



DOMESTIC HOMICIDE REVIEW

LEARNING BRIEF - LAUREN

Domestic Homicide Review

The Domestic Violence, Crime and Victims Act (2004) defines a Domestic Homicide Review (DHR) as a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect. This multi-agency process seeks to identify lessons to be learnt from a person's death and prevent harm from happening in similar circumstances in the future. More information on the DHR process can be found on the KBSP website.

Background Information

Lauren (pseudonym) was in her 20s when she died by suicide in March 2022. Lauren was a university student and was receiving support from mental health services; she had been diagnosed with borderline personality disorder. Lauren reported allegations of domestic abuse, coercive and controlling behaviour and sexual violence from her partner James (pseudonym) in the year before her death.

Key themes: mental health, alcohol and substance use, and domestic abuse.

Key Learning

Working with people diagnosed with personality disorder

SafeLives research suggests that individuals who have experienced abuse are at a higher risk of developing mental health conditions, which can subsequently increase an individual's susceptibility to abuse. Likewise, domestic abuse victim-survivors who also experience mental illness are more likely to have complex needs. Lauren had experienced trauma during her childhood and, in later years, had been diagnosed with a personality disorder. Isolation because of mental illness is identified as an obstacle to disclosure by SafeLives. At times, Lauren was unable to attend all her mental health appointments due to studying abroad and the COVID-19 pandemic isolated her further. Considering the holistic care and support needs for an individual with a mental health illness will provide further opportunities for disclosures of abuse to be made, and enable onward referrals to external support services.

Information sharing

Information sharing between agencies due to a lack of consent from Lauren was challenging. Lauren had disclosed to the police that there had been controlling and coercive behaviour present in her relationship with James. A Domestic Abuse, Stalking, Honour-Based Violence (DASH) risk assessment was conducted and Lauren was rated at medium risk. But, as Lauren had not given her consent or been considered as high-risk, the police could not refer onto domestic abuse support services. However, it is important to recognise the potential influence coercive control could have had on Lauren's decision not to give consent. Furthermore, due to her needs for care and support an onward referral to Adult Social Care should have been considered under the Care Act 2014.

Agencies' responses to disclosures of Domestic Abuse

Lauren was not informed of her "Right to Know" under the Domestic Violence Disclosure Scheme following her reports of domestic abuse and sexual assault to the police. This scheme enables the police to disclose information to a victim about their partners' or ex-partners' previous abusive or violent offending behaviour. Furthermore, the Department of Health and Social Care published guidance states: "Practitioners are in a key position to identify and help interrupt domestic abuse."

Lauren also reported incidents of emotional abuse and bullying to services. None of these disclosures resulted in onwards referrals resulting in missed opportunities to respond to Lauren's allegations of abuse, and to further safeguard her as a victim.

Good Practice

Person-centred-care

The review highlighted person-centred-care and rapport between professionals and Lauren. For example, Avon and Wiltshire NHS Mental Health Partnership had arranged visits with Lauren through video contact, telephone calls, and socially distanced walks at the time of the COVID-19 pandemic to be able to meet her needs.

Continued support

Due to the Bristol Drug's Project operating only online in response to the COVID-19 pandemic, the Avon and Wiltshire NHS Mental Health Partnership continued to support Lauren to reduce her diazepam usage despite recognising that her requirements could have been better met by specialist drug and alcohol support services.

Support whilst studying

Lauren received extensive and detailed support from several university services. Prior to studying abroad, the university requested that an external psychiatrist complete a “fitness to study” assessment to ensure that Lauren’s mental health needs were met. The “fitness to study” assessment recommended that Lauren receive five trauma treatment sessions before her study trip, as well as agree to attend bi-weekly phone calls with her care coordinator, and to complete the Dialectical Behaviour Therapy skills booklet. Throughout her time abroad, Lauren maintained contact with the designated professionals.

Recommendations

Working with people diagnosed with poor mental health

- The KBSP will seek assurance from partners that a patient’s mental health needs, specifically discharge preparations, are included in all care plans and that relevant agencies supporting the individual in the community are notified before the discharge date.
- The KBSP should work with the Safeguarding in Education Team to provide post-16 educational settings with literature and resources to assist young people in learning about mental health and where they can access help.
- All agencies and post-16 Educational establishments to source and provide all frontline practitioners access to training.
- Staff from all agencies to be provided with training opportunities and resources to identify risk factors, including coercion and control as an enabler for potential self-harm and suicide, to support individuals in accessing help and referring them to specialist services as appropriate.

Information Sharing

- All agencies to assure the KBSP that their information-sharing policies comply with Bristol City Council Information Sharing Protocols.

Agencies' responses to disclosures of Domestic Abuse

- In accordance with NICE recommendations, all health providers should ensure that they have systems to raise awareness of domestic abuse.
- Avon & Wiltshire Mental Health Partnership NHS Trust, the Student Health Service, University Hospital Bristol and Weston NHS Trust are tasked with reviewing the existing measures that enable routine inquiry

Professional Curiosity

- The KBSP will offer training for partners in professional curiosity to increase the confidence of staff talking sensitively to potential victims of domestic abuse.
- KBSP to promote the Think Family approach to agencies providing services to children, young people, and adults with care and support needs and ensure that it is reflected in assessments.
- Agencies should explore the current tools to aid in their comprehension of the interrelationships between the risk of abusive relationships and suicide ideation and to ensure practitioners know the need to consider the risk of self-harm and suicide when depression and low mood are reported.

Support

Mental Health

Off The Record is a mental health social movement by and for young people aged 11-25 in Bristol and South Gloucestershire. Off The Record provides mental health and wellbeing information and support with a range of projects and services, such as one-to-one therapies.

Suicide

If you, or someone you know, is experiencing thoughts of suicide you can call the Suicide Prevention UK Helpline on 0800 689 5652, open 24 hours a day, 7 days a week.

Domestic Abuse

Next Link offers specialist domestic abuse support for women, men and children and young people from all communities (including LGBTQ+ and black and minority ethnic). Next Link also offers support with any additional needs (for example substance use).

Where to find us:



KBSP@bristol.gov.uk



[@KBSPPartnership](https://twitter.com/KBSPPartnership)



www.bristolsafeguarding.org

Call 0117 925 0680, text 07407 895620, email

enquiries@nextlinkhousing.co.uk or online chat via the [website](#).