

## What happened?

AB was a 26-year-old woman who was murdered by her husband, BB. He then committed suicide. AB was the mother of three children, two by BB.

No domestic abuse was disclosed to organisations and the family were known only to universal services.

However, it is evident that BB was jealous and controlling, although AB's family and friends did not believe she was at risk from him.

Work colleagues of AB were at times concerned that her husband was controlling and had noticed some bruising on AB, for which she provided plausible explanations.

Letters left at the scene of the murder by BB indicate that he suffered from unfounded jealousy and a degree of paranoia.

His coercive and controlling behaviour was aggravated by his use of a combination of alcohol and cocaine. This can cause increased blood pressure, aggressive and violent thoughts, and lead to poor judgment. He had been using those substances immediately prior to the murder and his suicide.

It should be highlighted that abusive partners kill because they want to exert power and control, and drugs or alcohol can aggravate this.

The DHR did not identify any direct causal links between areas where practice could have been improved upon and the homicide incident. However, the DHR did identify some learning points, which should inform improvements to future practice.

For a copy of the report contact [domesticabuse\\_admin@sandwell.gov.uk](mailto:domesticabuse_admin@sandwell.gov.uk)

## What did we learn?

- During her engagement with maternity services, AB should have been asked a question about whether she was a victim of domestic abuse. That question was not asked in either of her pregnancies.
- The Department of Health document: 'Responding to Domestic Abuse – A resource for health professionals', provides practical guidance for frontline health professionals when asking questions about domestic abuse.
- Cases of domestic abuse and coercive and controlling behaviour are sometimes not easily identified. Family, friends and colleagues of victims often miss signs of abuse or lack understanding of how to help.
- The combination of alcohol and cocaine can cause increased levels of paranoia and violence. Whilst substances can exacerbate abusive behaviour, the underlying reason for that behaviour is the use of power and control. Professionals need to be aware of these issues when completing risk assessments and responding to incidents of domestic abuse.

## What can we do now?

- **Health professionals should ensure they complete the ante-natal 'routine enquiry form' about domestic abuse and use the Department of Health guidance to assist them in doing this.**
- **All professionals should ensure they fully understand and record the drug and alcohol use of both victims and perpetrators and use that information in risk assessments.**
- **All professionals should ensure they fully understand and are able to appropriately respond to signs of coercive and controlling behaviour in relationships and signpost victims for support.**

## DHR report recommendations

1. **Birmingham Women's Hospital and Sandwell and West Birmingham NHS Trust Community Midwifery Service should review the ante-natal 'Routine Enquiry' questionnaire and ensure there is clear guidance on when questions concerning domestic abuse are asked and how practitioners deal with circumstances in which partners wish to be present when the questionnaire is undertaken.**
2. **All frontline staff who engage in maternity and midwifery services should receive regular and updated training into the signs of coercive and controlling behaviour and the risk factors associated with that behaviour.**
3. **Safer Sandwell Partnership should take the lead in working with other relevant Boards to ensure domestic abuse remains a priority across partnerships. This should include detailed and fact-based reviews on the outcomes of the work and training that has been undertaken; to determine its effectiveness.**
4. **The Safer Sandwell Partnership to contact key organisations involved with this DHR and the Domestic Abuse Strategic Partnership partners and remind them of the learning from recent DHRs, in particular relating to coercive and controlling behaviour, and ensure the recommendations contained in them are implemented.**
5. **Safer Sandwell Partnership should consider providing advice to frontline practitioners about the possible effects of cocaine and alcohol abuse on individuals. Multi-agency training in domestic abuse should include this information.**
6. **The Safer Sandwell Partnership should undertake work to encourage employers to engage with the 'Employer's Initiative' on domestic abuse and utilise the 'Business in the Community' toolkit on domestic abuse.**
7. **The Safer Sandwell Partnership should promote guidance available to friends, family or colleagues of someone they suspect is in an abusive or unhealthy relationship on how they could help them in an informed, supportive and non-judgmental way to identify possible options and solutions.**