SUFFOLK COASTAL COMMUNITY SAFETY PARTNERSHIP

DOMESTIC HOMICIDE REVIEW

EXECUTIVE SUMMARY

Into the death of

Emma in June 2014

Report Author

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The Suffolk Coastal Domestic Homicide Review Panel members and the chair would like to express their sincere condolences to the family members of those involved in the tragic events which has brought about the need to hold this Review. A much loved mother, daughter, friend and colleague lost her life when she was just about to start a new and fulfilling stage in her life. She is greatly missed.

In addition to the immense pain and distress caused to the victim's family our thoughts are also with the family and former friends of the perpetrator of this terrible crime. His actions have also caused them considerable emotional distress.

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1 The Review Process:

1.1 This summary outlines the process undertaken by the Suffolk Coastal Community Safety Partnership Domestic Homicide Review Panel in reviewing the death of a resident in the Suffolk Coastal District Council area.

1.2 Following a Police investigation and criminal trial the victim's former partner was found guilty of her murder. He was sentenced to minimum term of 22 years imprisonment on 10 December 2014

1.3 The Review process began on 15 July 2014 when the Community Safety Partnership chair in consultation with the Partnership members made the decision that the circumstances of the case met the requirements to undertake a Domestic Homicide Review. The Home Office was notified of this decision on 7 August 2014 as required by statute. The Review was concluded on 29 June 2015. This is over the statutory guidance timescale to complete a Review due to the criminal proceedings which prevented contact with contributors until those proceedings had concluded. The Review remained confidential until the Community Safety Partnership received approval for publication by the Home Office Quality Assurance Panel.

1.4 A total of 13 agencies were contacted for information following notification of the homicide by the Police. 6 responded has having had varying degrees of involvement with the individuals involved in this Review; 7 had no contact. Agencies participating in this case Review and the method of their contributions are:

- Norfolk & Suffolk Foundation NHS Trust (Mental Health Services) – chronology & report
- GP Practice for the perpetrator – Chronology and additional information
- GP Practice for the victim – Chronology and additional information
- Ipswich Hospital NHS Trust – Chronology
- Suffolk Constabulary - information relating to the investigation
- Suffolk County Council Children's Services – Information and information from schools

Family and friends have also contributed to this Review.

1.5 To protect the identity and maintain the confidentiality of the victim, perpetrator, and their family members pseudonyms have been used throughout the Review. They are:

The victim: Emma, age 39 years at the time of her death
The perpetrator: Gary, age 42 years at the time of the homicide

Both Emma and Gary were of White British ethnicity.

1.6 Purpose and Terms of Reference for the Review:

The purpose of the Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

- Apply these lessons to service responses including changes to policies and procedures as appropriate; and

- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

- To seek to establish whether the events leading to the homicide could have been predicted or prevented.

- This Domestic Homicide Review is not an inquiry into how the victim died or who is culpable. That is a matter for the coroner and the criminal court.

Specific Terms of Reference for the Review:

1. To establish the history of the victim and alleged perpetrator's relationship and provide a chronology of relevant agency contact with them, the children of the family, and the parents of the victim and alleged perpetrator. The time period to be examined in detail is between January 2014 and June 2014, the date of the couple's final separation and the victim's death. Agencies with knowledge of the victim and alleged perpetrator in the years preceding this timescale are to provide a brief summary of that involvement. Any interaction with family members or friends which has relevance to the scope of this review should also be included.

2. To examine whether there were signs or behaviours exhibited by the perpetrator in his contact with services which could have indicated he was a risk to the victim or others.

3. Agencies reporting involvement with the victim and the alleged perpetrator to assess whether the services provided offered appropriate interventions and resources, including communication materials. Assessment should include analysis of any organisational and/or frontline practice level factors impacted upon service delivery, and the effectiveness of single and inter-agency communication and information sharing both verbal and written.

4. To assess whether agencies have domestic abuse policies and procedures in place, whether these were known and understood by staff, are up to date and fit for purpose in assisting staff to practice effectively where domestic abuse is suspected or present.

5. To examine the level of domestic abuse training undertaken by staff who had contact with the victim and/or the alleged perpetrator, and their knowledge of

indicators of domestic abuse, both for a victim and for a potential perpetrator of abuse; the application and use of the DASH[1] risk assessment tool; safety planning; referral pathway to Multi Agency Risk Assessment Conference (MARAC)[2], and to appropriate specialist domestic abuse services.

