Safer Buckinghamshire Partnership

Domestic Abuse Related Death Review

Death of Linda in April 2022

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Completed July 2024

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Foreword from Linda's family

A mum, daughter, sister and good friend, Linda had **many friends.**

She helped so many people, she worked within the medical profession and thoroughly enjoyed this, it was her salvation. She was a perpetual student not wanting to stay on in full time education when young but embarked on so many different professions whilst still working (barbers' course, completed with certificates, HGV driver partly completed to name just two). Linda was highly thought of by her colleagues within the hospital where she spent her final years and is greatly missed by all.

Unfortunately, Linda befriended someone who was in our thoughts (not just ours) in an extremely dark place, whose lifestyle and mind was always on a collision course for destruction and took our Linda away from everyone who loved her.

A young woman who is sorely missed and will remain in our thoughts, minds and especially our hearts forever.

Preface

Safer Buckinghamshire Partnership, panel members and the author wish at the outset to express their deepest sympathy to the family of Linda. We appreciate the engagement from Linda's family throughout this difficult process and aimed to work with the family sensitively and with compassion.

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

1 Introduction

1.1 Linda (not her real name) died by suicide at her home in Buckinghamshire in April 2022, she had recently separated from Aida (not her real name) with whom she had been in a relationship for several years. Throughout their relationship and after it had ended there were reports of domestic abuse, therefore, Safer Buckinghamshire Partnership identified the case met the criteria set out in The Home Office Multi-Agency Statutory Guidance for Domestic Homicide Reviews 2016[1] . At the time of commissioning, the reviews were named Domestic Homicide Reviews, however in 2024 these were changed to Domestic Abuse Related Death Reviews (DARDRs) to ensure inclusivity of homicide, suicides, and other deaths where domestic abuse was present. The panel have therefore chosen the new review title and has ensured it has worked to the requirements set out within the statutory requirements.

1.2 Linda and Aida's relationship is believed to have started in December 2019, therefore, the Terms of Reference requested agencies reviewed agency responses and support provided between 01/12/2019 and Linda's death. Agencies were asked to consider any events outside these dates and provide any relevant information. The review has also considered and included information shared by family, friends, and colleagues, providing valuable insight into Linda as a mother, daughter, and partner. The report highlights positive and supportive practice along with any barriers in accessing services and any learning that can be shared to reduce the risk of such a tragedy happening in the future.

[1] https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

1.3 The review and every panel meeting were conducted with an open mind with an aim to avoid any hindsight bias.

2 Glossary

2.1 **AAFDA** - Advocacy After Fatal Domestic Abuse

2.2 **CJL&D** – Criminal Justic Liaison & Diversion Service, supports vulnerable people whilst in contact with the criminal justice system.

2.3 **CPR -** Cardiopulmonary Resuscitation

2.4 **CRI** – A Crime Related Incident is not a full crime, requiring recording according to the Home Office Crime Recording (HOCR) Standards, it is an incident recorded in Niche, often to highlight vulnerability or safeguarding requirements.

2.5 **DASH RIC**[2] – The nationally accredited SafeLives Domestic Abuse, Stalking and Harassment Risk Indicator Checklist is a tool designed to provide a consistent approach in identifying risks.

2.6 **DAIT** - Domestic Abuse Intelligence Team (now known as the Assessment Team) are responsible for monitoring all new incoming domestic abuse incidents including other incidents where vulnerability is increased.

2.7 **DOM5** – Domestic Abuse Form used by Thames Valley Police (the DASH RIC and additional information which can be shared with agencies and support any investigations).

2.8 **GP** – General Practitioner a medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.

2.9 **IOPC** - Independent Office for Police Conduct - Investigate the most serious and sensitive incidents and allegations involving the Police. They oversee the complaints and provide an independent appeal mechanism for some complaint investigations carried out by the Police.

2.10 **IDVA** – Independent Domestic Violence Advocate, supporting high-risk victims of domestic abuse.

2.11 **LGBTQ+** - Lesbian, gay, bisexual, trans and queer. These are identity terms used to describe sexual identity.

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

2.13 **MASH** – Multi-Agency Safeguarding Hub.

2.14 **ODP** – Operational Department Practitioner

2.15 **ORB** – One Recovery Bucks, the local drug and alcohol support service.

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

2.16 **PNC** – Police National Computer.

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

3 Timescales

3.1 In April 2022 Safer Buckinghamshire Partnership received a referral from Thames Valley Police regarding the suicide of Linda. The decision to carry out the review was made in May 2022 and the Home Office was also informed in May. In July 2022, an Independent Chair and Report Author was commissioned with the aim of completing the review within six months of establishing a panel.

3.2 Initial information was sought by Safer Buckinghamshire Partnership to ensure different agencies were aware of the review. Paragraph 46 of the statutory guidance states the target timescale for completion of the review is six months. However, the review was unable to be completed in six months due to the on-going internal reviews within different organisations (these concluded in the Autumn of 2023) as well as unforeseen circumstances. These delays were approved by Safer Buckinghamshire Partnership and the panel, panel meetings were held in September 2022, January 2023, March and June 2024.

4 Confidentiality

4.1 Paragraph 75 of the statutory guidance states, to protect the identity of the victim, ex/partner, relevant family members and others and to comply with the Data Protection Act 1998[3] pseudonyms are to be used. As such Linda's name was chosen by her family and Aida's by the panel. Where possible specific dates have also been removed to ensure additional anonymity.

4.2 The sharing of information between agencies in relation to this review was underpinned by the terms of the confidentiality agreement. This is in place to facilitate the exchange of personal information to comply with the requirements of Section 9 of the Domestic Violence, Crime and Victims Act 2004[4] to establish and coordinate a review.

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

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

5 Terms of reference

5.1 The purpose of the review is to:

- Examine the events and establish the fact that led to the death of Linda, including a chronology of the events in question.
- Review documents and recording of key information, including any assessments, risk assessments, care plans and management plans.

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

- Identify where any lessons can be learnt in how professionals and agencies worked together to safeguard Linda, how they will be acted upon and what is expected to change as a result.
- Apply these lessons to service responses including challenging systemic issues and making changes to policies and procedures as appropriate.
- Improve a whole system approach for those subjected to domestic abuse as well as interventions to perpetrators.

5.2 Key Issues:

- Consider how (and if knowledge of) all forms of domestic abuse (including the non-physical types) are understood by the local community at large – including family, friends, and statutory and voluntary organisations. This is to also ensure that the dynamics of coercive control are also fully explored.
- Determine if there were any barriers Linda or her family/friends faced in both reporting domestic abuse and accessing services. This should also be explored:
    - Against the Equality Act 2010[5] protected characteristics.
- Review agencies response, professional curiosity, interventions, care, and treatment and or support provided.
- Consider whether the work undertaken by services in this case was consistent with each organisation's professional standards, domestic abuse and safeguarding policies, procedures and protocols and ensure adherence to national good practice.
- Review the communication between agencies, services, friends, family, and colleagues including the transfer of relevant information to inform risk assessment and management and the care and service delivery of all the agencies involved.
- Consider what is 'good practice' for agencies to achieve in their response to domestic abuse victims.
- Examine whether services and agencies ensured the welfare of any adults at risk, whether services took account of the wishes and views of members of the family in decision making and how this was done and if thresholds for intervention were appropriately set and correctly applied in this case.
- Was there any impact of the Covid - 19[6] pandemic on those affected by or working with the family?

6 Methodology

6.1 Domestic Homicide Reviews (now known as Domestic Abuse Related Death Reviews) became statutory in 2011 under Section 9 of the Domestic Violence, Crime and Victims Act (2004). Within the 2016 statutory guidance it states:

'Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable'.

6.2 Safer Buckinghamshire Partnership completed a scoping exercise with statutory and non-statutory agencies across the Buckinghamshire area to initially identify who had information regarding Linda or Aida. As a result, agencies with involvement, agencies named within the statutory guidance and specialist services regarding domestic abuse and the LGBTQ+ community were invited to the meetings.

[5] https://www.legislation.gov.uk/ukpga/2010/15/contents
[6] https://www.who.int/health-topics/coronavirus#tab=tab_1

6.3 Agencies who were identified to have been involved with either Linda or Aida were required to provide Individual Management Reviews (IMRs), all were provided the statutory guidance, document templates and terms of reference. Services were asked to review their involvement with Linda and/or Aida, have discussions with staff who worked with either person or include any information relevant to the review outside of the dates within the terms of reference.

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

6.5 In addition to the IMRs, the chair also had:

- Invaluable family discussions providing insight into Linda's background and her relationship with Aida.
- Conversations with Linda and Aida's employers.
- A discussion with Linda's children's school

6.1 Various pieces of research have been used within the analysis to support learning and are referenced throughout the report.

7 Involvement of family and friends

7.1 Linda's family were informed of the review via their Family Liaison Officer by letter which included a leaflet of the review and Advocacy After Fatal Domestic Abuse (AAFDA) including their advocacy service for children. This support was also offered during conversations with the family throughout the process.

7.2 The chair spoke with Linda's mother and father on several occasions throughout the review. Attempts were made to engage with Linda's ex-husband to discuss their relationship and seek consent to speak with the children however this was unsuccessful. He was, though aware of the review and updated by Linda's mother throughout. The offer to speak to the children was also made to their grandmother whom they have a very close relationship with, however, the family felt to protect the children this would not be appropriate or necessary.

7.3 Linda's family were offered and provided with suicide bereavement support services throughout the review.

7.4 Linda's manager and safeguarding lead engaged with the chair, they shared their memories, information regarding the domestic abuse and their concerns for her welfare.

7.5 It is believed Aida was adopted as a small child and had no contact with her biological or adopted family. No friends' details were available; however, the chair was able to speak with her manager at her place of employment.

7.6 Throughout all the discussions the chair sought details of friends, neighbours, or additional colleagues to contact but unfortunately none were provided.

8 Contributors to the review

8.1 The chair, panel and IMR authors were all independent of any direct involvement with Linda, Aida or the family.

8.2 IMRs were provided and presented to the panel by:

- Buckinghamshire Adult Social Care
- Buckinghamshire Children's Social Care
- Buckinghamshire Council Housing team
- Berkshire Healthcare Foundation Trust
- Oxford Health NHS Foundation Trust
- Thames Valley Police
- Victims First

8.3 All panel members were required to review each IMR, provide feedback at panel meetings and support the process.

8.4 The review panel consisted of those required within the statutory requirement, as well as specialist services to enhance learning and recommendations:

Agency	**Representative and role**
Bielec Consultancy LTD	Katie Bielec - Independent Chair and author
Buckinghamshire Council/Safer Buckinghamshire Partnership	Steve Kensington - Domestic Abuse and Violence Against Women and Girls Manager Faye Blunstone – Domestic Abuse and VAWG Advisor Ruth Hemsley – Domestic Abuse/DHR Coordinator
Buckinghamshire Council Adult Social Care	Sarah Beeks - Head of Service Early Resolution and Safeguarding team
Buckinghamshire Council Children's Social Care	Richard Nash -Service Director Children's Services
Buckinghamshire Healthcare Trust	Louise Pegg - Lead Named Nurse Safeguarding Adults
Buckinghamshire, Oxfordshire and Berkshire West ICB	Gilly Attree - Designated nurse safeguarding children and looked after children
Bucks Probation and Delivery Unit	Jas Pejatta - Head of Probation Delivery Unit – Milton Keynes & Buckinghamshire
Oxford Health NHS Foundation Trust	Victoria Harte Patient Safety Service Manager
Thames Valley Police	Superintendent Lee Barnham - Head of Domestic Abuse and Stalking DS Kelly Gardener
Aylesbury Women's Aid	April Benson - CEO
ORB (One Recovery Bucks)	Mark Prescott – Clinical Lead
LGBT+ specialist	Olive Budzinska - Specialist LGBT+ Domestic and Sexual Abuse Advocate
Buckinghamshire Council Public Health	Louise Hurst- Consultant and Suicide Lead

9 Chair and Author

9.1 Katie Bielec is an independent domestic abuse consultant and trainer. She is an accredited Domestic Homicide Review chair with AAFDA and SILP[7] and has completed the Home Office Domestic Homicide Review Training. She is an accredited chair for MARAC and is an independent chair for MARMs[8] and stalking clinics. She is also an associate trainer for SafeLives, Surviving Economic Abuse, Rockpool, The Hampton Trust, a guest lecturer for Bournemouth University and an accredited trainer delivering Coercive Controlling Behaviour

[7] https://www.reviewconsulting.co.uk/silp-reviews/
[8] Multi Agency Risk Management Meetings

and Stalking Awareness. Katie is a member of the DHR Network, Standing Together Against Domestic Abuse and Employers Initiative on Domestic Abuse.

9.2 Katie was a Metropolitan Police Officer working in a variety of roles, retiring in 2010. She is an accredited Independent Domestic Abuse Advocate (IDVA), IDVA manager, Independent Sexual Violence Advocacy (ISVA) Manager, and managed domestic abuse (outreach and refuge) and stalking services for 11 years.

10 Parallel Reviews

10.1 An inquest was held in January 2023, the coroner concluded Linda died as a result of suicide.

10.2 Three weeks before Linda's death Aida suddenly died at her home (different address to Linda's). HM Coroner determined that Aida's cause of death was associated with her alcoholism.

10.3 Due to Aida being on Police bail at the time of her death, the incident was referred to Professional Standards Department (PSD) to determine if the threshold had been met for a referral to the Independent Office for Police Conduct (IOPC). After investigation, no referral was made to the IOPC, with individual officer learning being identified by the PSD.

11 Equality and Diversity

11.1 The chair and panel members considered whether the protected characteristics of the Equality Act 2010 were relevant to this review.

11.2 Linda was a 49-year-old white British female; Aida was a white Czechoslovakian female and was 45 years old at the time of her death. The most recent Domestic Homicide Year 2[9] report found that women were most common to take their own lives due to domestic abuse (85%). Additionally, although victims of domestic abuse can be both female and male, women are at a higher risk of abuse than men, therefore due to Linda's sex she was more at risk of being subjected to domestic abuse.

11.3 Records indicate English was not Aida's first language, however she understood English and did not require an interpreter. Even so this may have impacted on her day-to-day life, her relationship, and may have created barriers in accessing support.

11.4 There was no information to suggest Linda had a disability. She did however experience mental ill-health, had periods of in-patient treatment, at the end of 2010 she was diagnosed with depression. In 2011 a psychologist report stated she may have Emotionally Unstable Personality Disorder (EUPD), even with these struggles it was never recorded as disability and did not hinder her ability to work fulltime.

