



# **SOUTHEND COMMUNITY SAFETY PARTNERSHIP**

---

## **DOMESTIC VIOLENCE HOMICIDE REVIEW**

### **EXECUTIVE SUMMARY**

**Into the death of**

**Kirsty in February 2014**

**Report Author**

**Gaynor Mears OBE, MA, BA (Hons), AASW, Dip SW**

**Report Completed: 14 July 2015**

The Southend Domestic Homicide Review Panel would like to express their sincere condolences to the family members who have been affected by the loss of a young woman who was a caring mother and much loved member of their family who was taken from them in such distressing circumstances. The Review Panel appreciates that they cannot alleviate their feelings of loss, but hopes that the Panel's efforts to learn from events will reduce the likelihood of other families experiencing similar distress.

The independent chair and author of the Review would also like to thank the members of both the victim's and perpetrator's families who have given interviews, and the Panel and authors of agency reports for their time and thoughtful deliberations which have contributed to the findings of this Review

# CONTENTS

Section		Page
1	The Review Process.....	1
	Purpose and Terms of Reference for the Review.....	2
	Agency Contact and Information from the Review Process.....	4
2	Key Issues Arising from the Review.....	13
3	Conclusions.....	18
4	Recommendations.....	20
	Appendix 1: Domestic Abuse Perpetrators: Key Criminogenic Factors.....	25

# SOUTHEND DOMESTIC HOMICIDE REVIEW

## EXECUTIVE SUMMARY

### 1 The Review Process:

- 1.1 This summary outlines the process undertaken by the Southend Community Safety Partnership Domestic Homicide Review Panel in reviewing the death of a resident in the Southend Unitary Authority area.
- 1.2 The victim was stabbed by her ex-partner when he returned their child following contact. She died of her wounds 8 days later. At his criminal trial the perpetrator pleaded not guilty, but was found guilty of murder. He was sentenced in August 2014 to a minimum term of 22 years imprisonment.
- 1.3 The Review process began with a meeting of the Community Safety Partnership Core Group on 3 April 2014 when it was agreed that the homicide met the requirements to undertake a Domestic Homicide Review and the necessary agencies were contacted. The Home Office was notified of the decision to undertake a Review on the same day. The decision making process was over the one month set out in statutory guidance due to difficulties in convening the Core Group. The Review was concluded on 14 July 2015. It was not possible to complete the Review in the statutory guidance timescale due to the criminal proceedings; after which the Review process recommenced. The Review remained confidential until the Community Safety Partnership received approval for publication by the Home Office Quality Assurance Panel.
- 1.4 A total of 18 agencies were contacted and 13 responded as having had involvement with the individuals in this Review; 3 agencies had very limited contact which was of no relevance to the Review and a further 2 had no contact. Agencies participating in this Review and the method of their contributions are:
  - Essex Police – Chronology & Individual Management Review (IMR)
  - Essex Probation Service – Chronology & IMR
  - Essex County Council (Children’s Services) – Background Information
  - GP Practice – Chronology & IMR
  - Safer Places (Refuge & Outreach) – Chronology & IMR
  - South Essex Partnership University NHS Foundation Trust (Community Health, Health Visiting & School Nursing Services & Therapy for You) & Chronology & IMR
  - Southend University Hospital NHS Foundation Trust – Chronology & IMR
  - Southend Integrated Youth Support Services (range of services for young people including Connexions, Youth Offending, Streets Ahead (Troubled Families) – Chronology & IMR.
  - Southend on Sea Borough Council Children’s Services (Child in Need & Child Protection Services) – Chronology & IMR
  - CRI (National Charity providers of Drug & Alcohol Interventions where Kirsty was a volunteer) – Chronology & IMR
  - Victim Support (Independent Domestic Violence Advocacy (IDVA) Services – Chronology & IMR
  - Crown Prosecution Service – Information
  - Her Majesties Court Service Southend - Information

Family members have also contributed to this Review.

- 1.5 To protect the identity and maintain the confidentiality of the victim, perpetrator, and their family members pseudonyms have been used throughout the Review. They are:
- 1.6 The victim: Kirsty aged 26 years at the time of her death.  
The perpetrator: Peter aged 42 years at the time of the offence.
- 1.7 Mindful of the best interests of the children in this case, and to protect their identities and personal information, details about them will be withheld apart from reference to agency referrals. The author would wish to make the reader aware however, that children are adversely affected by their experiences of living in families where there is domestic abuse hence this is reflected in the lessons learnt and recommendations made within this Review.
- 1.8 **Purpose and Terms of Reference for the Review:**

The purpose of the Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate; and
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.
- To seek to establish whether the events leading to the homicide could have been predicted or prevented.
- This Domestic Homicide Review is not an inquiry into how the victim died or who is culpable. That is a matter for the coroner and the criminal court.

#### **Specific Terms of Reference for the Review:**

1. To review the events and associated actions by agencies and individuals which relate to the victim, the perpetrator, and their families between 1 January 2008 and 21 February 2014 the date of the victim's death. Agencies with knowledge of the victim or perpetrator in the years preceding the timescale for detailed review are to provide a summary of that involvement.
2. The agencies which had involvement with the victim and the perpetrator to assess whether the services provided offered appropriate support, resources, and interventions, and that procedures were followed. This to include any interaction with family members or friends which have relevance to the scope of this review as identified within agencies' records, Individual Management Reviews (IMRs) or other information sources deemed appropriate.
3. To assess whether agencies have robust domestic abuse policies and procedures in place which are up to date and fit for purpose in assisting staff to practice effectively

where domestic abuse is suspected or present, and which includes a clear pathway to appropriate support.

4. To examine the knowledge and training of those involved with the family in relation to safeguarding children and adults, their organisation's domestic abuse procedures, and their understanding of the different behaviours defined by the term domestic abuse including coercive control.

5. To explore the knowledge and understanding of domestic abuse risk factors by those involved with the family and the application and use of appropriate risk assessment tools and models of safety planning including:

- The DASH<sup>1</sup> risk assessment checklist;
- Referral pathway to the Multi Agency Risk Assessment Conference (MARAC<sup>2</sup>);
- Agencies own specialist risk assessment tools to assess the risk posed by a perpetrator to a victim and/or children and the follow up processes;
- Knowledge and use of appropriate specialist domestic abuse services.

6. To explore the workings of the MARAC process at the time of the MARAC referral on 13 January 2014, whether it enabled timely safety planning for the victim, and what interim protection was put in place until the MARAC safety plan was developed.

7. To consider what barriers may have prevented the victim from exploring, accessing, and accepting further support and the advice she was given by professionals.

8. Were practitioners, including those from services for adults, aware of and sensitive to the needs of the children in their work, and knowledgeable both about potential indicators of abuse or neglect and about what to do if they had concerns about a child's welfare? This should include a detailed analysis of decisions made between 11 January 2014 and 13 February 2014.

9. To examine whether organisational structures and ways of operating hampered agencies' effective working both internally and with external partners at the time under review. This to include examining organisations' capacity to carry out their roles and responsibilities vis a vis the adequacy of staffing levels, number of vacant posts or staff on sick leave, and whether single and inter-agency verbal and written communication and information sharing was timely and effective.

10. What was practitioners' understanding of the impact of alcohol and drug use and adult mental health upon the parenting capacity of each parent? What regard did agencies give to these factors when assessing the risks and needs of the children, and were services provided accordingly?

11. The independent chair will be responsible for facilitating the involvement of family, friends, and others in the Review, and will coordinate and work jointly with a representative of the Local Safeguarding Children Board to minimise any distress to family and friends by the interview and consultation process.

## 1.9 Agency Contact and Information from the Review Process:

---

<sup>1</sup> Domestic Abuse Stalking and Harassment (DASH) is an evidenced based set of 27 questions which identify the level of risk faced by a victim of domestic abuse.

<sup>2</sup> The MARAC is a multi agency meeting of professionals where information is shared about high risk victims of domestic abuse. Information shared informs the actions needed to construct a safety plan to reduce risk to the victim. A victim's case is heard at MARAC when the DASH risk assessment questions score 14 positive answers, or on the professional judgement of the practitioner undertaking the assessment.

