

# **DOMESTIC HOMICIDE REVIEW**

## **OVERVIEW REPORT**

### **REPORT INTO THE DEATH OF ADULT MALE John on 19 November 2011**

**Report produced by North Somerset Community Safety Partnership**

***Date 25 November 2013***

**Independent Chair of the review - Cathy Morgan**

#### **1. Introduction**

**1.1** This report of a Domestic Homicide Review (DHR) examines agency responses and support given to John, a resident of North Somerset prior to the point of his death on 19 November 2011.

The review will consider agencies contact and involvement with both John and his partner Mary from 2006 until John died on 19 November 2011. The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence. In order for these lessons to be learned as widely as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

#### **1.2 Circumstances leading to the Review**

This review was commissioned on 22 December 2011 by North Somerset Community Safety Partnership in partnership with Safer Bristol Partnership due to the history of both partners in Bristol, following the unexpected death of John on 19 November 2011 and the arrest of his partner Mary who was charged with his murder. It was agreed by both parties that this case met the requirements for undertaking a Domestic Homicide Review (DHR).

#### **1.3 Timescales and Methodology**

This review began on 25 July 2012 and was completed on 25 November 2013. Independent Management Reviews (IMRs) were commissioned from Avon and Somerset Constabulary, Avon and Wiltshire Mental Health Partnership NHS Trust, Avon and Somerset Probation Trust, and the GPs for both parties. These reviews were received by 10 December 2012 which is within six months of the commencement of the review. The Overview author has had access to the agency IMRs and chronologies, and has had discussions with IMR authors and DHR Panel Members.

Delays to the final report were caused by attempts to contact Mary and to allow contact with the family of John and their input into the process.

However, implementation of the recommendations arising from the IMRs and analysis were not delayed.

#### **1.4 Terms of Reference of the Review**

The panel decided that the scope of the review would be:

1. To review events from 1 January 2005 up to the suspected domestic homicide of John on 19 November 2011. Unless it becomes apparent to the independent chair that the timescale in relation to some aspect of the review should be extended.
2. To consider how (and knowledge of) equality and diversity issues may have impacted on any domestic abuse, particularly considering the age, gender and health of deceased.
3. To determine if risk assessments and policies/procedures are of sufficient standard to identify domestic abuse within the demographic of the deceased.
4. To seek to fully involve the family within the review process.

#### **1.5 DHR Panel Members**

Cathy Morgan Independent Chair  
Louise Branch CSP CSDAT North Somerset  
DCI Phil Polet Avon and Somerset Constabulary  
Fiona Birch Avon and Somerset Probation Trust  
Helen Cottee Avon and Wiltshire Mental Health Partnership NHS Trust  
Howard Potheary CSP CSDAT North Somerset  
Richard Lyle NHS Bristol  
Rhiannon Griffiths Safer Bristol  
Pete Anderson Safer Bristol  
Pommy Harmer Next Link

## **2. Confidentiality**

The contents of this review are confidential to the DHR Panel. Information is only available to participating officers and professionals and their line managers. The report has been anonymised so that individuals cannot be recognised. However it should be acknowledged that this is within the context of the perpetrator having gone to public trial, resulting in reports in the local press. A summary version of this report which includes the main findings and recommendations will be prepared for wider dissemination and publication.

## **3. Dissemination**

Copies of this report have been received by the following agencies:

- North Somerset People and Communities Board

- North Somerset Safeguarding Adults Board
- Avon and Somerset Constabulary
- Avon and Somerset Probation Trust
- Avon and Wiltshire Partnership NHS Trust
- Safer Bristol Partnership
- Domestic Abuse and Domestic Violence agencies in North Somerset and Bristol

#### **4. The Facts**

John and Mary had been in a relationship for approximately 5 years prior to John's death although their relationship was not continuous throughout this period. Mary had been separated from her husband for a year when she met John in 2006. Both Mary and John had previous convictions for assault when they met although John's convictions were over twenty years previously and Mary's more current. Both parties were also at times violent to each other, including in public. Mary had a history of mental health problems and alcohol addiction from the age of 11, and of violent and aggressive behaviour at times, leading to her having spent time in custody and on probation. Mary was subject to a Community Order with supervision at the time of the incident leading to John's death. John worked as a lorry driver and was also a heavy drinker, but was able to control this so it did not interfere with his employment. The eighteen month period prior to the homicide was a volatile period in their relationship. John and Mary separated in April 2010 and from May 2010 to September 2010 there are records of arguments and fights between Mary and John following heavy drinking sessions, with the police being called by one of the parties or by family members or the public. Mary was reported to have smashed glass in John's back door in May 2010 and smashed a window in August 2010, when Mary and John were reported to be arguing in the street. Mary was also charged at this time with assaulting a police officer and drink driving. John was also said to have punched Mary in the face although there were no visible injuries. Both parties declined to prosecute following these incidents.

In September 2010 Mary underwent detoxification treatment. Mary then moved back in with John at the end of October 2010 and by early November had started drinking again. John accompanied Mary to a meeting with her Offender Manager (OM) later that month and appeared to be trying to support her with her alcohol problem. In December 2010 Mary was physically unwell and spent a short period in hospital suffering from acute pancreatitis, and in January 2011 Mary underwent detoxification treatment again. Mary continued to live with John but they began to have arguments and they split up again in April 2011. Mary moved back in with her parents where she remained for several months and continued to be abstinent. (NB this fact is disputed by

John's family: *cross reference Comments from Family Members Section 5 para 8*).

In August 2011 John sold his house and purchased a static home in a nearby rural area. Mary then moved back in with him and initially continued to remain abstinent. At this stage Mary had been abstinent for nine months (cross reference as above). Mary's parents and daughter were concerned that Mary had moved back to live with John as they feared he would be a bad influence on her. There were no reports of violence between Mary and John during this period although neighbours reported hearing verbal arguments. In October 2011 Mary ended the relationship and moved back to live with her parents. Mary told her OM in late October that she was still abstinent. There are no further records of contact between Mary and John until the events of 19 November 2011. Mary later told the Police that after about six weeks with the onset of autumn she became depressed, and she and John had started going to the pub, and Mary reported that at this time she was drinking approximately 5-10 pints of cider per day. On the day of John's death, he had been drinking in a local pub with a friend (but not drinking alcohol as he was due to work the next day) when Mary joined them at 6pm and stayed all evening. After Mary and John returned home, the two of them got into an argument which resulted in John being stabbed. It is not known if Mary had moved back to live with John some time prior to the 19 November or if Mary was visiting him that day. According to John's family Mary had lived with him throughout this period (*cross reference Comments from Family Members Section 5 para 9*).

#### **4.1 Circumstances of the Homicide**

Police were called to attend John's home on 19 November 2011, following the fatal stabbing incident. John was taken to hospital where he later died. Mary alleged self-defence and had some defence injuries. Mary was subsequently charged with murder on 21 November 2011 and remanded in custody. At the subsequent trial Mary was found not guilty.