11.5 Aida had no mental health diagnosis and was not in receipt of any treatment by mental health services or primary care, she did tell officers that she was depressed, she was also addicted to alcohol. The Government research and analysis of domestic homicide reviews[10] found 61% of the victims were recorded with at least one vulnerability, with 16% experiencing two. Of these victims, 34% had a vulnerability of mental ill-health. With regards to perpetrators the analysis

[9] https://www.vkpp.org.uk/assets/Files/Domestic-Homicide-Project-Year-2-Report-December-2022.pdf
[10] https://www.gov.uk/government/publications/key-findings-from-analysis-of-domestic-homicide-reviews/key-findings-from-analysis-of-domestic-homicide-reviews#introduction

found 71% were recorded with at least one vulnerability, 31% were affected by mental ill-health, 33% experienced problems with alcohol with 36% experiencing more than one vulnerability. Therefore, within the discussions and report these areas have been considered and explored.

11.6 There was no reason to believe that either person had religious beliefs.

11.7 Linda and Aida were in a same sex relationship. Where there is domestic abuse, and the couple are in a same sex relationship it can increase risk significantly due to less reporting and fewer specialist support and interventions provided[11]. There has also been a rise in women who were in a same sex relationship, there was domestic abuse, and they took their own lives (even though a smaller numbers than heterosexual relationship). Those whose deaths were recorded within the Domestic Homicide Project found that Police had been contacted by either the victim or family/friends with concerns regarding coercive control prior to the victim's death which was similar to Linda leading up to her own death.

11.8 Additionally, NSDUH data shows[12] that rates suicide-related behaviours—thoughts, plans, and attempts—were generally higher among lesbian, gay, and bisexual adults than among heterosexual adults. After taking demographic factors into account, the researchers found that suicide risk was three to six times greater for lesbian, gay, and bisexual adults than for heterosexual adults across every age group and race/ethnicity category. Among lesbian or gay women and bisexual women, 11% to 20% had experienced thoughts of suicide, 7% had made a suicide plan, and about 3% had made a suicide attempt. Therefore, the panel felt it important to understand if Linda and/or her family faced barriers in identifying the abuse and seeking support not only for domestic abuse but also suicidal ideation.

12 Dissemination

12.1 Linda's family and all agencies involved in the review are aware the Overview Report and Executive Summary will be published once agreed by the Home Office; however, the action plan has already been disseminated with all relevant agencies to ensure immediate action and learning was taken forward. DHR learning is shared and monitored by the DA Partnership Board and key issues escalated to other partnership Boards e.g., Safer Buckinghamshire Board and the Health and Wellbeing Board. All other reports and IMRs will remain confidential and will not be shared.

12.2 Safer Buckinghamshire Partnership will share the reports with all involved agencies and panel members, Buckinghamshire Safeguarding Boards, Domestic Abuse Partnership Board, Police Crime Commissioner, and the Domestic Abuse Commissioner.

12.3 Prior to the report being available on the Buckinghamshire council website, they and the chair will work with the family and other partners with regards to any public and/or press interest, to ensure they are supported throughout the process.

13 Suicide - The facts.

13.1 Aida died suddenly in her home at the beginning of April 2022. At the time of her death, she was on Police bail for Malicious Communications and Threats to Kill against Linda.

[11] https://galop.org.uk/
[12] https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

13.2 Between Aida's death and her own, Linda told family, friends, and agencies of her intention to take her own life following Aida's funeral at the end of April 2022.

13.3 The evening after Aida's funeral Linda sent a funeral director (who oversaw Aida's funeral) a text saying, '*can you call the police I'm going now thanks for all you've done you were amazing*', after they received no response from her, they called Police raising their concerns for Linda's welfare.

13.4 Police arrived at Linda's home within three minutes, a suicide note was attached to the front door together with a front door key. Upon Officers entering the address they found Linda unresponsive, they could not find a pulse and she was not breathing. CPR was started by Officers within minutes of their arrival, South Central Ambulance Service (SCAS) Paramedics arrived shortly after and continued CPR, sadly attempts to resuscitate Linda were unsuccessful.

14 Family, relationships, and friends

14.1 Linda had been previously married for ten years and had three children with her ex-husband. There were no reports of domestic abuse between the couple, and they remained amicable after their marriage ended. They separated during 2010, and the children spent time between their parents' homes. Later that year both parents mutually agreed the children would live with their father on a permanent basis, this decision was supported by Children's Social Care.

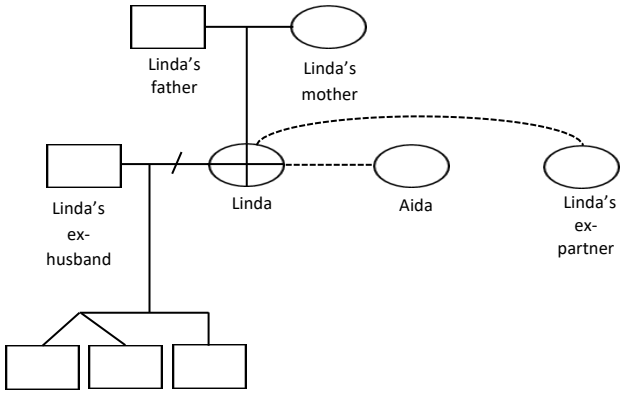
14.2 Linda had been known to mental health services for several years (between 2010 – 2012), during this time she disclosed she had experienced trauma in her childhood, longstanding difficult relationships within her family, and had been assaulted as a child. A Psychiatrist assessed and concluded that Linda had "*de-compensated in the setting of social difficulties (marital, family, and financial). Linda had struggled with her identity as a mother, a wife, a primary carer and with the external expectations of her to settle down in a traditional family unit*".

14.3 After Linda's marriage ended, she had her first known relationship with a female partner. Her first ex-partner self-harmed and had mental ill-health, Linda remained friends with her after their relationship ended.

14.4 Linda worked within the hospital as an Operational Department Practitioner (ODP) and was a well-loved colleague. There were never any concerns regarding her work, and she would always strive to support patients the best she could. Her place of work was not aware of the domestic abuse, but once Aida had passed away, they noticed a decline in Linda's wellbeing, and she had been signed off sick with compassionate leave. She was contacted on several occasions by her manager and the safeguarding team to offer her support within the service, which was all declined. Linda was open with them about how she felt, telling staff she 'wanted to be with Aida after her funeral'. A plan was put in place to keep in regular contact whilst she was off to ensure there was some interaction with her. Prior to her taking her life Linda went into work and emptied her locker of all her possessions.

14.5 Aida's employers were unaware of her relationship, she had always been a good employee and they were surprised when they were informed, she had been involved in domestic abuse. Aida's colleagues fondly remember her and miss her dearly.

15 Genogram



16 Chronology

16.1 In 2010 there were four reports to children's social care of Linda attempting suicide, she spent time as an inpatient during 2010 and 2011 where she received psychiatric treatment, under the Mental Health Act 1983[13], and was given a diagnosis of paranoid personality disorder[14].

16.2 During 2010 Children's Social Care completed an initial assessment and established Linda's parents and friends provided a lot of the childcare support as Linda was in full time employment as an ODP, and family and friends could support her shift work, by the end of the year the children were living with their father due to concerns for Linda mental health.

16.3 Following this in 2011 Children's Social Care received concerns that whilst a voluntary patient Linda had thoughts of killing the children. Linda clarified she had no real intent of harming them, but she was concerned of her ex-husband's care of the children. There were two strategy meetings and Section 47 enquiries[15], as a result the children were placed on Child Protection Plan, which was reduced to a Child in Need Plan after support and intervention was received. During this time Linda was in a relationship with a female partner (not Aida), a psychiatrist perceived that neither Linda nor her then partner posed a risk to the children, however, noted they should not be around the children when going through mental health distress.

16.4 Between 2010 and 2012 Linda was reported missing three times whilst under the care of mental health services, and on two occasions she was graded high risk due to being suicidal. On the last missing episode Linda was located at the top of a multi-storey car park and was brought to safety after Police negotiation.

16.5 Aida first appeared on Police systems in 2013 when she was arrested, charged, and subsequently entered a guilty plea to an offence of harassment of an ex-partner (not Linda). Aida was sending abusive and threatening messages following the breakdown of the relationship. Aida received a suspended prison sentence, and a restraining order was imposed.

[13] https://www.legislation.gov.uk/ukpga/1983/20/contents
[14] https://www.nhs.uk/mental-health/conditions/personality-disorder/
[15] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

16.6 Aida's history on Police crime recording systems included: Theft, Criminal Damage, offences against Police from 2013, Domestic Crime Related Incidents[16] (CRI's), and a Domestic Assault from 2016 with Aida as the victim (with a different partner). The following year it was recorded that Aida was homeless and a victim of arson after someone set fire to her tent. Between 2018 and 2019 there were several Domestic CRIs and Adult Protection referrals for Aida as well as concerns for her mental ill-health after she had expressed suicidal thoughts.

16.7 At the end of January 2019 Aida was assessed by psychiatric in reach liaison service (PIRLS) after a referral from A&E. They reported she had sent a friend, text expressing intent to take her own life, she had drunk up to two litres of vodka and remained intoxicated. The following day Aida threatened to kill herself if discharged, disclosed she drank a bottle of vodka (size unspecified) and one bottle of wine per day, plus daily cannabis use (amount unspecified) since a mental breakdown six years previously. Aida had no physical health conditions, or disabilities and was not pregnant. She was assessed as having alcohol dependence syndrome[17], had no acute mental health symptoms and had mental capacity, she agreed to engage with One Recovery Bucks (ORB), who received a referral a week later.

16.8 ORB made telephone contact in mid-February 2019 to arrange an initial assessment appointment, which Aida later cancelled due to work. Further attempts were made to contact her including a text message offering an assessment at the beginning of March, Aida did not attend nor contact the service. Staff attempted to contact her again but received no response, the 'Inclusion Did Not Attend' procedure was followed, and Aida was discharged from the service. It would generally be standard practice to communicate a patient's discharge to their allocated GP surgery, and any other agencies involved in their care/treatment. However, on this occasion, Aida had not attended following the hospital referral and therefore had not given her consent to share information with other services.

16.9 At the end of November 2019 Aida's colleague rang police concerned for her welfare, they reported she was depressed and felt life was over. The psychiatric liaison team attended with Police to her home address, upon arrival she disclosed she could get violent when intoxicated but agreed to let them into her room. When asked questions, she was not willing to share information other than she was supposed to go to work but had been drinking most of the day. She recognised drinking was a problem, but said she was not willing to do anything about it and believed most of the services were useless. She said she felt suicidal at times but had no plans, she was offered an assessment with the PIRLS team but refused. Aida planned to get some sleep and return to work the next day. She was advised not to drink any more alcohol, the crisis number was provided and was encouraged to visit the GP, she also consented to information being shared. They recorded Aida appeared underweight and dishevelled, but her room was clean and tidy.

16.10 At the end of June 2020 Linda called Police from France reporting concerns that Aida may attempt suicide, during the call she disclosed they had been in a relationship which had ended a few days earlier. (This was the first reference on any systems of the relationship between Linda and Aida). The Command-and-Control log documented that Aida was not open to the mental health team, but she had a history of self-harm, was a long-standing alcoholic making her vulnerable to falls as well as being violent when intoxicated. Police attended Aida's address, she was recorded as being 'in order', having not taken any medication and was not drunk.

[16] **CRI** – A Crime Related Incident is not a full crime, requiring recording according to the Home Office Crime Recording (HOCR) Standards, it is an incident recorded in Niche, often to highlight vulnerability or safeguarding requirements.
[17] https://bnf.nice.org.uk/treatment-summaries/alcohol-dependence/

16.11 At the start of September 2020 Linda contacted Police and reported that Aida was drunk, had pushed her, grabbed her throat and thrown things at her. She confirmed they were living together at the time of this assault. Officers attended the property and positive action was taken with Aida being arrested at the scene. A DOM5 form, was completed with Linda, she was graded Standard Risk[18] and stated she would not support the investigation. Initial victim support and safeguarding advice was documented as being completed with Linda, who declined support from the Victims First service. Linda's three children were not recorded on this first incident and there was no record of them on any of the risk assessments completed by the attending Officers.

16.12 Aida also assaulted one of the attending Officers, she spat in the Police van and used racially offensive language at an officer all of which she was arrested for. Aida was interviewed, but due to being drunk at the time of the offence, she stated she did not remember much. She did however remember pushing Linda and apologised for this. Due to her behaviour in custody (which appeared to be fuelled by alcohol) she was referred to seen by a Health Care Professional (HCP) due to her level of intoxication and volatility but refused to engage with any assessments. She was also referred to CJL&D, however, she refused support and was released before being seen. Aida was bailed with 'No Contact' conditions in respect of Linda, she was also prevented going to another county where Linda had temporarily relocated. Aida was sent a letter from CJL&D offering support, but no response was received.

16.13 Two days after the assault Linda called Police because she was concerned Aida had attempted suicide. It was noted in the URN that Aida had been making comments about ending her life, she had also been saying '*sorry*' to people. Linda confirmed Aida had not contacted her directly or indirectly therefore had not breached her bail conditions, officers attended Aida's address, woke her and no concerns were identified.

16.14 A day later Police were called by a neighbour who was concerned about Aida, music had been playing all day and the front door was unlocked. They stated Aida had mental ill-health and they had been knocking and shouting but there was no response. Officers attended and Aida was in bed in a deep sleep having consumed a lot of alcohol. She had a head injury but was not sure how she had sustained this, she was recorded as having capacity, was checked by SCAS and no further action was taken.

16.15 An Adult Protection CRI was generated and a full ABCDE Vulnerability Tool Assessment[19] was completed. The Multi-Agency Safeguarding Hub (MASH) was tasked to review the information; however, no further action was taken. The Police sent the case file of the assault to Linda to the Crown Prosecution Service, together with the offences to Police. Ultimately in the absence of Linda supporting a prosecution, only the offences against Police were charged. The Police bail conditions regarding the assault on Linda were removed in November 2020.

16.16 At the end of January 2021 Linda made an application with Aida for social housing. At the start of February, the application was transferred to the council to manage due to risk of homelessness indicator in the application. Linda stated within her application that she was living with her partner at a private rented flat and her three children were living with their

[18] Standard Risk: Where the current evidence does not indicate likelihood of causing serious harm.