6. To determine if there were any barriers which may have affected the victim's ability to disclose abuse or to seeking advice and support.

7. In liaison with the Police Family Liaison Officer the chair/author to contact family, friends, and colleagues to invite their contributions to the Review and, whilst acknowledging the pitfalls of hindsight, seek their views as to whether anything needs to change to reduce the risk of similar events in future.

1.7 Agency Contact and Information from the Review Process:

1.8 Emma and Gary lived in villages in the Suffolk Coastal area of Suffolk. They met when Emma was 14 years old and Gary was 17 years old. Their friendship is thought to have started the following year.

1.9 After leaving school Emma joined a local company where she worked continuously until her death apart from periods of maternity leave. A childhood friend and a long term colleague and friend who knew Emma well describe her as being a really kind and non-judgemental person who would not say a bad word about anyone. She was a big animal lover and she had cats and two dogs all of which had been rescued. Emma worked hard, but everyone who knew her said above all her thoughts were always for her children. When she socialised with friends it was always on her own never with Gary as a couple.

1.10 Gary is described by his mother as having been a quiet affectionate boy. He was popular when young, but as a teenager he is described as being complex and in the intervening years he became less sociable and introverted. He went into the army on leaving school, but only completed basic training and after 6-9 months he bought himself out. He told a long term friend that he did not like the discipline or the other trainee soldiers. From that point Gary had a chequered employment history; he was made redundant four times and for approximately the last 8 years he remained unemployed and on benefit. He had what some described as an obsession with extreme horror films and had a large collection and he earned money buying and selling a particular genre of films on the internet. For many years Gary was a very heavy user of cannabis, and former friends reported that he would frequently drive whilst under the influence of the substance.

1.11 Emma and Gary began living together in 1993. Shortly after their first child was born the couple broke up for what was probably the first time and Emma returned to live with her parents. A former friend recalled that Gary drank heavily for about a year following the break up, often drinking until he passed out.

[1] Domestic Abuse Stalking & Harassment (DASH): an evidence based list of 24 or 27 questions used to assess the level of risk a victim faces – standard, medium or high. High risk indicates referral to MARAC is needed. The threshold for MARAC referral is 14 or above positive answers to the DASH questions.

[2] MARAC a multi-agency meeting to share information to safety plan and allocate actions with the aim of increasing the safety of high risk victims of domestic abuse.

1.12 The history of their relationship consisted of periods of being in a relationship and then splitting up; the couple never married and although they were in an on-off relationship for 25 years for approximately the last 10 years they did not live full time together in the same home even when they were back together. Gary would stay approximately 3 to 4 nights a week. Those who knew the couple well report that Gary never wanted children and he was very unhappy when Emma became pregnant and some contributors felt that Gary just wanted Emma to himself. When Emma became pregnant she had not told Gary that she was not using contraception. A long term friend reports that Gary told him he felt trapped by Emma and had no say, but equally if they had a disagreement Gary would leave rather than discuss things with Emma to the extent that he left the family at Christmas on at least one occasion and spent it on his own.

1.13 Gary had referrals by his GP to mental health services on three occasions. In 2001 when he had depression which was proving resistant to treatment, and in March 2002 Gary was seen on in a Medical Assessment Unit by a Psychiatrist following an intentional overdose having taken a relatively small dose of aspirin and alcohol. He had apparently split up with Emma once more (having woken her to tell her that he had taken an overdose). He had also stopped taking his anti-depressants, his benefits had been stopped and he was in debt. In a letter to his GP the Psychiatrist noted no real change in Gary's lifestyle including no reduction in his drug and alcohol use and no motivation for change. There were no further suicidal thoughts and his anti-depressants were to continue. A further outpatient appointment was sent, but Gary failed to attend. Psychiatrist 2 described the suicide attempt as manipulative in as much as it followed Emma's attempts to end the relationship and he had woken her to tell her of the attempt. He also asked the Psychiatrist to contact the Department of Work and Pensions on his behalf to tell them he was unfit to work and to request that his benefits be reinstated.

1.14 The third referral followed a period of treatment by his GP commenced in January 2010 following the death of his father when Gary reported to his GP that he felt mildly suicidal and was having problems with sleeping and low mood. At this time he lived with his mother and his ex-partner and children lived in another village. As Gary's mood continued to be fairly flat in April 2010 he was referred to the IAPT[3] Team for support and seen by a Community Psychiatric Nurse in June 2010. He was advised to access counselling and an anti-depressant prescribed to which he responded well. Cannabis use and occasional alcohol was noted.

