PENNINE LANCASHIRE
COMMUNITY SAFETY
PARTNERSHIP

Pennine
Domestic Homicide
Learning from our Reviews

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Introduction

Domestic Homicide Reviews (DHRs) are a statutory requirement[i] and are undertaken to examine agency responses and support given to those aged 16 and above, who are sadly murdered or lose their life to suicide, where their death has, or appears to have, resulted from domestic abuse. In addition to agency involvement, DHRs also explore the past to identify any relevant background information (including previous abuse of the victim or by the perpetrator) and consider whether there were any barriers to accessing support. By taking a holistic approach, DHRs seek to identify appropriate solutions to make the future safer for others.

DHRs are victim-centred, and family and friends are invited to take part and share their experiences and perspectives. DHRs do not seek to lay blame but are a learning opportunity to help us do better.

Across the Pennine footprint, seven DHRs have been undertaken in the last two years. Each DHR seeks to highlight patterns and themes to support agencies and the community in improving their responses and support provision to people experiencing domestic abuse. Pseudonyms are used in all our DHRs, and these are replicated within this document.

This document aims to pull together the key themes and learning from these DHRs to aid agencies in reviewing their processes and procedures, and to support professional learning. Commencing with an overview of some of the most common types of abuse that we have seen in our reviews, this report then highlights and discusses some key and reoccurring themes. The Domestic Homicide Timeline[ii] has been incorporated into the DHR model in PLCSP and a brief overview of this is provided. A summary of linked learning areas from other local reviews, namely Child Safeguarding Practice Reviews (CSPRs) [iii] and Safeguarding Adult Reviews (SARs)[iv] concludes this report.

The Pennine Community Safety Partnership once again would like to take this opportunity to pay tribute to those at the centre of our DHRs, and to extend our thanks and condolences to their families and friends who chose to participate in their DHR.

Common Types of Abuse

Controlling and/or Coercive Behaviour

What	Controlling and/or coercive behaviour is a *purposeful pattern of conduct that occurs on two or more occasions* and is used to dominate, exploit, humiliate, hurt, intimidate and/or isolate another.

Legislation	Controlling or coercive behaviour became a criminal offence under section 76 of the Serious Crime Act 2015; it also forms part of the statutory definition of domestic abuse under section 1(3)(c) of the Domestic Abuse Act 2021 and Chapter 3 (50) Domestic Abuse Statutory Guidance.[v]

What might it look like?	▪ Controlling or monitoring the victim's daily activities and behaviour, including making them account for their time, dictating what they can wear, what and when they can eat, when and where they may sleep ▪ Controlling a victim's access to finances, including monitoring their accounts or coercing them into sharing their passwords to bank accounts in order to facilitate economic abuse ▪ Isolating the victim from family, friends and professionals who may be trying to support them, intercepting messages or phone calls ▪ Refusing to interpret and / or hindering access to communication ▪ Preventing the victim from taking medication, accessing medical equipment and assistive aids, over-medicating them, or preventing the victim from accessing health or social care (especially relevant for disabled victims or those with long-term health conditions) ▪ Using substances to control a victim through dependency, or controlling their access to substances ▪ Using children to control the victim, e.g. threatening to harm or take the children away ▪ Using animals to control or coerce a victim, e.g. harming or threatening to harm, or give away, pets or assistance dogs ▪ Intimidation and threats to expose sensitive information (e.g. sexual activity, sexual orientation, gender identity, health status) or make false allegations to family members, religious or local community particularly where this may carry a stigma in the community ▪ Preventing the victim from learning a language or making friends outside of their ethnic or cultural background ▪ Holding precarious immigration status against the victim, withholding documents, giving false information to a victim about their visa or visa application, e.g. using immigration law to threaten the victim with potential deportation ▪ Using the victim's health status to induce fear and restrict their freedom of movement ▪ Threats of institutionalisation (particularly for disabled or elderly victims) ▪ Physical violence, violent or threatening behaviour, sexual abuse, emotional or psychological abuse, economic and material abuse and verbal abuse[vi]

Learning from our DHRs	Controlling and/or coercive behaviour was identified in the DHRs of Matilda, Rose, Fatima, Nicole and Helen. In Nicole's case, she reported that Craig had been giving her drugs, which caused her to slur her speech and struggle to stand up; Craig found this amusing and would film her. The report's author stated: '*The effect of being encouraged or coerced into taking drugs appears to have been to humiliate [Nicole] and increase Craig's control over her.*' The DHR recognised that Craig used three main forms of coercive control with Nicole, namely economic abuse, using her children to control her through making threats against them, and using intimidating behaviour towards professionals to discourage and limit contact with Nicole. **This DHR highlights the need for more consideration around supporting people to have their own bank accounts and access to their own money; the need to be professionally curious and explore what options could be available to alleviate worries about threats to others; and the need for professionals to provide reassurance to people who are embarrassed or ashamed of their partner's behaviours.** In Fatima's case, her son tried to stop any agencies from speaking with her and due to a language barrier, he would often translate, meaning her voice was not heard. Services tried to support Fatima with her care needs and implemented a care package, but her son 'sacked' some of the carers, further isolating Fatima. **This highlights the need for professionals to ensure that professional interpreters are used where the person they are supporting requires such support, and that it is imperative to do so where there are any concerns around abuse and/or neglect.**

Economic, Financial & Material Abuse

What	Economic abuse involves behaviours that interfere with an individual's ability to acquire, use and maintain economic resources such as money, transportation and utilities. It can be controlling and/or coercive. It goes beyond interfering with money and finances to include economic resources more broadly, such as things that money can buy. Examples may include housing, food, possessions, transport and clothing.

Legislation	Economic abuse forms part of the definition of abusive behaviour under section 1(3)(c) of the Domestic Abuse Act 2021. Financial abuse is also included as a form of abuse under Section 42(3) of the Care Act (2014).