- 1.10 The victim, Kirsty, was known to Children's Services in her childhood. She and her siblings had two periods in the care of the local authority due to their mother's mental-ill health which necessitated periods of time in hospital. There was also a child protection investigation when Kirsty was abused aged 7 years by one of her mother's partners with whom she had a relationship after the end of her marriage to Kirsty's father. Her mother also experienced domestic abuse and had a history of drug and alcohol problems. For part of her childhood Kirsty acted as a carer for her half-sibling due to her mother's difficulties and the way in which these affected her parenting abilities. Kirsty suffered from depression and anxiety for many years for which she was prescribed medication by her GP. She also had periods of counselling from which she appeared to benefit.
- 1.11 The perpetrator Peter, also had a troubled childhood; he was the son of very young parents and was described as being a wayward child. By his very early teens he was involved in anti-social behaviour and this developed into using drugs and stealing cars for which he had convictions. Between 1984 and 2005 he had 106 offences recorded against him. In 2006 Kirsty was assaulted by a member of her then boyfriend's family and linked to this Peter was arrested and bailed for threats to kill that family member. The Crown Prosecution Service took no further action concerning this.
- 1.12 Kirsty and Peter are thought to have been in a relationship since late 2007. Prior to this Peter had been married to Kirsty's mother between 1996 and 2007 and they had a son together, thus between the ages of 8 to 20 years Peter was Kirsty's stepfather. He was 16 years her senior. A relative of Kirsty's recalled seeing Peter assault her mother on one occasion during their marriage. From about the age of 25 years old Peter was habitually using cannabis and he was prosecuted for growing cannabis during his marriage to Kirsty's mother. It is reported that he used a strong variety of cannabis which in the view of a contributor to this Review made him paranoid at times, and coupled with his heavy use of alcohol this could turn him from a likeable person into someone who was described as nasty and angry.
- 1.13 Kirsty and Peter's relationship was marked by incidents of domestic abuse from the start; six of which involved 999 calls to the Police the first incident being in early February 2008, then March 2008 for which Kirsty received a caution for assaulting Peter, November 2008, October 2009, December 2010 and May 2011 and finally in January 2014. At each incident the Police undertook a risk assessment and a specialist domestic abuse officer followed up with calls and safety planning with Kirsty. She was assessed as a high risk victim and Multi-Agency Risk Assessment Conference (MARAC<sup>3</sup>) referrals were made following 3 of the incidents; firstly in November 2008 when Peter phoned for an ambulance saying that Kirsty had cut her wrists. Ambulance Control called the Police who escorted the ambulance. During the journey to A & E Kirsty disclosed that she had been assaulted; she did not have cut wrists, but a puncture wound to her hand was found. Peter was interviewed and admitted assault, however, Kirsty said she had lied in her statement therefore no further action took place. Kirsty was offered a range of services as part of a safety plan.
- 1.14 A second MARAC referral took place following an assault in October 2009 when Kirsty reported that Peter had tried to strangle her. Officers attended and noted and photographed a red mark and swelling to her cheek, however there were no visible marks on her neck; Kirsty said Peter had grabbed her neck, but declined to make a statement. Although Peter was cautioned for actual bodily harm and the Police had photographic evidence of injury after this incident the Crown Prosecution Service (CPS) did not take the matter further due to Kirsty's lack of statement. However, in 2009 it was not the CPS

---

<sup>3</sup> The MARAC is a multi agency meeting of professionals where information is shared about high risk victims of domestic abuse. Information shared informs the actions needed to construct a safety plan to reduce risk to the victim. A victim's case is heard at MARAC when the DASH risk assessment questions score 14 positive answers, or on the professional judgement of the practitioner undertaking the assessment.

practice to proceed to charge perpetrators without the support of the victim. Victimless evidence based prosecutions within Essex have increased significantly over last 12 months.

- 1.15 At the time of the October 2009 assault Kirsty's half-sibling moved in with the couple and the child was present at the assault. When interviewed and asked how the situation affected the child Kirsty said that they "were used to it" and they "just go to another room" and she added that she "grew up in a worse domestic violence situation so knows what (the child) is going through". Not until January 2014 did Kirsty give a statement after an assault to support a prosecution around the time of her separation from Peter. Alcohol was an aggravating factor; in the early part of their relationship both were drinking heavily, Kirsty's drinking lessened after the birth of her child with Peter. When in her mid-teens Kirsty once told her sister that drinking helped to 'block things out'.
- 1.16 As children were present at the domestic abuse incidents to which the Police were called, notifications followed automatically to Children's Services. The first notification to result in the case being opened to Children's Services was in November 2008 at the time of the first MARAC referral; Peter had become verbally aggressive when Kirsty threatened to leave. Kirsty was offered support in relation to her childhood experience of abuse, but declined. The case was closed in July 2009. The MARAC referral of October 2009 did not result in the case being opened by Children's Services, however, a 'red flag' was entered onto Peter's file indicating that the case was discussed at MARAC. There was no ongoing plan following this MARAC. The third MARAC referral was in January 2014. None of these incidents resulted in prosecution except in 2014,
- 1.17 During 2010 and 2011 Children's Services received information concerning further domestic abuse incidents and there is evidence that the eldest child was taking steps to intervene to protect Kirsty. In December 2010 the child called 999 to report his father coming home drunk and hitting Kirsty. A telephone referral was made to Children's Services as both parents were intoxicated and a very young child was also present. The Service was aware of Peter's cannabis and alcohol use and the impact this and domestic abuse was having on the family. They were also aware of Kirsty's brief stay in a refuge in January 2011 and return home when Peter promised to address his drinking by attending Alcoholics Anonymous. Kirsty was attending the Freedom Programme around this time, Peter was thought to be addressing his alcohol use, and the family was receiving support from a separate agency, therefore the case was closed by Children's Services in February 2011.
- 1.18 Peter and Kirsty failed to see the part Peter's cannabis, drinking, and domestic abuse had on the children. Peter's use of cannabis was 'normalised' within the household. However, during Children's Services assessments interviews did not reveal what was taking place.
- 1.19 At the time of her pregnancy Kirsty completed a routine enquiry assessment at Southend Hospital and answered 'Yes' to the question 'Have you ever been the victim of domestic abuse?' However, there was no further exploration of this disclosure as it was seen to be historical and no risk assessment was undertaken or information passed on. The Maternity Department at the hospital does have a system of flagging a patient's file with a code and the records are absorbed into the patient's main hospital file when maternity care comes to an end. However, the Review identified that the Maternity Department codes are not widely known to other departments within the hospital.
- 1.20 After the birth Kirsty began receiving support from health visitors. Due to an episode of post natal depression and her ongoing long-term depression she received extra visits which were sustained over time due to her additional vulnerability and the notifications of domestic abuse incidents. The Health Visiting Service received their first notification of a domestic abuse incident at the end of January 2011. This was the incident on 24



December notification of which had been significantly delayed due to the delivery system in place at the time. During a home visit by a registered nurse in the Health Visiting Team Kirsty reported that she was attending the Freedom Programme, she commented to the nurse that she thought it was for the best, but looking back she thought it unnecessary as she felt there was not a domestic violence issue. Kirsty seemed optimistic about the relationship at that time because Peter was not drinking so heavily. Her baby was noted to be thriving and meeting their developmental milestones.