[19] ABCDE Vulnerability Tool Assessment – The ABCDE model was initially an assessment tool purely for mental health issues, however Thames Valley Police are now using it to assess a wide spectrum of vulnerabilities.

- Appearance – what you see including physical indicators of vulnerability.
- Behaviour – how the individual is presenting and if this is in keeping with the situation.
- Communication – what the individual is saying and how they say it.
- Danger – whether the individual is in danger and whether their actions put themselves or others in danger.
- Environment – where they are situated and whether anyone else is there

father and that children social care were involved. The application also stated that Aida had been attacked by a neighbour as well as having notes, cat faeces and strange books posted through the letterbox (Aida had not wanted to report this to Police). They had installed CCTV, but Aida's anxiety had been affected and she had previously been affected by depression. As Linda was the lead applicant, she was required to answer the question *'are you experiencing domestic violence or harassment?'* which she responded *'No'.*

16.17 The Bucks Home Choice Officer emailed Linda that day to request additional information, including details of the children's social worker, any residency orders for the children, other standard supporting documents relating to local connection and eligibility to join the register. This information was never provided.

16.18 Aida then made a joint housing application with Linda, with herself as the lead applicant (at the start of February 2021). This application cited medical issues, mental health, children at risk, them not being able to cope with the tenancy, not have enough bedrooms, the property not having the basic facilities and someone within the household having a medical need or disability which was impacting on their health. Aida uploaded her required identification and cited '*yes*' to the question *'are you experiencing domestic violence or harassment?',* however, due to this being a duplicate, the application was closed, and this question was never explored.

16.19 Linda called 999 in mid-December 2021 reporting she had been assaulted by Aida; Linda informed the operator that she had been '*whacked around the face'*. Aida could be heard in the background saying Linda had hit her with Linda responding, '*is this for the benefit of the police*?' Officers attended; Linda told officers her 12-year-old child had been present (they had left by the time Police arrived). The arresting officer provided a statement, stating Linda had reddening to her cheek, the Body Worn Video was loaded onto DEMS-NICE[20] which showed Linda in the first moments she was met by officers touching the side of her face and reddening (which was visible) to her left cheek. A DOM5 was completed and graded as Medium Risk[21].

16.20 Also, on Body Worn Video, following Aida's arrest, she asked the arresting officer '*If I regret whatever I did, can I actually get out of this?*', and '*I did make mistake'.* She then became 'volatile' and alleged that Linda assaulted her, before shouting *'LINDA'* and struggled with the officers. Whilst in custody Aida spat at an officer and was charged for this assault the same day[22].

16.21 Aida was referred to CJL&D by Police and was seen face to face in custody as she was identified as a vulnerable female. The offences recorded by the CJL&D were 'Actual Bodily Harm and domestic disturbance'. An assessment was completed, she confirmed she lived with Linda, was in employment but currently unfit to work due to a physical injury. She denied any debt or money and housing issues. In reference to her alcohol, she described having long periods of abstinence but then turned to alcohol when stressed or having relationship issues. Aida described being in a relationship for several years but there were intermittent breaks. During the assessment she described her mood as '*Ok at the moment*' and was not depressed. She denied current thoughts of self-harm and was looking forward to going back to work in January. Aida was recorded as presenting as rational and orientated in time and place. She was assessed as low risk to self and others with trigger factors identified as alcohol misuse. Protective factors were access to money, accommodation, and employment.

[20] A digital evidence storage system.
[21] Medium Risk DASH - is defined as 'There are identifiable indicators of risk of serious harm. Offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances.'
[22] She pleaded guilty at court in January 2022, receiving a fine.

16.22 Also, within the assessment, Aida's relationship with Linda was listed as a protective factor to self and that she felt her relationship reduced the risk of self-harming and misusing alcohol. She expressed her relationship as being important to her and she would like it to continue but realised the issues with her alcohol jeopardised this. She is recorded as having a good insight into her alcohol use and that she recognised she needed support, but her history of engagement was intermittent.

16.23 Aida did not consent to information being shared with her GP and she declined a report for court but did consent to a referral to a Support Time Recovery (STR) worker[23] to help her engage with alcohol support services. She also accepted local and national helpline numbers and was advised to consider counselling for her relationship difficulties. The risk management plan identified no immediate risk to family and if released on bail the Police would escort her home to collect belongings and take her on to hotel accommodation away from Linda. Aida was released on bail for the assault and a MASH referral was completed. Children Social Care closed the referral as Police had provided safety advice and the children lived with their father.

16.24 A statement was taken from Linda the following day which gave evidence of the history of the relationship which included Linda being spat at and her being assaulted by Aida the previous day. The RMO was automatically generated when the Medium Risk Domestic Abuse incident was identified[24]. Linda accepted support of the Victims First Service and a referral was automatically made, Victims First made attempts to contact Linda via phone calls and text on three occasions but these were unsuccessful, and the case was closed.

16.25 Aida's bail conditions were cancelled (five days after being put in place) and no further action was taken for the alleged assault in mid-December 2021.

16.26 The day after the bail conditions were removed Linda contacted Police via the online 'Web Form' to report breaches of bail conditions via calls and texts, this was recorded as Malicious Communications. Attendance was delayed due to resourcing issues with Police attending the following day after Linda called Police again to report Aida was drunk and banging on her door (Aida had left prior to Police arrival). A DOM5 was completed, safety advice, details of specialist help, and support were also recorded as being provided. Police recorded there were no bail conditions and therefore there were no offences identified, and the incident was recorded as medium risk. Children Social Care received a referral from Police regarding stalking and harassment by Aida to Linda. The case was closed as Linda had been provided safety advice.

16.27 A new referral for Stalking and Harassment was made to Victims First, first contact was attempted at the end of December, which was unsuccessful. Two further attempts were made in January which were also unsuccessful, and the case was closed.

16.28 The Support Time Recovery worker attempted to contact Aida by phone at the end of December 2021 and the beginning of January 2022 but there was no response and no facility to leave a message. Also, at the start of January Aida contacted the homelessness team via the online portal for advice as a single person reporting she had suffered racially motivated violence or harassment. She made an application to 'Bucks Home Choice' stating she had been given notice to leave her property by her ex-partner (naming Linda). A homelessness housing advisor attempted to make contact a couple of days later, Aida emailed stating she was living

[23] An STR worker is described as 'hand holding in the community'. It is a short-term service, 6-12 weeks and provides the service user support to engage in services and to try to counteract possible diminished engagement once released from custody.

[24] This is done with technology that allows RMOs to be opened when set criteria are met. The population of this RMO was routinely generated by MASH, when subsequent incidents were created on Niche.

in a room, the harassment from Linda had stopped and asked for the application to be withdrawn. The following week Aida's application went live, and she was able to bid. A day later Linda made an application to 'Bucks Home Choice', cited she could not afford the rent and had been asked to leave her current accommodation. She answered 'no' to harassment or domestic abuse and was provided advice and support regarding affordability (her application was live from mid-February; she placed several bids but was unsuccessful).

16.29 In mid-January 2022 ORB successfully contacted Aida after sending a letter, however, she denied being dependent on alcohol and did not believe she required support. Aida was told she could contact the service if she changed her mind in the future, the original referrer was made aware of her declining support, and it was agreed to discharge Aida from the service.

16.30 Aida submitted a change of circumstances on her 'Bucks Home Choice' in mid-March 2022, stating she was sofa surfing after leaving her address, no address was provided, this was passed to the homelessness team. The next day she contacted the homelessness team stating she was living in a tent but did not make it clear if she was alone or with a partner. Several attempts were made to make contact however these were unsuccessful, and the case was closed ten days later.

16.31 A few days later Linda attended a Police Station and reported Aida was sending constant abusive messages to her and her parents. Two crimes of Malicious Communications were created for Linda and her mother. Linda provided a statement explaining the breakdown of the relationship and screenshots of the messages, additionally she disclosed there had been a 'tussle' a few days earlier over some keys. She described how Aida had tried to grab some keys and pushed Linda causing her bruising to her left leg and arm. Police made a safeguarding referral for the children which was closed. Linda's mother provided a statement the following day and provided evidence of the threatening and abusive messages from Aida. SIG flags[25] (were added to the addresses of Linda, her mother, and the children.

16.32 Two days after this disclosure Linda called Police to report further abusive calls and texts including threats to kill, these messages were saved as digital evidence three days later. This information was shared with children social care, however due to safety advice being provided by Police the case was closed.

16.33 A couple of days later Linda called Police again to state she was concerned for her children as Aida had threatened to attend their home address and their school. A continuation of the existing harassment crime was recorded from two days earlier. Subsequently a supervisor advised an additional Malicious Communications crime was to be recorded. Information was shared with children social care, and the case was closed.

16.34 The following day Linda called the Police again to report further abusive messages including comments about her children, Police took a statement that day and made attempts to arrest Aida. When they contacted Linda to update her of these attempts, she disclosed further threats including Aida threatening to attend Linda's home with a knife. Police further recorded a crime whereby Aida suggested Linda's mother kill herself before she did, no statement was taken from Linda's mother. This information was shared with Children Social Care who closed the case.

16.35 At the end of March 2022 Aida was arrested on for 'Threats to Kill' and 'Malicious Communication'. A Support Time Recovery Worker spoke to Aida over the phone whilst she

[25] Alerts Thames Valley Police staff to threat, risk and harm associated with an address.

was in custody, screening was offered and accepted, the offence was not recorded by CJL&D. Aida stated she had fallen out with her partner whom she lived with and had moved temporarily in with friends. She was still in full time employment, denied illicit drug use but admitted to binge drinking when '*things go wrong'*. Aida stated she knew where she could get support with her alcohol use, had no thoughts of self-harm, and declined further help. A wellbeing pack was left in her belongings with relevant support numbers, she was bailed with 'No contact' conditions for Linda and Linda's mother.

16.36 At the start of April 2022 Police received a call from Linda stating she was feeling suicidal due to the ongoing abuse from Aida and provided a statement that day outlining breaches of the bail conditions. A DOM5 was completed with Linda, her three children were recorded, and the information shared with Children Social care who closed the case.

16.37 A day after Aida release from Police custody, friends contacted a local NHS Mental Health Facility providing inpatient and community care, due to their concern for her. They were advised to contact an ambulance or the Police. The following day Police were called as Aida's friends had found her, and she had passed away. Aida's friends described that she had been drinking heavily and had appeared suicidal (her death was found to be due to her alcoholism).

16.38 The day of Aida's death a friend of Linda's called the Police raising concerns for her welfare as they had not been able to get hold of her and she had sent a message *'my partner is dead, I'm going to go and be with her'*. Police attended, and no concerns were raised. This information was shared with Children Social Care and the case was closed.

16.39 Shortly after Linda had a telephone call with her GP and explained her partner had died suddenly, she felt unable to cope and could not see a future. She confirmed she was being supported by a cousin and aunt and the funeral was arranged in three weeks' time. A sick note was issued until the start of May 2022, and she was given details regarding a self-referral to Healthy Minds for support.

16.40 Ten days after Aida passed away a concern for welfare to Police was made by a friend of Linda who told them she was in a bad place and was planning to take her own life. Linda was seen by officers; she was safe and well and no concerns raised. However, later that day the officer who had spoken to her spoke with her again where she told them she would '*drink herself to death'*. Officers responded and attended her home address. On the Body Worn Video the attending officer asked if there was anything they could do to help, any friends or family or anyone to be with her, Linda confirmed she had support. Officers offered to contact people on her behalf however this was refused, she was also advised to call 999. Linda confirmed she had seen her GP and refused any the offer for referrals. The three children were recorded against this incident in Niche and a referral to Children Social Care was completed via MASH.

16.41 Upon receipt of the referral from Police, a Child & Family assessment was undertaken following concerns around Linda's mental health and the impact on parenting capacity. The assessment concluded "*Threshold is not met for Section 17 Child In Need involvement",* the case was closed.

16.42 The day after the Police visit (mid-April) the GP received an email from Linda's mother outlining concerns that Linda was suicidal following the death of her partner. She reported Linda was selling her possessions, had bought a double plot at the cemetery, and had stated on a website that she would be with her partner soon. The GP contacted Linda that day, explaining the concerns that had been raised (they did not disclose who had raised this), Linda

told them "*I only need to cope until the end of April, I'm not saying I will cope, but I only need to be there until then, after that who knows*". She denied being suicidal, as she had a funeral to prepare for. The GP noted that Linda was guarded and defensive and was adamant that she did not want to be admitted or to be sectioned. She confirmed her children lived with their father, she had seen them the day before and her mother had been present. The GP reassured Linda that they had not called the police, signposted her to Cruse[26], agreed to call back the next day with an update, and would inform colleagues about the situation. There is no indication the GP called back the following day and there was no contact with Linda after this call.

16.43 That same day Adult Social Care received a safeguarding referral from Police and a concern for Linda from one of her friends via the online portal, concerns raised were;

- *This person was in an abusive relationship, they split up and police were involved due to harassment. Her ex-partner died suddenly and now she is in total denial about the abuse and the relationship previously ending and is planning her ex's funeral along with her own as she is planning on taking her own life after the funeral of her ex.*
- *Attempts to get her to engage with support have failed and her family are extremely worried about her. She has three children who live with their father, she is not eating, has started drinking alcohol, has stopped going to work and is barely functioning apart from to put her plan to die into place."*

16.44 Three days later Police received a call from a friend of Linda with concerns she was going to kill herself. Officers attended the address; they entered the property due to the front door being open and found Linda in bed. Linda was initially quite unresponsive but then eventually stated *'I'm going to bury my partner, then all bets are off'*. SCAS was called who tried to speak with Linda on loudspeaker, she was dismissive of these attempts but agreed they could call back to assess her. SCAS made several attempts to speak with Linda, however, she was unwilling to discuss her current concerns or engage with any offers of support. Despite several attempts to gather enough information to assess her circumstances, she hung up the phone. Police were contacted and informed of the outcome of contact.