1.15 Gary once complained to his friends about his benefits being cut because he had not reported to the job centre. Two friends recalled how he came up with a plan to deal with this. He went to the benefit office and said his sister had died and he missed his appointment due to the funeral. His benefit was reinstated. Gary does not have a sister, but no checks appear to have been made to confirm this. The friend described how Gary laughed that he had regained his benefits this way and said "they're dumb aren't they". He also described taking out a large bank loan. He then went to the Citizen's Advice Bureau saying the bank had given him a loan he could not afford to pay back; he achieved a reduced payment plan of a £1 a month. One former friend described Gary as a "scrounger who knew how to work the system".

1.16 On 29 March 2010 one of Emma's children was seen at the hospital for a hearing assessment. The child's school had raised concerns about their lack of attention in

[3] Improving Access to Psychological Therapies programme.

school and disruptive behaviour. Emma questioned whether a hearing problem could be at the root of the problem, but no hearing problem was found. There is no school record of the behaviours being exhibited or whether further exploration of the problem took place. They appear not to have been informed about the hearing test outcome.

1.17 Gary saw his GP in January 2011 and reported that he was feeling much better. He said he was looking for work and was on good terms with his ex-partner and children. When his GP saw him next in August 2011 Gary said he was trying to get back together with his former partner. He appeared to be much more animated than on previous occasions and very stable. The plan was to have a review in early 2012. At the review in April 2012 Gary reported feeling a little flat in mood although he was feeling physically good. His relationship with Emma appears to have been rekindled, but when is unclear.

1.18 Emma and Gary's relationship is thought to have ceased for the final time from January 2014. It is understood that Emma gave Gary an ultimatum to get a job, to stop taking drugs and to sort his life out; she gave him a year to achieve this. This is borne out by Gary's friends interviewed for this Review who were aware of the ultimatum to get a job and to 'do his bit with the children'. One former friend related how Gary said "that bloody bitch wants me to get a job" and on a separate occasion Gary said "I'm fed up, she wants me to get a job, but I don't want to". By this time Gary had been unemployed and in receipt of benefits for at least 8 years.

1.19 Emma was clearly set on making a new life for herself following the end of the relationship. Her 2014 diary started with "NEW YEAR NEW LIFE!!!" and "NEW YEAR NEW ME!!" at the top of the first two pages in large capital letters. She had written "40" in bold blue numbers on the date of her birthday, and "I want to enjoy my life, not just coasting…I work hard…I've not been good to myself".

1.20 In May 2014 Gary went to Emma's place of work and saw her outside the premises and an argument took place. It is thought that Gary asked for longer to change and get a job, but she refused. Gary assaulted Emma grabbing her around the throat and pushed her into bushes. Colleagues heard her screams and went to her aid, but she refused to let them report the assault. Gary fled from the scene and later called a friend telling them what he had done and said he was expecting the Police to be looking for him. When Emma was out the with a close friend the following evening her friend noticed bruising to Emma's arms and neck, and when Emma told her what had happened she pressed her friend not to say anything about the incident to anyone. Emma had never mentioned any violence from Gary before to any of her friends.

1.21 During this time Gary continued to have contact with the children and it immerged during the Police investigation that he had been accessing Emma's computer in her absence and found that she was visiting dating websites. He retained a key to the house and would let himself in when Emma was at work. Efforts to retrieve the key from him failed. He was also putting pressure on the eldest child to tell him where Emma was going and who she was seeing. During their relationship he had regularly checked her mobile phone for messages and would challenge Emma about any texts from her male friends.

1.22 In the weeks leading up to the fatal incident Gary told friends he was going to kill Emma, but no one took him seriously. They all thought it was the kind of remark that people make when they are fed up or angry with someone. Comments made by Gary made friends think that he believed Emma was due to meet someone the evening of

the day she was killed by him. He said to one friend that he would not have another man bringing up his children, but at the same time the couple had split up so many times in the past that they thought Gary was not convinced the relationship was over until he suspected she was to meet someone else. During this time Gary was regularly texting Emma many times a day and in one text he threatened to commit suicide. He also told the eldest child that he was looking for somewhere to hang himself. Eventually Emma blocked calls and texts from Gary. Separation and threats of suicide are among the high risk factors connected with domestic abuse, but none of the couple's friends or family were aware of this.