- 1.21 The Health Visiting Team were involved with the family from this point providing advice concerning sleep, routine, speech development, and behaviour management. They were aware that the family was receiving support from another agency, but they had no knowledge about Kirsty's childhood history or Peter's drug and alcohol use and offending history. The team also recorded domestic abuse notifications on the SystemOne database at the GP practice, but it appears that the GPs did not see this content as they do not routinely look at a patient's record if they are only presenting with a simple medical complaint, and they do not have time during a 10 minute consultation. This meant that despite the 'read alert' on the system GPs were unaware of the domestic abuse taking place within the family. The practice records were found to be lacking in documentation for when Kirsty and Peter registered with the practice and there was no information recorded as to why Kirsty was taking anti-depressants and this was not explored with her.
- 1.22 When Kirsty entered the Refuge in January 2011 for a period of 5 days a risk assessment was undertaken using the Domestic Abuse Stalking and Harassment (DASH) risk assessment checklist. A total of 12 positive answers to questions resulted. This included the identification of Peter's excessive jealousy, emotional blackmail, financial dependency on him, that she was afraid of future violence, and his controlling behaviour i.e. he would call her when she was out asking what she was doing. A relative of Kirsty's confirmed that Peter would phone Kirsty when they were out together and he would say their child wanted his mother to make her return home.
- 1.23 Between June and September 2012 Kirsty attended sessions at Therapy for You. Her sessions focussed on childhood issues and her relationship with her mother. At no time was domestic abuse or her relationship with Peter discussed, other than her apparent frustration at always seeming to have a caring role, even for Peter.
- 1.24 In June 2012 growing concern about the family resulted in a referral to Streets Ahead, a project run under the Troubled Families programme, this was done despite the awareness that the family had failed to engage previously with its predecessor the Family Intervention Project. This referral provided regular information sharing and coordination between those working with the family. Key issues for the Streets Ahead staff were for Peter to address his alcohol problems and for Kirsty to look into further education and therapy. Support was also provided for the children. The flexibility of the staff enabled family crisis to be addressed swiftly, and during the period of their involvement and close monitoring there were no reported incidents of domestic abuse. Following a number of significant outcomes Streets Ahead placed the case in maintenance at the end of October 2103 with a view to closure at the end of December.
- 1.25 During November 2013 Kirsty started volunteering at the voluntary sector organisation Crime Reduction Initiatives (CRI) who provided drug and alcohol interventions locally. She was viewed as a conscientious and popular volunteer who was really keen to learn as much as possible about the field of addiction. Her last volunteer session with the service was on 12 February 2014. During the Review it came to light that Kirsty had mentioned in conversation with her supervisor at the agency that she thought her partner would possibly harm her at some point. In the agency's Individual Management Review the supervisor recalled that the remark was made very much as an 'off the cuff' comment and Kirsty quickly moved away from the subject. Due to the casual nature of the

comment the supervisor did not make a formal record of it and did not report it to management until after Kirsty died. There were no formal supervision sessions with Kirsty between the comment being made and her death.

- 1.26 By January 2014 the history of domestic abuse in the family was well known by key agencies. Since 2008 there had been a total of 8 incidents requiring Police attendance and onward referrals to Children's Services which resulted in 4 assessments. The Integrated Youth Support Service appeared to have a significant breadth of knowledge and engagement with the family due to their joint work with Streets Ahead and what appeared to be the achievement of positive outcomes by the end of 2013. Therefore the arrest and, for the first time, the charging of Peter for an assault on 11 January 2014 marked a step change in the breadth of agencies involved in information sharing by including the Crown Prosecution Service, the Magistrates Court, Probation, domestic abuse service Safer Places, and the Independent Domestic Violence Advocacy (IDVA) Service.
- 1.27 Peter's arrest followed a call to the Police on Saturday 11 January 2014 at 19:14 hours from a member of the public reporting a disturbance at Kirsty's address. The caller reported to the operator that they believed a male had been ejected from the premises, was drunk, and that he was attempting to regain entry; the male was making threats to kill a child and behaving 'like a madman' in the street. The man had sped off from the scene in a vehicle and the informant thought the driver was either under the influence of drink and/or drugs. The informant was interviewed by officers attending the scene and they identified that the incident was potentially linked to an earlier one involving Peter (unreported at the time). Officers were informed that Kirsty had left the area during the afternoon to stay with her sister, but would report the previous incident when she returned to Southend. The Domestic Abuse Intelligence Team identified that a number of previous incidents had taken place at the premises with Kirsty as the victim. They provided the officers with information including the fact that Peter was a high risk perpetrator and that there had been previous referrals to MARAC concerning Kirsty.
- 1.28 At 21:18 later that evening (11 January 2014) the Police were contacted by Peter's father who reported that Peter had a domestic incident with his partner the previous night, he had arrived at his home, but left a few moments previously stating that he was going to drive off a cliff. Officers attended the father's address and established that Peter had been drinking and had driven off in a car. The incident was treated as a medium risk missing person case and enquiries were made in the local area. Peter later returned to his father's address where he was interviewed by officers. It is recorded that Peter said that the remarks he made were 'off-the-cuff' and fuelled by the fact that he was feeling low and let down by his father. He told the officer he was an alcoholic, but had not had a drink for 2 days. Officers noted that his demeanour did not suggest that he was intoxicated. He had been for a walk and was going to stay the night with his father. He refused to give details of his vehicle to the officers. The incident was downgraded to a 'concern for welfare'. It was noted on the Police STORM message that Peter's mother had spoken to Kirsty who stated that she wanted to reconcile with Peter. This is contrary to the statements made by Kirsty to the Police and other agencies
- 1.29 Checks were made on Kirsty's wellbeing; she did not want to be interviewed back in Southend that evening as the children were in bed. She arranged to see officers the following day in Southend, which she did and a statement was taken. Kirsty confirmed that she had ejected Peter from the home on 10 January 2014 because of his drinking, but he kept returning and he assaulted her by pushing her and he made threats to kill their child, she thought Peter was under the influence of controlled drugs. A relative of Kirsty's was with her during this interview and she had heard Peter make the threats, but a statement was not taken from her. Kirsty was assessed as high risk. Children were

present in the house at the time of the assault and threats to kill, but only one was recorded as witnessing the assault. No statement was taken from the children.

1.30 In summary the actions taken by the Police following the 11 January 2014 incident were:

- Initial DASH risk assessment by attending officer – High
- Details entered onto PROtect case management system
- Domestic abuse safeguarding officer (DASO) completed second DASH and writes rationale for High Risk
- Full safety plan completed 13 January by DVLO recorded on PROtect
- Referral to Children’s Services
- Referral to Safer Places at Kirsty’s request
- Referral to IDVA Service as Peter charged
- MARAC referral made
- Referral to National Centre for Domestic Violence - support with restraining order
- Alternative housing discussed – Kirsty wished to remain in her home
- Officer in charge advised Kirsty would like bail conditions & restraining order
- Established Peter did not have key to house – referral for security survey made
- Local Neighbourhood Police Team informed
- Escape plan discussed with Kirsty advised to keep mobile charged & about school run security
- Warning marker put on Kirsty’s address on the Command System STORM – marker states: “TREAT CALLS AS URGENT – *(Kirsty’s name)* LIVES AT THIS ADDRESS WITH CHILDREN *(Details of children included, but redacted for Summary)*. SHE IS A HIGH RISK VICTIM OF DV. PERP IS *(Peter’s name and date of birth)* WARNING ALCOHOL, VIOLENCE & DRUGS”. A review date of 3 April 2014 was set for this action.

1.31 Peter was arrested and charged with common assault on 12 January 2014. He was further arrested and interviewed regarding threats to kill. However, the threats to kill charge was not supported by the Crown Prosecution Service. Although evidence presented to the Crown Prosecution Service did include the informants account, no statement had been taken. The Crown Prosecution Service also took the view that further action on the threats to kill could not be supported as the intent of the person making the threats could not be proved and the fact that he was making the threats towards unoccupied premises. During interview Peter gave an account whereby he admitted pushing Kirsty whilst drunk, but stated that he could not recall the threats to kill. He admitted to drinking on the 10 and 11 January. This was contrary to his statement to the officers on 11 January who spoke to him on his return to his father’s house when he maintained he had not had a drink for 2 days. He was not breathalysed or tested for drugs on his arrest as the offences he was arrested for did not provide the power to do so. (Drug testing upon arrest in the Southend Custody Suite has been in place since March 2015. Testing is carried out when a person has been arrested for a trigger offence, such as Misuse of Drugs or Theft Act offences. In addition, if a person is arrested for a different offence and it is believed that Class A drugs have caused or contributed to the suspect committing the crime, then an Inspector’s authority can be sought to carry out the drugs test. That was not suspected in this case). Peter was released on Police bail to attend the Magistrates Court on 29 January 2014; he was not to contact Kirsty. Any child contact was to be arranged through a solicitor, and he was to live and sleep at a relative’s house.

1.32 The risk assessment undertaken by the Police was disseminated to Children’s Services, the Independent Domestic Violence Advocacy Service, Health Visiting, and Safer Places. The initial risk assessment was revised by the domestic abuse safeguarding officer in

light of information from historical records as well as statements and from speaking to Kirsty, and was confirmed as high risk. The officer's rationale for high risk was shared with Children's Services. The rationale included the following information:

- High risk perpetrator with criminal history for violent offences including GBH with weapons
- Perpetrator has made several serious threats to harm mother & children (shoot them)
- Perpetrator previously assaulted eldest child by hitting him around the head whilst drunk.
- 6 Previous DV1's one graded as high risk
- Perpetrator has history of class A drug usage including Amphetamines/Speed
- Significant alcohol issues which are a contributory/aggravating factor in DVI's
- Parents relationship has been on/off & is emotionally unstable/enmeshed in nature - therefore there is a risk they may re-unite
- Perpetrator is emotionally unstable/unpredictable/jealous & controlling - has threatened suicide
- Mother has conviction (caution) for violence against perpetrator/ABH
- Children vulnerable - children have been exposed to DV & evidence of emotional harm present from Police information
- Family previously known to Social Care as a result of DV. Two previous Initial Assessments have been completed.'