#### **4.2 Chronology of the Relationship**

##### **Background**

Background information on both Mary and John is relevant to how they conducted their relationship. Mary had a long history of aggressive and volatile behaviour since the age of 11. Mary had a history of anxiety with obsessional features and self-medicated with alcohol to ease her symptoms. Mary had a child when she was a teenager and was also married for some years. Mary separated from her husband in 2005. In 1993 at the age of 22 Mary was diagnosed with depression. Mary had started drinking alcohol at the age of 14 and by the age of 24 was drinking a bottle of brandy per day. Mary also used prescription medication (benzodiazepines) to treat her anxiety

symptoms and became dependent on this medication for periods of time. Mary was diagnosed with alcohol dependency syndrome in 2005 and received help from alcohol support services from 2005 until 2008 and again in 2010. In March 2005 Mary received an 18 month Community Rehabilitation Order following her conviction for the offences of Excess Alcohol, Driving Whilst Disqualified, and No Insurance. In October 2005 Mary again appeared in Court for the offences of Dangerous Driving, Driving Whilst Disqualified and Excess Alcohol and was sentenced to 12 months imprisonment with a 4 years driving ban. In January 2006 Mary was released from prison on licence and it was around this time that Mary and John began their relationship.

John worked as lorry driver. He also had a previous history of assault but this was over twenty years previously (*cross reference Comments from Family Members Section 5 para 2*). He was also a heavy drinker. He suffered from insomnia and used to drink 6-12 pints or a bottle of brandy to help him to sleep although according to his family this was only after his wife had died (*cross reference Comments from Family Members Section 5 para 3*). He always stopped drinking 12 hours before a job. He did not have any convictions for drink driving.

### **Chronology 2006-2011**

1. In January 2006 soon after Mary's release from prison on licence, John accompanied her to an appointment with her OM and Mary told her OM that he was a good influence on her. In February 2006 Mary committed the offence of theft which she later told her OM was so she could get her new partner a present for Valentine's Day. In March 2006 Mary reported to her OM that her new partner John was a good and positive influence, and that she was happy with the way things were going and hoping to move in with him. Mary also reported that she was not happy about attending the alcohol treatment unit 3 to 4 days a week as she wanted to look for education or employment.
2. From March 2006 to September 2006 Mary continued to attend her appointments with her OM and in April 2006 secured employment. In May she was referred again by her GP to alcohol services regarding her alcohol dependency but did not attend. During this period Mary remained in her relationship with John and reported to her OM that they were planning to move to Wales when her licence expired.
3. In December 2006 Mary made a complaint of rape against a third party (not John) which took place when she was under the influence of alcohol, but she refused to support a prosecution and the matter was recorded by the police as 'no crime'.

4. In January 2007 Mary was referred again to alcohol services for support with detox and attended with her mother and John. Mary was given medication to detox at home but subsequently took an overdose and tried to cut her throat and wrists. She was reportedly drunk and violent. In February 2007 Mary was arrested for assault after spending an afternoon drinking with John in a pub. She was referred back to alcohol services and by March 2007 she was sober and saying she wished to stop drinking and wished to be prescribed antabuse medication to help her remain sober. On 23 March Mary was sentenced to a Community order with two years supervision and 100 hours unpaid work. She recommenced detox treatment and was prescribed antabuse medication for one month.

5. Between March 2007 and April 2007 Mary attended her appointments with probation but did not attend her appointments with the alcohol services, and was discharged by them on 14 April 2007. Mary continued to attend her appointments with her OM and in July 2007 Mary informed him that she had broken up with John. At this stage she also started to drink again and was re-referred to alcohol services. She was described as being 'a long-term chaotic drinker who is liable to aggression and self-harm – cutting and throwing herself downstairs or out of windows' and assessed as being at risk both when drinking and when trying to stop drinking.

6. There appears to have been no contact between Mary and John from July 2007 until May 2008 although John's family maintain that their relationship continued (*cross reference Comments from Family Members para 7*). During this period Mary continued to see her OM with only one missed appointment. She had a chaotic period of heavy drinking in August and September 2007 resulting in several brief admissions to hospital, including one admission following an overdose. Contact with alcohol services was ceased in October 2007 as efforts to engage her had not worked and contact had ceased. In January 2008 her OM noted that she was drinking but not asking for help and in February Mary told him that she was drinking but not bingeing or drinking vodka. In March 2008 police were called after a fight broke out between Mary and her parents. Mary had been drinking and driven off in a car. Police attended again after Mary returned but her parents did not wish to press charges. In April 2008 Mary was arrested for being drunk and disorderly and for driving whilst disqualified and whilst over the legal limit. Later that month she was arrested and charged with making off without payment of £45 of petrol. The Pre-Sentence Report completed by probation in May 2008 recommended custody as Mary was felt to pose a 'high risk of serious harm' to the public and on 29 May 2008 she received two sentences of 4 weeks and 16 weeks imprisonment and was disqualified from driving for 3 years.

7. From May 2008 John visited and corresponded with Mary during her time in prison.

8. Mary was released from prison in July 2008 and recommenced her appointments with her OM.
9. In July 2008 John was arrested for drink driving and released without charge.
10. On 20 August 2008 Mary made a 999 call to the police stating her ex-partner John was ransacking the house saying she had stolen his wallet. When the police attended Mary stated her relationship with John had ended the previous day. Both Mary and John had been drinking. John had become aggressive and started to shout. Mary did not wish to make a complaint and John left the premises.
11. By September 2008 John and Mary had recommenced their relationship and John set Mary up in a pet shop business in local council market premises. She took this over as a going concern in the autumn of 2008.
12. In October 2008 Mary moved back in with John after starting the above business.
13. In November 2008 Mary disclosed to her OM that she had hit John with her fist when they had been drinking at a wedding anniversary party. Mary was upset and disturbed because she was violent and attributed it to losing control and getting drunk on vodka. She said she had not drunk spirits since.
14. In December 2008 the OM noted that Mary was not motivated to have professional help regarding her drinking but was attempting to modify her drinking. It is recorded as an issue that her likely victim was her partner (John) ' - he knows, because he has experienced Mary's violence - that she can lose control in drink, but is in love with her and enjoys having a drink with her'. The following week Mary told her OM she had had a fight with John and punched him when she was drunk. The OM had concerns about her drinking although she told him she had moderated this, only drinking after work and drinking cider, never vodka. The OM recorded he was not reassured but felt at that time Mary would not accept she should abstain from alcohol.
15. Between January and March 2009 Mary continued to see her OM and reported she was bored with her relationship but was more stable than she had been in the past and was frightened that the alternative (to being with her partner) could be far worse. She was at this time working at the pet shop he had bought for her. Mary attended her last appointment with her OM on 12 March 2009.
16. On 14 April 2009 Mary was arrested for theft from John (described in the police report as a friend and drinking associate). It was noted in the investigation report that Mary and John had separated and that John refused to provide a statement against Mary. No further action was taken.