What might it look like?	▪ Controlling the family income ▪ Not allowing a victim to earn or spend any money unless 'permitted' ▪ Denying the victim food or only allowing them to eat particular types of food ▪ Running up bills and debts such as credit or store cards in a victim's name, including without them knowing ▪ Refusing to contribute to household income or costs ▪ Deliberately forcing a victim to go to the family courts so they incur additional legal fees ▪ Interfering with or preventing a victim from regularising their immigration status so that they are economically dependent on the perpetrator ▪ Preventing a victim from claiming welfare benefits, or forcing someone to commit benefit fraud or misappropriating such benefits ▪ Interfering with a victim's education, training, employment and career so that they are economically dependent on the perpetrator ▪ Not allowing a victim access to mobile phone/car/utilities ▪ Damaging the victim's property ▪ Not allowing a victim to buy pet food or access veterinary care for their pet ▪ Coercing the victim into signing over property or assets ▪ Refusing to make agreed or required payments, for example, mortgage repayments or child maintenance payments

Learning from our DHRs	Economic, financial and material abuse were identified in Rose's DHR, and elements of it were noted in Helen's DHR. Rose was murdered by her ex-partner Glenn in April 2022, following a relationship which ended around March 2021. When the relationship ended, Glenn embarked on a period of intense harassment and stalking of Rose. He claimed Rose owed him money, threatened her regarding this supposed debt, posted intimate images of her on social media, stalked her and she also suspected he was responsible for criminal damage to her car. Glenn managed to obtain a civil court order for the recovery of over £4000 from Rose with what is believed to be a fictitious debt. **This highlights how Glenn was able to use legal processes and economic abuse as a means of further coercing and controlling Rose. The DHR also noted that the DASH tool lacks sophistication in relation to economic and material abuse, and the need for ensuring professionals have a clear understanding of the many different forms that economic and material abuse can take.** Helen's son Tom's account of his mother's relationship with Dave stated: '*When Dave went to the shop it was "let me spend £10 on Stella and £4 on food"'* and, discussing an occasion when Dave had suggested they went out for a meal, '*he made it out as if she owed him the world when it was HIS idea to go out …he constantly kept using it against throughout the whole dinner to manipulate her into doing what he wanted... that night Dave also ordered 4 takeaways. We had no money to buy food the next day, and Dave would stress at my mum about money.'* **This highlights how small day to day transactions can build up and have a much wider impact, as well as the interplay between economic and coercive control/emotional abuse.**

Emotional & Psychological Abuse

What	Emotional and psychological abuse refers to any non-physical behaviours that a perpetrator may use to control, isolate, or frighten their victim.

Legislation	Emotional and psychological abuse forms part of the statutory definition of domestic abuse under section 1(3)(c) of the Domestic Abuse Act 2021. Such behaviours may also meet the definition of the offence of coercive or controlling behaviour in intimate and/or family relationships under of Section 76 of the Serious Crime Act 2015.

What might it look like?	Examples of emotional and psychological abuse may include: [vii] ▪ Manipulating a person's anxieties ▪ Creating a hostile treatment through e.g. 'silent treatment' ▪ Insulting the victim, including around other people ▪ Making threats towards the person and/or others e.g. children, family members, friends or pets ▪ Threats of suicide/self-injury ▪ Gaslighting ▪ Intimidation ▪ Criticism, humiliation and put-downs ▪ Controlling and/or monitoring daily activities ▪ Attempts to isolate the victim	A person experiencing emotional and psychological abuse may: ▪ Become withdrawn and isolated ▪ Feel guilty and like it is their fault ▪ Experience insomnia ▪ Question their own memory and recall of events ▪ Experience low self-esteem ▪ Have difficulty regulating their emotions

Learning from our DHRs	Emotional and psychological abuse was identified in the DHRs of Fatima, Helen, Matilda, Nicole and Rose. Nicole's son advised the DHR that Craig would never allow Nicole to spend time with him, and when he did see his mum, Craig would repeatedly say, 'We need to go, we need to go'. He advised that Craig would repeatedly take Nicole's phones from her, further isolating her, and he would smash or sell the phones. It is believed Craig also made threats or implied violence towards her children, were she to leave him. Nicole's son tried to move away as Nicole had told him that if he did, and Glenn did not know where he was, she would be able to leave. **This highlights the need for greater consideration of the support provided to family members of people experiencing domestic abuse, which can assist them in helping their family member who is experiencing such abuse.** Rose's family did not think Glenn was capable of physically hurting Rose until he did so fatally. They were very clear, however, that Glenn had abused Rose mentally and emotionally and that she was scared of him. They noted he isolated Rose and she became distant from them and recalled examples of Glenn's guilt-tipping and gaslighting Rose. He also utilised the civil courts to intimidate Rose. **This highlights the need for the civil courts to take better account of information shared regarding domestic abuse, particularly where this is substantiated, as it was in Rose's case.** In Fatima's case, two s.42 Care Act 2014 Safeguarding Enquiries (undertaken in 2019 and 2020) substantiated allegations of emotional abuse by her son against Fatima and her husband. In the months leading up to Fatima's death, there was limited contact between Adult Social Care and the Care Provider delivering her package of care – the DHR noted that more contact with the care team may have provided additional evidence of the emotional abuse Fatima was experiencing. **This highlights the need for services to ensure they give appropriate consideration to historical information held, and the importance of comprehensive and detailed handovers when the professional working with a person changes**.

Physical abuse, violent & threatening behaviour

What	The use or threat of violence to cause harm, fear, and intimidate or dominate others.

Legislation	Section 70 of the Domestic Abuse Act 2021 amends Part 5 of the Serious Crime Act 2015 to create an offence of non-fatal strangulation.

What might it look like?	▪ Being, or threatened to be, kicked, punched, pinched, pushed, dragged, shoved, slapped, scratched, strangled, spat on and bitten ▪ Use, or threats of use, of weapons including knives and irons ▪ Being, or threatened to be, burned, scalded, poisoned, or drowned ▪ Objects being thrown at or in the direction of the victim ▪ Violence, or threats of physical abuse or violence, against family members and pets ▪ Causing harm by damaging or denying access to medical aids or equipment – for example a deaf person may be prevented from communicating in sign language or may have their hearing aids removed ▪ Harming someone whilst performing 'caring' duties, which are often performed by relatives. This is especially relevant for individuals who are heavily dependent on others, such as disabled people or people with care and support needs, including older adults and may involve force feeding, over-medication, withdrawal of medicine or denying access to medical care