This list formed the rationale for high risk identified by the Police domestic abuse safeguarding officer which was passed to the Joint Domestic Abuse Triage Team<sup>4</sup>, and shared with a social work manager. The couple were understood to have separated at this time.

- 1.33 There is some ambiguity concerning the recording of bail conditions on the Police database PROtect and which agency was aware of the conditions. For example the Health Visiting Service records note the health visitor being told of bail conditions, but Children's Services reports they were not; the report they received from the Police said simply that Peter was not having contact, and Kirsty told the social worker that she was trying to arrange supervised child contact. The domestic abuse safeguarding officer was also not aware of bail. This gap in knowledge affected the coordination of important information via the Joint Domestic Abuse Triage Team (JDATT) with Children's Services.
- 1.34 On Monday 13 January 2014 the domestic abuse safeguarding officer phoned Kirsty to update the risk assessment. Kirsty appeared knowledgeable about her options, but was adamant she did not want to go into a refuge; she said she did not want to disrupt her child's life further as they had seen too much in the past. During the call Kirsty reported that Peter had told her landlady that he was going to commit suicide, but Kirsty thought he said this because he was high on drugs. The officer noted that in contrast to other occasions Kirsty was supporting a prosecution this time. As part of the safety planning carried out by the domestic abuse safeguarding officer Kirsty requested a crime reduction survey of her home. This was completed on 22 January and a security light, security chain and external letter box were fitted. The rear gate and letterbox were

---

<sup>4</sup> The Joint Domestic Abuse Triage Team (JADATT) set up in August 2013 consists of a domestic abuse trained Police officer based within the First Contact social work team to triage the DV1s and share information and agree what action is to be taken.

sealed and the door lock re-sited. Kirsty also had a visit from the Police investigating officer who was making house to house enquiries. Kirsty told her that she was not frightened of Peter, but he was nasty when drunk. That day Kirsty phoned a support worker in the Integrated Youth Support Service and reported that Peter had been arrested and that he was no longer living in the family home.

- 1.35 Also on Monday, 13 January 2014 Children's Services and the Health Visiting Service received notification from the Police about the domestic incident on the 11 January. Children's Services decided to undertake a single agency social work assessment. The social worker allocated to undertake the assessment paid a first visit to Kirsty on 29 January 2014 during which Kirsty spoke about her background and her concerns about Peter's substance misuse. She reported that she and Peter had decided to give their relationship a break so that they could both seek support for themselves. Kirsty told the social worker that she was going to speak to one of Peter's relatives about supervising child contact; she did not express any concerns about Peter having this contact.
- 1.36 On the 14 January 2014 the Integrated Youth Support Service were informed that Peter had been verbally and physically abusive towards Kirsty and another member of the family. In addition it was reported that Peter had been to his ex-wife's house where he continued to use alcohol and drugs before returning to create further disturbances in the family home. This incident was confirmed by a seconded Police officer in the team. The case manager discussed keep safe strategies with family members. Immediately following the meeting a referral was made to Children's Social Care.
- 1.37 The following day 15 January 2014 there was a review meeting at the Integrated Youth Support Service which Peter attended. The meeting was dominated by Peter and his disclosure about his own substance misuse and housing problems since moving out of the home he shared with Kirsty. Following his disclosure the Integrated Youth Support Service worker made a referral for him to the adult services of the Community Drug and Alcohol Service.
- 1.38 Due to the number of agencies who received referrals Kirsty had a number of calls offering her support including from Victim Support, Independent Domestic Abuse Advocacy Service and Safer Places. These were initially rejected, but eventually she agreed to meet a support worker from the domestic abuse agency Safer Places on 21 January 2014. During their 2 hour meeting a risk assessment and personal safety plan was completed to take account of Peter's impending court hearing on 29 January. Kirsty once more reported that she was not afraid of Peter and did not fear further violence. In the judgement of the support worker Kirsty was minimising the abuse and was observed to be reluctant to engage in such discussions. She felt well supported by family and friends and had told Peter that she was in a new relationship. No information was shared from this risk assessment with Children's Services or the Police.
- 1.39 On 29 January 2014 Peter appeared at Southend Magistrates Court charged with Assault by Beating, commonly known as Common Assault. He pleaded guilty and court was adjourned until 19 March for a pre-sentence report and sentencing. Peter's Defence asked for unconditional bail which was accompanied by a hand written note stating that the victim supported the removal of bail conditions. Information provided by the court states that the court was informed that there was a "history of DV", but no further details were given, and the Prosecution did not object to the Defence application for bail to be lifted. As the defendant had no previous convictions for domestic violence and the assault was seen as 'just a shove', unconditional bail was granted. It had also been noted that Kirsty had been cautioned for an assault on Peter in the past, but Peter's previous caution for assaulting her was not cited. No application for a Restraining Order was made as the note said to be from Kirsty had indicated that she was happy to have contact with Peter. There is no written confirmation that the court was informed that

Kirsty had been referred to MARAC due to her high risk victim status, and a court officer recalls that the court was not informed of a MARAC referral. No steps were taken to authenticate that the undated note presented to the court was indeed genuine and had been freely written by Kirsty. The Witness Care Unit was informed by the court that day of the outcome in line with national protocols, and they duly informed Kirsty.

- 1.40 On Monday 30 January 2014 Peter visited the office of Children's Services and saw the social worker assigned to the case. He was now having child contact overnight one night during the week and at weekends. Peter was seeking help. He acknowledged concerns regarding the domestic incident, and he in turn expressed his concern about Kirsty's use of alcohol. Following this the social worker made an unannounced visit to Kirsty. Kirsty denied having a drink problem and said she did not drink when her young child was around. Another family member present at the visit confirmed that Kirsty had not been drunk, but said Peter was an alcoholic, but they were not worried about the younger child being with either parent. There was no evidence of alcohol use in the property and Kirsty did not show any signs of being 'hung over'. Kirsty said she was not returning to Peter; she wanted a clean break, however, she felt that 'Peter would now retaliate' and indicated that his allegation about her use of alcohol was part of this. Kirsty disclosed that her own father felt the relationship with Peter was abusive and 'incestuous'. The social worker discussed the forthcoming Child in Need meeting with Kirsty; there were no concerns expressed about Peter attending.
- 1.41 Peter attended a pre-sentence report interview at Essex Probation on 3 February 2014. The offender manager completed the report and proposed a community sentence with supervision, the accredited domestic abuse programme Building Better Relationships, and a specified activity Medium Alcohol Requirement (MARI)<sup>5</sup>. The risk assessment focussed on the risk to a known adult and alcohol as a disinhibiting factor. Peter was assessed at this stage as presenting a medium risk of serious harm to a known adult (partner) and children in the context of domestic incidents. The risk was assessed as likely to increase if Peter was drinking heavily. The Probation Service defines the assessment of medium risk as having identifiable indicators of risk of serious harm in that the offender has the potential to cause serious harm, but is unlikely to do so unless there is a change in circumstances. Peter recognised the need to address his alcohol use and during assessment he directly linked alcohol to his offending. The offender manager also considered that issues over contact with his child could prove volatile. The Police process form stated that there had been previous Police attendances at incidents between Peter and Kirsty, and during interview Peter conceded he had been aggressive towards Kirsty in the past.
- 1.42 Peter told the offender manager that Social Care had been involved. Whilst it is Probation's policy and practice to contact agencies such as the Police and Children's Services at the pre-sentence report stage to request information to inform the report, it is not standard practice to contact Children's Services following the assessment for the pre-sentence report and to share the outcome of that assessment unless safeguarding issues arise; at that point a referral would be made. Although the social worker for the children contacted Probation concerning Peter their contact was before the case had been allocated, therefore there was not yet an officer they could speak to, and there was no further contact between the two agencies before the fatal incident took place.

---

<sup>5</sup> The MARI programme is a twelve week group work programme for probation clients where alcohol plays a significant part in offending behaviour. The group- work sessions address a range areas, including relationships, lifestyle, alcohol misuse, emotional well-being, thinking behaviour and attitudes, effects of drinking on others, offending behaviour and healthy living.

