Domestic Homicide Review into the death of Henrietta - Learning briefing

DHRs are a way to improve our local coordinated community response. Looking at the death of a person aged 16+ as a result of DVA, they aim to: understand what happened; identify where agency responses could be improved; learn lessons including how agencies work together; identify how to improve responses; and to prevent something similar happening to others in the future.

Introduction: The East Sussex Safer Communities Partnership undertook a Domestic Homicide Review (DHR) to evaluate multi-agency responses to the murder in August 2015 of a woman in her early 20's, who for the purposes of the review was known by the pseudonym 'Henrietta'.

If you work with adults or children affected by domestic violence and abuse (DVA) in East Sussex, there may also be additional specific actions and recommendations for your agency and your role. Please ask your manager, or contact your representative on the Safer Communities Board.

You can read the full report at www.safeineastsussex.org.uk/Domestic%20Homicide%20Reviews.html

Key learning points

This DHR identified a number of recommendations. These can be grouped into four priority areas and include:

Contact with the Police – this concerned the grading of an incident, as well as positive action to manage the perpetrator's behaviour.

The role of housing providers - often housing providers are victim/survivor's first port of call for help and support (around security in the home, debt advice or seeking a transfer or a move). On other occasions, as in this case they may be ideally placed to identify those perpetrating domestic abuse and also those at risk

The role of health services – there is an opportunity for increased professional curiosity regarding risk factors, signs, presenting problems or conditions that can warn health professionals that a patient may be experiencing DVA.

Identifying perpetrator behaviour – a vital part of keeping victim's safe is ensuring professionals can detect and respond to perpetrators and manage the risk they pose to their partners/ex-partners and others in the community.

Other findings (not addressed in this briefing) included: ensuring there are simplified referral pathways to specialist services; access to specialist services in health settings; as well as learning for Children's Social Care (relating to administrative process and systems, follow up and early help services) and also for Victim Support (relating to provision of the most appropriate services, as well as practice at the time which meant police were not informed if a victim did not engage).

History: The DHR concerned Henrietta, who died in August 2015. The perpetrator, who for the purposes of the review was known by the pseudonym 'Peter', was charged and later convicted with her murder.

Henrietta had met Peter when she was in secondary school. He was her first serious boyfriend. They had two children together who were 3 years and 12 months at the time of her death. Three weeks before the homicide Henrietta and Peter had separated.

Victim's perspective: Henrietta was striving for more independence. She was a dedicated and loving mother and she was attempting to distance herself from Peter. This was her first significant relationship and this was likely her first attempt to end the relationship. Henrietta's sister made an important point that, for Henrietta, the break up would have presented the possibly frightening prospect of being on her own for the first time and that this should not be underestimated. Henrietta spoke to her sister about feeling she would be "better off single" and she was clearly summoning up the courage to take that step.

Information from the perpetrator: If Peter and Henrietta went to parties together he did not like her behaviour – he reported feeling that she was "forgetting her responsibilities". In the months prior to the homicide, Peter lost his job. Peter was asked to sleep on the couch and – in his own words – he felt his was in the "dog house" during this time although his perception was that things were improving.

The review sought to get a more complete view of the lives of Henrietta and Peter in order to see the homicide through the eyes of the victim and perpetrator.

This review has in particular benefited from input from Henrietta's sister, and the chair of the review thanked her and other family members and friends for their time and cooperation.

Peter was also interviewed in prison.

Domestic Violence and Abuse: The government definition of DVA is:

- Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional
- 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
- 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.

There is evidence of coercive and controlling behaviour by Peter towards Henrietta. After they split up, Henrietta told her family and friends this was because Peter was controlling. E.g.

- Not permitting Henrietta to see her friends
- Contacting or texting Henrietta hundreds of times in a day.

The extent of physical violence is unknown although it is clear from what Henrietta told to friends and family that she was subject to physical violence. She had, for example, spoken to her sister about being pinned down by Peter and strangled, had posted pictures of bruises inflicted by Peter on Facebook and had spoken of his anger.

Contact with the police: In August 2015 Peter was arrested for Common Assault (against Henrietta) and Actual Bodily Harm (against another male). Responding officers completed a detailed Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC), identifying:

- Henrietta felt intimidated when Peter shouted at her
- Recent separation
- Peter's constant texts
- Young children
- Peter's jealousy and past offending.

However, the statement taken did not detail Henrietta and Peter's relationship, and the case was graded as 'standard' risk. The review concluded that this incident, coupled with the 'non-crime' standard risk incident in November 2013 and the presence of young children, should have been assessed as 'medium' risk. If this had happened, this would have triggered an automatic referral to specialist domestic abuse services. The review panel also suggested that a Domestic Violence Protection Notice (DVPN) could have been considered.

√ **In your role, how can you ensure you are able to spend time with someone to build confidence and create a safe space for disclosure?**

√ **Are you confident in using the DASH RIC to identify risk?**

√ **Do you know about local support services, including referral pathways?**

√ **Where appropriate, are you able to provide information on the availability of criminal and/or civil orders to prevent/reduce further incidents of DVA?**

The role of housing providers: Henrietta was a social housing tenant and she came to attention three times over three years. These contacts were dealt with under the housing provider's Anti-Social Behaviour policy. The first, in September 2013 included a report of some screaming "pack your bags and leave" at 3:30 am. The second, in March 2014 was a complaint about Henrietta and her partner arguing at night. On this occasion, the Housing Officer spoke with Henrietta who said the noise reported by the neighbour was probably her "screaming at her child". The review concluded the housing officer did not recognise the context which could have indicated DVA and nor did they trigger any enquiry in relation to the young child (this could have included thinking about early help for example, as Henrietta was a young mother). Incidents were logged as a 'tenancy issue' which means that review of a housing manager was not required.