16.45 The following day Linda called 999 (after the advice of previous attending officers) saying she needed Police, officers attended, and she told them after Aida's funeral '*we will find her dead'*. Both Children and Adult Social Care referrals were made, within the referral it reported:

- *She said that she has had a few glasses of wine, had not taken anything else and was not overly engaging. Clear she has capacity and basically told us she wanted us to go. After the death of partner being buried she said she will wait to that then "WHO KNOWS".*
- *No powers to do anything else, had capacity, refused to talk to SCAS and said she has made no attempt to take her life.*
- *This is the 12th incident that Linda has come to Police attention for this year, the most recent six of which are all in April and all with concerns for her mental health/physical wellbeing, which clearly shows a rapid decline in her mental health, if the right support is not received then Linda's mental health is likely to decline further which risk her trying to kill herself.*
- *Linda is at risk of harm, but this is not imminent.*

16.46 Later that same day a further referral to Adult Social Care was made by Police, concerns included:

- *Linda has said that she will kill herself the date of her partner's funeral. She says that she just wants to get to the funeral, and then we (the police) will find her dead at her home.*

[26] https://www.cruse.org.uk/

- *Linda is a fully qualified Operating Department Practitioner and works at a hospital. Clearly if she had access to anaesthetic drugs then she would be at risk, though she is at present off-work on compassionate leave...*
- *Actions carried out to manage the risks: Night Duty Mental Health Team contacted and will be calling Linda this evening. Contact details left for Cruse bereavement counselling, and Samaritans. Advised to contact police if intending to harm herself reinforced, though also discussed other avenues of support including LGBTQ+ organisations that may be more appropriate to Linda's current situation."*

16.47 Adult social care triaged the safeguarding concern by Linda's friend and the Police a few days later. The two social workers who assessed her concluded she did not meet eligibility criteria for safeguarding processes. However, in acknowledgement of Linda's identified mental health and bereavement needs, an email was sent to the GP requesting they contact Linda and offer mental health and/or bereavement support.

16.48 The day before Aida's funeral at the end of April 2022 the Crisis Team in Bucks, Oxford Health NHS Trust received a call from a third party who was calling from out of area. They reported they had received a call from Linda informing them that she was planning to take her own life on the following day after Aida's funeral. They were asked to call the police and given instructions to call 101 which Linda's friend did. After the Police received the call for concern, they and the Street Triage Clinician attended Linda's home. Linda answered and they explained why they were there, she refused to allow them in due to Aida laying in an open casket in the living room. She told them "*today is not a good day to talk*" and would not engage. They left the property after posting contact details for the Crisis team through the door.

16.49 The Police contacted the friend who raised concerns, they were provided with crisis details and encouraged to call again should their concerns escalate. The street triage clinician also updated Adult Social Care and Oxford Health Adult Social Care Lead of the action taken.

16.50 The following day after Aida's funeral, Linda messaged the funeral director asking them to contact the Police and thanked them for their support. When Police attended Linda's home address, she was found unresponsive and died shortly after.

16.51 A Child and Family assessment was completed when Linda passed away, the children were seen and spoken to by the social worker. The children, their father and maternal grandparents were offered bereavement counselling support which they declined at the time, however, have been signposted to these services for future contact should this be required. The children's school is the lead agency who will continue to have oversight and provide pastoral support.

17 Analysis and Learning

17.1 Recognising domestic abuse, its impact and victim responses.

17.1.1 Domestic abuse is complex and those who abuse use multiple behaviours to ensure they maintain power and control over those they are in a relationship with. For family, friends, and professionals it can be challenging to identify the abuse, for those subjected to abuse it can be terrifying, confusing, difficult to understand and ultimately dangerous to escape from.

17.1.2 The Domestic Abuse Act 2021 introduced a statutory definition of Domestic Abuse to ensure a coordinated response from agencies:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
"A" and "B" are each aged 16 or over and are personally connected to each other, and
the behaviour is abusive.
Behaviour is "abusive" if it consists of any of the following—
physical or sexual abuse,
violent or threatening behaviour,
controlling or coercive behaviour,
economic abuse (see subsection),
psychological, emotional, or other abuse,
and it does not matter whether the behaviour consists of a single incident or a course of conduct.

17.1.3 We are unclear if Linda was subjected to more than one physical incident of abuse, however, when Aida assaulted Linda in September 2020 and December 2021, officers promptly attended. The investigations were well evidenced and documented, and the Officers in Charge (OIC) progressed the investigations well and carried out all reasonable lines of enquiry. They were able to identify the impact the incidents had on Linda, and even though at the time she had stated she did not want to support the prosecution they asked her again a second time giving her an opportunity to reflect on her initial decisions.

17.1.4 After the assault in September 2020 even though Linda did not want to support a prosecution, 'an-evidence led' prosecution[27] (or absent victim prosecution) was considered. This avenue was assessed by a Justice Gateway Officer with a well-documented rationale that it would be unlikely the Crown Prosecution Service (CPS) would progress without the evidence of Linda. Regardless of all these assessments, the assault on Linda was still sent to CPS for consideration alongside the offences against Police, giving every opportunity for the case to progress to court. It is clear the officers were concerned for Linda and sought how they could continue with the prosecution which was positive practice especially as this was prior to the Domestic Abuse Act 2021 which set further guidance for officers and the CPS for evidence led prosecutions.

17.1.5 Officers were able to recognise the risk of harm from the physical assaults well, however other behaviours were not identified such as emotional and psychological abuse. These behaviours can at times be so subtle, they are difficult to recognise, evidence and proceed with criminal action. The University of Gloucestershire's research into Domestic Homicides and Stalking[28] found that 92% of all the homicides (reviewed), the victim had experienced Coercive and Controlling Behaviour within the relationship. These behaviours are the bedrock of any perpetrators control, Evan Stark states:

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

17.1.6 Section 76 of the Serious Crime Act 2015[29] came into effect at the end of 2015, introducing criminal legislation for coercive and controlling behaviour outlining behaviours that could be classed as domestic abuse. Coercive controlling behaviour is defined as ongoing psychological behaviour, rather than isolated or unconnected incidents, with the purpose of removing a victim's freedom that is used to harm, punish, or frighten the victim.

[27] https://www.cps.gov.uk/legal-guidance/domestic-abuse
[28] https://www.glos.ac.uk/content/homicide-research-group/
[29] https://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted

17.1.7 The Government definition also outlines the following:

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

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

17.1.8 When Linda disclosed Aida's controlling behaviours and the impact they had on her, attending, and reviewing officers should have been professionally curious with regards to coercive and controlling behaviour. This would have provided an opportunity for officers to try and have a complete picture of the relationship and explore the most appropriate interventions. During the police interaction with Linda and Aida, their relationship was on/off with Aida moving in and out of their property. At the time S76 of the Serious Crime Act 2015 only covered victims who were in an intimate relationship, had been in an intimate relationship and still lived together or they were family members. Since the summer of 2023 this has been amended to include intimate partners post-separation who are no longer living together as the Domestic Abuse Act recognised the continued behaviours abusers used against their ex-partners.

17.1.9 The CPS[30] and College of Policing[31] (CoP) provide guidance with regards to different behaviours which should be considered when determining whether the offence of coercive control has been committed. The CoP outlines, coercive control can be a warning sign for future violence towards the victim and although the conduct may appear 'low-level', any behaviour or pattern suggestive of controlling or coercive behaviour must be treated seriously and investigated to determine whether an offence has been committed. The legislation is clear that coercive or controlling behaviour can be included, or committed in conjunction with, a range of other offences. The list of behaviours for this offence is not exhaustive and there may have been other behaviours Aida subjected Linda to, however behaviours evident were:

- ***Isolating a person from family and friends (when a victim is isolated their world is small, they become reliant on the abuse and their options for support is reduced)*;** there were incidents of domestic abuse when the children were present. This effected when the children saw their mum. Linda did not see her family or friends on a regular basis and became incredibly insular with her interaction with others.
- ***Threats to hurt or kill the victim/others or children (These can be serious threats and creates extreme fear in a victim)*;** Aida had threatened to hurt Linda, her children and mother (this was dealt with as Malicious Communication).
- ***Threat to kill themselves (This creates additional fear and a sense of responsibility on the victim to protect the abuser. Abusers will use this to manipulate their victims especially if they feel their control is being lost)*;** Aida made repeated threats to kill herself and Linda clearly believed her as she made multiple calls to Police with her concerns for Aida's welfare. The first time any agency became aware of Linda and Aida's relationship was in the summer of 2020 after Aida had threatened suicide and they had separated two days earlier. Police made no enquiries around domestic abuse because the relationship had ended and she made no disclosures of abuse, therefore it was recorded as a concern for welfare. Linda's other call to police was after Aida had text to a friend saying "*sorry*" and she was on bail at the time of this text. Due to there being no direct contact, the Police considered the 'coercive' aspect being indirect and would make it very hard to evidence the offence. Had the contact been

[30] https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship
[31] https://www.college.police.uk

direct, then this could have been coercive controlling behaviour and would have been a breach of bail.

- ***Assault*;** Aida grabbed Linda by the throat, caused reddening to Linda face and pushed her on several occasions. Police were proactive with these incidents arresting for the assault, ensuring agencies were made aware, however, coercive control was not part of any of these investigations.
- ***Using substances such as alcohol or drugs to control a victim through dependency*;** although we cannot be certain Aida did this, we know she was alcohol dependent, and this caused Linda much concern for her wellbeing. There is no evidence Linda was dependent on alcohol, however, shortly before her death she told officers that she would drink herself to death.
- ***Continuous and unwanted contact*;** Aida continually contacted Linda, on some occasions over fifty times, whether there were bail conditions or not. Linda voiced the impact this was having on her and was seeking support in how to stop her behaviour.

17.1.10 Those who abuse, will use methods and ways to make contact when they are fixated with their victims. It is essential that behaviours and the adverse effect this has on victims is not dismissed and appropriately investigated. There is no evidence within the records that coercive or controlling behaviour was explored with Linda and Aida which was a missed opportunity to have further arrested Aida.

Learning 1 - Thames Valley Police

With all domestic abuse incidents, coercive controlling behaviours are to be considered and explored with the victim. Even though there may not be evidence to proceed with an arrest, officers should ensure they take this into account when taking statements, recording their observations, and speaking with family and friends as part of their enquiries.

17.1.11 The Adult Safeguarding Triage social workers determined that there was no further action required from a safeguarding process perspective for any of the four referrals received, and no concerns raised were therefore progressed to Statutory or Non-Statutory Section 42 enquiries. They were aware of the domestic abuse, but it is not evident that the risk or potential impact of the abuse was considered as part of the information analysis and/or decision-making process. Without gathering this information and exploring Linda's circumstance further they were unable to create a full picture into her situation and how the risks could have been minimised. It is also not evident if any referral/signposting was made to appropriate services who could offer domestic abuse support.

Learning 2 – Adult Social Care

To ensure referrals at triage are appropriately assessed, social workers must ensure they gather as much information including the persons history as well as understanding of the current situation and risks. The impact of domestic abuse should never be underestimated when completing these assessments and full consideration should be made in how to safeguard those at risk of serious harm.

17.1.12 Once the relationship ended and Aida moved out of the couple's home, her controlling and abusive behaviour continued and moved to stalking. The CPS is clear that there is plainly overlap with coercive and controlling behaviour and stalking patterns should be fully explored.

17.1.13 The Protection of Harassment Act 1997[32] (S2a and 4a) states to evidence these offences there must be;

- A course of conduct comprising of two or more occasions,
- The course of conduct causes alarm or distress, and,
- The abusive person ought to have known their behaviour was unreasonable.

17.1.14 Aida repeatedly contacted Linda when the relationship had ended, and Linda was concerned not only for her safety but also that of her children and her mother. These behaviours were never identified as a pattern or a course of conduct and were dealt with in isolation. CPS guidance indicates different behaviours that can be identified to prove these offences (this is not an exhaustive list). Of those behaviours, Aida demonstrated:

- ***Contacting, or attempting to contact, a person by any means*;** Aida breached her bail conditions on multiple occasions. When she did not achieve the response, she hoped for she escalated her threats to Linda's children and family members as well as threatening to take her own life.
- **The behaviour causes alarm or distress;** Linda repeatedly told officers she was concerned and was proactive in reporting the breaches in the orders, she also told them she felt suicidal due to the continual messages and feared for the safety of her and her family.

17.1.15 Stalking is similar to harassment, but more aggressive. The stalker is obsessed with the person they are targeting. Although there does not need to be a direct threat of harm, there needs to be evidence of alarm/distress/fear and substantial adverse effect. Stalking should never be underestimated and needs to be understood as a pattern of Fixated, Obsessive, Unwanted and Repeated (FOUR) all which Aida was demonstrating.

17.1.16 The first incident of harassment was in general terms dealt with effectively, it was recorded initially as a 'Domestic Abuse Crime Related Incident' and the attending officer identified a crime of Harassment after talking with Linda. A task was correctly generated for Contact Management (a digital message sent in Niche), to reclassify the incident the same day the crime was reported by Linda. But they did not specify what offence they wanted the incident to be reclassified as, and a Malicious Communications crime and Harassment crime was created instead of a Stalking.

17.1.17 The incidents should have been recognised by both attending officers and Contact Management and classified as the more serious Stalking offence. This is because of the nature of the behaviours exhibited and that it was domestic related. If the course of conduct offence of Stalking had been recorded as a crime, it would have remained "unfinished" until Aida had received some form of formal action such as a charge or caution. This would have also raised the risks and awareness of the escalation when Linda then made four calls to Police over six days, each time reporting further abusive and threatening calls from Aida. This escalation of risk and stalking behaviours were missed not only by attending officers but also the reviewing officer for the case on multiple occasions.

17.1.18 In response to the constant messaging Linda was receiving from Aida, an attending Officer and the call handler advised Linda to block Aida on her phone. During the call Linda tells the call handler "*I haven't blocked her on this number because sometimes….Just her messaging me, is like knowing where she is, and what her frame of mind is, and …..If she's drunk, if she's…Cause when I block it, I don't have a clue where she is then. The not knowing is worse, cause I turn up home from work and I don't know whether she is stood behind the wall.*" Linda clearly knew

[32] https://www.legislation.gov.uk/ukpga/1997/40/contents

the risk Aida posed to her and was ensuring that part of her safety plan was to know where Aida was and what her thoughts were. Linda herself said she would monitor Aida's behaviour by occasionally looking at what had been sent, so she could gauge what level of risk Aida posed to her, this approach relied on Linda to monitor her risk which was not appropriate and should have been part of a wider support plan. Thames Valley Police Operational Guidance (Cyber-Stalking and Harassment - published July 2017) supports the Officer with this advice, but this is in contrast with the national picture from charities such as Paladin[33] and the Suzy Lamplugh Trust[34], that recognise simply blocking a perpetrator could cause the behaviour to escalate and victims being unable to monitor the perpetrators behaviour.