- 1.43 A Child in Need meeting was arranged for 6 February 2014, but the usefulness of the meeting and the opportunity for information sharing was hampered by poor attendance with just a worker for the Integrated Youth Support Services being present along with Kirsty and the social worker allocated to the case. A report from a nursery was mainly positive. Other agencies were reported to have been invited, but did not attend; there was no record on file to show who had been invited. Peter was said to have been invited, but maintained he had not been, thus leaving Kirsty to face the meeting alone.
- 1.44 On 10 February 2014 Kirsty had an arranged home visit from a health visitor in follow up to the domestic incident report. A National Assessment Framework Risk Assessment was completed and 'moderate risk' resulted. Kirsty confirmed that her relationship with Peter was over this time. She felt well supported and told the health visitor that she had involvement from Family Mosaic and DOVE services. However, in the checks which took place with agencies for this Review no record was found that Kirsty had contact with the DOVE project at any time. It was as if she was trying to convince those supporting her that she was making use of the services open to her to alleviate their concerns so that she could get on with her life free from professional involvement.
- 1.45 On the same day Peter spoke to the social worker for the family about rearranging the Child in Need meeting and two days later the social worker spoke to Peter and Kirsty separately regarding this meeting. Peter's presentation was as before i.e. knowing that he had an alcohol problem and wanting help, and repeating his concern about Kirsty's drinking. The social worker thought that Peter hoped that reconciliation would be possible with Kirsty as it had been in the past.
- 1.46 The Child in Need plan was in the process of being developed, and at this stage included the following:
- Ongoing social work intervention with fortnightly visits.
  - Peter to attend the Community Drug & Alcohol Service

It was noted that both parents had alcohol problems. The assessment of Kirsty was that of a young woman who saw a more positive future for herself. She felt that Peter's child contact was important and that it was safe.

The Children's Service's records of conversations with Kirsty do not show reports of threats to her from Peter or that her fears were increasing, and there were comments that the split was amicable.

- 1.47 On the 12 February 2014 the Integrated Youth Support Service learnt that bail conditions in relation to Peter had changed and he was now able to have child contact. It was also reported that Peter was calling Kirsty daily 'asking for Kirsty back but she wasn't having any of it'.
- 1.48 At 09:30 hours on 13 February 2014 Police attended Kirsty's address following a report from Ambulance Control of a female having been stabbed in the chest and she was bleeding severely. It was identified immediately as urgent as Kirsty lived at the address with children. Officers were informed of this and the fact that she was a high risk victim of domestic violence. She received emergency treatment from paramedics and staff from the Essex Air Ambulance before being transferred to the Royal London Hospital. Officers identified Peter as the person suspected of being responsible and identified several eye witnesses. It was established that Peter had fled from the scene and was in the company of his youngest child. Peter's vehicle was seen by patrolling officers and stopped. He was found to have blood on his hands and he was found to have self inflicted stab wounds to his abdominal area, although before he became unconscious he alleged that Kirsty had stabbed him. An ambulance was called and Peter was taken to

hospital escorted by Police. The child was found in the front seat of the vehicle and was removed into a Police car. Following treatment in hospital Peter was arrested.

- 1.49 During the enquiries which followed evidence from telephone records showed that on 12 February 2014 Peter made a total of 14 calls to Kirsty's mobile between 19:00 hours and midnight. It also came to light during the investigation that despite his bail conditions not to contact Kirsty except through a solicitor concerning child contact Peter had been having direct contact. This was said to have been with Kirsty's agreement. Whether the relative who imparted this information was aware that he was not supposed to contact Kirsty at this time is not known.
- 1.50 On 18 February 2014 the Probation Service wrote to Southend Magistrates Court advising them that Peter was in hospital following allegations of further and serious assaults against the same victim who was critically injured. The court was also advised that the Service wanted to revise its risk assessment in light of new information.
- 1.51 On 21 February 2014, 7 days after she was critically injured Kirsty died of her wounds.
- 1.52 Peter appeared before Chelmsford Magistrates Court in February 2014 charged with Kirsty's murder. At his trial he pleaded not guilty, but in August 2014 he was convicted of her murder. On sentencing Peter to a minimum of 22 years the judge said "You are a jealous and aggressive man. You could not bear to see Kirsty with anyone else. As a result of your wickedness an innocent and loving young woman was cut down in the prime of her life."

## 2 Key Issues Arising from the Review:

### Risk and the Consequences of Changing Circumstances

- 2.1 The first lesson to learn from this Review is never to ignore the importance of reviewing risk assessments when circumstances change, no matter how small that change may appear to be. The heightened risk abusers pose following separation must always be taken seriously and separation is not a time for services to relax their vigilance; quite the opposite should be the case. Whilst the focus on safety planning for victims is justified and necessary this must not be the sole focus and at the expense of actively managing the abuser and holding them to account for their actions. This entails regular and timely information sharing to update risk and a multi-agency management plan is necessary for this to have any chance of success.
- 2.2 The author of this Review would reiterate the findings and recommendation (5c)<sup>6</sup> of a previous DHR that there should be a greater focus on the levels of dangerousness posed by a perpetrator. Information gathered in this Review suggests that Peter may have fallen into the criminogenic typology of an 'emotionally volatile batterer'<sup>7</sup> (see Appendix 1) a group which research shows includes perpetrator's with other criminal tendencies coupled high levels of anger, jealousy and depression, higher risk of suicide, and may have drug and alcohol problems. These perpetrators need particular focus and coordination.
- 2.3 Child contact needs to be a core part of a risk assessment and professional judgement must play a part in the decision making and not be reliant solely on the parent's views,

---

<sup>6</sup> Southend Domestic Homicide Review - AB 2013

<sup>7</sup> Stewart A, (1999) *Domestic Violence: Deterring Perpetrators*, Paper to the 3rd National Outlook Symposium on Crime in Australia, convened by the Australian Institute of Criminology, Canberra, 22-23 March 1999



especially where there is a clear minimisation of the risk and abuse by the victim, and evidence of manipulation by the perpetrator.

- 2.4 Risk is an ongoing and dynamic process which needs to be revisited on a regular sometimes daily basis to take account of changing events and circumstances. This was not happening. Effective tools are needed to support practitioners to do this, particularly in respect of the perpetrator's risk to his victim, his children, and for child contact decisions.

### **Professional Scepticism**

- 2.5 Greater scepticism and challenge is needed when dealing with perpetrators. Peter regularly said he was attending programmes or groups to address his harmful drug and alcohol use, but there is no record that this was ever confirmed by agency checks. This should be a part of any plan with regular communication and coordination between the relevant agencies including the monitoring of attendance and any changes which indicate an increase in risk.
- 2.6 Victims who are unable to appreciate risk need skilled support and practitioners should be aware that minimisation of their abuse may lead to selective provision of information and 'non-effective compliance'.
- 2.7 This case highlights the need for a greater sense of disbelief among practitioners. Kirsty appeared to readily give information, but some was only part of the story, and sometimes it was untrue. Her need to protect the family members was clearly borne out of childhood experiences, fear of losing a child into care, and fear of Peter's reactions. Peter too manipulated information to continue to control Kirsty after separation.

### **Training**

- 2.8 There is evidence that many professionals do not have sufficient training, knowledge and skills they feel they need to work with perpetrators, or where drug and alcohol, or mental health issues coexist.
- 2.9 The levels of understanding about domestic abuse risk factors, particularly around separation, coercive control including substance misuse coercion, and electronic methods of stalking, appear to lack sufficient depth to enable practitioners to appreciate their significance and to adequately risk assess and risk manage cases with the three challenges of domestic abuse, mental ill-health, and drug and alcohol abuse. Each of these areas are challenging in their own right, together this 'toxic trio' present the most demanding cases to work with and to achieve change. This has implications for all agencies as these cases above all demonstrate the overwhelming need for a truly multi-agency coordinated response.
- 2.10 Greater understanding of coercive control will be essential as legislation comes into force making it a criminal offence in support of its inclusion in the Home Office definition of domestic abuse. Training in the recognition, recording and effective evidence gathering of coercive control methods used by abusers will be required, as will strategies to hold abusers to account whilst keeping their victims and children safe. In general many practitioners lacked sufficiently in-depth training on domestic abuse. For frontline practitioners and their supervisors in particular the domestic abuse component included in safeguarding training will not be in-depth enough to equip them for their work with families.