17. In September 2009 Mary left the pet shop business owing the council money. Mary stated to police that John had lost his job as a lorry driver and spent more and more time in the shop which caused problems with their relationship. Mary said she felt he was a jealous type who disliked her 'banter' with male customers. Mary and John later separated in December 2009 (*some of these facts are disputed by John's family cross reference Comments from Family Members Section 5 para 4*).

18. On 1 May 2010 the police were called by the sister of a neighbour of John who said Mary was being attacked by John, she said he was trying to stab her and she was covered in blood. The police called the neighbour who said John had just come round from next door to apologise for what happened, he did not have a knife, and Mary had returned to her home. John said that Mary had attacked him first, she had stabbed him but he was not bleeding. John stated that he had thrown Mary and pinned her down and she banged her head. The police attended. John said that Mary had smashed and damaged his vehicle; she was drunk and had been taken away from the premises by her parents. John refused to make an allegation to the police as he did not wish Mary to get into any more trouble. There was no suggestion during the conversation with the police that the incident had involved a knife. Officers spoke with Mary's father who said Mary was very drunk, abusive and had threatened him too, and later ran away from his address. Officers spoke with neighbours who stated that they had heard a verbal argument and that both parties attended their address, claiming to have been assaulted by the other.

19. The police placed a 24 hour TAU (Treat As Urgent) on John's address and attended the following day. Mary and John were arguing again and Mary was packing her bags ready to move out. Neither John nor Mary wished to cooperate, neither had visible injuries, and both wanted officers to leave. They reluctantly signed the police notebooks which were copied and sent to the District Allocation Unit. It was recorded that there was no evidence to suggest an assault even took place.

20. On 13 May 2010 John called the police to say Mary had been to his house with a hammer and smashed the back door and the kitchen window, then returned to her parents' house. John stated that Mary had been driving and was 'pissed out of her head'. She was banned from driving, and an alcoholic. The police received a call from Mary's mother saying Mary had attended her address and she had taken a knife from Mary. Mary was located and taken into custody. She was arrested for the domestic incident and for having assaulted the arresting PC. Mary was not interviewed until the following morning as she was drunk.

21. On 16 May 2010 John attended the police station appearing anxious and uncooperative. He did not wish to prosecute his ex-partner Mary due to her



having issues with alcohol addiction and needing help. John signed a retraction statement. Mary was later interviewed. She admitted smashing two windows stating she was trying to get her property back. She said she was an alcoholic and had drunk 2 litres of vodka with cider, and was 'off her head'. No further action was taken due to the retraction statement and there being no witnesses. Mary was also interviewed in relation to assaulting the police officer and admitted this. She was charged with assault on a police officer and drink driving.

22. On 18 May 2010 the police received an irate telephone call from John, complaining that although they had separated in December his ex-partner Mary still had keys to his property and had come round and taken things that were not hers. He stated she was breaking and entering and referred to her having smashed up the property the previous week. John was advised to change the locks and to put locks and spikes onto the garden gates but he was resistant to these suggestions. He wished the police to get the keys from Mary. Officers went to John's address and spoke to him and advised him not to make contact with Mary, and if her behaviour continued to adopt other civil methods. On the same day officers attended the address where Mary was staying. She claimed that the items she had retrieved were her property anyway. Similar advice was given about her not contacting John and pursuing him through civil means to get her property back.

23. There was no recorded contact between Mary and John between 18 May and 10 August 2010. During this period Mary was seen by her GP and prescribed diazepam and referred again to alcohol services, but was not assessed. She was arrested and charged for theft from shops and stalls on 29 May and 10 June. On 28 July she appeared at the Magistrates Court and was sentenced to a Community Order of 18 months with Supervision and attendance at a substance related offending programme (30 days) for offences of Assault to a Police Constable and three charges of theft. She had an initial meeting with her OM on 3 August 2010.

24. On 10 August 2010 John contacted the police to say a neighbour had told him that Mary had gone to his address that morning and smashed the bathroom window. He arranged to see the police the next day.

25. On 11 August Mary attended her appointment with probation but was intoxicated by alcohol and told the OM that she was drinking at least 1-2 litres of vodka on a daily basis. She was given an appointment for 17 August and it was stressed she must not be under the influence of alcohol when she attended.

26. On 11 August 2010 a member of the public telephoned the police to report an argument in the street between John and Mary which appeared to be

getting nasty. The police attended and it appeared the argument was about the fact that there were two horses (a mother and her foal) in the back garden that appeared thin and undernourished. The horses belonged to Mary. John was going to kick the horses off his premises at 1600 hours that day. Mary was asking for more time to find them a new home. This escalated into a physical dispute where John punched Mary in the face. John was arrested but Mary declined to prosecute and refused to disclose any information surrounding the incident. John provided an account at interview with the police that could not be disproved as there were no witnesses or CCTV records. No further action was taken on this matter and the RSPCA were called about the horses.

27. No agency contact is recorded between Mary and John between 17 August 2010 and 23 November 2010. During this period Mary kept her appointments with her OM and saw her GP regarding her alcohol problem. She was admitted to hospital for four days for detoxification in September 2010. Following this she did not wish to go to a Dry House but went back to her parents' house and she attended some support sessions. On 1 November she failed to attend for an assessment with alcohol services. On November 10 she failed to attend her appointment with her OM who was told by her father that she was under the influence of alcohol and unable to attend, but she did attend her next appointment on 16 November, when she told her OM she had recently lapsed into alcohol use but intended to contact the alcohol support services.

28. On 23 November 2010 Mary attended an appointment with her OM accompanied by John. Mary was under the influence of alcohol and said she was drinking 8 litres of cider daily. She told her OM she had not been staying with her parents but with her partner John for about 3 to 4 weeks. She had been attacked by her ex-husband when she visited her daughter and grandchild and John had witnessed this and helped her. She said her relationship with her parents had deteriorated. She had been to see her GP but told her OM she felt her GP would not help her.

29. Mary and John continued to live together until April 2011. During this period Mary was referred for further help with her alcohol addiction but was not initially compliant with the treatment. In December 2010 she was taken into hospital with pancreatitis, and an inflamed liver and stomach lining. She had been drinking 2 bottles of vodka and 5-6 pints of cider daily. She was told that if she continued drinking vodka she had only a few months to live. Following detoxification Mary attended alcohol support services and remained sober for several months (*this fact is disputed by John's family cross reference Comments from Family Members Section 5 para 8*).

30. On 5 January 2011 Mary told her OM that she had no concerns about living with John. Mary continued to see her OM from January to April 2011. She remained abstinent and reported that all her relationships had improved, including with her daughter. She attended an alcohol support service during February 2011. She missed an appointment with her OM on 6 April 2011 and was sent a final warning letter.

31. On 14 April 2011 Mary informed her OM that she had moved back to live with her parents as her relationship had ended. She said she and John had been arguing and she was having cravings about alcohol but did not lapse. She had ceased to attend alcohol support services as she felt awkward whilst there, and did not feel this would help her abstinence.