Learning from our DHRs	Previous physical violence was identified in the DHRs of Christine, Fatima, Helen and Nicole, with threats of violence in the case of Matilda. Fatima was 85 years old and experienced violence and abuse from her son. Five years prior to her death, Fatima's son had stabbed and beaten Fatima and her husband and then poured oil over them and tried to set them alight, for which he received a custodial sentence. Despite this, he was considered as suitable to care for Fatima and her husband. Over several years, Fatima received injuries which were repeatedly reported by her son as being sustained following falls; however, the review questioned whether this was the case. **This highlights the need for ongoing professional curiosity and targeted enquiry, for services to ensure they give appropriate consideration to historical information held, and the importance of comprehensive and detailed handovers when the professional working with a person changes**. **This DHR also reiterates the importance of professionals being able to recognise potential cultures barriers to disclosing domestic abuse and violence, and of effective multi-agency information sharing and liaison.** With Christine, there were instances identified where previous injuries were not adequately documented or explored. For example, a note in Christine's GP record referred to her having been found in a hotel corridor with a head injury and that she had amnesia and a headache but there was no evidence of any hospital attendance or follow-up in relation to this injury, nor was it noted in the chronology. On another occasion, Christine attended the GP practice with serious facial injuries reporting she had been attacked and beaten by persons unknown the night before and she was advised to attend the hospital. The GP saw Christine in the presence of Paul which gave no opportunity for routine enquiry or to query the version of events provided. There was no follow-up with either Christine or the hospital to see if she attended. **This highlights the importance of ensuring there is clear recording of injuries, whether or not the cause of such injuries is known; that it is imperative for people to be seen alone when they have violent injuries to allow for sensitive professional exploration of their account of how the injuries have been sustained; and the importance of following up to ensure recommendations have been actioned.** The police attended to Helen and Dave on a number of occasions following incidents of violence. In some instances, Helen would initially provide a statement and later retract this, and at other times would not provide a statement. No further action was taken in all instances- either by the police, or if the matter was referred to the CPS, by the CPS due to the retraction statements**. This highlights the importance of ensuring that incidents are accurately and comprehensively recorded to provide support for evidence-led prosecutions where a person refuses to provide a statement or goes on to retract their statement.**

Stalking, Harassment and Technology-Facilitated Abuse

What	Stalking and harassment is when someone repeatedly behaves in a way that makes you feel scared, distressed or threatened. Research into more than 350 cases of criminal homicide highlighted that: ▪ Stalking behaviours were present in 94% of the cases. ▪ Surveillance activity, including covert watching, was recorded in 63% of the cases (estimated to be much higher as the victim may be unaware).[viii]

Legislation	Stalking and harassment are criminal offences under the Protection from Harassment Act 1997, where the harassment is racially or religiously aggravated, it also constitutes an offence under section 32 of the Crime and Disorder Act 1998. Harassment, including sexual harassment are also recognised as forms of discrimination, under section 26 of the Equality Act 2010.

What might it look like?	Stalking may include: ▪ Regularly following someone ▪ Repeatedly going uninvited to their home ▪ Checking someone's internet use, email or other electronic communication ▪ Hanging around somewhere they know the person often visits ▪ Interfering with their property ▪ Watching or spying on someone ▪ Identity theft (signing up to services, buying things in someone's name) Online stalking and harassment might look like: Use of social networking sites, chat rooms, gaming sites and other forums to stalk and harass someone, to, for example: ▪ To get personal information ▪ To communicate (calls, texts, emails, social media, creating fake accounts) ▪ To damage someone's reputation ▪ Spamming and sending viruses ▪ Tricking other internet users into harassing or threatening the person ▪ Commit identity theft ▪ Makes threats to share private information, photographs, or copies of messages	Harassment might include actions such as: ▪ Cyber stalking (using the internet to harass someone) ▪ Antisocial behaviour ▪ Sending abusive text messages ▪ Sending unwanted gifts ▪ Unwanted phone calls, letters, emails or visits The Equality Act 2010 says sexual harassment is when the unwanted behaviour: ▪ Violates the person's dignity ▪ Creates an intimidating, hostile, degrading, humiliating or offensive environment (this includes the digital environment, online) Some examples of sexual harassment include: ▪ Sexual comments, jokes or gestures ▪ Staring or leering at your body ▪ Using names like 'slut' or 'whore' ▪ Unwanted sexual communications, like emails, texts, DMs ▪ Sharing sexual photos or videos ▪ Groping and touching ▪ Someone exposing themselves ▪ Pressuring you to do sexual things or offering you something in exchange for sex

Learning from our DHRs	Stalking and harassment were significant features of Rose's DHR and were also present in the cases of Matilda and Nicole. Rose experienced significant harassment from Glenn. Glenn told Rose he had access to her phone and social media accounts, and he would send her images of women – which Rose believed was to try and wind her up. He also created fake social media accounts and posted pictures of Rose in her underwear. Rose made multiple reports to the police regarding his behaviour and ongoing unwanted contacts. Glenn made counter-allegations against Rose. **This DHR highlighted the importance of professional curiosity, good practice by the police and women's services in identifying Glenn's behaviours constituted stalking and harassment and appropriate onward referrals for IDVA support.** Matilda had been supported to obtain a Non-Molestation Order against Carson, however, Carson continued to contact her, and she did not report this to the police. **The DHR identified that breaches of the Non-Molestation Order were not taken seriously by professionals because they were aware that, at times, Matilda had made contact with Carson. This highlights the importance of professionals being aware of the terms of such orders and ensuring that breaches are responded to appropriately.**

Key Areas of Learning from Our DHRs

Alcohol & Substance Misuse

Why is this important?	International research has demonstrated that there are connections between alcohol and/or substance misuse and domestic abuse, although the relationship remains unclear: "There is little systematic information on the prevalence of co-occurring DA and substance misuse, but it is recognised to be an international problem".[ix] Additionally, a number of reviews of domestic homicide reviews worldwide indicate that the use of alcohol or other drugs is a common feature in domestic abuse-related deaths, which may also suggest an association between the severity of abuse and the use of alcohol and other drugs.[x]

Relevance to DHRs	"People who misuse alcohol and/or other substances may do so occasionally, regularly, or they may have developed dependency (psychological or physical) or addiction. Psychological dependence means a person has a craving or is compelled to use the drug to give them pleasure or to stop them feeling bad, even if it is dangerous. Physical dependence means a person would experience withdrawal symptoms if their use of the drug is stopped suddenly (which can be uncomfortable, debilitating and even fatal with alcohol). Addiction, whilst similar to dependence, is characterised by "an excessive craving, and uncontrollable and compulsive use of that drug".[xi] Dependency and addiction can impact all aspects of a person's normal daily life, like work, self-care, and relationships. It can also lead to risky behaviours, physical and mental health problems, legal issues, behaviour changes, and other problems. Research shows that alcohol and substance misuse (particularly cocaine, methamphetamine and marijuana) are consistent risk-factors for domestic abuse, with a stronger correlation where there is dependency or addiction.[xii]