1.23 One afternoon in June 2014 Gary was discovered by his mother and the eldest child in the annex in which he lived to have slit his wrists. The ambulance service was called and the Police were asked to assist as Gary was resisting treatment. He was eventually taken to hospital.

1.24 Later that evening the children who had been visiting their paternal grandmother were taken home, but they could not access the house when they arrived. The Police were called and on entering the property Emma's body was found. She had suffered blunt force trauma to the head. Gary was arrested and taken from the hospital to the Police Investigation Unit. On the journey he made a number of significant comments admitting responsibility for Emma's murder. He was charged with murder and held in custody. At his trial Gary pleaded guilty to manslaughter on the grounds of diminished responsibility. However, the prosecution argued that the evidence that he had purchased items used in the crime days before showed that he had planned the murder. The plea of diminished responsibility was not accepted and Gary was found guilty of murder and given a minimum sentence of 22 years.

1.25 Emma's contact with agencies was limited to her GP and hospital maternity services. Her GP saw her for pregnancy care and a variety of minor health issues none of which raised concerns or indicated that domestic abuse may be an issue. The children in the family had routine contact with Health for immunisations, developmental checks, or health advice. One child was seen at Ipswich Hospital in 2010 as an outpatient by the Ophthalmology Department for a hearing check following concerns about their lack of attention in school and their disruptive behaviour, but no hearing problems were found. The hearing test was arranged at Emma's request to rule out a hearing problem as the cause for the child's behaviour. Further information regarding these behaviours was sought from the school to delve deeper into the background and outcome of their concerns, but no records could be found. It is therefore unknown as to whether the school checked with Emma regarding any anxieties the child may have at home or other reasons to explain their difficulties.

1.26 Gary's GP was aware of his long term depression and the treatment he had received and was still receiving for this. It was their observation that his mental health was actually much improved during the first six months of 2014 and they had no concerns that he posed a risk to himself or others, and this had been the opinion of mental health professionals who had seen him in the past in 2000, 2002 and in 2010. None of the contributing agencies to this Review had any knowledge or information to raise any suspicion of domestic abuse within the relationship.

2 Key Issues Arising from the Review:

2.1 The key issues arising from this Review centres on the need for greater public understanding about all aspects domestic abuse. This is needed among family, friends, colleagues, employers, and the community at large to recognise the risk factors associated with domestic abuse. This needs to include what constitutes an increase in both risk for victims and from perpetrators, for example risk posed by separation and behaviours such as online stalking (via computer and phone, reading text messages etc), acts of coercive control, and morbid jealousy. Emma had been in a relationship with Gary from a young age and it is likely that she too did not recognise that his behaviours were abusive and controlling; over 25 years of the relationship this was her normal which she had learnt to manage and cope with.

2.2 This Review demonstrates the genuine obstacles faced by family and friends of a victim and a perpetrator who have information disclosed to them which reveals domestic abuse has or may take place. None of the perpetrator's friends believed his pronouncements that he was going to kill his ex-partner; they thought this was part of his complaining about Emma. Those who knew of the assault on Emma in May 2014 felt they had a duty to respect her wish for confidentiality by not reporting the assault. None had the knowledge to appreciated the importance of the information in the context of the growing risk to Emma posed by Gary's behaviour. Coupled with a greater public understanding of domestic abuse, and its associated risks, ways need to be found for those with such information to share the burden of this knowledge safely, and if necessary anonymously, to try and reduce such incidents happening in future.

2.3 Neither Emma nor Gary presented to any organisation in a way that appeared to indicate they may be a victim or a perpetrator of domestic abuse. It is nevertheless worth acknowledging that professionals can understandably struggle with identifying and assessing potential perpetrators, and identifying victims of domestic abuse who do not even recognise themselves as victims. Whilst the evidence suggests no agency appears to have missed any signs or symptoms of domestic abuse in this case, this Review emphasises the importance that all organisations ensure that they have domestic abuse policies with clear referral pathways. These should be supported by staff training which is in enough depth to cover all the complexities of domestic abuse, coercive control, barriers to seeking help, and the risk inherent in separation that this case highlights. As GPs are a universal service and are high on the list of agencies women affected by domestic abuse will approach[4], it is important that GP practices are among the agencies to adopt a domestic abuse policy, a referral pathway to guide staff[5], and domestic abuse training. In addition the display of information and poster on domestic abuse in waiting rooms not only gives information direct to patients, but gives the message that this is a practice where a patient can feel comfortable and confident in disclosing and discussing domestic abuse. The Panel is aware that one GP practice in this case did have a domestic abuse policy and materials in their waiting room, but that one did not.

