

safe & sound

Dudley's Community Safety Partnership

Simon Hill - Independent Chair

Completed August 2026

Katherine Dod. August 2023 Domestic Abuse related Death Review

Executive Summary.

Pen portrait of Katherine

The Domestic Abuse related death Review (DARDR) made initial contact with Katherine's daughter who understood why a DARDR was taking place but felt unable to engage with the review at that time. This continued to be her position when the Chair informed her the review was completed. She was given the option to read the DARDR or simply contribute a pen picture but chose not to take up these options.

Katherine's line managers and colleagues described her as a caring, empathetic and patient-centred individual who was deeply committed to helping others. They reflected that she loved her job and thrived on contact with patients, consistently striving to provide support and make a positive difference in people's lives. She was known for her willingness to help anyone in need, her approachable nature, and her ability to put people at ease. They further described her as kind and considerate, noting that she never spoke unkindly of others. These qualities were reflected in the support and goodwill shown towards her by colleagues throughout her employment.

Despite experiencing significant personal, financial and health challenges, Katherine remained committed to her work and to supporting others. The information available to the Review suggests that she took great pride in her role, valued her relationships with colleagues and family, and demonstrated considerable resilience in the face of adversity. Although only limited personal information was available to the Review, the accounts received consistently describe Katherine as a compassionate, dedicated and caring person whose positive impact on those around her was evident both personally and professionally.

Health issues linked to and exacerbated by the experience of domestic abuse

1. The DARDR related to Katherine, a woman who died in a Worcestershire General Hospital from natural causes, linked to longstanding alcohol misuse and other connected health conditions.

2. She had been for some years a high-risk victim of domestic abuse, which had a significant impact upon both her physical and mental wellbeing.
3. The Review recognised that Katherine suffered health conditions; an eating disorder, anorexia and asthma and an alcohol use disorder, and that these vulnerabilities were attributable to her experience of domestic abuse. The impact of these problems was only recognised in the last weeks of Katherine's life, although asthma had been recognised as a recurrent health problem for some time.
4. These conditions can not only be caused by domestic abuse but can also be exacerbated by it, and the DARDR therefore recommended health agencies promote awareness of these health conditions which could be an indication of domestic abuse.

The DARDR recommends that all health agencies provide assurance to 'Safe and Sound', the Dudley Community Safety Partnership concerning how they have raised awareness of the known link between some health presentations, such as eating disorders, or anorexia and asthma, and domestic abuse. Recommendation 2

Primary care support for victims of domestic abuse

5. The DARDR noted that there was a lack of appropriate questioning and professional curiosity by Katherine's GPs when she presented with health conditions that could have indicated to her GP that she may have been experiencing domestic abuse. This is a frequent observation in DARDs and DHRs, which prompted discussion within the panel about the desirability of routine questioning for domestic abuse, by trained primary care staff. (Although, once IRIS trained (2024) the GP practice's referral rate increased, the use of routine questioning may lead to an increased number of victims who feel able to disclose abuse when asked.) The IRIS training delivered follows a strict national template, which would not easily accommodate, at present, a unilateral change by the Black Country ICB to routine questioning, even if they felt it was appropriate.

The DARDR recommends that Black Country Women's Aid, as commissioned providers of IRISi across Dudley and the Black Country, propose to the Director of Programmes and Innovation at IRISi that they consider the feasibility of recommending routine screening for domestic abuse in GP practices and out of hours services and that this be included in all IRISi training packages for health practitioners. Recommendation 5

Employer support for staff experiencing domestic abuse: recognising the signs

6. Katherine was an employee of the Dudley Group Foundation NHS Trust (DGFT) in a patient facing role, working in a Black Country General Hospital. Her vulnerability from domestic abuse was known to DGFT managers and Human Resources but only latterly to the hospital safeguarding team.
7. The review identified that due to the coercion and control experienced from her abuser, Katherine would sometimes provide inaccurate information to her line managers to reassure them that risk was being managed. The review concluded that DGFT's domestic abuse policy should guide staff on how to demonstrate respectful uncertainty when a staff member and victim of DA shares information and seek consent from a victim for interagency information sharing in relation to DA. The review proposed that the DGFT DA Policy should identify the threshold for sharing without consent.