Learning from our DHRs	Alcohol and/or substance use were identified as being a relevant factor present in ***all of our seven DHRs***. ▪ Both Nicola and Craig were regularly misusing alcohol and Nicole reported that Craig had forced her to use crack-cocaine (something he used regularly) through threats of physical violence if she refused. ▪ Christine was believed to have used alcohol and drugs from a young age and records indicate she experienced alcohol dependence. ▪ Fatima's son was believed to be regularly using alcohol, cannabis and cocaine, and provided differing accounts of his use to different professionals involved (including substance misuse services and probation). ▪ In the case of Helen, Dave was regularly using alcohol and cocaine. It is believed that through the course of the relationship, he introduced Helen to cocaine, and she began using this regularly as well as consuming more alcohol. ▪ In the case of Matilda, Carson was believed to have started consuming alcohol at the age of 12 and using cocaine at the age of 13 and was believed to be misusing illicitly obtained prescription drugs, which were found to have been the cause of Matilda's death. ▪ Rose was experiencing significant anxiety and depression leading up to her death and was reported to have been consuming more alcohol. ▪ Jemma had successfully achieved a period of sobriety but relapsed in her alcohol use following a domestic abuse assault which included non-fatal strangulation. The reviews highlighted a lack of professional curiosity in relation to alcohol and/or substance misuse including in relation to where substances may have been being used as a form of control, limited understanding of the possible correlation and patterns between alcohol and/or substance misuse and domestic abuse, and a lack of discussion regarding alcohol and/or substance misuse and onwards referrals to appropriate substance misuse services.

Fatigue…of victims & services

Why is this important?	Fatigue can impact individuals and organisations. It can be caused by various factors, such as lifestyle, stress, hormonal changes, illness and medical treatment.[xiii] Domestic abuse victims may experience burnout from domestic abuse (physical, mental, sexual, emotional, psychological abuse) and from having to repeat their experiences over and over again. This may mean they withdraw from services or simply do not feel able to engage. For services, fatigue can develop amongst staff, particularly in front-facing roles where professionals are working with people in challenging, difficult, emotional and upsetting circumstances.
Relevance to DHRs	Victim fatigue can occur because of the cumulative impact of abuse, living in a constant state of fear and anxiety, and having to relive and repeat details about experiences to multiple professionals and agencies. Research has also evidenced that people who have experienced physical and/or sexual abuse are much more highly represented amongst the population of people who have chronic long-term conditions such as fibromyalgia, chronic pain and chronic fatigue syndrome.[xiv] Compassion fatigue is described as the "emotional cost of caring for others or their emotional pain", whereby the individual struggles emotionally, physically and psychologically from helping others as a response to prolonged stress or trauma."[xv] Staff in public-facing and caring professions are at high risk of experiencing compassion fatigue and it can impact on their interactions with those they are supporting. Signs of compassion fatigue may include[xvi]: ▪ Difficulty concentrating and making decisions ▪ Difficulty sleeping and sleep disturbances like nightmares ▪ Feeling detached, numb and emotionally disconnected ▪ increased anxiety, sadness, anger and irritability ▪ Neglect of your own self-care ▪ Withdrawal and self-isolation ▪ Feeling overwhelmed and exhausted by work demands ▪ Increased conflict in personal relationships ▪ Loss of interest in activities you used to enjoy ▪ Physical symptoms like headaches, nausea, upset stomach and dizziness ▪ Reduced feelings of empathy and sensitivity ▪ Feelings of helplessness and powerlessness in the face of patient suffering Services may experience fatigue where there are constraints on the work they can do, when they do not see positive outcomes, or when staff feel they are having to battle with other organisations to try and ensure the people they are working with get the support they are both entitled to and need.
Learning from our DHRs	*Victim fatigue* was identified having been a factor for Matilda and Nicole. Nicole had initially stated she was 'so glad' she had taken the first step and reached out for domestic support; however, over time, this changed, and Nicole became increasingly unhappy about the extent to which she felt others were making decisions *for her*. Nicole advised she felt she was in a '*no-win situation*' because people were telling her what to do, but without providing her with the means to make the required changes. *Service fatigue* was also identified as an issue with both Matilda and Nicole, as well as for Helen. The author of Matilda's DHR noted that: *It is possible in* ***protracted cases of domestic abuse that practitioners can become frustrated*** *with a situation as the strategies used to disrupt a relationship become exhausted and fail to change the situation, resulting in the practitioners downgrading and adjusting contact with victims accordingly… What often happens is that* ***professionals become fatigued with helping a victim and begin to view disengagement and avoidance as the victim rejecting help and wanting to be in the abusive relationship which can sometimes lead to unhelpful rhetoric such as "she wants to be in the relationship," "she's a liar," "she's that sort", "she deserves what she gets"****.*

Golden Opportunities

Why are these important?	When someone who has experienced domestic abuse is considered to have achieved a level of safety (whether by virtue of having left the relationship, being placed in a refuge, or the perpetrator being in custody), this is a *key time* for professionals to undertake *more work* with them- NOT the time to close the case. This was identified in Matilda's DHR, with the author stating: *Matilda's ongoing relationship with Carson was protracted and frustrating given that all relevant interventions had been exhausted without the desired effect of disrupting the relationship. Therefore, when Carson was on remand (for eight weeks) … this was a "golden opportunity" for professionals to enthusiastically engage with Matilda…[and] provided an opportunity for those working with Matilda to promote trust and a safe space for Matilda to enable her to reflect on what was happening and explore her fears and hopes for the future.*

Relevance to DHRs	According to Refuge, "It takes, on average, 7 attempts before a woman is able to leave [an abusive relationship] for good"[xvii] and Solace report that in 2022, on average, women accessing their services had experienced abuse for seven years before escaping.[xviii] Practitioners at a Learning Event for a DHR in another area spoke about the times when they had spoken to the victim alone and described these as 'golden opportunities'.[xix] They highlighted how important these times were and how, as professionals, we need to use them to their maximum potential by exploring the person's experiences, asking questions to understand what support they need, what their fears are, and the barriers they face. These occasions are of great importance as they can be rare, and it is important that professionals recognise and act on these opportunities, particularly where the person has limited social or other contact through which their lived experience can be understood and responded to.

Learning from our DHRs	The author in Matilda's highlighted the importance of recognising and responding to 'golden opportunities', noting professionals should utilise these to: *[I]ntensify working, understanding and future planning with the victim rather than viewing this as an opportunity to withdraw because the victim is safe. Work with vulnerable victims at this point has the potential to yield positive outcomes because the victim may feel safe to speak out and has space to reflect on their present and future life.*

Targeted Enquiry

Why is this important?	Incorporating conversations and questions around domestic abuse into professionals' regular encounters with people can help identify abuse earlier and enable people to disclose when they may not otherwise have done so. This is known as *Targeted Enquiry* and involves professionals "applying a 'low threshold for asking' whether the client is experiencing violence and abuse when the client presents [with] certain indicators of such abuse."[xx]

Relevance to DHRs	"In the UK, it is estimated that 80% of women in a violent relationship seek help from health services at least once."[xxi] It is important, therefore, that routine screening and targeted enquiries are undertaken by health and social care professionals to normalise these conversations and support disclosures.