32. Between April and July 2011 she continued to remain sober (*cross-reference as above*) and took steps to regain her driving licence. She continued to live with her parents and was preparing for the opening of a new shop, supported by her parents. On 9 June telephone reporting was agreed with her OM. Mary reported some difficulties in relation to the opening of the shop and said that she had been thinking about drinking but had not lapsed. On 29 June Mary told her OM she had been abstinent for nearly 7 months and was very proud of this achievement. She still wanted to open the shop but was taking her time over this and wanted to plan it carefully. On 28 July she reported that her cravings for drink had increased recently due to the warm weather and seeing people drinking outside. She said she knew she could not have even one drink as this would escalate.

33. In August 2011 John purchased a static home near the coast which Mary told her OM was after losing his job (*NB John's family state that he never lost his job cross-reference Family Comments Section 5 para 10*). Mary moved there with him as she enjoyed the countryside and there were horses in the field nearby, which she loved. Mary had been abstinent for nine months by this time according to her reports to her OM.

34. On 27 September 2011 Mary told her OM that her family were not happy with her being back with John as they felt he would be a negative influence on her, and they would no longer support her in obtaining a business if she remained with him. She told her OM that she was with him 'for materialistic reasons' as he had bought her a car and offered to buy her a business. She also told her OM that John was currently abstinent and that she did not wish to jeopardise her recovery and was aware of the risk factors, and that her family were one of the main motivations for her to remain abstinent from alcohol use.

35. On 25 October 2011 Mary told her OM that she was back living at home and her relationship with John had ended as she was not happy. She told her

OM that she remained abstinent at this time and that she realised she had a lot at stake if she relapsed, including her grandchild and family.

36. On 19 November 2011 police were called as Mary had stabbed John at his home. He was taken to hospital where he subsequently died and on 21 November 2011 Mary was charged with his murder. During the investigation Mary later told the police that with the onset of autumn she started to become depressed, and she and John started to go to the local pub, and she started drinking again. She alleged she managed to stay off vodka but was drinking between 5 and 10 pints of cider per day around the time of the fatal assault on John. There were no incidents reported between Mary and John during their time at the caravan, and the site caretaker did not report any problems. Neighbours reported that they had frequently heard heavy arguments between Mary and John, but had no first-hand knowledge of any violence.

### **4.3 Summary of Agency and Professional Involvement**

1. Although John had four previous convictions of which three were for assault between 1972 and 1983, he did not appear to be in contact with the police or any other agencies when he first became involved with Mary. His contact with the police after this was only in relation to events that also concerned Mary. He had very limited contact with his GP, with only four attendances between 2006 and 2011. He did reveal his sleep and drinking problem to his GP, and it was noted that he used alcohol to help him sleep. He did not discuss any issues about his relationship with Mary with his GP.

2. Mary by contrast had significant agency involvement from childhood. She was known to specialist services such as mental health and alcohol treatment agencies as well as having regular contact with her GP. Mary was also known to the police, the probation service, and the prison service.

3. Mary was referred by her GP to mental health services in 1993, as she was suffering from anxiety and depression, and taking large amounts of diazepam. Her GP referred her on four further occasions between 1994 and 2002 for treatment of anxiety and depression, and help with her drinking problem, but recorded that although Mary attended the assessment she did not attend any of the appointments offered for treatment. In 2004 Mary saw a private therapist regarding anxiety management but failed to attend subsequent appointments made with mental health services in 1994 and 1998, and in 2002 she was started on antidepressant and anxiolytic medication. Her GP noted her erratic attendance at alcohol treatment services and her continued chaotic drinking and offending behaviour. Two significant episodes of self-harm were noted in June 2006 and September 2007, both associated with alcohol abuse. Following Mary's detoxification in December 2010 her GP continued to support her and to monitor her condition. The GP noted in the

IMR that sudden discontinuation of Mary's anti-depressant medication could result in serious side effects such as anxiety and agitation, sleep disturbance, abdominal pains, and mood swings and nausea as well as low mood.

4. Mary was involved intermittently with mental health and alcohol services between 1993 and 2007 mainly in respect of her addiction to alcohol although she was first referred in 1993 for anxiety and depression. It was reported that she began to engage in treatment for her alcohol dependence a number of times, but never persevered with this. There were also long gaps in her contact with services. In March 2005 it was reported that Mary accepted that she had alcohol dependency syndrome, for which the treatment was said to be indefinite abstinence. Mary started to attend group therapy sessions but soon began drinking again, and in October 2005 was convicted of her third offence of drink driving and sentenced to 12 months imprisonment. Following her release from prison 3 months later Mary was referred again to alcohol services for treatment but started drinking and dropped out, and this pattern continued for the next year until in March 2007 she requested treatment with antabuse medication. She was then subsequently discharged from mental health services in May 2007. There were further referrals to alcohol services following this, but due to Mary's poor compliance with treatment and her inability to remain sober, Mary did not maintain regular contact with services.

5. Mary had intermittent contact with acute hospital services. She was admitted briefly following an attempted overdose in 2005 and after self-harming by cutting her wrists in 2007, and her chaotic drinking pattern led to several brief admissions to hospital in 2007, followed by an overdose in September 2007. After trying once more unsuccessfully to get to grips with her drinking problem in August 2010, Mary was treated by acute hospital services in December 2010 when she was diagnosed as suffering from pancreatitis and told that if she did not stop drinking she would die. She also underwent detoxification from alcohol in hospital three times in January 2007, September 2010, and January 2011, after which she was successful in remaining abstinent for 10 months prior to the incident leading to John's death. Her GP reported that blood and liver function tests carried out on Mary on 26/10/11 supported her claim of abstinence (*cross-reference Comments from Family Members Section 5 para 8*).

6. Mary was known to Avon and Somerset Probation Trust between 2005 and 2011. In March 2005 Mary was given an 18 month Community Rehabilitation Order (CRO) following her convictions for Excess Alcohol, Driving Whilst Disqualified, and No Insurance. She was also required to complete the Drink Impaired Driving programme. In October 2005 Mary was convicted of Dangerous Driving, Driving Whilst Disqualified and Excess Alcohol. She was sentenced to 12 months imprisonment and banned from driving for 4 years, and the CRO was revoked. Mary was released on licence from prison in

January 2006 and continued to be supervised by the Probation Trust. In February 2006 she was sentenced to 4 months curfew for the offence of theft. She was not recalled to custody and was issued an ACO warning. Mary reportedly made good progress and her frequency of appointments was reduced and her licence ended in October 2006. She did not commit any offences during this period and drank socially. The next contact between Mary and the Probation Trust was at the end of February 2007 when she was arrested for assault on a publican when she had been drinking. In March 2007 Mary was sentenced to a Community Order with 2 years Supervision and 100 hours unpaid work. Initially she did well but by January 2008 she was getting into difficulties with her drinking and disclosed to her OM in April 2008 that she had relapsed into chaotic drinking and had committed further offences. At the end of May 2008 Mary was sentenced to 16 weeks imprisonment but the community order was allowed to continue. She was released from prison in July 2008 and resumed monthly appointments with her OM but continued to drink and disclosed to her OM getting into fights with John. The community order ended in March 2009.