The DARDR recommends that 'Safe and Sound', the Dudley Community Safety Partnership seek assurance from the Dudley Group Foundation NHS Trust that their redrafted Domestic Abuse policy includes guidance to managers on when it would be appropriate to share or seek information concerning suspected domestic abuse of a member of the Trust. This should include all aspects of consent and a threshold for sharing without consent if there is a risk of serious harm or death. The policy should make it clear these issues must be discussed with safeguarding team. Recommendation 6

8. DGFT acknowledged that whilst Katherine's line managers, the hospital Independent Domestic Violence Advocate (IDVA) and Human Resources provided good levels of

support when they discovered Katherine was a victim of domestic abuse (including financial support and guidance) the Safeguarding team were not informed of concerns soon enough.

9. The DGFT have proposed they update the Trust's Domestic Abuse and Alcohol, Drugs and Substance Misuse policies to emphasise the expectation that managers and staff will involve the DGFT safeguarding team where domestic abuse is disclosed or suspected.

Alcohol and drugs use by victims of domestic abuse

10. There were concerns raised by work colleagues that Katherine may have an issue with her alcohol use. The co-occurrence of known domestic abuse and possible alcohol use disorder should have alerted managers to ongoing risk. The DARDR noted a lack of confidence shown by line managers in identifying the impact of alcohol and a missed opportunity to seek support from the safeguarding team.

The DARDR recommends that 'Safe and Sound', the Dudley Community Safety Partnership seek assurance from the Dudley Group Foundation NHS Trust that their redrafted Alcohol, Substance Misuse Policy raises awareness of how to identify possible drug, alcohol and substance misuse in staff where there are concerns, even though they do not meet the threshold to be considered unfit for duty. Policy should clearly identify the importance of early interventions with Human Resources and the Safeguarding team, to balance the needs for support with the need to safeguard the individual, patients and colleagues.

Recommendation 1

11. The review recognised that where a victim listed at MARAC has alcohol use disorder (or substance misuse) it is essential that support for both issues is provided. Experience in other LA areas has shown an alcohol and substance misuse Independent Domestic Violence Advisor (IDVA) at MARAC can assist with high-risk complex cases. The DARDR would encourage that approach but also noted that commissioning of alcohol and

substance misuse services in the future should be more closely aligned to prevent siloed working.

The DARDR recommends that 'Safe and Sound', the Dudley Community Safety Partnership propose to the DA Board that their Action Plan include assessing the feasibility of funding a substance misuse IDVA at Dudley MARAC. Recommendation 3

The DARDR recommends that commissioners of future DA services and substance misuse services in Dudley align DA provision and alcohol and drug misuse support more directly. Current providers of these services should investigate whether any joint working¹/partnerships could in the meantime be established and provide a summary of such arrangements to 'Safe and Sound', the Dudley Community Safety Partnership. Recommendation 4

12. When police officers attended reported domestic abuse involving Katherine and Lester, they often had been consuming alcohol. The DARDR noted that whilst the misuse of alcohol by a victim of domestic abuse is often a coping mechanism, it can also be a means of control, encouraged by the perpetrator. It seemed to the review important that it should be recognised as a sign of increased vulnerability and risk on the part of a victim of abuse, rather than something which diminished or impacted upon the victim's reliability or credibility. It was felt that this learning should be incorporated into training so that Domestic Abuse Risk Assessments (DARA) allowed for officer judgement around drug or alcohol misuse in domestic abuse.

¹ An example of such possibilities is Sandwell BCWAs co-locating an IDVA with Cranstoun drug and alcohol services

West Midlands Police to consider whether Domestic Abuse Risk Assessments (DARA) training and guidance provided to frontline officers should now include recognising that drug and alcohol misuse should be seen as an aggravating factor for not only perpetrators, but also their victims. Drug or alcohol use by a victim may be encouraged by a perpetrator as a technique of control, or be a coping mechanism, due to the trauma of that abuse.

Recommendation 8

13. The review noted that professional curiosity and appropriate information sharing was sometimes absent in this case. This included a failure to identify Katherine's abuser by the DGFT as well as other agencies. This was seen as a basic safeguarding step that needs to be reiterated to professionals from all agencies.

The DARDR recommends that all agencies remind colleagues that whenever domestic abuse is disclosed or suspected, professionals should seek to identify the abuser by making direct enquiry or seeking information from partner agencies. Recommendation 7