17.1.19 These additional crimes reported should have been recorded in addition to the ongoing and open harassment case, such as the Malicious Communications offence. This then brings in the issue of the Assault offence relating to the 'tussle' over keys. This Assault should have represented the 'Principal Crime' in this instance instead of a Malicious Communications offence in respect of Linda because it is the more serious offence. A crime of Harassment was recorded two days later when Linda further reported contact and threats from Aida.

17.1.20 These further crimes included examples of inadequately evidenced investigations, lines of enquiry not being completed, offences not being cross-referenced, and evidence not being recorded against the correct occurrence. Consequently, these investigations became confused and haphazard for anyone trying to investigate the incidents collectively.

17.1.21 Following consultation with the Force Crime Registrar, they felt that in general terms the crime recording was acceptable even though some mistakes were made. Accurate recording relies heavily upon the expertise of the Crime Scrutineers in this complex area of business. With so many crimes being recorded in a relatively short amount of time a comprehensive summary in the Occurrence Enquiry Log (OELs) would have served to inform Officers of the exact status of all the investigations and what actions were outstanding.

Learning 3 - Thames Valley Police

When there were several related offences, it is important to identify a lead offence in which to summarise all related incidents and outstanding enquiries in the Niche OEL. This then serves to inform investigators of the status of the investigations, evidence, and safeguarding actions.

17.1.22 This last knife threat led to focused efforts by Police to locate and arrest Aida six days after the first contact by Linda to the Police. Until this point rolling arrest attempts had been made at several different addresses but were unsuccessful. Arrest attempts had also suffered delays due to other incidents taking priority, the lack of resources and officers struggling to locate Aida. After she was arrested and released on pre-charge bail[35], with 'No Contact' conditions for both Linda and her mother, Aida demonstrated a complete disregard for the conditions and repeatedly breached them, escalating her behaviour to Linda and her family. Linda was proactive reporting Aida as she believed she was protected by these conditions. It was evident upon speaking to Linda's mother that they believed the bail conditions meant Aida would either stop or be arrested for the breaches, and although there is a power of arrest to pre-charge bail it is not criminal offence. When perpetrators of domestic abuse are released on pre-charge bail, victims should be informed exactly what this means and what response the

[33] https://www.paladinservice.co.uk/
[34] https://www.suzylamplugh.org/
[35] https://www.gov.uk/government/publications/pre-charge-bail-statutory-guidance/pre-charge-bail-statutory-guidance-accessible

Police will provide should they be broken. Linda's mother explained that she and Linda felt this bail would stop the abuse and when she was not arrested when she breached them it caused confusion and helplessness.

Learning 4 - Thames Valley Police

Linda and her family believed the pre-charge bail protected her from further harm by Aida. Linda was proactive in reporting Aida on the multiple occasions Aida breached her bail believing proactive action would be taken.

Upon speaking with Linda's mother, she felt the Police let Linda and her down by not explaining the pre-charge bail process. They had not had any previous involvement with the criminal justice system and therefore did not understand what protection they had or needed.

It is essential that when an offender is released on pre-charge bail, Police fully explain and provide information on what this means, how they are protected and what other protective interventions are available.

Learning 5 - Thames Valley Police

A crime of Harassment was incorrectly recorded by the attending Officer. Contact Management also failed to recognise a Stalking offence. Stalking should be used in place of Harassment when the behaviour described is Fixated, Obsessive, Unwanted and Repeated (FOUR).

Further to this, the Home Office Crime Recording Standards state that when a course of conduct is reported between a victim and their former partner, this must be recorded as Stalking unless the Police are satisfied that the matter amounts to Harassment in law only.

It is important that Officers and Staff who are responsible for recording and investigating crime apply the correct offence when dealing with Stalking and Harassment, to ensure the most appropriate response and case management to these two distinct crimes.

Thames Valley Police are currently delivering training (Vulnerability and Risk Training) around Stalking, focusing on safeguarding, Stalking Protection Orders, and risk assessments was started with staff which started in January 2022 and is still in the process of being delivered. Additionally, in support of Officers conducting secondary investigation in cases of Stalking or Harassment, improvements have recently been made to the main 'title' page of Niche, which now offers greater clarity when researching incidents by differentiating between these two distinct crime types.

Learning 6 – Thames Valley Police

Linda was proactive with reporting the receipt of unwanted and repeated communications from Aida, which were in breach of police bail conditions. Aida's continuing behaviours were noted in the DOM5, but the 'SDASH[36]' questions were not completed. Aida's inclination to breach Police Bail Conditions and a history of escalating malicious behaviour in a previous relationship were risk indicators. Completing the Stalking questions would have enabled the risk factors to be appropriately considered as part of the overall risk assessment.

[36] SDASH – Additional Stalking Risk assessment to enhance and support professional judgement regarding the risk to victims.

Learning 7 – Thames Valley Police

Linda reported receiving unwanted and repeated communications from Aida which resulted in an offence of stalking being recorded. Neither the Investigation Summary completed by the OIC nor the no-crime rationale recorded by the supervisor adequately summarised nor evidenced the nature of the communications.

This contributed to the stalking offence being incorrectly cancelled as the Assistant Crime Registrar[37] (ACR) largely based their decision on those summaries without recording consideration of the nature and content of communications. All reasonable lines of enquiry should have been followed and documented to ensure opportunities to take positive action were maximised. When considering cancelling the crime the ACR should have taken account of the full circumstances which would have prevented the crime being incorrectly cancelled.

17.1.23 Stalking Risk Profile[38] describes a non-exhaustive list of impacts on victims, from this it was evident that the impact on Linda was:

- Denial, confusion, self-doubt, questioning if what is happening is unreasonable, wondering if they are over-reacting,
- Frustration,
- Guilt, embarrassment, self-blame,
- Apprehension, fear, terror of being alone or that they, others, or pets will be harmed,
- Feeling isolated and helpless to stop the harassment,
- Depression (all symptoms related to depression),
- Anxiety, panic attacks, agoraphobia (frightened to leave the house, never feeling safe),
- Irritability, anger, homicidal thoughts,
- Personality changes due to becoming more suspicious, introverted, or aggressive,
- Self-medication alcohol/ drugs or using prescribed medications,
- Suicide thoughts and/or suicide attempts.

17.1.24 The impact can be devastating, and it is essential those who know and work with those who are subjected to abuse understand the impact. When victims are subjected to domestic abuse, they can experience complex trauma which may impact mental wellbeing and their ability to cope with day-to-day life. Victims of trauma may find their 'Window of Tolerance[39]' is reduced placing them in a state of either Hyper or Hypo arousal. Each state creates a different trauma response, victims may be described as problematic, obstructive, non-engaging and difficult all which Linda presented as after Aida had passed away. This perception of victims can create a hurdle with the agency response and the ongoing interaction victims have with services. It is essential therefore that agencies recognise different responses and can adapt to meet the needs of the victims.

17.1.25 It is unclear how much Linda understood she was a 'victim' of domestic abuse (including stalking), but it is clear she was fearful and felt she needed the support of the Police to stop Aida's behaviour. Linda's mother was supportive of her making reports to the Police including providing a statement when there were threats to her safety. Upon speaking with the family due to their concerns for her mental health, domestic abuse was never identified. They

[37] The ACR support the Force Crime Registrar who is appointed by Thames Valley Police to ensure that the nationally agreed standards of crime and incident recording are complied with accurately and applied consistently across the force, and in accordance with the National Crime Recording Standards and Home Office Counting Rules.
[38] https://www.stalkingriskprofile.com/
[39] https://www.psychologytools.com/resource/window-of-tolerance/

understood the relationship was having an impact on Linda's health and wellbeing, but the significance and the risk associated with it was not fully understood.

17.1.26 This is not to proportion blame on anyone but highlights that when there is a 'more presenting concern' such as mental health or substance misuse the 'driving/causal factor' such as domestic abuse may not be recognised or understood. It is essential therefore that domestic abuse, and its impact is shared with the community and is part of any awareness campaign as they are the eyes and ears of everyday life.

17.1.27 Buckinghamshire's domestic abuse strategy is available on the council website, raising awareness and including the community is included within the plan. Unfortunately, as with previous DHRs, and when speaking with the family when you do not think domestic abuse affects your life, people do not pay attention to the signs, symptoms and offers of support available.

17.1.28 Public Awareness has also been identified in The Tackling Domestic Abuse Plan 2022 Problem Four – *'Identifying more domestic abuse cases. Currently there are gaps in public awareness of what constitutes domestic abuse, which hinders identification of cases. Increasing the ability of professionals to identify and respond to domestic abuse cases, particularly those more likely to regularly encounter them, should also contribute to identification of more cases. And the system needs to provide more opportunities for victims and survivors to disclose abuse by addressing the reasons why they do not do this. These include not knowing if or where support existed or how to access it*.'

Learning 8 - Buckinghamshire Domestic Abuse Partnership Board (BDAPB)

It is important raising awareness and the different nuances attached to domestic abuse is incorporated within any domestic abuse strategy. Therefore, it is vital BDAPB continue to raise awareness of the support available but also what domestic abuse 'looks like' especially when there is coercive and/or controlling behaviour and stalking/harassment.

The BDAPB have provided a domestic abuse training catalogue to practitioners who work with those who may be subjected to or perpetrating abuse. The catalogue provides a variety of training and 'power hours.' Training includes, Domestic Abuse Awareness Power Hour, Coercive and Controlling Behaviour Power Hour, Domestic Abuse and Protected Characteristics Power Hour and an Introduction to Stalking. These all provide a brief overview of domestic abuse, coercive controlling behaviour and stalking and the tools needed to support and signpost victims.

17.2 Potential barriers to accessing services.

LGBTQ+

17.2.1 Linda and Aida's gender and/or sexuality may have created a barrier when identifying and understanding the abuse and seeking support. SafeLives '*Free to be Safe: LGBTQ+ people experiencing domestic abuse* found:

- LGBTQ+ victims of domestic abuse are **twice** as likely to have attempted suicide.
- LGBTQ+ victims and survivors are **not** accessing services at the same rate as others in the population.
- LGBTQ+ victims were **more** likely to have alcohol misuse and mental ill-health than non-LGBTQ+.

17.2.2 These barriers appear evident with Linda; she had made threats and attempts to take her own life, did not access any domestic abuse support when these were offered, and her mental health deteriorated throughout the relationship.

17.2.3 The study also found LGBTQ+ individuals are generally less likely to report domestic abuse, some of these reasons are;

- *Belief that heterosexuality is normative, and the belief that domestic abuse presents itself in relationships between men and women, leading to the invisibility of abuse perpetrated by women.* We cannot be certain this is how Linda felt however, we must all be aware of this perception and the barriers faced.
- *Cyclical nature of intimate partner violence where there is alcohol consumption can lead to aggression in the relationship, which makes the parties turn to alcohol as a coping mechanism.* Aida had a long history of alcohol misuse which was evident in many interactions with agencies where she was violent not only to Linda but emergency workers. There is no evidence that Linda had any concerns regarding substance misuse.
- *Stigma towards LGBT+ individuals can increase emotional distress, with an increased rate of depression and anxiety; this, in turn, can increase the likelihood of use of unhealthy coping mechanisms such as alcohol or other substances.*

17.2.4 We do not know if Linda had come to terms with her sexual identity. Her two relationships following her separation from her husband featured mental health vulnerability of both her partners and significant domestic abuse from Aida. Both partners had some involvement with Linda's children when she had contact with them, and were included in social work assessments, that risk assessed their safety. It is unclear whether any service involved with Linda explored the domestic abuse with Aida and how the dynamics of the relationship impacted on her. It may have been beneficial for this have been explored so the most appropriate support and intervention could have been explored and offered.

17.2.5 Even though not evident we need to be aware of the unconscious bias that may be present when supporting same sex couples. When considering lesbian relationships, professionals need to be aware of any gender bias. Women can be perceived as passive, dependent, nurturing, emotional rather than violent and dominant, this can result in, the violence perpetrated by women not being taken as seriously as that by men. And the way in which abuse presents in a relationship between women may be different to that in a heterosexual relationship. For example, there tends to be less physical violence, but a lot more psychological abuse such as coercion, intimidation, and degradation.

17.2.6 To ensure staff feel supported when working with couples from the LGBTQ+ community specialist 'by and for' services should be included within any signposting, referral pathways and training offered as they will offer insightful information and knowledge regarding the complex dynamics which are different to heterosexual relationships, which will reflect in any risk assessments completed and safety plans.

Learning 9 - Buckinghamshire Domestic Abuse Partnership Board

Without an awareness of how domestic abuse in a same sex relationship may present itself can be dangerous and harmful. It can cause the victim to feel unheard and not believed, therefore it is essential any awareness campaign is ensuring those within the LGBTQ+ community are included.

SafeLives recommended within their findings that the first step towards helping people who identify as LGBTQ+ to access support must be raising awareness within society that domestic abuse can

happen to anyone regardless of sexual orientation and/or gender identity, as this report will explore. The raising of awareness is not only required within the LGBTQ+ community but across the entire community. This will enable family and friends to be able to identify abusive behaviours and

Within the BDPAB training catalogue there are several opportunities for workers to further their awareness and knowledge of LGBTQ+ & Domestic Abuse. The Power Hour provides an introduction and overview into domestic abuse within the LGBTQ+ community with the longer training exploring the complexities and barriers faced when accessing support. During the training barriers to services and how the community are disproportionately affected by health difficulties including substance use (this report falls in line with previous ones which have also shown that queer women are less likely to disclose smoking and substance use to their GP) self-harm, suicide and other adversities such as homelessness which are all present increase the risk of Domestic Abuse, create barriers and difficulty accessing the correct services. This is free training to anyone who works within the area and is via Microsoft Teams to make it as accessible as possible. These sessions end after March 2024 and will continue into 2024/2025.

Mental Health

17.2.7 Both Linda and Aida had a history of mental ill-health, with Linda spending some time as an inpatient (when her children were very young) including self-harm, suicidal thoughts, and ideation, even though she was well known to mental health services in the early 2010s, after 2012 she appears to manage her mental health up until the last 18 months of her life. With no contact with secondary mental health services from 2012 until the week of her death.

17.2.8 Aida's death had a significant impact on Linda mental wellbeing, with her mother and friends raising concerns for her welfare. When Linda's mother raised her concerns with the GP, the GP responded that day, contacting Linda to discuss the concerns raised and was described as 'guarded and defensive'. As with any telephone consultation an instant barrier is that you are unable to see the patient to be able to fully assess how they are. Even so Linda told them she was unsure how she was going to cope after the funeral and was adamant she did not want any support. The GP showed empathy with Linda's situation and reassured her that the Police would not be called, providing information on different support services. The GP was unaware of the previous domestic abuse and therefore would have been unable to have explored the impact of this. There was an opportunity for the GP to have called Linda the following day or to have organised a follow up call with her, however the onus was left with Linda to call the surgery.

