

safe & sound

Dudley's Community Safety Partnership

Dudley Domestic Abuse Related Death Review 12 : Katherine

Learning Briefing

This briefing should be read by all practitioners who may need to consider safeguarding adults from domestic abuse (DA). This includes personnel and HR managers who may become aware of an employee as a victim (or perpetrator) DA

Background facts: The DARDR related to Katherine, a Dudley woman who died in a Worcestershire General Hospital from natural causes, linked to longstanding alcohol misuse and other connected health conditions. 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. She was an employee of a Black Country hospital and team managers were aware of the abuse and tried to offer support. West Midlands Police dealt with a number of reports of DA over the years, and Katherine had been listed for MARAC¹

Key Learning: Katherine suffered with an eating disorder, anorexia and asthma. 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.

Recommendation: 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.

Key Learning: 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 .

Recommendation: 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.

¹ A MARAC (Multi-Agency Risk Assessment Conference) is a local, regular meeting where different agencies (social care, police, health) share information to protect people at high risk of serious harm or death from domestic abuse

Key Learning: Katherine was an employee in a patient facing role, working in a Black Country General Hospital. Her vulnerability from domestic abuse was known to managers and Human Resources but only latterly to the hospital safeguarding team. 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 the Hospital Trust'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.

Recommendation: The Trust should redraft Domestic Abuse policy to include 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.

Key Learning: 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.

Recommendation: The Trust should redraft their Alcohol, Substance Misuse Policy to raise 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.

Key Learning: 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.

Recommendations: 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. 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 working²/partnerships could in the meantime be established and provide a summary of such arrangements to 'Safe and Sound', the Dudley Community Safety Partnership.

² An example of such possibilities is Sandwell BCWAs co-locating an IDVA with Cranstoun drug and alcohol services

Key Learning: When police officers attended reported domestic abuse involving Katherine and the perpetrator, 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.

Recommendation: 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.

Key Learning: 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 Trust employing her as well as other agencies. This was seen as a basic safeguarding step that needs to be reiterated to professionals from all agencies.

Recommendation: 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

More information: To access the full report and Executive Summary, including individual agency recommendations please visit:

<https://www.dudleysafeandsound.org/dudley-dhrs>

For more information in respect of Domestic Abuse please visit our Help hub:

<https://www.dudleysafeandsound.org/help-hub>