Learning from our DHRs	In the case of Christine, the DHR author stated: *Christine attended her GP practice with serious facial injuries. The GP should have asked to speak to Christine on her own and use 'Targeted Enquiry' to understand the relationship and signpost to other services.* ***The author recommends that Targeted Enquiry be discussed if a patient attends following an assault or with suspicious circumstances.*** In Fatima's case, the professionals working with her mainly used family members – including her son, who was the perpetrator in this case - as translators. **The review highlighted the importance of ensuring independent translators are used, to support people's voices being heard and to allow the use of targeted enquiry by professionals.**

Increased risks: Pregnancy and Parenting (including adult children)

Why is this important?	Pregnancy, miscarriage, childbirth, child loss and parenting (including of adult children) can all be challenging, and at times, traumatic experiences for people. They all come with an associated level of hormones and emotions, a desire to protect, and the want to 'do the right thing' by and for family. These feelings and experiences can increase peoples' vulnerabilities. For example, the risk of domestic abuse increases during pregnancy, and this puts the pregnant person and the unborn child in danger and at increased risk. Domestic abuse in pregnancy is known to increase the risk of miscarriage, infection, premature birth, and injury or death to the unborn child. According to the NHS, 'Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth.'[xxii] Parenting disputes, particularly when a domestic abuse relationship has ended, can be used as an ongoing mechanism to maintain a level of control and involvement in the life of the other parent. The All-Party Parliamentary Group on Domestic Violence noted that in child custody cases that come before the Family Courts, "where domestic abuse is an issue, contact with the abusive parent may not be in the best interest of the child or their non-abusive parents, and could leave them in considerable danger".[xxiii]

Relevance to DHRs	Broxtowe Women's Project outlines various ways in which pregnancy and parenting can be exploited by perpetrators in domestically abusive relationships. For example, by pushing for early pregnancy to try and coerce the victim to remain in the relationship; controlling parenting decisions such as whether a child can be breast-fed or when a crying child can be tended to; using weaponised incompetence when caring for the child as a means to (further) isolate the non-abusive parent and stop them daring to leave the child in the perpetrator's case. They go on to advise that these factors can be crucial in the non-abusive parent's decision to leave or not - for fear of the child being neglected in the perpetrator's unsupervised care following separation.[xxiv] Further, Harman reports that in cases of domestic abuse where there are children involved, the children can be used to manipulate and harm the parent. For example, through pressuring the child to engage in problematic behaviour such as spying on the abused parent, making threats that the abused parent will never see the child again if they leave, or engaging in parental alienation and turning the child against the other parent.[xxv]

Learning from our DHRs	In the case of Helen, Dave repeatedly made threats to contact Children's Social Care and tell them about her alcohol and cocaine use and that the children would be removed from her care as a result. **This highlights the importance of professionals being curious about relationships, asking difficult questions, and highlighting that there is lots of support available for people experiencing domestic abuse and other issues such as alcohol/substance misuse and mental health challenges.** The impact of having had a child or children removed from a parent's care cannot be overestimated. Christine had five children, all of whom had been removed from her care by the local authority (due to suspected non-accidental injury and parental substance misuse). Christine's family reported this had a profound effect on Christine and 'broke' her, as all she had ever wanted was to have a family. They went on to state that she never gave up the hope of becoming a mother - and retaining custody of the child. **This may have increased Christine's vulnerability within relationships. The DHR author also noted that *'[t]he removal of her children from her care may also have affected Christine's view of statutory services. It seems possible that she may have found it more difficult to place her trust in, and to share information with, statutory services.'*** In Fatima's case, **she attended the hospital on 26 occasions with various injuries for which different explanations were provided.** It is believed now that at least some of these were likely as a result of abuse from her son. On one occasion, Fatima and her husband experienced a significant assault by their son and although they did not wish to press charges, there was sufficient evidence to proceed with an evidence-led prosecution, resulting in their son being imprisoned for two years. Despite this, the son was allowed to return to live with Fatima and her husband and act as their carer. He was also regularly used as a translator by professionals, and this meant that Fatima's voice was lost. **Fatima appears to have been in the impossible position of wanting to protect her son, whilst also being at risk from him**.

Professional Curiosity

Why is this important?	Professional curiosity is a cornerstone of good practice across multiple disciplines, including social work, healthcare, education, criminal justice and support services. Professional curiosity supports improved problem-solving and better understanding of situations, as well as fostering enhanced relationships through better communication and empathy. It can be a challenging concept to grasp as there is no one definition of professional curiosity, but it relates to professionals maintaining a position of "'respectful uncertainty'…[and] the critical evaluation of information".[xxvi] Research in Practice advises that "The practice of professional curiosity could be viewed as a collection of personality traits, attitudes, behaviours and skills acquired by individuals" including: ▪ The desire for acquiring knowledge, positive emotional expressiveness, and a non-defensive, non-critical attitude ▪ Tenacity and determination, a willingness to learn and an interest in hearing a person's story ▪ Asking questions to gain a wider perspective, being alert to repeating patterns and having the courage to have difficult conversations ▪ Good communication skills, critical analysis skills, identifying connections and providing clear evidence-based justifications for decision-making.[xxvii]
Relevance to DHRs	Many DHRs, SARs, CSPRs and other reviews of professional practice and serious incidents have identified that professional curiosity is often something that is not always apparent, particularly when things have gone wrong. It is important for professionals to understand professional curiosity and utilise it in their day-to-day practice to try to develop a deep understanding of the people they work with and the work they are undertaking. When services and staff are very busy and under pressure, maintaining professional curiosity can be challenging, meaning that important information that could help aid professional understanding of a situation may be missed. This can lead to risks not being identified, relevant information not being known or shared with other professionals, and services only having one part of the larger picture.
Learning from our DHRs	A lack of professional curiosity was highlighted in a number of our DHRs. The author of Fatima's DHR noted: *There was no professional curiosity or consideration within the [community stroke team] assessment about why Fatima was deteriorating, the implications of three recent Accident & Emergency attendances and her son's admission that he was struggling with his parents' care. Another example of professionals not recognising and responding to the possibility of Fatima suffering [domestic abuse and violence] at home. There was minimal inter-agency information sharing with [adult social care] and other agencies and little evidence of professional curiosity as to what the wider background was regarding Fatima, given their recent history of suffering serious domestic abuse, violence and coercive control at the hands of their son.* In Fatima's case, this led to each incident being viewed in isolation, with little to no consideration given to the patterns that were evident, nor to the significance of the previous assault for which her son had been imprisoned. No one asked, 'what's changed?' or 'why will things be different this time?'. The author of Helen's DHR also identified a lack of professional curiosity in several agencies working with her. Following a domestic abuse incident at her home, the perpetrator had thrown an ashtray at her head, and it was stated that: *The investigation by the officers was 'poorly gathered'…and there was clearly a lack of professional curiosity from the investigating officers which had led to insufficient details being contained within the statements.* This highlights the importance of ensuring professionals undertake thorough investigations into incidents that have occurred and that they document their findings clearly. In this case, due to evidential insufficiency, it was not possible for an evidence-led prosecution to be taken forward.