- 2.11 Kirsty's return home from the refuge; reuniting with Peter numerous times; and withdrawing Police statements for prosecutions, must have been very frustrating for practitioners trying to support her and achieve change. However, there needs to be an appreciation that such actions by a victim are often the compromises they make to form part of their strategy for avoiding imminent or further abuse and managing their situation. This needs accentuating in domestic abuse training.
- 2.12 The importance of taking into account childhood histories during family assessments needs to be recognised and highlighted in training. Consideration should be given to these when assessing additional vulnerabilities such as childhood abuse and witnessing domestic abuse and substance abuse. It is essential that fathers' background histories are included in this process. Peter's childhood and background was absent from previous assessments. This issue has been raised in two Serious Case Reviews in a nearby area.
- 2.13 The childhood experiences of Kirsty and then Peter's children of living with domestic abuse and alcohol and drug misuse demonstrate the importance of early and effective intervention if long term negative effects are to be avoided. Early intervention is essential not only to increase children's safety at the time the support is given, but also to ensure longer term healthy development and positive life chances in the future.

#### **Information Sharing & Coordination**

- 2.14 Ineffective information sharing is a feature of many Serious Case Reviews and Domestic Homicide Reviews, and this Review is no exception. In the management of domestic abuse cases, as in child protection, safe, timely and coordinated information sharing is essential to the management and reduction of risk. It is often the small pieces of information which have the potential to make a difference between effective management and escalation of risk i.e. the content of bail conditions being known, breaches of bail being shared, outcome of court proceedings, threats of suicide etc all need to be shared as quickly as possible without waiting for a MARAC or similar multi-agency meeting. However, this requires someone to act as the coordinator of this process. The Southend Joint Domestic Abuse Triage Team (JDATT) is a good start to coordinating information, particularly as it has the strength of having local knowledge and expertise, but this only contains a Police officer sitting with duty social workers, with the contribution of an Essex Community Rehabilitation Company (ECRC) staff member (specific IT issues mean that staff have to use a local base to access their IT system to fully contribute to the JDATT process) and capacity is stretched.
- 2.15 A truly multi-agency hub in the Borough with the addition of IDVA, and Health input would greatly enhance coordination and information sharing. The Care Programme Approach used in mental health cases would also provide a useful model where multiple professional involvements in complex cases have one professional designated as the lead case coordinator. Where an IDVA is involved it is often the victim's IDVA who does this. As a social worker was involved with the family they could also appropriately fulfil this role.
- 2.16 After the 11 January 2014 incident Kirsty was inundated with contacts from support agencies. In the aftermath of that weekend, and trying to regain some routine and normality for her child, it is not surprising that she declined IDVA support, and almost resisted the support of Safer Places. Again better coordination of referrals to domestic abuse victim support services following an incident is needed.
- 2.17 Information was provided by the Police to the Crown Prosecution Service for the court hearing, but it was incomplete. It did not contain the fact that Kirsty had been referred

to MARAC to indicate the high risk she was assessed to face. Nor did it contain Peter's prior caution for a domestic abuse related assault in October 2009, but it did include a caution Kirsty received for assaulting Peter in March 2008. Kirsty's caution was noted in court, but the full history was not given in court by the CPS, simply that there was a 'history of DV' and the seriousness of the situation was played down by the concentration on physical violence only, and that too was minimised as 'just a shove'.

- 2.18 Case management systems appear to be hampering rather than assisting practitioners in their work. There is no joined up system where a practitioner involved in a case with multi-inputs from agencies can keep up to date with the latest information, interventions, meetings, or appointments.

### **Drug and Alcohol Interventions**

- 2.19 The effectiveness of drug and alcohol programmes for persistent and resistant individuals like Peter needs considering. Most programmes only take those who voluntarily present themselves, but even Peter told a relative that this was not working for him; he needed a goal and the fact that there was no imperative for him to attend seems to have contributed to his persistent return to heavy drinking and drug use, and his heavy drinking in particular exacerbated his abusive behaviours. Perhaps a different approach is needed for domestic abusers, especially those who have children whose wellbeing and life chances are being adversely affected by the abuse and their parent's dependency on these substances. A young child cannot relive their childhood; they cannot wait for change. The widespread failure to access, or benefit from the use of alcohol services has been found to be a key theme in Domestic Homicide Reviews<sup>8</sup>.
- 2.20 The widespread failure to access, or benefit from the use of alcohol services has been found to be a key theme in Domestic Homicide Reviews where alcohol has been a factor<sup>9</sup>. However, currently there is no process for requiring attendance on a treatment programme outside court mandated orders such as an Alcohol Treatment Requirement order. Such orders only require attendance for assessment and/or attendance for treatment. There is no requirement to engage with treatment or sanction if the service user fails to actively engage, thus the existing process would appear to be flawed. There are no circumstances which allow the mandating of treatment outside the court setting.
- 2.21 Southend Drug and Alcohol Commissioning Team was a founding funder of Alcohol Concern's Blue Light Project which has reviewed 39 DHRs looking at the evidence about the role of, and response to, alcohol and treatment resistant drinkers. This has informed the development of a framework for working with treatment resistant drinkers in the context of domestic violence and abuse<sup>10</sup>. The Project authors found that "the perception exists that if a problem drinker does not want to change, nothing can be done to help until the person discovers some motivation", this is refuted by the authors who maintain that positive strategies and alternative approaches can be used with this cohort and that using them "will target some of the most risky, vulnerable and costly individuals in society"<sup>11</sup>. Southend's commendable support of the Blue Light Project entitles them to receive the training which has now been developed to support the initiative. It is to be hoped that when local services receive this training those

---

<sup>8</sup> Alcohol Concern's Blue Light Project, In partnership with AVA's Stella Project 'Domestic abuse and treatment resistant drinker Learning lessons from Domestic Homicide Reviews'

<sup>9</sup> Alcohol Concern's Blue Light Project, In partnership with AVA's Stella Project 'Domestic abuse and treatment resistant drinker Learning lessons from Domestic Homicide Reviews'.

<sup>10</sup> Ward M, Holmes M (2014) *Working with change resistant drinkers: The project manual*. Alcohol Concern's Blue Light Project Manual

<sup>11</sup> *ibid* page 2.

previously resistant to treatment, especially when combined with domestic abuse behaviours, will be engaged and able to sustain active attendance successfully.

### **Public Awareness**

- 2.22 When sharing the draft report with Kirsty's relative they confided that they had learnt more about domestic abuse since Kirsty's death than they had previously been unaware of. It is important that family, friends and colleagues are made aware of the dynamics of domestic abuse and coercive control so that they may be able to recognise when someone close to them is in an abusive relationship, and that they are given information about appropriate sources of support locally and nationally.

### **Early Intervention**

- 2.23 To protect the best interests of the children details have not been included in this Summary which pertain to them. However, this case highlights the long-term effects on children developmentally, emotionally and psychologically of living in a family atmosphere of domestic abuse, drug and alcohol use. Kirsty's childhood was difficult and sometimes abusive. Her own mother was a victim of domestic abuse as well as suffering mental ill-health. It is not therefore surprising that she did not see herself as a victim of domestic abuse; this was her normal. She was also a young carer and had little time to develop as a person in her own right. The fact that she was just growing in self esteem and forging a new life through her voluntary work makes her death all the more tragic. Kirsty's distant past brings to the present the adverse effects of such a childhood and emphasises the need for effective early intervention where children are living in similar circumstances.
- 2.24 The perpetrator also had a childhood history which possibly influenced his behaviour and relationships. Peter showed an early tendency towards being wayward and difficult to control which went on to develop into anti-social behaviour, then into an involvement in drugs and criminal activity in his very early teens. Effective early intervention to challenge his lack of empathy and respect for others against whom he was offending may have had a positive effect on his character and he may have taken a different path in life.
- 2.25 At a time when practitioners are under pressure and thresholds for services are raised ever higher, it is important to recognise the value of early intervention both for long term economic savings, but above all to reduce the adverse impact on children's future lives and relationships. Health and Wellbeing Boards and those with responsibility for planning, commissioning and resourcing services, need to be cognisant of the importance and value of effective early intervention where children are living in families where domestic abuse is taking place.