√ **Would you recognise housings issues (e.g. reports of Anti-Social Behaviour, building repairs or criminal damage) that could be potential indicators of DVA?**

√ **Do you have good links with local safeguarding front doors, like the Single Point of Access for children and families, or Health and Social Care Connect?**

√ **If you are working with someone with housing and or support needs, do you know about the help and support that is available?** Locally, that includes your local district or borough's housing options team. Other services include Refuge (operates five refuges across East Sussex), Home Works (provides support to prevent homelessness) and Money Advice Plus (specialist debt and money advice).

The role of health services: Henrietta had contact with maternity services, health visiting and her general practitioner (GP). This contact varied over time and met her health needs. However, the review panel concluded that there was an opportunity for increased professional curiosity regarding: non-specific symptoms; the family set-up, the presence (or not) of her partner and other family members and dynamics of those relationships; and the source of Henrietta's concerns. If health professional's had asked further questions, this may have encouraged or enabled Henrietta to disclose any issues she was concerned about, including DVA.

- √ **Would you recognise the risk factors, signs, presenting problems or conditions that can warn (health) professionals that someone may be experiencing DVA?**
- √ **Are you confident in facilitating a discussion about DVA? This could include undertaking selective enquiry to question what you hear and decide if the presentation of the patient warrants concern.**
- √ **If you undertake selective enquiry do you ensure you only ever raise the issue of DVA with a patient when you are alone with them in private and, if not, ask the escort to wait elsewhere?**
- √ **Do you routinely record detailed, accurate and clear notes to show the concerns you have and indicate the harm that domestic abuse may have caused?**
- √ **Do you know about local support services, including referral pathways?**

Identifying perpetrator behaviour: In this case, Peter was seen twice by mental health practitioners. The first was in 2012, following a self-harm incident which was an "impulsive reaction to an argument with his girlfriend". The second contact, in 2015, was trigged after Peter had been arrested for an assault on Henrietta. He was referred to a Court Liaison and Diversion Practitioner employed by the Sussex Partnership NHS Foundation Trust (SPFT) because he disclosed his previous self-harm attempt. At the time, the practitioner would not have been aware of the nature of the incident leading to custody. The practitioner assessed Peter's harm to himself, but the question about 'risk to others' was not asked and was marked as "unknown".

The review concluded that had Peter been directly asked about the context of his offending and previous mental ill health, he may have described it as having been due to relationship problems. A professional may have identified this as a cause for concern in relation to DVA.

- √ **Before seeking or enabling a disclosure from a person you suspect may be a perpetrator of domestic abuse, do you consider your own safety and that of the victim and any children?**
- √ **If someone presents with a problem (such as drinking, carer issues, stress or depression) but does not refer to their abusive behaviour, would you be confident in asking about their abusive behavior if you had a concern?**
- √ **Do you know about referral pathways for people perpetrating DVA, including referral to perpetrator programmes where available or the Respect PhoneLine?**

Further Reading & Useful Links

The Independent Police Complaints Commission (IPPC) produces regular 'Learning the Lessons' Briefings. Bulletin 30 focused on managing risk and includes learning relating to risk identification and assessment.

The Domestic Abuse Housing Alliance (DAHA) has published a set of standards and an accreditation process for housing providers.

The Department of Health has produced 'Domestic abuse: a resource for health professionals' to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.

Respect has a range of resources for professionals working with male victims and perpetrators of domestic violence and abuse.

Staff briefings: A series of open access briefing sessions have been provided for staff from all agencies working in East Sussex to come together and look at the findings from this review in more depth. Further sessions can be booked on request for your team or agency. For more information contact: julia.gray@eastsussex.gov.uk

Keep in touch: For national, regional and local updates about Domestic Violence and Abuse, Sexual Violence and Violence against Women and Girls sign up to our e-news bulletins at http://bit.ly/2s7Awrw

Becoming a Champion: To strengthen community and agency responses across the county, the Safer East Sussex Team has developed a network of champions. This network bring together practitioners from a range of agencies. The champions act as a point of contact and 'in-house' specialists within services and have access to:

- Local and national resources, information and campaign material
- A programme of training
- Peer support through the network attendees and meetings
- Ongoing support from the Safe in East Sussex Team

For more information go to: http://www.safeineastsussex.org.uk/get-involved.html

Feedback: It is important to have feedback loop from the frontline to keep senior management and those with governance responsibilities 'reality-based'; not just in terms of what is or is not working, but to assist with ideas for improvement so that changes can be made systematically.

We would like to hear your thoughts, feedback and comments on findings presented to you in this briefing and any feedback on the style. Contact: James.Rowlands@brighton-hove.gcsx.gov.uk

Safer East Sussex Team

Help and support

If you've been affected by domestic or sexual abuse or violence in Brighton & Hove, or East Sussex, contact The Portal to find out more about the help, advice and support available.

The Portal is a partnership of leading Sussex Domestic and Sexual Abuse Charities – including RISE, Survivors' Network and CGL

www.theportal.org.uk or call 0300 323 9985

Set up by the Police & Crime Commissioner, SAFE:SPACE Sussex help local citizens deal with the before and after effects of crime and includes information on other local support organisation including Victim Support.
http://www.safespacesussex.org.uk/

If you or someone you know is a victim of domestic abuse, staling or harassment or rape / sexual assault, please talk to us - there are several ways we can help. Sussex Police has specialist support available for victims of domestic abuse, rape, sexual assault, stalking or harassment, and also works closely with partner agencies to ensure any victims get the support that they need. www.sussex.police.uk or call 101. Always call 999 in an emergency.

For information on other help and support, including national helplines, go to
http://www.safeineastsussex.org.uk/help-and-advice.html