



BIRMINGHAM COMMUNITY
SAFETY PARTNERSHIP

WORKING TOGETHER FOR A SAFER CITY

Executive Summary of the Domestic Homicide Review

Under section 9 of the Domestic Violence Crime and Victims Act 2004

In respect of the death of Elizabeth

In September 2017

Report produced for Birmingham Community Safety Partnership by
Paula Harding
Independent Chair and Author
February 2019

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INTRODUCTION

This domestic homicide review concerns the death of Elizabeth, who, at the age of 32 year was killed by her husband, aged 30, who then went on to kill himself. The coroner has determined that Elizabeth's death was unlawful killing and that her husband's death was suicide.

The victim will be known by the pseudonym Elizabeth¹ in order to protect her identity and the identities of family members.

REPORT PROCESS

The process of the review began with an initial meeting of Birmingham Community Safety Partnership in February 2018 when the decision to hold a domestic homicide review was agreed.

Elizabeth and her husband had very little contact with agencies and so the review has relied significantly upon information from the inquests and information from family and the workplace.

Only three out of the fourteen agencies contacted, confirmed that the individuals were known to them. Dependent upon their degree of involvement, the following three agencies provided an independent management review or information report, together with comprehensive chronologies:

- Relate Birmingham
- Birmingham and Solihull Clinical Commissioning Group in respect of the GP Practice concerned
- Birmingham Women and Children's Hospital in respect of their role as an employer

The agency reports were authored by professionals who had not had any direct contact or management involvement with the victim or her family.

The review was independently chaired and authored by Paula Harding who has over twenty-five years' experience of working in domestic violence and related services at senior operational and strategic levels. She has previously worked for Birmingham City Council as the strategic and commissioning lead for Violence Against Women and domestic homicide reviews in the city. However, beyond chairing domestic homicide reviews, Paula Harding has not been employed by any of the agencies of Birmingham Community Safety Partnership or agencies affected by this review, for more than eighteen months.

The review panel members are listed in Appendix A and included Birmingham and Solihull Women's Aid who added a specialist perspective on gender and the broader 'victim perspective' to the review. Panel members were all independent of the particular case.

¹ The pseudonym was chosen by the victim's family

The review panel met on three occasions and the chair met with family members at the beginning, during and conclusion of the review in February 2019, ensuring that their views, and the view of their advocates from Advocacy After Fatal Domestic Abuse, were taken into account throughout the process. The Overview Report was submitted to the Home Office for quality assurance after it was endorsed by Birmingham Community Safety Partnership

KEY LINES OF ENQUIRY

The review sought to address both the ‘circumstances of a particular concern’ set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) and the following specific issues identified in this particular case:

- What can be established about the nature of the victim and her husband’s relationship?
- What can be established about how the victim understood her experiences and what prevented her from seeking help?
- How might agencies have identified the existence of domestic abuse from other issues presented to them and how might they have responded?
- How were staff supported to respond to identify and respond to issues of domestic abuse, safeguarding and public protection?
- How is information and awareness raising about domestic abuse reaching Birmingham’s communities?

SUMMARY

Elizabeth was one of three sisters in a very close-knit family. She had worked as a neo-natal nursery nurse at a local children’s hospital since she was 19 in a small, specialist unit where she was well respected and had many friends.

She met the perpetrator in 2011 through an internet-dating site. The couple moved in together a year later in 2012 and married in May 2014. Despite the fact that the couple were buying their own home together, the perpetrator had not worked for several years but relied upon a monthly allowance, which was equivalent to a wage, from his parents. The perpetrator aspired to be a personal trainer. He had become reluctant to do work that did not inspire him and instead, he was an avid player of computer games and had no friends outside of this online world.

The perpetrator subjected Elizabeth to typically coercive controlling behaviour. Elizabeth resisted many of his attempts to control and manipulate her. He tried to create distance between her and her family and, although he was not successful, Elizabeth did lose confidence.

It was not until a year before her death that Elizabeth started to disclose to her family more about her relationship. She spoke about “keeping the peace” whilst no longer pandering to her husband’s demands.

In the period that followed, Elizabeth started going out more, seeing more of her family and regaining some of her lost confidence. At the same time as her confidence was growing, her husband had become very jealous and suspicious of how close family and friends were becoming and threatened that he would harm himself if she left him which worried Elizabeth.

In the final months, the perpetrator pressured Elizabeth to seek couple counselling through Relate Birmingham. Firstly, he had had two independent counselling sessions where he described the difficulties in the relationship stemming from communication problems and the problems that he had with his wife’s family and he then arranged for couple counselling sessions to follow.

In the couple’s second counselling session together, Elizabeth said that the relationship was over and they discussed plans for her to stay in the home and for the perpetrator to go to live with family. In a stalking manner, the perpetrator went on to text her constantly at work and send aggressive Facebook messages to her work colleagues. Receiving these prompted them to offer Elizabeth somewhere else to stay but she declined, saying that she thought that he would never harm her. She was killed within days, whilst she was sleeping after finishing a night shift at the children’s hospital.

KEY ISSUES AND LEARNING ARISING FROM THE REVIEW

Whilst the couple’s contact with agencies was light and mainly unrelated to abuse, some distinct themes have emerged.

Indicators of Domestic Abuse

Elizabeth had told her family and friends that her husband was controlling but that he would never harm her. However, a letter that she wrote to him two years into their marriage indicates that she feared, at least at that juncture, that he might indeed harm her and therefore she may have, understandably, felt the need to minimise these fears to those that she cared for as well as possibly to herself. The panel recognised that it was common for victims of domestic abuse to minimise their experiences of abuse in this way.