Recognising Adverse Childhood Experiences (ACEs)

Why is this important?	Adverse Childhood Experiences (ACEs) are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity."[xxviii] Research has shown that ACEs are associated with poorer health and social outcomes across a person's life. The more ACEs a person has experienced, increases the risk of poorer outcomes. ACEs are also known to impact on health wellbeing throughout a person's life. As a result of ACEs, there can be profound adverse effects on a person's learning, their behaviours, emotions, physical health and lifelong opportunities.[xxix] ACEs include things such as: ▪ Physical abuse ▪ Sexual Abuse ▪ Emotional Abuse ▪ Exposure to domestic abuse ▪ Living with someone who misuses drugs ▪ Living with someone who misuses alcohol ▪ Living with someone who has gone to prison ▪ Living with someone with serious mental illness ▪ Losing a parent through separation, divorce, death or abandonment This is important because research indicates that around half the population has at least one ACE and around a quarter of the population has two or more.[xxx]
Relevance to DHRs	ACEs have been associated with an increased risk of experiencing domestic abuse later in life. Research has shown that experiences such as being the victim of violence, exposure to conflict within the family, and witnessing violence in the community were all associated with such an increased risk.[xxxi] SafeLives explains that ACEs have a cumulative impact and someone who experiences four or more ACEs in childhood is 16 times more likely to go on to perpetrate violence as an adult.[xxxii]
Learning from our DHRs	ACEs were identified in **five out of seven of our DHRs.** Christine had what were described as 'learning difficulties' growing up, was described as a 'difficult' child and also lost sight in one eye following an operation as a child. Christine began using alcohol and illicit substances from a young age- possibly as a coping mechanism for dealing with some of her experiences. It seems that this was perceived as a 'lifestyle' rather than professionals recognising it as a potential coping mechanism that Christine had developed in relation to ACEs. The following is an extract from Matilda's DHR, discussing ACEs: *Matilda was known to Children Social Care for periods throughout her childhood due to her family connection with a High-Risk Sex Offender. She was a victim of childhood physical, sexual and emotional abuse until the age of 7 years old when she became subject to an Interim Care Order and moved into Foster Care.* *Matilda was found to have experienced a number of serious adverse childhood experiences (ACEs) which had a negative impact on her adult life. Best practice would have been for information regarding Matilda's background to have been requested sooner by agencies working with her, to help them understand her experiences and behaviours.* ***The nature of Matilda's ACEs may have highlighted her increased vulnerability and prompted a more proactive approach to providing specialist domestic abuse support and legal involvement sooner.*** ***ACEs can create harmful levels of stress which can impact on the brain's development and can result in long-term effects on learning, behaviour and health. ACEs are relevant because they can impact on day-to-day decision making and relationship choices. ACE assessment is not routinely used in practice and therefore, the opportunity to fully understand an adult's cognitive skills and perspective is missed.***

Trauma-Informed Approach

Why is this important?	"Trauma-informed practice is grounded in the understanding that trauma exposure can impact on an individual's neurological, biological, psychological and social development. It aims to support the development of professional relations which can promote mutual trust and feelings of safety which can reduce the sense of isolation. It also seeks to address the barriers that people affected by trauma can experience when accessing helping services."[xxxiii] There are 6 principles of a trauma-informed approach[xxxiv]: • Safety • Choice • Empowerment • Trust • Collaboration • Cultural consideration *Trauma Informed Lancashire* is a movement supporting public, private and third sector organisations and communities in understanding how psychological trauma can impact individuals and considering implications for their services and their website has lots of useful information and resources.

Relevance to DHRs	Understanding a person's history of trauma in any domestic abuse or parenting assessment is important to enable the appropriate use of trauma-informed practice. This was highlighted in Matilda's DHR: *Victims who have issues of past childhood trauma, such as Matilda, may often resort to avoidance as they revert back to how they coped in the past. This is difficult for practitioners working with victims and again needs professional curiosity and trauma-informed practice approaches in order to understand and intervene. Avoidance coping is a maladapted form of coping with a stressful situation which is too difficult to deal with. Whilst this is a good way to manage stress at the time it often only increases the stress as the situation causing the stress remains unresolved and can become magnified.*[xxxv]

Learning from our DHRs	The need for a better understanding of trauma and trauma-informed practice was identified in the majority of our DHRs, specifically those of Matilda, Christine, Fatima and Nicole. It was noted that Nicole experienced childhood trauma in the form of physical and sexual abuse and began self-harming from the age of 13. **The DHR noted Nicole would have benefited from receiving trauma-focused psychological therapy, to help her with the consequences of her many traumatic experiences, including the loss of her children.** Fatima's daughter reported that Fatima feared her son, and it cannot be ignored that Fatima had experienced significant trauma at his hands, when he had stabbed her and her husband and tried to set them on fire. Fatima's trauma from these events likely impacted her ability to speak out against him for fear of the possible repercussions (were she to have been spoken to alone or with a professional translator). **This highlights how important it is for professionals to recognise the possible impact of trauma on people, their ability to make disclosures and to be able to share what is happening to them.** **Matilda's DHR highlights the necessity of professionals being able to work in a trauma-informed way**: *Trauma-informed practice is key to working face-to-face with vulnerable victims of domestic abuse. Practitioners such as IDVAs have an important role to play in helping victims to feel there is someone available outside of the statutory agencies (police, health and social care) that they can trust and who will not judge them. Victims need someone to share their side of the story with and to advocate for them in times of need.*

Voice of the Child(ren)

Why is this important?	Article 12 of the United Nations Convention on the Rights of the Child 1989 states that: "Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life."

