Domestic Homicide Review – Angela's Story – Key Learning Points and Recommendations

What happened?

Angela was a woman of Jamaican origin settled in the UK. She had an adult son, Anton, who lived with her. She married a Jamaican national, Miles, who came to the UK in 2020 on a visa as a dependent spouse. (Miles had undisclosed convictions abroad that should have meant his visa would be refused.) There were immediate tensions in the home between Angela's new husband and her son, Anton, and it appears Miles was controlling of Angela. Anton left home.

The single 'window of opportunity' for a professional to discover the nature of Miles' abuse was during a telephone consultation Angela had with her GP. She disclosed anxiety and low mood, describing her partner as jealous and controlling. She asked the GP to 'talk' to her partner. The GP did this and later advised the couple to self-refer to marriage guidance. Comments made by Angela about her husband's behaviour may have fed into the professional's unconscious bias, allowing the GP to minimise or excuse domestic abuse (DA) or not recognise it for what it was.

- There was little consideration of guidance on DA risk assessment during Covid-19 restrictions, concerning the risk of telephone consultations where DA could need to be discussed.
- There was a failure to recognise control and jealousy as a sign of coercive control in DA.
- Angela was potentially put at greater risk by disclosing to Miles what she had revealed.
- Relationship counselling is inappropriate in DA cases.

The GP practice had made very few referrals to IRIS in the previous two years and had failed to engage with IRIS retraining opportunities.

When Angela chose to go on a short holiday with her best friend, Miles was angry and jealous. Immediately upon her return, Miles attacked Angela in the family home and repeatedly stabbed her.

The review report is on the council's domestic homicide review webpage.

What did we learn?

The DHR brought into focus concern about the quality of engagement by GP practices across Sandwell with IRIS (Identification and Referral to Improve Safety), a nationally established advocate/educator programme for DA support in primary care.
Sandwell was an early adopter of IRIS (2015) but the programme in Sandwell was identified as needing to be reinvigorated. DHR recommendations reflect this.

Key Learning:

*Coercive and controlling behaviours and jealousy are almost always present in domestic abuse.

*You may only get one opportunity to support a victim of domestic abuse so you must make every contact count.

*Mental health professionals are expected to make routine enquiry in relation to domestic abuse.

*GPs and trained staff should be aware of the health indicators that could indicate a patient is experiencing domestic abuse and 'should ask the question' when any of these are present.

*Domestic abuse perpetrators will blame their victim for the abuse and always avoid any personal responsibility.

*Abusers will seek to manipulate your professional judgement to derail support to the victim.

*We **all** have unconscious bias and stereotypes and may allow them to influence our decisions. Always ask yourself 'do I understand this person and their lived experience?' Cultural stereotypes are rarely helpful. There really is no such thing as a 'typical' person within any culture – we are all different and unique. Reflect on practice and challenge your judgements.

*Advising marriage guidance and relationship counselling is never appropriate where we know or suspect there is domestic abuse.

What can we do now?

DHR report recommendations:
Recommendation one: The DHR recommends that the Black Country ICB (Sandwell Place) and BCWA open and maintain a regular dialogue with GP practices and PCNs to create a shared vision of how domestic abuse support is delivered in Sandwell. They should reflect on all barriers to disclosure, identifying and sharing best practice and find shared solutions to identified challenges in providing domestic abuse support using the IRIS model.

Recommendation two: The Black Country ICB IT team and safeguarding leads should review appropriate data collection, monitoring and analysis in relation to all aspects of domestic abuse support to allow a strategic assessment of the effectiveness of GP responses to domestic abuse and promote improvements.

Recommendation three: The Black Country ICB should engage with the CQC to request that a thematic review of domestic abuse safeguarding responses form part of their inspection regime for GP practices and provide data to the CQC to facilitate this.

Recommendation four: Sandwell Adult Social Care Mental Health Team should review their performance, procedures and documentation and provide assurance to the SSP that AMHPs are carrying out routine questioning in relation to domestic abuse and that DA is adequately explored in supervisory review.

Recommendation five: Survivors of domestic abuse in Sandwell should be able to access appropriate support services that can in the first instance address wellbeing to reduce the frequency with which they are direct towards mental health services as a response to their experience of trauma.