7. The next contact with the Probation Trust was in July 2010 when Mary was sentenced to an 18 month Community Order with supervision and a further substance related offending programme for the offences of Assault to a Police Constable and theft. Mary attended all her appointments until September 2010 when she was admitted to hospital due to her drinking and underwent detoxification. In November 2010 she told her OM she had reduced her alcohol consumption to 4 litres of cider per day. In December 2010 Mary was taken into hospital with pancreatitis. After a further detoxification she then remained abstinent for several months (*cross-reference Comments from Family Members Section 5 para 8*) and she continued to keep her regular appointments with her OM until John's death in November 2011. During this period she disclosed that she had returned to live with John in January 2011 but by April 2011 had returned to live with her parents. In September 2011 she told her OM she had again returned to live with John but did not think this would be permanent and she subsequently informed her OM on 25 October 2011 that she had ended her relationship with John and moved back to live with her parents. Throughout this period the OM continued to support Mary to engage or re-engage with alcohol support services, including making referrals.

8. Mary was involved with the Police in relation to being arrested for offences or episodes of unreasonable behaviour a number of times between 2005 and 2011. She had committed driving offences in relation to excess alcohol twice in 2005 and was arrested in 2007 for assault on a publican while drinking. Between 2007 and 2008 the Police attended four violent encounters between Mary and her parents and these were viewed as alcohol related crises. Her

parents did not wish to report or pursue criminal complaints and these episodes were not recognised by the Police as domestic abuse and no risk assessments were completed. There was a further similar incident between Mary and her parents in 2008 and again no actions were taken by her parents, but the Police took Mary into custody for driving offences. The first domestic incident between Mary and John was recorded in 2008 after Mary's release from prison. A risk assessment was completed and a referral was made to the DAIT team. Mary was also referred to victim support and was sent information about sources of support. The next contact with Police was in May 2010 in relation to the incident when John's neighbour called the Police and reported that John and Mary were fighting. Police attended but neither party had any visible injuries and they did not wish the Police to be involved. The situation was reviewed by the DAIT team and the domestic abuse history between John and Mary was noted. A letter was sent to John who was felt to be more the victim in this incident but it was noted that both parties were resistant to Police involvement.

9. In May 2010 the Police were involved following the incident of Mary attacking John's property with a hammer. Mary had been drinking. John did not wish to press any charges but Mary was charged with assault on a Police Officer. No risk assessments were recorded for the domestic abuse incidents but the records state that Mary was seen as the perpetrator of the domestic abuse.

10. In June 2010 Mary was arrested for theft from shops and stalls.

11. The later incidents in August 2010 relating to arguments between Mary and John about the horses resulted in John being arrested for assault on Mary. However Mary refused to co-operate with the investigation and the charge was dropped. This incident was risk assessed as standard and no further contact was made with Mary at her specific request.

12. In October 2010 the Police were called regarding an argument between Mary and a third party (not John) involving a horse. Mary was drunk and there had been pushing and shoving but no injuries. The third party later declined to make a statement and the case was closed.

13. The next involvement of the Police with Mary was on 19 November 2011 following the stabbing incident.

## 5. Comments from Family Members

**Relatives of both parties were offered the opportunity to make comments on the report. Mary and her family declined to do this but John's family wished to make comments and their views are recorded below. Comments from the family do not always support the information in the agency records and these differences are cross-referenced in the report.**

### General Comments

1. John's family were very distressed and upset by his death.
2. John did not have a violent nature. His previous convictions were very old from a time when he was a young man in his twenties and in the army. His last conviction was in 1983. He was a gentle man by nature.
3. John turned to drink when his wife died in 2003. He was alone for several years and was very lonely when he met Mary. When he told his GP he drank a bottle of brandy to sleep this was from a time after his wife's death when he was finding it hard to cope. He liked a drink and pub life but could control his drinking – he was a lorry driver and so needed to do this. He had no convictions for drink driving. He usually drove when he and Mary went out and he did not drink. On the night of his death his blood tests showed he had not been drinking whilst Mary was 4 times over the limit.
4. Mary originally lodged with John when her husband left her. They believe she had a history of domestic abuse in past relationships. She was a well-known heavy drinker. Her parents were also well known locally. John was very lonely and became besotted with her. In respect of Mary's assertion that John was jealous of her banter with male customers when she ran the pet shop, his family believe this to be unlikely as he worked full time and was not able to spend much time at the shop.
5. Mary's father used to phone her at John's mother's house and would shout abuse at John's mother who was in her eighties. When John's sister asked him to stop doing this he was abusive and ignored this request.
6. John's brother met Mary occasionally as she lived locally. John's sisters likewise met her occasionally. They found her intimidating and were afraid for their mother.
7. John and Mary's relationship was continuous during the period covered by this review until John's death, although they may have split up briefly from time to time. John's family dispute that there were long periods of separation as reported by Mary to third parties such as her Offender Manager.
8. John's family dispute from their own experience that Mary had a long period of abstinence from alcohol as reported in the Probation and GP records although this is partly supported by blood and liver function tests taken by Mary's GP on 26 October 11. This is the only record of such tests.
9. The move to the caravan park was Mary's idea. Mary found the caravan in the local paper one day at John's mother's house. They used the equity from



selling John's house to buy the caravan. According to John's family the move was not made due to financial difficulties but due to Mary's wish to leave the city. Mary moved there with John in August 2011 and, as far as the family are concerned, they lived there together until John died. This contradicts information Mary gave to her Offender Manager. The caravan was furnished in very feminine taste and Mary used to pay the site fees as she was there more than John who was still working.

10. John did not lose his job at any time and was due to work the day after his death – this was why he had not been drinking that evening. This was confirmed by blood tests taken after his death. John's brother-in-law had to phone John's employer after his death to tell them that John had died.
11. John's brother believes that John was afraid of Mary at the end. On one occasion (2008) known to them John accidentally called Mary by his late wife's name. She hit him and smashed his eye socket. He had to go to A&E and had a black eye. They believe he would never have told anyone about domestic abuse as he would have been embarrassed.