17.2.9 The review discussed how families can be included when there are concerns for a loved one's safety, health, and wellbeing. Challenges included medical information is sensitive and the requirement for the patient to give consent to share this information as per the Data Protection Act 2018. Unless this permission was provided (which Linda had not given) the family and friends could not be updated. The family described how frustrating they found the lack of communication with agencies; therefore, it may have been reassuring for the GP to have contacted Linda's mother to update her that they had acted, and a plan was put in place.

17.2.10 Although it is understandable that concerned family and friends want to be updated with regards to any action taken it is difficult where those who have capacity do not give permission to share this information. Every organisation has their own policy with how they will respond to family and friends when they raise concerns. It is essential therefore that different agencies

relay to family and friends what is any detail/update can be provided so loved ones are not left feeling ignored and are reassured action has been taken.

17.2.11 We do not know much about Aida's childhood; it is possible she experienced some trauma as a child which may have impacted her as an adult. Adverse Childhood Experiences[40] increase the likelihood of substance misuse, use of violence, criminal activity, and homelessness all of which were present for Aida. These were never be explored by CJL&D and/or ORB as on every occasion when she was offered support she declined, or she did not engage after proactive attempts were made to contact her.

17.2.12 It is evident from the interaction Aida had with Police and the CJL&D that she took no responsibility for her actions and blamed Linda for many of the incidents. To try and stop the cycle of abuse it would have been beneficial to have discussed a perpetrator programme with her. Throughout their intervention the focus remained on Aida's mental health and alcohol use. The only occasion where she was spoken to regarding her relationship was with the CJL&D team after she had assaulted Linda. Even with the information of the assault and Linda named as the victim, during Aida's assessment Linda was named as a protective factor for Aida and her risk to others was identified as low. There never appeared to have been a discussion about her abusive behaviours or the offer of support instead she was advised to seek counselling for her relationship difficulties.

Learning 10 – Berkshire Healthcare NHS Foundation Trust

The British Association for Counselling and Psychotherapy[41] (BACP) recognise that counselling with perpetrators is complex and very different to perpetrator programmes. It is clear within its 'Domestic Abuse Advice' that perpetrators must recognise their abusive behaviour and that it was unacceptable, which Aida did not. The BACP and Ethical Framework for Counselling Professions[42] recommend any perpetrators engage with a Respect-accredited programme prior to engaging with therapy, with this in mind it was not appropriate to have suggested counselling for Aida but to have explored the local perpetrator programme.

The suggestion of relationship counselling by the CJL&D worker was not appropriate however in this instance there was no referral made to counselling or further support offered to engage with this. There is an identified need for more information about why relationship counselling is not appropriate when there is possible abuse in a relationship.

Learning 11 – All agencies

Those who work with people in any guise need to be able to have the confidence and knowledge around domestic abuse so the most appropriate intervention can be offered for both victims and those who are using abusive behaviours. This can be a challenge especially when domestic abuse is not the focus of the work being completed such as mental health or substance use support (to name a few) or the information has not been shared.

Adult social care has provided training and support to build staff resilience and give them the confidence to hold difficult conversations with perpetrators and how to offer support

[40] https://www.gov.uk/government/publications/routine-enquiry-about-adverse-childhood-experiences-implementation-pack-evaluation
[41] https://www.bacp.co.uk/media/15492/bacp-working-with-domestic-abuse-fs-gpia116-jun22.pdf
[42] https://www.bacp.co.uk/events-and-resources/home/

and intervention when this is requested. This is part of a new locality model which is being planned for the longer term within Buckinghamshire. Family support workers and social workers will be working together into 'pods' and in the future, they will look to include the voluntary sector. Additionally, Adult social care is considering a proposal that they are co-located within the Multi Safeguarding Hub (MASH) to enhance a more collaborative way of working.

To enable social workers, to feel confident with their decision making a 'Confidence in Safeguarding Practice and Decision Making' Tool is in production and has been devised for staff and partners to reflect on whether making a Safeguarding referral is necessary, and/or, whether they could be managing an issue raised in an alternative way – i.e. via a collaborative partnership approach. It ultimately aims to enhance the Professional Curiosity of practitioners and widen their thinking in practice.

Furthermore, consideration should be made with how information is shared across organisations when someone becomes aware of domestic abuse, so they can take actions to support those effected.

Substance use

17.2.13 Alcohol can at times be used as an excuse by and for perpetrators, particularly for incidents of escalated violence. Alcohol is not a causal factor for domestic abuse, but it may be a contributory factor that increases the risk of physical and/or sexual violence. It may also be a factor in increasing isolation for both the victim and perpetrator. Although this is not the case the impact alcohol has should never be ignored and needs to be acknowledged as a compounding factor. The institute of Alcohol Studies (IAS) found that at the time of an abusive incident 25% - 50% of perpetrators were under the influence of alcohol (although some studies were as high as 75%). Victims can at times believe the perpetrators behaviours due to their substance misuse or their mental health believing it is causing the violence and abuse. Victims love their abusers and enter relationships wanting to be loved and some will believe they can help and support their ex/partners to stop drinking or improve their mental health which will stop the abuse. This distortion of reality can create much confusion for victims and can appear at times they are excusing and minimising the abuse. When this occurs, agencies should aim to support victims in understanding the power and control dynamic of domestic abuse and how alcohol is interwoven with the behaviours.

17.2.14 The Institute of Alcohol Studies also carried out a piece of research 'LGBTQ+ people and Alcohol' and found that:

- Patterns in alcohol use vary among different orientations and gender identities, but overall, there is a higher prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women.
- There are many gaps in knowledge around LGBTQ+ people and alcohol.
- LGBTQ+ people may also use alcohol as a means of coping with stigma and discrimination, and as a perceived escape from social norms of heteronormative society.
- LGBTQ+ people experience higher levels of depression and suicidal ideation, and both depression and suicidal ideation are known to co-occur with risky drinking and are over twice as likely to be alcohol dependent.
- Substantial barriers to accessing alcohol treatment and healthcare exist for LGBTQ+ people.

- Within substance use services, LGBTQ+ people reported that they may not feel safe or welcome receiving help because groups tend to be comprised of and cater to white, cisgender and heterosexual.
- The few substance use services who focus on the unique experiences of LGBTQ+ people have been described as focusing on the experiences of gay and bisexual men, leaving lesbian and bisexual women feeling excluded.

17.2.15 It is likely Aida felt isolated from support around her alcohol use not only due to her sexuality but possibly the language barrier. Even though alcohol appeared have been part of her life for a considerable period and for the entirety of her relationship with Linda, she was abusive not only when intoxicated but also sober. This indicated that Aida's alcohol consumption was not causal factor but a high-risk contributor.

17.2.16 Aida's work colleagues had previously raised concerns for her welfare due to her alcohol, however, when speaking with her employer they were unaware of the addiction or the domestic abuse as it had never been raised to them and there had never been any concern regarding her work.

17.2.17 When she was referred to One Recovery Bucks there was limited information regarding Aida's circumstances and during every interaction with services she was intoxicated. Even though she accepted a referral to ORB she ultimately stated she did not need help and declined support. Without the information agencies had regarding her situation ORB were unable to explore a package of support tailored for her needs with the aim to increase engagement.

17.2.18 Aida's alcohol addiction would not have only affected her but would have also had an impact on Linda. Alcohol had affected relationships in many ways and can have a negative impact on partners health and wellbeing. It can create a partner to feel anxiety and a feeling of responsibility for their loved one. ORB offer support for family members whose loved ones use alcohol, and this intervention was never offered to Linda. It would be beneficial for Police, social care, and other professionals to be aware of this so families can be signposted or referred offering them support and guidance during this incredibly difficult time.

Learning 12 - One Recovery Bucks

Those who live chaotic lives and where there is substance use and mental health struggle to engage with services, therefore it is essential those who refer into specialist services provide as much information as possible to promote positive engagement.

IAS research found there are significant gaps in knowledge concerning alcohol use and the LGBTQ+ community and that research conducted is limited in identifying the intersecting challenges those within the LGBTQ+ community face including alcohol. It also highlights that most evidence and data focus on gay men however research into lesbian and bisexual people's health and wellbeing is extremely limited and given the considerable high levels of harmful drinking among these groups, more research is necessary to understand potential causes and inform gender and orientation-specific health messaging.

It recommends: *Given what is known regarding higher rates of discrimination and mental illness in minority communities among LGBTQ+ people, it is imperative that efforts are made to understand whether subgroup-specific interventions in prevention or treatment are necessary*[43].

[43] https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Agencies need to understand the different responses and interventions required when tailoring support for those with alcohol use and are from the LGBTQ+ communities. Those who use substances need to feel safe and secure and these perceptions of the services and any barriers present should be identified with the attempts to remove them ensuring an inclusive service.

Since Aida's death ORB have started the Blue Light project for people who are not engaging in drug and alcohol services, or other services and they are in frequent contact with other agencies and concerns are raised for their wellbeing. There is police, mental health, and hospital involvement so Aida may have met the criteria for this project which would have allowed her more options. They are also working with other organisations to get as much information as possible to triage the person as best they can.

17.2.19 Although Aida had mental ill-health and substance use these did not 'make' her abusive however, they were contributory factors. The trio of vulnerability refers to the overlapping issues of mental health, substance use and domestic abuse and when these factors are combined it can significantly increase the risk of harm. It is essential professionals have a thorough understanding of the trio of vulnerabilities and the link between each issue as this will help identify and offer effective support to everyone involved. Interventions and safeguarding measures can then be put into place to promote the safety and well-being.

17.3 Evaluation of risk

17.3.1 With all the identified complexities the couple faced, and the abuse Linda was subjected to, her risk of harm from Aida and from suicide escalated within the last 18 months of her life. SafeLives found that victims of domestic abuse will on average experience 50 incidents of abuse before getting effective help[44]. We will never know how many incidents of domestic abuse Linda was subjected to, nevertheless, Thames Valley Police were in contact with Linda and Aida a total of 18 times between 2020 and April 2022, not all of these were 'classified' as domestic abuse, however, the incidents were related to each other.

17.3.2 When Linda contacted the Police from France with her concerns for Aida welfare, no detail of why the relationship ended was recorded or that domestic abuse had been disclosed. It may have been beneficial to explore this as those who abuse and lose control of their victims will at times threaten to take their own lives as a form of control and an attempt to re-start the relationship. This is not to say the incident was dealt with incorrectly as it was recorded as a concern for welfare which was appropriate at the time.

17.3.3 Given the risk factors Linda had disclosed and the information Police had there was an opportunity for the risk to have been assessed as high rather than medium. The details shared should have provoked officers' professional curiosity to support professional judgement. Risks present within the DOM5:

- Linda was frightened,
- Linda was depressed and suicidal,
- There was controlling and jealous behaviour,
- They had separated,
- Aida's behaviour was getting worse,
- Aida's behaviour was escalating,
- There was stalking and harassment,

[44] https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-long-do-people-live-domestic-abuse-and-when-do-they-get#:~:text=68%25%20of%20high-risk%20victims%20try%20to%20leave%20in,on%20average%202%20or%203%20times%20each%205

- Aida had threatened to come to Linda's property with a knife,
- Aida had grabbed Linda by the throat,
- Aida had threated to kill Linda, her children and mother,
- Aida had an addiction to alcohol,
- Aida had poor mental health and previous self-harm/suicide,
- Aida had breached previous orders,
- Aida had previous history of domestic abuse against a partner.

17.3.4 When a medium risk DOM5 is completed and recorded for the first time within Thames Valley Police recording (RMO)[45], it remains medium for a set period or until subsequent entries are made. This means that any other crime that is documented in an abusive relationship will remain as medium for six months. An assessment is made on each occasion, and a higher risk assessment will result in a change. For example, for medium risk victims the grading becomes the baseline grading for the subsequent 6-month period unless there is evidence of increased risk of harm. For high-risk victims, the grading becomes the baseline grading for the subsequent 12-month period. Any further incidents during that period, irrespective of crime type, will be considered as a continuation of that high risk and so be dealt with by DAIU.

17.3.5 RMOs were allocated to an individual officer, who was then responsible for the development of a safeguarding plan and was subject to active supervision and management, however, there was no ownership or review of this RMO. DOM5s that are completed when the most recent risks are present may fluctuate between Standard, Medium and High[46] and are dependent on the victims' responses. Those who complete the DOM5s are encouraged to use their professional judgement should they feel there are additional risk factors not identified within the 24 questions. Considering the risks identified from the disclosures made to Police Officers it would have been beneficial for Officers to have recorded their reasons why Linda was not referred to MARAC. Without this continual evaluation of risk by attending officers and supervisory oversight the escalating risks to Linda and those around her were not recognised and this was a missed opportunity to have shared information with partners.

Learning 13 - Thames Valley Police

The concern with regards to the RMO process is that risk is ever moving and is never a stand still entity, therefore a new DASH RIC should be completed on every occasion to enable a review of the risk and provide an opportunity to add professional judgement.

Thames Valley Police identified this is a concern and are proposing that the DOM5/DASH RIC is replaced with a new model, the Domestic Abuse Risk Assessment (DARA), which is seen to be more effective than the existing models in identifying coercive control. The DARA is recommended by The College of Policing and the National Police Chief's Council. It is hoped that with the introduction of DARA there will be greater disclosure from victims particularly around coercive and controlling behaviour by abusive partners.

Thames Valley Police have identified there are issues in relation to the ownership and supervisory review of Medium Risk Domestic Abuse RMOs as a result they have stopped using this system. Medium risk domestic abuse is now placed within a standardised function for each Local Police Area's (LPA) Multi-Agency Tasking and Coordination (MATAC) teams.

[45] This process is within the Thames Valley Police Operational Guidance Medium Risk Domestic Abuse Risk Management Occurrences (RMO).
[46] Standard (1 – 7), Medium (8 – 13) and High (14+)

A coordinator in each county now reviews and manages cases with more problematic risk according to a Recency, Frequency, Gravity, and Serial matrix. This change represents a more focused, risk-based approach to medium risk cases.