Legislation	Part 1 of the DAA2021 states that a child who sees or hears, or experiences the effects of, domestic abuse and is related to or under parental responsibility of the person being abused or the perpetrator is *to be regarded as a victim of domestic abuse*. This means that where the Act imposes a duty in relation to victims of domestic abuse, this also includes relevant children. The Joint Targeted Area Inspection on multi-agency response to children who are victims of domestic abuse[xxxvi] (JTAI) provides updated guidance for local safeguarding partners and wider agencies about their safeguarding arrangements.

Why is it relevant and what are the signs a child may be experiencing domestic abuse	Domestic abuse can have a devastating impact on children who experience it or its effects within their families. The NSPCC[xxxvii] states that living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. This can continue after the adults' relationship has come to an end, and post-separation abuse and coercive controlling behaviours can continue to remain a factor in the child's life. The impact can last into adulthood. It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very differently when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves. Signs that a child is experiencing, or has experienced, domestic abuse can include: ▪ Aggression or bullying ▪ Anxiety, depression or suicidal thoughts ▪ Bed-wetting, nightmares or insomnia ▪ Distress behaviours such as tantrums or self-harming behaviours ▪ Eating disorders ▪ Social withdrawal ▪ Anti-social behaviour, like vandalism ▪ Attention-seeking behaviours ▪ Constant or regular sickness, like colds, headaches and mouth ulcers ▪ Drug or alcohol use ▪ Problems in school or trouble learning

Learning from our DHRs	Following her death, Helen's son Tom provided his school with a comprehensive written account of his experiences living with Helen and Dave in the years prior to Helen's death. Tom agreed for this to be shared with the DHR Panel, and it was included in its entirety in the review report. Tom's account of life at home was harrowing; it highlighted how he had felt stigmatised, and people had believed he was telling lies about what was happening in the home. Tom highlighted in his account how Helen could not leave Dave for '*textbook domestic abuse reasons*', detailed the numerous arguments and assaults he and his siblings had witnessed, numerous police callouts that all resulted in no further account because Helen would retract her statements and his frustration that because he was '*too young to press charges on [his] own, this meant Dave always got away with his actions*'. Tom spoke openly about the impact of the situation on himself and his siblings, including how he ended up hospitalised with Bell's Palsy as a result of the stress he was experiencing, having to hear his sisters crying and struggling to comfort them and how school was his only respite. Tom's account shines a spotlight on just how much children and young people see, hear and take in when living with domestic abuse, the importance of professionals recognising possible signs that they are experiencing domestic abuse at home, and of the need for all professionals to listen to and hear what children and young people are saying.

The Domestic Homicide Timeline

What is the Domestic Homicide Timeline?

Professor Jane Monckton-Smith developed the Domestic Homicide Timeline based on research that considered 575 cases of homicide where women were the victims, 372 of which were intimate partner femicide[xxxviii]. Previous research had already highlighted that domestic abuse situations which included patterns of coercive and controlling behaviour and/or stalking were more likely to result in homicide and Monckton-Smith's research built on this, identifying eight separate stages with different behavioural indicators. The eight-stage model helps us to recognise and understand how domestically abusive situations can play out and escalate over time.

Specific event types and/or behaviours were highlighted as being indicators or warning signs of each stage, as follows:

Stage 1: Pre-relationship	▪ History of stalking or domestic abuse ▪ Previous arrests for violence ▪ Thin skinned and confrontational	▪ The person is controlling ▪ Inability to accept challenge
Stage 2: Early Relationship	▪ Early cohabitation ▪ Early declarations of love/possessive language ▪ Resists attempts to slow down	▪ Early pregnancy ▪ Early possessiveness/jealousy ▪ Push for early commitment
Stage 3: Relationship	▪ Coercive control ▪ Violence ▪ Possessiveness ▪ Threats of suicide/homicide ▪ Forced routine ▪ Quick temper and thin skin ▪ Depression	▪ Stalking ▪ Sexual aggression ▪ Jealousy ▪ Isolation of the victim ▪ Threats to pets/children ▪ Drug or alcohol problems
Stage 4: Trigger/s	▪ Separation ▪ Imagined separation (e.g. accusations of infidelity) ▪ Physical health issues ▪ Threat of separation	▪ Financial difficulties ▪ Mental health issues ▪ Event promoting revenge/retaliation
Stage 5: Escalation	▪ Problematic behaviours are more frequent ▪ Problematic behaviours are more serious/severe ▪ Language shift 'I *WON'T* let you leave'/'I *CAN'T* live without you'/'If I can't have you no one can'	▪ Stalking ▪ Threats to kill/suicide
Stage 6: Change in thinking/ decision	▪ Last attempts at reconciliation (begging, threats) ▪ Victim does not/cannot respond to threats ▪ Imminent/irreversible financial/reputational ruin ▪ Status irretrievably diminished (NB for the final three, these are the perpetrator's perception)	▪ Stalking ▪ New relationship for the victim ▪ Irreversible mental/physical health decline
Stage 7: Planning	▪ Stalking ▪ Possible withdrawal ▪ Continued threats/may tell others of plans ▪ Gathering of weapons/tools to incapacitate/ dispose of the victim	▪ Change in usual behaviour ▪ Increased menace ▪ Internet searches ▪ Suicide threats ▪ Isolate children
Stage 8: Homicide	▪ Clear homicide with confession ▪ Homicide made to look like suicide ▪ Homicide made to look like a misadventure ▪ Staged 'missing person' ▪ Children become collateral damage ▪ Victim blaming - claiming self-defence or provocation	▪ Homicide with suicide of the perpetrator ▪ Homicide made to look like 'mercy killing' ▪ Homicide made to look like an accident ▪ Children targeted for homicide ▪ Children witness homicide

It is important to note that progression through the eight stages is not inevitable, and that therefore, identification and appropriate interventions at the right time are crucial. The research identified that all eight stages were present in most cases - with the only exception being some cases where the perpetrator had not had a previous relationship, meaning stage one was skipped. Relationships ending at stage five were also noted - often with the perpetrator moving on to a new relationship - as was repetition, in some cases multiple times, of stages three to five.

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HOMICIDE TIMELINE

Pre-relationship history
Criminal record or allegations from former partners of control, domestic abuse or stalking. Victims often aware but do not always believe reports.

1

2

Early relationship
Relationship sped up with early declarations of love, possessiveness and jealously.

Relationship
Relationship dominated by coercive control, usually with some of the high risk markers.

3

4

Trigger/s
An event occurs which threatens the control of the perpetrator. Usually, separation or its potential. May be a physical or mental illness or financial problems.