### **Comments on the Legal Process**

12. John's family believe that insufficient forensic evidence was collected from the crime scene. There was blood in the bathroom which was not tested and the knife had been cleaned and placed in the knife block. They think only Mary could have done this as John had staggered outside to die. The police told them they did not now test all the areas where blood was found due to costs to as each swab costs £150.
13. The police had told the family that Mary would get 25 years, they were shocked and astonished that she was found not guilty. She is now free and was not even given a community order or treatment.
14. John's family were all extremely angry about the court case and feel badly let down by the Criminal Justice system and made the following comments:
  - The case was delayed from Monday to Wednesday as Mary had self-harmed. This led to a new CPS barrister and judge being allocated at short notice.
  - The judge appeared to fall asleep twice during the trial. A jury member commented to a family friend in the foyer before the case started that she wanted to be at home in bed – this made the family feel that those involved in trying the case were not committed or interested.
  - The defence team were only allowed to use three witnesses to John's character. The family understand that Mary was on trial but this meant the case seemed biased – she was presented as a troubled vulnerable woman (Mary had sobered up and slimmed down when in prison which gave the impression of vulnerability) whilst John was portrayed by the defence as an obese, red faced, angry, older man. This was Mary's line of defence but it was unfair and very upsetting for his family as the prosecution were not allowed to counter these statements.

- One of the jurors was the wife of a colleague of a police officer who gave a statement against John. However the juror did not make the court aware of this fact until after the evidence against John had been read out. Due to the late advising of the juror's connection with the police officer concerned, no cross examination was subsequently allowed.
- The Judge kept telling the jury to use The Lucas Direction (which enables the jury to disregard comments if they think the witness may be lying). The family said this showed that the judge knew Mary was lying.
- The police pathologist had a BSC (the lowest possible qualification relevant to the role) but did have 17 years' experience. The defence barrister and the judge repeatedly said she was unqualified to pass on her opinion. She was almost in tears in court. The defence pathologist was more highly qualified and superior to the police pathologist. When John's family questioned why the CPS did not use a more highly qualified pathologist the police replied she was an experienced pathologist but also admitted that a more qualified one would have been too expensive.

## 6. Analysis

1. It is notable that Mary had issues with a high consumption of alcohol leading to aggressive behaviour before she met John. John was reported to have been a heavy drinker but was able to control this to enable him to work as a lorry driver. He had a previous history of assault from over twenty years previously.

The relationship between John and Mary was volatile and during the period covered by this analysis they parted and came back together several times, although according to John's family this was only for short periods. It is difficult to tell from the facts how far the negative aspects of their relationship outweighed the positive aspects. On the positive side, there is evidence that John supported Mary by accompanying her on occasion to appointments with her Offender Manager, and with alcohol treatment services. He also gave her financial support, including buying her a business that Mary ran for a few months, and buying her a car a few months before his death. Mary spoke to her Offender Manager of John being supportive on at least two occasions. In the period before his death John also seemed to be supporting Mary in her period of abstinence by becoming abstinent himself for a time. However Mary also spoke of being 'bored' by the relationship and the tendency for the two of them to at times drink heavily together and get into arguments led to difficulties for them both. It was noted by the police in their IMR that all the incidents of domestic violence between the two of them were either fuelled by or as result of one or both of them drinking.

2. Mary was known to be a risk when drinking before she met John and the assessment of the risks she posed increased significantly over time. In March

2005 an assessment of Mary by alcohol services refers to her as displaying 'impulsive behaviour, violence and aggression' with previous and current poor anger control. In April 2005 when Mary was receiving treatment for depression she was assessed as 'posing a low risk of serious harm'. In March 2006, Mary was described in an assessment by her GP as showing 'impulsive behaviour, violence and aggression' and being 'a lady with a really serious alcohol problem' and 'violent when drunk'. At this time she was assessed by the Probation Trust as a 'medium risk of serious harm to the public' and in March 2007 following her arrest for assault she was assessed as posing a medium risk of reconviction and a medium risk of serious harm to the public. In May 2008 following her conviction for driving offences her OM recommended custody as he considered Mary to pose 'a high risk of serious harm to the public'. In December 2008 her OM noted that 'people who live with her are at risk of being assaulted' and considered that 'her most likely victim is her partner' and the risk of serious harm to a known adult was escalated from low to medium. In retrospect the Probation Trust also felt Mary should have been assessed as medium risk to a known adult when she returned to live with John in 2010.

3. John's previous convictions for assault were over twenty years ago but there was some evidence of his becoming aggressive towards Mary when drunk although neither of them pressed charges against the other.

John had been arrested for assault on Mary in August 2010 but was not charged. There is no doubt that drinking contributed to violent verbal arguments between them that led to 'pushing and shoving' and sometimes more aggressive behaviour, such as in May 2010 when Mary smashed a door and window at John's house with a hammer, and when the two of them were fighting in his house and John reportedly punched Mary. There was also a report of John punching Mary in the face in August 2010. Incidents that occurred were not all reported to the Police on a regular basis. When Police did attend, lack of co-operation from both parties prevented the police from raising the risk levels, and the two parties or other victims (such as Mary's parents) did not wish to press charges. Following the incident in May 2010, the Police recorded that there was no suggestion from the conversation with Mary and John that the incident had involved a knife (as had been originally reported by the neighbour), and when they visited the next day there was no evidence to suggest that an assault even took place.

4. Mary had significant agency involvement both prior to meeting John and during the period of their relationship up until his death. Mary's contact with the Police was intermittent and mainly in relation to offences committed or disturbances that occurred when either Mary or Mary and John had been drinking, but did significantly also include previous violent behaviour towards others including her parents. Police records show Mary had 13 previous

offences involving unruly behaviour of which three were 'offence against a person' and the rest were disorder offences. Mary was reasonably compliant with her periods of supervision with the Probation Trust, and appears to have been fairly open with her OM and responded to help that was offered, but it is not known if she shared all relevant information with him. However her addiction to alcohol did result in more offences leading to more legal penalties including a short period of imprisonment. Overall her offending did not escalate and she came back out of her short spell in prison on a Community Order. However it cannot be said that in the longer term Mary managed to alter her behaviour sufficiently to stay out of trouble as a result of being under supervision. Her contact with alcohol and mental health services was intermittent and not particularly successful in terms of sustaining change to her behaviour. Mary appeared to be ambivalent about alcohol support services and their usefulness to her and she did not consistently engage with the treatment offered. In April 2011 she told her OM she had ceased to attend alcohol support services as she felt awkward whilst there and did not feel attendance would help her abstinence. The trigger for her longest period of abstinence seemed to be a combination of her significant alcohol-induced physical health problems and her wish to maintain good relationships with her family, particularly her daughter and grand-daughter (*cross reference Comments from Family Members section 5 para8*).

5. Given the number of agencies involved with Mary and John during the five year period of their relationship, was inter-agency communication sufficient to ensure that risks posed by Mary were both recognised and were effectively managed? Mary was not referred to or managed under MAPPA by the Probation Trust and neither John nor Mary were referred to or subject to a MARAC.

In respect of the use of MARAC, following the incident in November 2008 when Mary punched John when drunk at a party, the Probation Trust IMR states that there were insufficient grounds for a MARAC referral as this was an isolated case exacerbated by alcohol consumption. However the risk to a known adult was raised from low to medium. In August 2010 there was another incident where John punched Mary in the face following an argument about her horses and the police were involved. The police reported there was no physical injury and assessed the domestic risk as standard. John was arrested but Mary declined to prosecute. However during DHR Panel discussions a specialist DVA agency Next Link suggested that in retrospect based on the information provided by the IMR, they would have considered making a MARAC referral for Mary.