17.3.6 Within one of the DOM5s completed with Linda (March 2022), when *'has [Aida] harassed or stalked anyone else?*' was asked, Linda disclosed that she believed Aida had been 'like this' with a previous ex-partner. At no point were any Domestic Violence Disclosure Scheme[47] (DVDS - Clare's Law) disclosures documented as being considered. Linda knew at least a little about Aida's risk to become obsessive, but Aida's conviction for harassment of her ex-partner from 2014, her suspended sentence and an injunction was never explored further.

17.3.7 Aida's harassment conviction was a spent conviction[48], for the purposes of a 'Right to Know' disclosure, but as the relationship was graded Medium Risk, the conviction could have been assessed as intelligence indicating concerning behaviour towards a previous partner. The review consulted with a Detective Inspector from a Domestic Abuse Investigation Unit (DAIU). Once a complete picture of what Linda knew of Aida's previous offending history was known to Police, an assessment could reasonably have been made as to whether a 'Right to Know' disclosure could have helped Linda make informed decisions about the relationship. These considerations being missed, reinforce the necessity for Thames Valley Police to prioritise risk management with medium risk cases, and for DVDS to be included in these processes.

17.3.8 In the last three years Thames Valley Police have significantly increased their use of DVDS, these feature in the Thames Valley Police Domestic Abuse and Stalking Strategy[49] for the next three years with associated action plans, supporting the ongoing improvement in this area. Within this strategy and a continued area of development is to enhance developing internal and external communications plans as soon as new statutory guidance has been released in relation to DVDS.

Learning 14 – Thames Valley Police

DVDS are not only for the Police to be aware of, but it is also for practitioners and communities to have knowledge of their availability. Although the law has been in place for 10 years there continues to be those who do not know about this scheme.

As part of the BDAPB and the domestic abuse strategy and comms plan, the 'Right to Ask and Right to Know' should be highlighted where possible to enable victims to make informed choices.

17.3.9 When Aida was arrested, she had made a counter allegation that she had been assaulted. However, when she was not intoxicated, she did not mention any further allegations regarding being a victim of abuse. It is not uncommon for abusers to make counter allegations and it would have been appropriate for officers to have presented her allegations when she was sober to seek her responses. This would have ensured Aida was given an opportunity to speak with officers, a DOM5 to be completed and appropriate safeguarding referrals made.

[47] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1179025/DVDSguid_claresLaw_V7-_14-08-23_.pdf
[48] A spent conviction refers to a criminal offense that has completed the required rehabilitation period. When a conviction is spent, it is not shown on a basic disclosure. However, it remains on your criminal record in the police national computer (PNC), which means it will appear on certain DBS checks, specifically, the standard and enhanced checks.
[49] https://www.thamesvalley.police.uk/SysSiteAssets/media/downloads/thames-valley/vawg/tvp-violence-against-women-and-girls-strategy.pdf

17.3.10 National guidelines provide officers with clear guidelines as to when crimes should be recorded and the practice to be adopted when dealing with counter allegations during assault investigations with the aim to deliver crime recording consistency within England and Wales[50].

17.4 Multi-Agency intervention

17.4.1 There were 'pockets' of multi-agency working but there were opportunities missed where information could have been shared with partner agencies. This was especially when there should have been referrals to MARAC. This would have triggered an automatic referral to a specialist domestic abuse service and enabled the GP, housing, children and adult social care, substance misuse services and other attendees to have information to help inform their assessments and create an opportunity for a multi-agency discussion around the support and intervention available. It is important therefore to recognise that referral into MARAC is not reserved solely to the police but can also be made by any other organisation working with vulnerable people.

17.4.2 Since Linda's death the ICB has worked with all our health providers to ensure MARAC notification letters that go to Primary care, give clear instructions regarding Patient Access to Records, so that if a perpetrator has access to notes all records regarding being heard at MARAC are 'hidden from view' and on-line access for patient can be blocked if this puts them at risk.

Learning 15 – Thames Valley Police

Thames Valley Police knew of the escalating risks to Linda and her family and continued to assess her risk as medium. This process did not enable a referral to MARAC which would have ensured a multi-agency discussion.

There were many agencies who had information on Linda and Aida (including Linda's workplace) and they may have been able to work together in offering Linda multiple options of support along with interrupting Aida's behaviour.

17.4.3 The Police documented signposting Linda to Victim Support Services in each Niche Crime Occurrence, which was the appropriate place to document these initial actions. They also made two referrals to Victims First who were unable to contact Linda. They made attempts to call on different days and at different times, sending one text, unfortunately they did not contact the OIC to see if they could have encouraged Linda to engage with the service.

17.4.4 By the end of 2024/beginning of 2025 Thames Valley Police are to move towards the use of the 'Victims First Hub' to provide information and support for medium risk victims, with Victims First contacting all victims of domestic abuse regardless of consent, effectively making the service an 'opt out' service rather than one requiring consent.

Learning 16 – All agencies

[50] **Recording Practice: Counter Allegations of Assault, National Crime Recording Standards**
When assaults are alleged to have taken place, these should be recorded in accordance with the NCRS. Very often, however, offenders claim that they were acting in self-defence and make counter allegations of assault. Great care should be taken before routinely recording such allegations as crime. For example, when the offender in a case of GBH or ABH makes a counter allegation of assault this should only be recorded as such if on the balance of probability, the offence took place (in accordance with the NCRS). The absence of any evidence such as personal injury or independent witnesses may show that the allegation is false, and care should be taken before recording as a crime. Each case should be treated on its own merits. It should be noted that any decision not to record such counter allegations as a crime should be recorded for disclosure purposes.

There had been reasonable lines of communication between adult social care, the GP and mental health and the Police especially when there were concerns regarding Linda's rapid decline in her mental wellbeing.

There were multiple opportunities where professionals' meetings could have been initiated and held between adult safeguarding services, the Police, community mental health, and the GP to discuss the emerging themes and frequency of Linda coming to the notice of these key services. Linda could have also been considered within the Multidisciplinary Teams (MDTs)[51] which would have brought relevant professionals together to have discussed and explored an effective approach.

17.4.5 Oxford Health Foundation Trust have policies and processes in place when patients are open to their services which the trust are confident are followed, these are:

- MDT meeting occur for patients open to OHFT service as standard and are also discussed in supervision.
- Complex case panels are in place with Terms of Reference for these.
- Multi Agency Best Practice Protocol for Management of Mental Health Crisis Between Thames Valley Police And Thames Valley Health and Social Care Agencies.
- MASH referrals.
- Co-existing mental health and substance misuse joint working protocol partnership in practice meetings.

17.4.6 The Police were proactive in referring the family to the Multi Agency Safeguarding Hub (MASH). Children Social Care completed their enquiries deciding no further action was required due to the children residing with their father who was a protective factor. When Aida had made threats with the knife and to the children this was not shared with the children's father or the school so he and they could be aware of any risks and appropriately safeguard them, it is unclear why this decision was made. The children's school were unaware of the domestic abuse and were not signed up to Operation Encompass[52].

17.4.7 Operation Encompass is a police and education early information safeguarding partnership enabling schools to offer immediate support to children experiencing domestic abuse. It ensures that there is a simple telephone call or notification to a school's trained Designated Safeguarding Lead /Officer (known as key Adult) prior to the start of the next school day after an incident of police attended domestic abuse where there are children related to either of the adult parties involved. This sharing of information enables appropriate support to be given, dependent upon the needs and wishes of the child. The partnership also provides training for teachers to enhance their awareness of the domestic abuse. Even though this initiative is across England, there is no statutory obligation for Police to inform a school of these circumstances or for schools to 'sign up' for this information to be shared.

17.4.8 The children's school were not signed up to Operation Encompass and had no information shared with them regarding the domestic abuse. This only came to their attention when the children's father informed them of the concerns for Linda after the death of Aida. Although there were no concerns by social care regarding the children's welfare this would have been an opportunity for the school to have offered the children support and be aware of the circumstances with Linda.

Learning 17 – Children's school

[51] https://www.scie.org.uk/integrated-care/research-practice/activities/multidisciplinary-teams/
[52] https://www.operationencompass.org/

Although Linda was not the children's primary carer, she was very much part of their lives and they stayed with her regularly and on one occasion, one of her children was present during an incident. Additionally, there had been threats to harm her children all of which the Police were involved with. Even though the DOM5s went to MASH, due to the school not being part of Operation Encompass this information was never shared. Without this information the school did not have the full picture what the children may be going through.

Since the Domestic Abuse Act 2021[53] came into effect, children exposed to domestic abuse are now recognised as victims rather than just witnesses. This recognition ensures that children and young people impacted by domestic abuse receive automatic support including mental health and safeguarding. Unfortunately, this is mainly aimed at the Criminal Justice response to children and was a missed opportunity to have strengthened the sharing of information with education regarding the safeguarding of all children and young people.

Thames Valley Police and Buckinghamshire Education directorate continue to try to encourage schools to sign up to Operation Encompass.

17.4.9 Thames Valley Police were proactive sending three referrals to Adult Social Care in one week due to the concerns for Linda as well as her friend also making a referral. Within these referrals concerns highlighted were for her mental health, suicidal thoughts, and bereavement support. The domestic abuse was briefly mentioned in the first referral received but the relationship history was unknown, and it was not considered in the triage. Due to all the referrals being received in a short space of time and the outcome was not progressed to a Section 42[54] but advice was for the GP to refer for bereavement and mental health support.

17.4.10 This process has now changed, and all staff are encouraged to look at historical content from partners to provide context into the persons circumstances. Additionally, there are now duty social workers who contact the referrer either with an outcome or to gain further information. This is to increase the speed of the process and ensure there is a rapid response to those most vulnerable. As a result, this has ensured much better multi-agency working and sharing information.

17.4.11 Linda was a risk to herself and was proactively planning to take her own life, Police and friends were concerned enough for her that they raised several safeguarding referrals for her. A social workers main role is to improve people's lives by helping with social and interpersonal difficulties, promoting human rights and wellbeing. Social workers protect children and adults with support needs from harm. They work within national legislation (The Care Act and Mental Capacity Act to name a few) as well as local safeguarding processes and policies. A key aim of social work is to work with those in need to provide them with a voice. A strength based[55] approach is vital when working with vulnerable people as it reduces risk, focuses on the individuals needs and wishes and ensures the individual remains central to any action plan. Additionally, those who work with vulnerable people should do so with a trauma informed approach which ensures reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. With both approaches there should be notable reductions of risk of harm to vulnerable people.

[53] https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet#how-does-the-act-deal-with-children-affected-by-domestic-abuse

[54] Section 42 (s42) of the Care Act 2014 gives Local Authorities the primary duty to make, or cause to be made, whatever enquiries are necessary to enable the Local Authority to decide whether any action should be taken in the adult's case, and if so, what and by whom.

[55] https://assets.publishing.service.gov.uk/media/5c62ae87ed915d04446a5739/stengths-based-approach-practice-framework-and-handbook.pdf

17.4.12 Social workers work within the Making Safeguarding Personal Principals which encapsulate strength based and trauma informed practice. The Local Government Making Safeguarding Personal Principals[56] states:

'It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives.

17.4.13 There is no evidence the social work practitioners were effectively working to these principals during the safeguarding triage processes with Linda, for example no attempts were made to contact Linda and ask about her desired views and offered her a section 9 assessment[57] of her needs. This would have enabled partner organisations to discuss the any care and support needs Linda had with Linda remaining central to the discussions. She was also not aware of the referrals raised meaning Linda had not had the opportunity to discuss and consent to the safeguarding contacts raised. If this had taken place, it would have provided her another opportunity to discuss her current situation, her concerns and need for any support.

Learning 18 – Adult Social Care

To ensure decisions are appropriate and reduce these gaps in practice, audits are undertaken monthly by the Adult Social Care Service Director, Heads of Service, Team Managers and Assistant Team Managers to review the quality of work undertaken by qualified and unqualified social work practitioners.

Themes for focus to be applied because of this review are for audits to ensure personal characteristics and situation are considered when assessing people's needs and making recommendations for support/signposting.

17.4.14 When Linda was contacted by adult social care, they were able to identify the need for mental health and/or bereavement support which they requested via her GP. There was however no evidence that the social work practitioners followed up further on these reported concerns with the GP practice. It is also not evident that they sought confirmation from the GP practice, or that the GP practice had made any acknowledgement that they had received the concerns raised or that the decided outcomes of the referrals were fed back to the referrers.

17.4.15 Without these checks or relaying back decisions with the referrer there appears to have been an assumption that action had been taken. This assumption led to a false sense that safeguarding measures and support was in place for Linda which in fact was incorrect and she was in receipt of no support.

Learning 19 – Adult Social Care

When a referral is received or sent, there should be follow ups for any outcome prior to cases closure, this will ensure all appropriate actions have been completed and remove any assumption.

[56] https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf

[57] Section 9 of the Care Act 2014 is about the assessment of an adults needs for care and support by the local authority. The local authority must assess anyone who appears to have such needs, regardless of their eligibility. It must focus on the person's needs, how they affect their wellbeing and the outcomes they want to achieve.

Currently within adult social care there are 'Team Huddles' within the Early Resolution and Safeguarding Team. They are in place to enable Adult Social Care and Qualified Social Work practitioners to reflect on their allocated cases whilst creatively considering actions that could be undertaken to support the adults we work with – both under the remit of Safeguarding and Non-Safeguarding/Community Case Work.

These huddles should be utilised to discuss cases such as Linda especially when there are referrals in such quick succession and domestic abuse and suicide are identified risks.

17.4.16 When Linda called Police initially called from abroad (she was on holiday), there was an indication Aida was at risk to herself and others when drunk as well as threatening suicide by consuming alcohol and drugs. This would have generated the opportunity for the MASH to have assessed whether a referral to Adult Social Care would have been appropriate. Factors such as alcoholism, drug addiction or homelessness, would not typically be sufficient for the threshold to be met for referral to Adult Social Care by MASH and under these circumstances the concerns about Aida's mental health would also have been insufficient to prompt a referral to Adult Social Care by MASH, however, completing an Adult Protection CRI entry on Niche, would have prompted a more thorough assessment of Aida's situation and vulnerabilities, and provided a proper record of Police concerns.

17.4.17 There were several other occasions which should have also prompted an Adult Protection CRI in respect of Aida making comments about ending her life and neighbours had raised concerns for her welfare at the beginning of September 2020. The welfare of Aida was correctly checked, but the original information appears to have been overlooked. Consequently, the true picture of Aida's vulnerabilities was not adequately represented or assessed by MASH, and in turn not considered for sharing with Adult Social Care.