## **3 Conclusions:**

- 3.1 Considering the range of information contained in the risk assessments undertaken by the Police and Safer Places it is clear that Kirsty met the high risk victim criteria for MARAC referral. The process undertaken in January 2014 by the Police followed that advised by Richards et al<sup>12</sup> in that frontline officers identified the risk factors present at the time using the DASH; a specialist domestic abuse officer undertook the risk assessment and in doing so gathered further information to enhance the assessment; risk management to reduce the risk posed by the offender was attempted via bail conditions, but lacked further multi-agency strands of information and a back-up plan.

---

<sup>12</sup> Richards L, Letchford S, Stratton S (2008) *Policing Domestic Violence*, Oxford University Press, New York

Therefore safety planning to reduce further risk of harm to Kirsty was undertaken by the Police domestic abuse safeguarding officer (DASO) and the Safer Places outreach worker, but MARAC was yet to take place and the Child in Need meeting was poorly attended, thus multi-agency information sharing and coordination failed to take place in time. In addition Peter was manipulating the situation by accusing Kirsty of having an alcohol problem, and Kirsty's full and open engagement with Children's Services was compromised because her lifetime experience prevented her from seeing the potential risk she faced. In high risk domestic abuse cases it is essential to share information as circumstances change and not to wait for a formal information sharing meeting such as MARAC.

- 3.2 Whilst the risk status of Kirsty was comprehensively assessed by the domestic abuse safeguarding officer and Safer Places, the risk posed by Peter was only assessed by Probation and it proved to be accurate. It is helpful for other agencies to be aware of the definition of risk used by Probation for assessing an offender's potential risk:

*'a risk which is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible' (Home Office (2002) Offender Assessment System (OASys) User Manual.*

- 3.3 Peter was assessed as 'medium' risk which is defined as:

*'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'.*

- 3.4 The phrase '*unless there is a change in circumstances*' is vitally important, for there were a number of significant changes in circumstances which were all adding to the risk Peter presented.

- Separation: We know from research that the highest risk trigger for an offender to commit fatal violence is separation and the highest risk time is within the first 3 months after that separation and up to a year afterwards<sup>13</sup>.
- Child Contact: This also presents an ongoing risk, for example Australian research shows three-quarters of women experiencing domestic abuse reported child contact as the main point for post separation violence<sup>14</sup>.
- New Relationship: Kirsty was telling Children's Services and Health Visiting that she was not going to return to Peter this time, and unbeknown to Kirsty risk was considerably heighten still further as she informed the Safer Places outreach worker on 21 January that she had told Peter that she was in a new relationship.
- Change in Bail Conditions: There was another change in circumstances when Peter was released from the court without bail conditions.

Acknowledging these factors, past history, and other risk factors contained in the risk assessment, including his behaviour on the 11 January makes it predictable that he would do something serious to harm Kirsty.

---

<sup>13</sup> Monkton Smith J, Williams A, Mullane F (2014) *Domestic Abuse, Homicide & Gender, Strategies for Policy and Practice* Plagave Macmillan, Basingstoke.

<sup>14</sup> Department for Child Protection (2013) *Perpetrator Accountability in Child Protection: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*. Perth Western Australia: Western Australian Government.

- 3.5 Sadly, this turned out to be the case for Kirsty. Whilst the risks were identified and assessed, and the alarm bells were ringing for a few experienced practitioners, it feels as if others took on Kirsty's misplaced optimism in her belief that now she was separated and a new life was just around the corner, agency involvement would therefore not need to be prolonged. Both parents appeared to be cooperating with services and this masked the true situation.
- 3.6 Nevertheless, unless Peter had been held in custody, which was unlikely given the charge he faced, and the pre-sentence report was not going to recommend a custodial sentence, it is unlikely that his actions that took Kirsty's life could have been prevented. As a close relative reported during this Review, Peter was obsessed with Kirsty. Unknown to professionals in time to take action Peter was already exhibiting behaviour which increased risk by harassing Kirsty via text; child contact gave him the opportunity to see her, and she did not want to prevent that contact.
- 3.7 There was limited knowledge of the bail conditions put in place before Peter was released on bail from Police custody, and agencies did not know that contact was taking place before those bail conditions were lifted by the Magistrates Court. Had they known it would have indicated Peter's disregard for the law, heightened the awareness of Kirsty's lack of appreciation of risk, and would or should have made practitioners aware of the greater risk Peter posed.
- 3.8 Children who have been exposed to domestic violence are 158% more likely to be abused themselves than those from non-violent households, with the risk for boys being 115% higher and 229% higher for girls<sup>15</sup>. By the time agencies become aware of domestic abuse within a relationship it will undoubtedly have been taking place for some time and the damage to any children in the family in terms of their development and future health and wellbeing will have already begun<sup>16</sup>. Whilst acknowledging that there may be children with a degree of resilience which will protect them from the extremes of trauma, many children will have experienced fear and distress and other effects<sup>17</sup>. Thus the consequences of not providing effective early intervention in families where domestic abuse is a factor is a false economy both for the long term wellbeing of the children and into their adulthood, and from an economic standpoint for services. Sadly this is well illustrated in this case. There are implications for local strategies arising here including for Health and Wellbeing Boards and other decision makers as well as Community Safety and crime reduction.

## 4 Recommendations:

- 4.1 The following recommendations are drawn from the IMRs submitted to the Review and the deliberations of the Panel members. Due to the time which has elapsed since IMRs were received a number of these recommendations have already been actioned.

### THE COMMUNITY SAFETY PARTNERSHIP

1. That the Community Safety Partnership note the learning from this Review and ensure that specific early intervention action is written into the Southend Domestic Abuse Strategy which will result in the development and provision of broader partnership

---

<sup>15</sup> Mitchell, K. J. & Finkelhor, D. (2001) *Risk of crime victimisation among youth exposed to domestic violence*, Journal of Interpersonal Violence, 16, 944-964

<sup>16</sup> Child Welfare Information Gateway *Understanding the Effects of Maltreatment on Brain Development*. Available online at [www.childwelfare.gov/pubs/issue\\_briefs/brain\\_development/](http://www.childwelfare.gov/pubs/issue_briefs/brain_development/)

<sup>17</sup> *ibid*

initiatives in families with children where the risk of domestic abuse is high. The aim of this recommendation is to reduce the negative effects on children living with domestic abuse, and the barriers which impede them from reaching their full potential. These actions reflect the Health & Wellbeing Strategy Ambition 1 - 'A Positive Start in Life'

### **MULTI-AGENCY**

2. All agencies to have procedures in place to deliver domestic abuse training appropriate to the role and function of all staff, including refresher training at regular intervals. Specific consideration must be given to staff who assess risk in their day-to-day roles and/or who deliver staff supervision. This training should be audited and supported via annual training needs assessments.
3. The Domestic Homicide Review Overview Report should be disseminated to all participating agencies, and in particular briefings should include the importance of timely and continuous information sharing and risk assessment.
4. The Community Safety Partnership and their strategic partners should build on the work of the Joint Domestic Abuse Triage Team to improve coordination.
5. The Community Safety Partnership and strategic partners should investigate & consider the provision of an appropriate community based programme for unconvicted high risk domestic abuse perpetrators whose victims are referred to MARAC, and/or where there are concerns for children. This would form part of the coordinated community response for the Borough and provide community interventions for local services.
6. A domestic abuse communications strategy should be put in place which includes regular multi-media public information campaigns to alert victims, perpetrators, family, friends and colleagues to all aspects of domestic abuse and coercive control, and which includes a range of statutory and voluntary sector sources of help and support including for young people in schools.

### **SOUTHEND BOROUGH COUNCIL CHILDREN'S SERVICES**

7. The Group Manager, Fieldwork Services, Children's Services to identify and implement the use of specific risk assessment tools in relation to assessing the risks to children and non-abusive partners where there is domestic abuse and also in assessing the risks in relation to contact between an abusive partner and their child.
8. The Group Manager, Quality Assurance in partnership with the Workforce Development Manager to develop a programme of briefings, training and other development opportunities to inform Social Workers and Managers within Children's Services of the role of MARAC within domestic abuse.

### **NATIONAL PROBATION SERVICE & COMMUNITY REHABILITATION SERVICE**

9. The Probation Service and Community Rehabilitation Service to provide a presentation to Southend Children's and Adults Services and relevant allied services staff to explain the roles and responsibilities of the Service, the changes in structure which have taken place since June 2014, and in consideration of the findings of this DHR to clarify how the agencies might work better together.