In relation to use of MAPPA procedures the DHR Panel agreed these were not appropriate at any stage in this case as thresholds were not met.

A Serious Further Offence Review conducted by the Probation Trust after the fatal incident occurred concluded that risk management and offender management were carried out to a sufficient standard, but risk assessment was not. Deficiencies were identified in relation to the quality of the risk management plans and elements of poor recording and enforcement practice. However it was also noted that in February 2011 this medium risk case was not seen as a high priority in the overall context, as Mary was not heavily convicted and those convictions for violent offending were themselves not serious, including the (then) current one of assault on a PC. As already noted the Probation Trust identified the risks to John from Mary and believed he understood what these risks were. It has already been noted that the assessment of risks that Mary posed to others increased significantly over time but these risks were only related to periods when her drinking was out of control, and all the recorded incidents of violence reported between John and Mary involved either one or both of them drinking. Since this DHR and the Serious Further Offences Review the Probation Trust has carried out a programme of training for offender managers on risk assessment with relation to domestic abuse, this is recorded in the action plan relating to this DHR

6. If there had been more regular information sharing between agencies regarding risks could this have made a difference to the outcome? This is difficult to say as this was not a case where one party was clearly a perpetrator and one clearly the victim, as both Mary and John posed risks to each other, and took on these roles at different times in their relationship. Both of them also refused to press charges on each other following violent incidents, even during periods when they were separated. The Probation Trust has questioned whether the monthly reporting interval agreed in July 2008 after Mary was released from custody should have been fortnightly for the first two months, given the levels of risk identified at the time. This would have meant that the Trust could have kept a 'closer eye' on Mary, but it is difficult to say if it would have made a difference to the final outcome which was over three years later. Mary had apparently been abstinent for several months before the fatal stabbing incident (although this is disputed by John's family), and on 25 October 2011 when she last saw her OM before this incident occurred, she told him she was still abstinent and no longer living with John. Thus at this time the risks would have been seen as significantly reduced.

The Police IMR acknowledges that violent encounters between Mary and her parents in 2007 were not recognised as domestic abuse and therefore risk assessments were not completed. This lack of recognition of domestic abuse by adult children on their parents has been addressed by the now broader definition and understanding of domestic abuse. In May 2010 the Police received a third party report of a fight between Mary and John involving a

knife. When the Police attended the following day both parties were uncooperative and neither party showed any visible injuries and their account contradicted the report. However this incident was recognised as potential domestic abuse and was reviewed by the DAIT team and the domestic abuse history between Mary and her parents was noted. The Police IMR also notes that DASH risk assessments are now mandatory for each domestic incident attended and the Police have a greater understanding of the risk in DA situations, and an increased awareness of DA between family members such as parent/child.

7. Was the incident leading to John's death predictable or preventable? Given the previous history of violence between Mary and John it was predictable that once Mary started drinking again the two of them would be likely to get into arguments that could lead to violence. The significant difference in this incident was the use of a weapon. There had not been any recorded previous incidents where either Mary or John had used a weapon on each other, although weapons had been used to attack property (e.g. a hammer). Although the previous incident reported to the Police by a neighbour on 13 May 2010 had stated that John was stabbing Mary, no evidence was found of a knife or of injuries on either party when the police attended even though John said that Mary had stabbed him. However Mary's mother later told the Police that she had taken a knife from Mary when she had returned home drunk after this event. The risks to Mary and John from each other would no doubt have been rated as much higher by the agencies involved if weapons had been used previously by either party against each other, but this was not the case. In addition it was not known to any of the agencies that Mary had started drinking again until after John's death. Thus although with hindsight it was predictable that Mary and John would both be at risk of potentially significant harm from each other in the circumstances immediately prior his death, there was no information at this time to trigger any agency response until the death occurred. If agencies had been aware that Mary was drinking again and living with John this would be likely to have caused concern and risk levels may have been raised. However actions that could have been taken were limited. The probation service had few powers as Mary was on a Community Order not on licence, and therefore she could not have been recalled. Similarly the police could only have responded to a specific incident, and none were reported until the fatal incident occurred. It is difficult to see how in these circumstances the death could have been prevented.

## **7. Conclusions**

1. This is a case where dual allegations of violence were made and both parties were at risk from the other at different times. They may have been drawn to each other by their similar behaviours regarding drink, and they reportedly enjoyed drinking together. They continued their relationship in spite

of periods of aggression between them. John's death occurred after Mary had apparently managed a significant period of abstinence, but it was once again an example of her returning to drinking and the two of them getting into an argument.

Research into domestic violence shows that in relation to people who abuse alcohol or related substances, although this is not felt to be an underlying cause of domestic violence, it is important to note that a study of 336 convicted offenders of domestic violence found that alcohol was a feature in 62% of offences and 48% of offenders were alcohol dependant (Gilchrist et al, 2003). This case illustrates the very real risks involved when either one or both parties are heavy drinkers and unable to control their behaviour as a result.

Some researchers assert that there is a category of domestic abuse where both parties are abusive at different times. This is termed "situational couple violence" and describes a relationship where both parties are equally responsible for acts of abuse against each other with no clear primary abuser. (Johnson, 2005). It is also clear that whilst many women only carry out a violent act within a relationship in self defence (Kimmel,2002; Dasgupta, 2001), it is also true that others carry out systematic domestic abuse of their male partners. This review did not have the remit or ability to determine the dynamics within the relationship between John and Mary but a recommendation to improve screening of similar situations has been made

2. The circumstances at the time made it difficult for agencies to predict the outcome. As far as the Probation Trust were concerned Mary was still living with her parents and abstinent from alcohol, as this had been the situation when she was last seen by them. There had not been any calls to the Police regarding violence between Mary and John at his new home although witnesses later described hearing 'heavy arguments'. It is hard to see how this incident could have been prevented unless agencies had been in possession of more of the facts of the situation at the time. Even so, the actions that could have been taken were limited without the co-operation of one or both parties, as previously outlined.

3. It was predictable in retrospect that in the circumstances around the time of the death one or both of the parties could get hurt, given the previous history between John and Mary of getting into violent arguments when drunk (although on this occasion John had not been drinking as confirmed by his

blood alcohol levels). Thus the outcome could perhaps be seen as statistically more likely than predictable. Tragically, on this occasion the use of a weapon turned the argument into a death.

4. The question of whether use of DV or DA procedures earlier in this case would have made a difference remains open. If risk levels had been raised or monitoring had been more frequent it would still have remained the case that the circumstances immediately prior to the death would not have appeared to present a high risk as agencies were not aware of the crucial information that Mary had started drinking again and moved back to live with John.

5. The practice across agencies regarding domestic abuse has developed significantly during the period of time that this history of events covered, as has already been referred to in the main body of the report. Nevertheless important lessons have been learned as a result of this case, and these are reflected in the recommendations and actions set out below.