It has not been possible to determine with any certainty whether Elizabeth was scared of her husband. However, with the benefit of hindsight, it has been possible to see a much broader picture of her husband’s abusive behaviour than any of her family and friends will have been aware of at the time including:

- Undermining, calling her names, being critical and cruel
- Being controlling and manipulative, threatening to kill himself if she ever left him
- Occasional indulgences followed by recrimination and jealousy. Giving flamboyant gifts and gestures, only later using them to exert guilt and a sense of duty in Elizabeth by saying, 'look how much I've spent on you; by taking make-up and clothes back saying "why should I give you things to look good for other men"
- Creating hostilities with family and work colleagues and attempting to isolate her
- Starting arguments just before she left for work
- Stalking her through sending constant texts whilst she was at work.
- Hiding her make-up and engagement ring
- Being jealous and suspicious, particularly as Elizabeth started to become more independent

Each of these contributes to a framework of coercive control. Nonetheless, Elizabeth resisted this control by maintaining close family ties, strong work friendships and an impeccable work reputation throughout the period of her marriage.

Direct Questioning

Although direct questioning about domestic abuse is now routine in many health settings, the review identified missed opportunities in couple-counselling to speak with Elizabeth on her own before the couple's work commenced and be able to ask direct questions about domestic abuse.

As a result of this review, Relate Birmingham have made recommendations to their National Federation that new procedures should be introduced to ensure that direct questions about domestic abuse are asked routinely as part of all individual sessions. This would give individuals an opportunity to speak privately with the counsellor if they wished at that time. It would also enable the counsellor to introduce the topic of domestic abuse safely and not rely upon a victim's self-disclosure to prompt discussion.

The review recognised that the same principles of safe practice needed to be assured across settings where work is done with couples such as in family support.

The Workplace

This review has highlighted the significance of the workplace for victims of domestic abuse and Elizabeth clearly confided in her friends at work and, as more became known about the perpetrator's abusive behaviour, they offered her increased support and somewhere safe to live.

Elizabeth's place of work has recently introduced a staff domestic abuse policy and there is a need for such policies and practices to be developed across all workforces in the area.

Public Awareness

Besides Elizabeth, no-one had the entire picture of the perpetrator's abuse and it is unclear whether Elizabeth understood her experiences as domestic abuse, herself. The review panel agreed with the family that there was still much to do to inform public attitudes about domestic abuse and how coercive control is an integral element of that abuse.

The Community Safety Partnership and its constituent agencies provided evidence of their significant efforts to raise public and professional awareness. However, the activities appeared neither systematic nor universal in their coverage. This raised the question of what is the evidence base being used to guide the nature of effective awareness raising and prevention that local areas should undertake? It also raises the question about how much awareness raising and prevention is enough for a local area to be doing to prevent domestic abuse?

CONCLUSION

Although the young couple had little contact with agencies, and none of the agencies concerned knew about the perpetrator's abuse, this review has been able to demonstrate the insidious nature of domestic abuse, coercive control and stalking behaviours and how difficult it is for individuals, families, friends and professionals to define controlling behaviour as abusive.

The review has generated reflection on how to create opportunities in couple's therapeutic and family work for safely and directly asking about domestic abuse. It has also seen the significance of the workplace as a source of help for victims.

Perhaps most significantly, the review has considered the enormous task of changing societal attitudes to domestic abuse so that domestic abuse and violence against women is not only understood but is prevented before it begins. This domestic homicide review raises a challenge to Birmingham to determine how far their resources and capabilities allow them to undertake the preventative work is needed.

RECOMMENDATIONS

Recommendation 1: Safe Therapeutic Work

Birmingham Community Safety Partnership should seek assurance from its partner agencies, in keeping with West Midlands Domestic Violence and Abuse Standards, that they do not engage in, or commission, unsafe work with couples where there is domestic abuse. This requires agencies having robust mechanisms for screening and identifying domestic abuse, enabling safe disclosure and finding safe ways to work with the individuals concerned.

Relate Federation to ensure that new procedures require direct questions about domestic abuse to be asked routinely as part of all individual sessions.

Home Office to consider the development of guidance for multi-agency practitioners on safe practice in work with couples where there is domestic abuse (as recommended by the Home Office Quality Assurance Panel)

Recommendation 2: The Workplace

Birmingham Community Safety Partnership should set the standard and ensure that all agencies in the city have up-to-date, robust workplace domestic abuse policies that enable employers and colleagues to both support victims and deal with perpetrators of domestic abuse in their workforce.

Recommendation 3: Public Awareness

Birmingham Community Safety Partnership defines the extent of the activities needed in the City to effectively change attitudes to violence against women and girls and the extent to which the Partnership is able to deliver them.

The Home Office should provide guidance for employers on workplace domestic abuse policies that enable employers and colleagues to both support victims and deal with perpetrators of domestic abuse in their workforce (as recommended by the Home Office Quality Assurance Panel).

APPENDIX A: MEMBERS OF THE REVIEW PANEL

- Paula Harding, Independent Chair
- Amandeep Sanghera, Detective Inspector, West Midlands Police
- Anne McGarry, Lead Nurse for Safeguarding Adults and Mental Capacity Act, Birmingham Community Healthcare Trust
- Gemma Wragg, Refuge Manager, Birmingham & Solihull Women's Aid
- Jacqui Oldbury, Safeguarding Practice Learning Manager, Birmingham Children's Trust
- Joanne Mardell, Named Midwife/ Safeguarding Team Manager, Birmingham Women's and Children's NHS Foundation Trust
- Melanie Homer, Designated Nurse for Safeguarding Adults and Children, Birmingham and Solihull Clinical Commissioning Group
- Ruth Levesley, Chief Executive, Relate Birmingham
- Steven Perry, Deputy Head of Birmingham Delivery Unit, National Probation Service