2.4 Although insufficient information from school records or other sources was available to firmly evidence and confirm the possible adverse effects on the children in the family the impact of living with domestic abuse on children should not be underestimated. As highlighted within the report, domestic abuse does not have to be

[4] Domestic violence: a health care issue? British Medical Association 1998

[5] A domestic abuse care pathway as recommended by the Royal College of General Practitioners, IRIS, and CAADA: this can be found at http://www.rcgp.org.uk/clinical-and-research/clinical-resources/domestic-violence.aspx

physical violence to have an impact; witnessing or hearing psychological and verbal abuse of a parent may still have a damaging effect. It is therefore essential that professionals working with children are aware of the behavioural and psychological signs that can indicate a child is being affected by domestic abuse in the home, and children's inherent wish to be loyal to their parents which can hamper their ability to be open about their concerns and experiences. A safe place and a trusting relationship is needed to support children to talk about their situation. This may be a school counsellor or an appropriate helpline which could be publicised in schools.

3 Conclusions:

3.1 The fact that criminal justice and domestic abuse agencies had no contact with Emma or Gary, and the fact that their contact with Health agencies was fairly limited and routine meant there was no opportunity to intervene or support Emma in 2014 when she separated from Gary. The children's schools also appear to have no indication that all was not well at home. With hindsight and the knowledge we now have from family and friends it is possible to see the escalation in risk that was taking place between January and June that year when the couple separated for what appeared to be for the final time. However, the knowledge, or rather lack of knowledge agencies had means that Emma's death could not have been predicted by them.

3.2 If the assault by Gary on Emma in May 2014 had been reported to the Police there is a chance that his behaviour could have been challenged by being arrested and a risk assessment would have been completed for Emma. It is unlikely that if charged with that assault he would have been given a custodial sentence as he had no previous criminal record therefore he would still have been at liberty. Gary's statements to his friends that he would kill Emma, the evidence of pre-planning, and his possessiveness of her mean that Emma's death could not have been prevented by anyone other than Gary himself.

4 Recommendations:

4.1 The following recommendations arise from Panel discussions concerning the information and report provided and the lessons learnt from this Review:

Recommendation 1:

A communications strategy should be developed aimed at increasing the knowledge and understanding of domestic abuse, coercive control and associated risk among potential victims, family, friends, colleagues, employers, and the community. The campaign should include appropriate sources of support for children, and profile abusive behaviours used by perpetrators with the aim of challenging the behaviour and making it socially unacceptable.

Recommendation 2:

A safe and if necessary anonymous reporting mechanism should be identified for third party reporting of concerns by those who have knowledge of domestic abuse being experienced or perpetrated by someone they know.

Recommendation 3:

Domestic abuse training should incorporate learning from this and any future DHRs and must include examples of high risk behaviours by perpetrators, the impact on victims, the complexities of working with victims who lack knowledge or who are in denial about domestic abuse, and stresses high risk circumstances including separation.

Recommendation 4:

Organisations must ensure that the appropriate level of domestic abuse training is undertaken by staff for them to perform their role effectively to identify indicators of domestic abuse and know how to respond.

Organisations to be included in this recommendation are listed below. This is list is not exhaustive and others should be included as required:

- Suffolk County Council Children & Young People's and Adult's Services
- Schools
- Health – GPs, and all sectors
- Suffolk Constabulary
- All Safeguarding Adults and Safeguarding Children partner agencies.

Recommendation 5:

The content of training programmes for schools should include the importance of, and need to, ensure that matters giving rise to concern about a child's behaviour or performance are fully recorded, including actions taken and outcome.

Recommendation 6:

To ensure that domestic abuse training for schools includes the impact on children of living with domestic abuse and how to sensitively establish if such factors may be impacting on a child where there are concerns about school attainment or behaviour.

Recommendation 7:

All GP practices to have in place a domestic abuse policy and a referral pathway as recommended by the Royal College of General Practitioners and the Clinical Commissioning Group, and that all practice staff are supported with domestic abuse training to enable them to put the policy and pathway into practice.