Escalation
An increase in frequency or severity of control tactics, like suicide threats, begging, violence and stalking. Attempts to reinstate control.

5

6

Change in thinking
Feelings of revenge, injustice or humiliation may drive a decision to resolve issues, through either moving on, revenge, or potentially homicide.

Planning
May include buying weapons, seeking opportunities to get victim alone, stalking and threats.

7

8

Homicide
May involve extreme violence, suicide, suspicious death, missing person, multiple victims (including children).

For more information, please contact Dr Jane Monckton Smith
T: 07525 132292 E: jmonckton smith@glos.ac.uk
If you feel like your life is in danger please contact the police by dialling 999.

CSPRs and SARs - Linked Learning

DHRs and CSPRs

It is a statutory requirement for Local Authorities to identify serious child safeguarding cases in their area, where: abuse or neglect of a child is known or suspected, **and** a child has died or been seriously harmed, **and** which raise important issues in their area; and consider whether such cases meet the criteria for a review, to identify any local improvements to safeguard and promote the welfare of children.[xxxix]

Two rapid reviews and eight local CSPRs from Blackburn with Darwen and Lancashire undertaken since 2022 have been reviewed to identify any commonalities in areas of learning between these reviews and the themes identified in our local DHRs.

- ***Professional curiosity and trauma-informed approaches***

In eight of the reviews considered, a *lack of professional curiosity* was identified. This was in relation to many different facets of the cases including but not limited to: understanding the parent(s) and family history; understanding the involvement of other adults including other family members; the wider family functioning; and the way in which each family member's needs and presentations may interact and impact on other family/household members. As a result of this, professionals' knowledge and understanding of people's histories, including, for example, adverse childhood experiences, were lacking. Without this knowledge, the ability to work with them in a *trauma-informed way* was severely impeded.

- ***Joined-up thinking***

In seven of the reviews, the *need for improved joined-up thinking* was highlighted. In a number of cases, there had been previous children's social care and/or adult social care involvement, multiple agency contacts and involvement and repeated police call-outs and referrals. This relevant history was not consistently considered, and referrals/incidents were considered in isolation, meaning agencies failed to recognise the wider picture - much like in the DHR for Helen. Electronic system limitations were also identified as contributing to this issue - for example a child, young person's or parent's learning need or neurodiversity were not always easily identifiable without practitioners going through previous case notes and documentation.

- ***Poor recording, limited information sharing and the need for improved multi-agency working***

Six reviews noted either *poor information recording and/or limited information sharing* amongst agencies. This led to a lack of clarity and understanding by agencies about what was occurring with children, young people and their families; and subsequently, involved professionals not being aware of relevant incidents and/or issues that impacted children and young people's welfare and safety.

In turn, it was identified that had there been better intra-agency communication, information sharing and the use of multi-disciplinary meetings, this would have enabled more effective risk assessment and support planning for children, young people and their families.

- ***Drugs and Alcohol, Domestic Abuse, Education, and Health***

Drug and alcohol use and/or involvement with drug supply as a feature in five cases, and domestic abuse was present in four cases. In four cases, the children/young people were either home educated or out of education. Parental mental health was identified in four reviews, with the young person's mental health being identified in three. Neurodiversity and learning difficulties/disabilities were a factor in five reviews, with two cases relating to parental needs and three to the young people.

- ***Voice of the Child(ren)***

Although all cases involved children and young people, five reviews highlighted a lack of attention to their voices, which limited professionals' understanding of their lived experiences. In one case, similar to Helen's DHR, the children provided multiple graphic accounts of abuse that had previously been reported.

DHRs and SARs

It is a statutory requirement for local Safeguarding Adult Boards (SAB) to arrange for a case review if there is reasonable cause for concern about how the SAB, it's members or others involved in the safeguarding of adults, where an adult in its area with care and support needs:

- has died, and the death is known or suspected to have resulted from abuse or neglect, **or**
- is alive and is known or suspected to has experienced serious abuse or neglect.

The aim of such case reviews, known as Safeguarding Adult Reviews (SARs), is to identify any lessons to be learnt from the adult's case and for any such identified lessons to be applied by the SAB, it's members and agencies across the local area.

Four Safeguarding Adult Reviews from Blackburn with Darwen and East Lancashire undertaken since 2019 have been reviewed to identify any commonalities in areas of learning between these reviews and the themes identified in our local DHRs.

➢ ***Intra-agency working, information sharing, collaboration and joined-up thinking***

In common with our DHRs and the CSPRs discussed above, all four of the SARs considered highlighted a lack of joined-up, intra-agency working. There were multiple different agencies involved in each case, however, each appeared to focus predominantly on its own role and tasks with the person. There was limited communication between agencies, and this meant key information - such as professionals being denied access or non-attendance at appointments - was not shared. Agencies were sometimes under the impression that individuals were receiving regular support or certain services and interventions when this was not the case. Additionally, when information was available or shared, incidents were often viewed in isolation rather than in the context of the whole situation.

Routine multi-disciplinary meetings were noted to be absent in a number of cases, despite a number of agencies and professionals being involved. This exacerbated the impact of silo working and meant there was no clear and consistent picture amongst professionals about what life was like for the person, what their support network looked like, the challenges and difficulties they were facing or their strengths.

➢ ***Professional Curiosity and Trauma-Informed Approaches***

All four reviews identified a ***lack of professional curiosity***. This was not limited to a particular area of practice but across all agencies and in relation to multiple issues, including but not limited to: family history and involvement; barriers to engagement; mental health, learning needs and neurodiversity and the impact this had on people's functioning; repeated hospital (including under the Mental Health Act 1983) admissions; and identification of people's strengths. As with the CSPRs, the subsequent limited professional knowledge and understanding of people's circumstances, ACEs, support networks, and functioning impacted professionals' ability to work with people in a more *trauma-informed* way.

➢ ***Drugs and Alcohol, Mental Health, Self-neglect and Hoarding***

Substance use was an identified factor in one review, in particular addiction to prescribed medication. In each of the four reviews, mental health was a factor, with neurodiversity and/or learning needs present in two cases. Self-neglect and/or hoarding were present in three cases, and alongside a lack of professional curiosity, limited knowledge and understanding of these issues impacted the support that agencies and professionals were able to provide.

➢ ***Mental Capacity***

In two cases, questions around the person's mental capacity were raised, but this was not considered in more depth when there was increasing evidence of non-concordance with treatment and support. Professional knowledge and understanding of capacity and how it may have been relevant in these cases were highlighted as requiring further work. Arguably, although not mentioned specifically in the reviews, further consideration of capacity may have been warranted in the other two cases as well.

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