17.4.18 When SCAS attended Aida's property in September 2020 they were asked to check on Aida, and a full vulnerability assessment was carried out by the attending Officers, unfortunately on this occasion there was no subsequent referral to Adult Social Care, but there is a clear rationale for this, in that 'there is no information in this report which indicates that the adult may be experiencing or be at risk of abuse or neglect.'

Learning 20 - Thames Valley Police

Adult Protection Crime Related Incidents or templates in Niche must be completed when Officers identify aspects of vulnerability, harm, risk, or abuse. Operational Guidance highlights the importance of these aspects being correctly recorded as the benefits include the circumstances being considered by MASH and the potential for referral to partner agencies.

17.4.19 There were attempts to share support and information regarding Aida when she was in custody and was seen by the CJL&D Team. They were able to offer her support and intervention, further to this she was referred by custody to One Recovery Bucks and the Healthy Living Centre, showing a good awareness of relevant agencies which could help with support. It is unfortunate that Aida although initially agreeing to accept support declined with any follow up calls and attempts of intervention.

17.4.20 Thames Valley Police and Oxford Health worked closely together in the days prior to Linda death. They responded quickly when friends reported concerns for her welfare, but without her acceptance of support they were in a very difficult position to have taken any further steps. It is positive these two organisations can work together in this way when individuals are in crisis. It enables specialist nurses to work with Police who have specific powers to try and access those who are most vulnerable.

17.4.21 When Linda was seen at her home the day prior to Aida's funeral the Street Triage clinician provided a leaflet with support service details. The attending officer also called Linda's friend asking them to keep an eye on her during and after the funeral and to contact 999 if they had any concerns. Although it may seem plans should have been made to see Linda on the day of or after the funeral, this would not have been practicable due to the triage service not being 24/7 and the capacity of the Police. Both the officer and the Street Triage clinician who attended at the time showed compassion and empathy and did everything they could to offer Linda support and ensured the safeguarding available to her was offered, explored and put in place.

Learning 21 - Thames Valley Police

After Thames Valley Police and the Mental Health Street Triage clinician attended the Concern for Safety call, no Adult Protection Occurrence was completed by Thames Valley Police when there were concerns about suicide.

The rationale that a partner agency is more appropriate than Police to record an interaction, fails to recognise that each agency often has quite subtly different viewpoints and information on any given situation.

An Adult Protection Occurrence should have been generated to ensure the observations of the attending Officer were recorded and where appropriate referred to the relevant agencies.

17.4.22 To promote multi-agency working, the Domestic Abuse team at Buckinghamshire Council have developed a Domestic Abuse Champions Network to increase awareness and promote multi-agency working. As part of the network the Domestic Abuse team at the council regularly trains new champions throughout the year. The network has over 750 multiagency professionals (representing the police, social workers, community safety teams, probation, housing, education and more). One of the elements the network provides is a quarterly network meeting where guest speakers talk about domestic abuse or similarly related topics to broaden the knowledge of the professionals on the network.

17.5 Suicide and the impact of the death of an abusive partner.

17.5.1 There may be an assumption that when an abuser dies the victim will be free of the abuse and the impact it has had on them. But this tends to be far from the truth, which was evident with Linda. Linda had not made any attempts to take her own life for many years, she was reporting Aida to the Police and was actively seeing her children, however, once Aida had died Linda's thoughts shifted dramatically. Her focus became fixated on Aida funeral and taking her own life seeing no future past this date.

17.5.2 Suicide and domestic abuse research is still in its infancy, however, Prof. Rachel Kelby's 2014 research found that ten women a week took their own lives due to domestic abuse with a further thirty women a week attempting suicide. The recent Domestic Homicide reported that

a woman died every 4 days due to suicide, however this data is purely based on police and coroner stats where domestic abuse has been recorded, therefore there is high likelihood there are additional lives lost due to suicide which are not recorded within this report. That said these figures clearly show that suicide appears to be the only way out of the situation they are in and free of abuse.

17.5.3 Although these circumstances were different for Linda, the pain she felt at the loss of Aida meant she wanted it to stop. Experiencing the loss of anyone we love is a traumatic experience and how we respond will be different from person to person. Cruse Bereavement Support Charity[58] explains the term Traumatic Bereavement:

Traumatic bereavement may include dying in an accident, by suicide, through drugs and alcohol, or as a result of violence.

17.5.4 Experiencing a traumatic bereavement, as well as the additional complexity of domestic abuse and the love from the victim to the alleged abuser can be difficult to comprehend. Linda had always been concerned that Aida would take her own life and even though Aida did not die by suicide it is unclear if Linda knew this prior to her taking her own life. Many of those who have a person they love and care for who pass away suddenly (especially suicide) can often feel guilt and a feeling of responsibility for the death. Self-blame is a common feeling for the 'survivor', they may feel they could have done more, or they should not have acted in a certain way. Although we cannot be sure for Linda, Aida had repeatedly threatened to take her life when the relationship ended and with these threats, we can only imagine the impact this had once Aida had died.

17.5.5 Linda's workplace were evidently concerned for her welfare and were proactive in keeping in contact with her and offering her support through the organisational employer's assistance programme. Her manager made regular calls to Linda, however, were also conscious that due to her experiencing the loss of Aida and her being signed off work a balanced approach was required to not pressure or overwhelm her. It was not until after Linda had passed away that staff realised, she had cleared her locker and had been of the assumption she would be returning. The hospital where Linda worked have policies and processes in place to support those who have experienced a bereavement and a domestic abuse policy which has been recently reviewed to reflect new changes in legislation.

17.5.6 Linda made it clear to anyone she spoke to after Aida's death that she had no plans to be alive after Aida funeral. When we consider the three steps of suicide[59], it was evident Linda went through each stage:

- ***Stage 1 - The "ideation" stage;*** *During this stage, the person who takes their lives will consider the consequences and be unsure of whether they will go ahead.* Linda very quickly told Police that she could not live without Aida.
- ***Stage 2 – The "planning" stage;*** *The person feels compelled to make a decision to suicide (thus moving into Stage 3) or not to suicide at that time; a decision that most people do not discuss with loved ones and often wrestle with in isolation*. Linda planned her death meticulously, ensuring her final resting place was with Aida, clearing her work locker and purchasing the medical equipment used to end her life.
- **Stage 3 - The decision to suicide;** *The moment the decision is made, it goes "unconscious", and the person goes on "auto-pilot." People in Stage 3 are imminently lethal; however, they seem more "normal" than they have seemed in a long time. At this point, the depression seems to*

[58] https://www.cruse.org.uk/
[59] https://cgi.edu/biodyne-model-therapists-masters-suicide-assessment-prevention/

suddenly lift because the person has made the decision to die and is no longer wrestling with the decision. Unfortunately, those working with people who have suicidal ideation and family members may not recognize "auto-pilot," as the person seems much better, not realizing they will take their own life. People on "auto-pilot" typically attempt suicide within the next 48 hours. When Linda presented at the door with officers and the Street Triage clinician, although dismissive she was able to have a conversation with them and 'appeared calm'. Her text to the funeral director was also calm and in control which would also appear that she was "in control" of her actions. The Police and Street Triage clinician did all they could to speak with Linda, offer her support and spoke with their relevant senior managers.

17.5.7 The Government Suicide Strategy 2023 – 2028[60] recognised that although there is ongoing work across government to address different presenting factors with regards to suicide, there are some specific factors (many of which are linked to these wider determinants) identified as priority areas to address within the strategy, one of which is domestic abuse. The strategy suggests local suicide prevention and domestic abuse strategies work together to ensure a coordinated and collaborative approach to victims and perpetrators who are at high risk of harming themselves.

17.5.8 The strategy also highlights that there is a role for employers to support and be aware of the risks to their staff. Although occupations are varied within the strategy, the Office for National Statistics (ONS) data suggested that, between 2011 and 2015, there were higher rates of suicides amongst female nurses (although Linda was an ODP she worked very closely with nurses and was an integral part of the operating teams). It is imperative that, where professions and occupations have higher rates of suicide, employers and professional bodies take targeted action to reduce rates as far as possible. Linda's place of work made proactive steps to ensure she was offered different support through their employment programme as well as regular contact with her manager.

17.5.9 Even though the national suicide prevention strategy states all suicides are preventable, where all steps have been attempted to try to avoid this devastating outcome, there may be times when a person is determined to take their own life no intervention can prevent their death. In such circumstance it is vital organisations have the infrastructure to support those who worked with the person who has passed away and can also provide as much support as the family require at this devastating time.

17.5.10 Work carried out since Linda's death regarding suicide are:

- Thames Valley Police DA Matters training to ensure officers are aware of the impact of domestic abuse and suicide and how to investigate a suicide. They also have a force lead which sits on the Thames Valley Suicide Prevention Group, this group analyse suicide data including attempted suicide.
- GP Evening training event around Carer suicide/homicide and how to access to support for professionals to support patients impacted. This was attended by over 100 health care professionals from Primary Care.
- Adult Social Care have updated their resources and are due to launch a new safeguarding handbook which will include, domestic abuse, risks of suicide and the links between the two.
- Buckinghamshire Suicide Prevention Action Plan has been updated with an action linking the suicide strategy and domestic abuse strategy. The domestic abuse co-ordinator for Buckinghamshire Domestic Abuse Board, ORB and Oxford Health are all part of the Multi-

[60] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

Agency Suicide Prevention Group, that oversees the Buckinghamshire Suicide Prevention Action Plan to ensure domestic abuse is included.

- The Domestic Abuse and VAWG strategy still going through Buckinghamshire council's flight path will also include the links between domestic abuse, suicide and work in partnership with the Suicide Prevention Strategy.

Learning 22 – Buckinghamshire Council's Public Health Suicide Prevention Group and Domestic Abuse Partnership Board.

It is extremely positive that Buckinghamshire council and partner agencies have started to implement change with regards to suicide and domestic abuse.

Domestic abuse will continue to be a significant risk factor for suicide therefore it is essential that both Domestic Abuse and Suicide Prevention strategies continue to reference and work alongside each other to support practitioners and vulnerable people to be able to identify the multiple differed risk factors and have clear pathways for intervention and support (including bereavement support).

18. Recommendations

18.1 Adult Social Care

Recommendation 1
Refresher training and emphasis of awareness of Making Safeguarding Personal is vital for the Adult Social Care workforce. This will aim to ensure alleged victims of abuse are consulted upon receipt of a concern (where imminent risk to self and/or the public does not deter this from happening), and that the persons desired views and wishes are heard and taken into consideration throughout the process.

18.2 All agencies

Recommendation 2
Agencies to ensure MDT reviews and/or multi-agency meetings are considered to ensure a partnership approach when there are concerns for a person's welfare and they do not meet the criteria for other pathways available.

Recommendation 3
Ensure opportunities to attend training that is focused on domestic abuse and inclusivity of LGBTQ+ communities are available to all staff.

18.3 Berkshire Healthcare NHS Foundation Trust

Recommendation 4
CJL&D to distribute information regarding how to distinguish between an abusive relationship and a relationship that is having difficulties and what support pathways are available.

18.4 Buckinghamshire Domestic Abuse Partnership Board

Recommendation 5
Domestic Abuse pathways must be inclusive to all, offering a variety of support and interventions from 'by and for' services as well as the overarching domestic abuse services. If this is not possible, the commissioned domestic abuse services are to ensure staff are appropriately trained to understand the differences in abuse and impact on those from the LGBTQ+ community.

18.5 Thames Valley Police

Recommendation 6
Operational Guidance in relation to blocking perpetrators of Stalking is to be reviewed to ensure it is in line with national guidance.

Recommendation 7
Training material specific to Stalking offences is to be rolled out to all officers, to remind Investigators and Supervisors of the need to constantly re-assess the 'THOR' in cases of Stalking and Harassment, and to determine when to prioritise an arrest over other investigative actions.

Recommendation 8
Devise a model to ensure new reports are linked to existing Stalking or Harassment investigations are responded to. The process needs to ensure that any decision to defer actions to an existing OIC, has considered the THOR, particularly any escalation, as well as the duties of the OIC.

Recommendation 9
Develop a Vodcast to disseminate areas of learning identified within this review and subsequent addendum to Officers and Staff within the organisation. The Vodcast should specifically highlight that a victim responding to unwanted to contact does not negate an offence having been committed (Builds on Recommendations 6, 7 and 8) and the importance of recognising and investigating substantive offences alongside breaches of bail or orders.

Recommendation 10
Ensure officers provide information and explain to all victims the meaning of pre-charge bail and alternative options to provide protective intervention.

19. Conclusion

19.1 The tragic loss of Linda highlights the complexities of domestic abuse. We will never know the true extent of the abuse Aida subjected Linda to; however, we have been able to identify the devastating impact it had on Linda.

19.2 Linda has been unable to have a voice within this review, but we have made every attempt to ensure her voice has been heard throughout with the help of her family and via the interaction she had with services.

19.3 When we consider Linda's relationship with Aida notable challenges were present when she wanted to access help and support, these were:

- Same sex relationship
- Mental ill-health
- Separation
- Harassment
- Substance use

19.4 All these intersecting layers meant Linda faced additional barriers in accessing help and support and how services responded to her. Kimberlee Crenshaw (who coined Intersectionality in the 1980's) states *'Without frames to allow us to see how social problems impact all the members of a targeted group many will fall through the cracks and suffer'*. Linda

did not fit the 'frame' for many and there were moments where she did not receive a service expected when there is domestic abuse.

19.5 There were moments in agency interactions which Linda had with services where there could have been more proactive action taken especially with regards to stalking and harassment. Additionally, there was an opportunity to have explored coercive control by Aida however, there is no indication this was ever considered. Coercive Control needs to remain at the forefront of any agencies mind when they consider domestic abuse and the risk to victims.

19.6 Aida's death evidently had a devastating impact on how Linda felt and did not see any way forward without. For all of those around her they were clearly concerned about her and evidently did not know what to do. Suicide is preventable with the right intervention and support but the challenge for any family, friend or agency is to try and help the person contemplating suicide to feel able to accept this support.

19.7 Victims of domestic abuse will take their own lives to escape the abuse, Linda had made attempts to escape the abuse and knew Aida was alive and 'well', once Aida died it had a profound impact on her. Linda had faced many stresses with the domestic abuse, but she was now facing one of the most stressful events in her life. Grief is complex and those who lose someone will experience sadness, guilt, shock and/or anger. We will never know Linda's thoughts leading up to her death however, we can only assume she felt all these emotions.

19.8 Linda's death will have a long-term impact and the family believe she would still be alive if she had not met Aida. She is and will continue to be greatly missed by all that know her.