## 8. Recommendations and Actions

AGENCY	RECOMMENDATION	ACTION
Probation Trust	Improving A&S Probation risk assessment around DA	<p>Training for all OM around Oasys improving practice and professional judgement is in place and is mandatory training for PO's and PSO's</p> <p>Probation Risk of Harm Audits</p> <p>Oasys QA – 4 cases for every OM Quality Assured each year</p>
CSP	<p>Ensure that agencies work to address both DA and alcohol misuse when they occur together by:</p> <ul style="list-style-type: none"> <li>• Identifying and reducing risk in cases where there is both domestic abuse and alcohol misuse.</li> <li>• Recognising the complexity of the situation and the fact that a victim may not be able to address both DA and alcohol or substance misuse at the same time.</li> </ul>	<p>Encourage agencies to incorporate DA screening questions (using best practice from The Stella project) into their own risk assessment processes, starting with substance misuse, mental health and generic health support agencies. (where there is direct commissioning by the CSP a requirement for this to be added to the contract)</p> <p>Provide DA training focussed on alcohol misuse workers and health workers. Programme to include:</p>



AGENCY	RECOMMENDATION	ACTION
		<ul style="list-style-type: none"> <li>• Identifying DA</li> <li>• Risk assessment for DA esp. where there is alcohol/substance misuse</li> <li>• Responding to DA including -safety planning and referrals to MARAC and DA agencies</li> <li>• Working with perpetrators of DA</li> </ul>
	<p>Ensure that, wherever possible, agencies use the RESPECT screening tool to identify primary perpetrator in cases of dual allegations</p>	<p>Add a requirement to use Respect screening tool to DA and substance misuse service contracts wherever possible.</p> <p>Provide multi-agency training and guidance on screening tool focussing on DA and substance misuse agencies, GPs and other health workers, probation, police</p>
	<p>Raise awareness of domestic abuse support for people using alcohol and other substances through provision of information to the public</p> <p>Raise awareness of domestic abuse support amongst licensees, other providers of alcohol and taxi firms</p>	<p>Provide information* on recognising DA, support available and safety planning for display by substance misuse support agencies, pubs, bars and shops which sell alcohol to be aimed at the public and making it clear that both men and women can be victims.</p> <p>* posters, leaflets, stickers for toilet doors, branded products etc</p> <p>Provide information and advice on domestic abuse and sources of support to licensees and taxi firms through licensing department.</p>
	<p>Ensure that providers of alcohol support services are sensitive to issues around domestic abuse</p>	<p>Consult with survivors of domestic abuse and providers to determine what services are needed (eg, single sex groups?)</p>
	<p>Ensure that people renting accommodation in isolated areas, particularly static caravan sites, are provided with information on sources of support and local networks</p>	<p>Adapt travellers' leaflet for static home sites and provide to landlords</p>
	<p>Provide support for people who have fled domestic abuse to address their alcohol use</p>	<p>Work with providers to incorporate addressing alcohol/substance misuse in their survivors' recovery programmes</p> <p>Work with drug and alcohol support providers to incorporate addressing relationship issues in their recovery work</p>

AGENCY	RECOMMENDATION	ACTION
	Ensure that GPs have information on domestic abuse support services, including recovery programmes to provide to patients, particularly those with alcohol issues	<p>North Somerset: targeted information on Pattern Changing programme and the links to alcohol misuse to all GPs and health providers</p> <p>Ensuring that referral forms and information are up to date on the care pathways website access by GPs</p>
	Raise awareness of the wider definition of DA and that it can be experienced by other family including parents	<p>Awareness campaigns on abuse of parents and family members to include:</p> <ul style="list-style-type: none"> <li>• Press releases</li> <li>• Posters</li> <li>• Articles on council's own publications</li> <li>• Guidance to staff who have contact with people reporting DA</li> </ul>
	Ensure that police and court based substance misuse workers always properly acknowledge record and act upon a DA disclosure from either a victim or perpetrator to ensuring the individual is given information about support services.	<p>Training and information on DA services to arrest referral scheme workers</p> <p>Provision of information on DA support services in custody suites</p>
YOT	Ensure that alcohol related problems among young people are being sufficiently addressed.	Use the young people's substance misuse needs assessment to explore any gaps in services for young people with alcohol problems. This gap analysis should consider a full range of interventions, from prevention and awareness raising, to brief interventions, to outpatient treatment, up to inpatient treatment.
Public Health	Ensure that people who are abstaining from alcohol are provided with relapse prevention advice when most appropriate.	Write relapse prevention advice into commissioning contract with alcohol agencies
CCG	Ensure that medical records include information on previous domestic abuse and issues with alcohol and this is passed on to new areas.	
CCG	Encourage GPs to screen for alcohol issues so that they are referred to sources of support	Encourage GP practices to sign up to deliver alcohol Directed Enhanced Service

## Appendix: Home Office Quality Assurance response to this report



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23 May 2014

Dear Ms Branch,

Thank you for submitting the Domestic Homicide Review (DHR) overview report for Somerset (case relating to xxxxx) to the Home Office Quality Assurance (QA) Panel. The review was considered at the QA Panel meeting in March.

The QA Panel would like to thank you for conducting this review and for providing them with the final overview report. In terms of the assessment of reports the QA Panel judges them as either adequate or inadequate. It is clear that a lot of effort has gone into producing this report and I am pleased to tell you that it has been judged as adequate by the QA Panel. In particular, the QA Panel commend the way in which the family's views were represented in the report.

There were some issues that the Panel felt might benefit from some amendment, or detail, and which you may wish to consider before you publish the final report:

- Please include the terms of reference in the report clarifying the scope of the review for the reader;
- Inclusion of more text to illustrate consideration of the research and dynamics around domestic violence and abuse where dual violence is suggested;
- Please include the name of the chair on the front page of the report;
- Please review the report for typographical errors. For example, the report refers to "CD";
- Inclusion of some more text to clarify the reference at page 20 to the Serious Further Offence risk assessment issue. The QA Panel felt this could be interpreted as contradictory;

- Addition of text to clarify the reference in relation to the Probation risk assessment and recording issue, and clarification of whether this has been picked up by Probation in the Action Plan;
- Inclusion of the lessons learned in the Executive Summary as well as the Overview Report;
- The QA Panel felt that paragraph 4.3 of the Executive Summary for example appears to suggest reciprocal violence and would like you to review the tone of the report to ensure it is suitably balanced to capture full picture of the dynamics of domestic violence and abuse where there are such dual allegations; and,
- Please clarify the findings of the review and include more text to illustrate these in the narrative;

The Panel does not need to see another version of the report, but we would ask you to include our letter as an appendix to the report when it is published.

Yours sincerely,

Christian Papaleontiou, Acting Chair of the Home Office Quality Assurance Panel

Head of the Interpersonal Violence Team, Safeguarding & Vulnerable People Unit