rescheduled due to staff changes.	31/08/2023	Pending 28/02/2025.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
13. Appropriate measures are utilised to manage the risk of known victims of domestic abuse, including assessments and the risk of suicide and domestic abuse.	Regional	Learning from his review to be shared at LEAP and in SCOOP to encourage practitioners to request information that has informed a DASH assessment particularly when grading is high. Discussion with Learning and Development team to identify how best to support learners manging their first custodial case. Partner agencies to share information on the vulnerabilities of repeat victims of domestic abuse with Probation.	Probation Probation All	Learning from the review has been shared. Learners now have a more structured introductory training period before they manage cases.	31/12/2023	Complete and ongoing

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		Sharing in South Central of recorded presentation by Professor Jane Monckton-Smith about domestic abuse related suicide.	Probation			
14. All relevant cases are considered for IOM and records are detailed with any decisions ensuring managerial oversight.	Regional	IOM Strategic Lead to secure and use management information to identify potential IOM cases. To develop a process to share this information within Sentence Management Teams to ensure that relevant cases are being adopted under IOM. Attend Bracknell team meeting to discuss eligibility for IOM,	Probation	Management information is used to identify potential IOM cases, and managers chair regular IOM panel meetings to discuss cases. Specialist staff in post to support and manage IOM cases	31/12/2023	Complete.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		particularly the Flex cohort.				
15. Compulsory Domestic Abuse training should be incorporated as part of the induction process for the CRPs (Customer Relations Partner) - this would include the Introduction to Domestic Abuse training and the DASH/MARAC training provided for free by Bracknell Forest Council.	National	Training to be compulsory training for front-line staff with regards to awareness of domestic abuse. Further training should be provided for CRP's to ensure that ReACT is being used correctly to record non-residents as perpetrators, as well as correctly recording cases of domestic abuse, once they have been established.	Abri	Following a merger with Abri Housing, the training offer is being reviewed. All current CRP's have up to date Domestic Abuse training and some of the team have attended the BFC training.	Full review of training going forward to be completed by 30/11/2024.	Training complete as of 09/09/2024. Enhanced practitioner awareness of the risks to tenants and support them when there are concerns or disclosures with support pathways and assessing risk.
16. All policies within Abri should contain links to the domestic abuse policy.	National	All policies to be reviewed and updated with links to the domestic abuse policy.	Abri	All policies are being reviewed as part of the merger process with Abri.	30/11/2024	Policies will align with Abri's following merge, November 2024 and recommendations will be carried forward.

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
17. To complete a 6-month review of the new Single Point of Access (Adult Safeguarding Hub) to ensure referrals are recorded and decisions are made.	Local	A data and quality audit to be completed and produced for the Adult Safeguarding Board to assure all referrals are appropriately recorded.	Adult Safeguarding Hub Manager	Review has been completed and reassurance provided to the Safeguarding Board so there is oversight around this action.	01/01/2025	Completed Autumn 2024 Hub will ensure no referrals are 'lost' and all are triaged and overseen.
18. To include Counter Allegations within the domestic abuse training available to services or to offer a separate module to enhance frontline and managerial learning.	Local	Update or create new domestic abuse training.	Domestic Abuse Strategic Lead Bracknell Forest Council	Review and amendment of training package ahead of 2024-25 delivery, Counter allegations included from 2024-25 in Introduction to DA training package provided by BFC, available to all agencies.	01/05/2024	Completed April 2024. Enhanced knowledge regarding counter allegations and agency responses to these.
19. Suicide Awareness training to include the risk of domestic abuse.	Local	Public Health to work with Bracknell Forest Domestic Abuse Strategic Lead to ensure domestic abuse and suicide	Suicide Prevention Lead and Domestic Abuse Strategic Lead	Suicide included in Introduction to DA, and MARAC & DASH training. 'Exploring and Responding to the Links Between Domestic	01/04/2024	Completed April 2024 and ongoing (training) Enhanced knowledge on DA and the links to suicide, what support is available and the

RECOMMENDATION	SCOPE OF RECOMMENDATION I.E. LOCAL OR REGIONAL	ACTION TO TAKE	LEAD AGENCY	KEY MILESTONES ACHIEVED IN ENACTING RECOMMENDATION	TARGET DATE	COMPLETION DATE AND OUTCOME
		is included within training. To publish the Suicide Prevention Strategy on the Bracknell Forest website.		Abuse, Suicide and Self Harm' half day training session delivered 19/06/2024 by DA Strategic Lead and BHFT (BRAVE project) with 17 attending. Plans for future dates due to waiting list. BHFT include suicide and DA in their clinical risk training for mental health practitioners. Berkshire Suicide Prevention Strategy available here.		Berkshire wide strategic response. .
20. Ensure Suicide Prevention Policies/Strategies are linked with their organisational domestic abuse policies.	Local	Organisations to review policies to ensure they are linked with each other.	All partners within the panel	DA included in Berkshire Suicide Domestic Abuse included under Priority 3. DA Lead working with ICB and other Berkshire DA Leads to adapt DA and suicidality toolkit from Cheshire.	01/04/2024	See milestones column for update February 2025.