## **DRUG & ALCOHOL COMMISSIONING**

10. The provision of services for drug and alcohol users needs to be driven by risk to others and themselves as much as their willingness to engage. A review should take place to establish whether drug and alcohol services meet the needs of those who are resistant to change or who need longer-term intensive support, and where their use of drugs or alcohol make them a risk to others particularly partners, former partners and their children.

## **CRIME REDUCTION INITIATIVES (CRI)**

11. CRI to ensure that staff members are provided with a safe environment in which to disclose any personal issues or risks and colleagues are able signposted to appropriate support.
12. All staff to be sent a copy of the Staff Domestic Abuse and Sexual Assault Policy providing a framework and guidance for future similar incidents and reminded of their responsibilities. All staff who have supervisory responsibility for others will be specifically reminded of this policy and required to work within it.
13. CRI to review their policies to ensure they give clear guidance on what level of information can be shared, how this can safely be done, and to whom to disclose concerns about an individual's vulnerability within the context of safeguarding.

## **INTEGRATED YOUTH SUPPORT SERVICES**

14. Improve referral pathways for IYSS into adult services for substance misuse should be developed.
15. The number of different case management systems should be reviewed with a view to achieving joined up case management systems across IYSS.

## **G.P. PRACTICE**

16. Clinicians are to be reminded to check all flags and notifications prior to consultation.
17. Clinicians should be reminded that records should contain appropriate detail to highlight apparent risks.
18. The practice are recommended to adopt the Royal College of General Practitioner's domestic abuse guidance to augment local procedures.

## **SOUTH ESSEX PARTNERSHIP TRUST (SEPT)**

19. SEPT must develop a domestic abuse strategy based upon the NICE guidance for domestic abuse.
20. SEPT children's services must audit the 'strengths and needs' assessment used during the ante natal period, which includes lines of enquiry relating to the use of alcohol and substances and domestic abuse and the impact on victims and their children.

## **SOUTH ESSEX PARTNERSHIP TRUST COMMUNITY DRUG & ALCOHOL SERVICE**

21. South Essex Partnership Trust Community Drug and Alcohol Service must ensure that all service users' case notes are recorded and saved securely to enable retrieval when required. Supervisors and practitioners should be informed of the Trust policy on adequate case note recording and storage.

#### **SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST**

22. The Trust should implement NICE guidance Recommendations 6 and 9 in its current review of domestic abuse training and signposting resources for key staff including Emergency Department staff and Midwives. Training should address the dismissal of disclosures being judged to be 'historical' and not considered as irrelevant to risk assessment. Training should be aligned to relevant internal policies.
23. The Trust to review its internal coordination and working in its approach to safeguarding, particularly around Section 17 and Section 47 requests, and DHRs and ensure that flags or alerts concerning domestic abuse are uniform and understood across departments

#### **ESSEX POLICE**

24. Essex Police to ensure that the DV1 section on the safe contact details for a victim is completed with telephone number and safe time to make contact.
25. Essex Police to ensure that when a domestic abuse suspect is released with bail conditions in place this information and the content of the conditions is forwarded to Children's Services, Health and IDVA service, including the date of the court hearing where bail will be reviewed.
26. Where a HIGH Risk offender is bailed from court with previous bail conditions lifted or released from custody Witness Care should notify Essex Police CRU of any changes and a further risk assessment should be undertaken. This should be shared with Children's Services, IDVA Services and any other agency working with the family (as identified via the JDATT/MASH) as soon as possible.
27. Ensure that all evidence, full past history including cautions, and information known about the perpetrator is given to the Crown Prosecution Service, this to include where a victim has been referred to MARAC and that consideration is given to the application of bail conditions or a restraining order to prevent risk of further offences in domestic abuse cases and to augment the MARAC safety plan.
28. The MARAC coordinator should review the distribution list for the circulation of the MARAC agenda a minimum of 6 monthly to ensure that agency representation at MARAC remains appropriate and takes into account changes in agency structures and re-commissioning of services.

#### **CROWN PROSECUTION SERVICE**

29. The Crown Prosecution Service should ensure that all available domestic abuse history is provided to the court to assist their decision making. Where a victim is referred to MARAC suitable bail conditions/or Restraining Order should be pressed for to augment the safety plan for the victim.
30. The Crown Prosecution Service should ensure that where an offender's legal representative produces a note or letter said to be from the victim in support of lifting bail conditions or countering a request for a restraining order, the CPS should insist that the authenticity of the written material and free will of the author is verified.

#### **MAGISTRATES COURT**

31. The Southend Bench should ensure that all its magistrates are trained in all aspects of domestic abuse and coercive control and are fully informed of the MARAC and the significance of the risk faced by a victim who is referred to MARAC. Confirmation of training to be confirmed to the Community Safety Partnership Board.

#### **SAFER PLACES**

32. Safer Places should increase the staff capable of undertaking the DASH risk assessment and referral paperwork to ensure that those entering the refuge at weekends are promptly assessed. Refresher training should be provided for all staff to minimise the risk of omissions.
33. Line Managers should put in place quarterly reviews of casework and attached files to ensure completion meets with agency standards.

#### **VICTIM SUPPORT & SAFER PLACES**

34. Ensure all staff receive training to sensitively probe and challenge the reasons for a victim declining the service and able to work towards achieving their engagement with support and to CAADA (SafeLives) Case management Guidelines.
35. Review the system of service delivery to victims to ensure a flexible IDVA Service which can respond to all victims and service users quickly after an incident, including those who can only be contacted outside working hours.
36. A system of regular clinical supervision for all IDVA staff who carry caseloads should be in place separate from their caseload and personal development supervision.

## Domestic Abuse Perpetrators - Key Criminogenic Factors

Domestic abuse perpetrators are not an homogenous group, however research indicates a variety of factors which suggest three typologies which can be used to assess risk of re-offending and dangerousness to their victims.<sup>18 19</sup> These typologies are outlined below:

- 1. Family only batterers:** These are the least severely violent partner assaulters and abuse only in their own homes. They report little abuse in childhood and tend not to abuse alcohol. They are unlikely to have a history of involvement with the legal system. There is little evidence of psychopathology and their views on roles according to sex are more liberal. They tend to have compulsive and conforming personalities. If they are employed or married their conforming personality may mean they have more to lose by being involved with the criminal justice system with the result that they respond to arrest and community initiatives.
- 2. Emotionally volatile batterers:** This group engages in more frequent moderate to severe abuse which will include psychological and sexual abuse of their partners. They tend to confine their abuse to the home, but there may also be extra-familial violence and other violent and criminal behaviour. These offenders are more likely to be dysphoric (mood disordered), emotionally volatile, and have psychological problems. They display high levels of anger, jealousy and depression and are at higher risk of suicide, and may have drug and alcohol problems.
- 3. Generally violent/anti-social batterer:** These abusers are the most severely violent to their partners, including psychological and sexual abuse. They are likely to have high levels of aggression outside the home and have an extensive criminal history and involvement with the criminal justice system. They are prone to have an anti-social or psychopathological personality. These offenders are most likely to have been severely abused in childhood and/or witnessed domestic abuse as a child and been involved in juvenile delinquency. They have a higher tendency to abuse alcohol and drugs than the other groups of domestic violence offenders. They often have rigid sex-role attitudes and high levels of anger, depression, jealousy and anti-social behaviours. This group of offenders tend to blame their victims for their behaviour, show no remorse, and use violence and intimidation as problem solving strategies.

Although all social groups experience domestic abuse, male unemployment has been linked to domestic violence, as has alcohol and drug abuse with one study finding 60% of offenders having an alcohol problem and 21% a drug problem (ibid); recidivism is also more likely where there is substance misuse. These should not be seen as causes of domestic abuse, but as aggravating factors to be included in risk assessments.

In terms of risk the emotionally volatile and the generally violent/anti-social offenders clearly represent the highest risk to their partners. Their other criminal behaviours and 'external' violence also poses a risk to the public. These offenders warrant a coordinated and targeted approach which brings them to justice in conjunction with coordinated services which provide wrap-around safety plans and protection for their victims. The offenders themselves may also require access to psychological and/or mental health services.

---

<sup>18</sup> Stewart A, (1999) *Domestic Violence: Deterring Perpetrators*, Paper to the 3rd National Outlook Symposium on Crime in Australia, convened by the Australian Institute of Criminology, Canberra, 22-23 March 1999

<sup>19</sup> Powis B (2002) *Offenders' risk of serious harm: a literature review* Offenders and Corrections Unit Home Office Research, Development and Statistics Directorate