

Safer MK

Domestic Homicide Review Overview Report

Angelica (January 2021)

Published November 2024

"In the heart of our home, she was a radiant presence. We shared countless evenings cooking up Indian delicacies, baking sweet memories, engrossed in films, and revelling in her delightful, quirky humour. She was more than just an extraordinary cook and financial sage; she was the embodiment of unconditional love, she felt like a superhero because of how many things that she was able to do. Her nurturing spirit and boundless affection left an indelible mark that no human on Earth could replicate. She was a beacon of strength, and a constant source of joy."

With love from your children

"My Beautiful little sister, Angelica. You were the baby of the family, the light in my eyes and now you have gone in such a very sad way it has left a hole in my heart which will never heal. My sister was the life and soul of everything we did, her beauty and smile would light up any room. We have been hit with a deep feeling of loss and I miss you more than you ever imagined. The sorrow my heart barely bears. Your love is always present and our love for you will never die as you live through your children, the heart and soul of you. You had your whole life ahead of you, you had a future, your family, and children. You were taken away from us too soon, but we can only pray that you are resting in eternal peace in the loving arms of Dad and Mum. I am honoured I got to spend my childhood with you and times thereafter. We had the best childhood anyone could ever ask for. You were so much fun, crazy, beautiful, smart, caring and so kind. I would wait to see you and you always came running to give me the biggest hug and put your head on my chest just like you always did since you were a baby. You would always ask what I bought you as you knew we would spoil you whenever I could. We always laughed so much and told so many jokes and stories. I remember the dances and the shows we would put on in our younger days with our makeshift lights and we would dance till we were shattered. We did the most funniest things together and would get told off but we always got away with it. All our joyful moments will be remembered every day just like you are remembered every single day. Your essence, wisdom, goodness, and love will always surround me".

With love from your sister.

"Angelica, you were my baby sister, my soulmate, my best friend we talked every day. We looked forward to seeing one another every week. I miss the big hugs you gave me when we met and the fun we had cooking, shopping, and dancing together. Holiday times are very difficult for me especially since you have gone because we spent it together. I think of you every day and listen to the music we both liked and tears fall. You had the biggest heart and you helped so many people when they needed help. You went through a lot of pain in your marriage, and you still tried your best to keep your family together. You had two children, one of which you said 'was a miracle'. Your friends have now become my friends. It's a way for us to all deal with the loss of the kind-hearted woman you were. Forever in my heart".

With love from your sister.

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1. INTRODUCTION

This domestic homicide review was commissioned by Milton Keynes Community Safety Partnership (known as Safer MK) following the death of Angelica. She was 43 years old. The key purpose of undertaking domestic homicide reviews (DHR) is to identify the lessons to be learnt from homicides in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

(b) a member of the same household as himself

For lessons to be learnt as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each case, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

This report examined the contact and involvement that agencies had with Angelica and her husband between January 2014 and the time of Angelica's murder in January 2021. In addition to the agency involvement, this report also examined any relevant past history of abuse and incorporated the views, thoughts and questions raised by Angelica's family and friends.

The panel wishes to express their condolences to Angelica's family and friends following her murder. The panel would also like to thank all those who have contributed to this review.

1.1. Timescales

Milton Keynes Community Safety Partnership was notified of Angelica's death on 1 February 2021. The Partnership reviewed the circumstances against the criteria set out in the Multi Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2016) and recommended to the Chair of the Community Safety Partnership that a domestic homicide review should be undertaken. The Chair ratified the decision to commission a domestic homicide review on 1 March 2021 and the Home Office was notified on 20 May 2021. The commencement of the domestic homicide review was delayed because of the police investigation and the subsequent trial.

1.2. Confidentiality

The findings of this review remained confidential and were only available to participating professionals, their line managers and members of the domestic homicide review panel until after the report was approved by the Home Office Quality Assurance Panel.

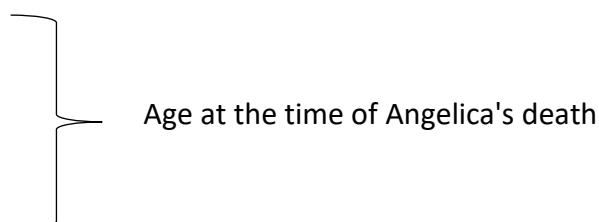
To protect the identity of the family members, the following anonymised terms and pseudonyms have been used throughout this review:

Angelica – victim deceased aged 43

Perpetrator – husband aged 46

Older child – aged 18

Jojo – younger child aged 5



2. THE REVIEW PROCESS (METHODOLOGY) & TERMS OF REFERENCE

The review was conducted in accordance with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) under s.9 (3) Domestic Violence, Crime and Victims Act (2004).

2.1. Time period

The domestic homicide review panel decided that the review should focus on the contact that agencies had with Angelica, her husband and their children between January 2014 and the time of Angelica's murder in January 2021. The panel decided on this time frame because this would capture information following the birth of their younger child and the more recent history of abuse and violence within their relationship. The panel agreed, however, if any agency had relevant information outside of this period, this information should be included in the individual management review or information report.

2.2. Family engagement

The independent chair wrote to Angelica's family and to her older child to explain that a domestic homicide review was taking place. They were provided with leaflets from the Home Office and Angelica's family members were supported by advocates from AAFDA (Advocacy After Fatal Domestic Abuse). Angelica's family had the opportunity to contribute to the terms of reference, review the completed draft and choose a pseudonym. Her older child had a homicide caseworker from the Victim Support Homicide Service, but chose not to engage during the course of the review. However, when the review was complete, the older child took the opportunity to read the report, supported by their homicide caseworker. Comments from the older child are within the report. The chair met several times in person and online with Angelica's family and also met online with the older child.

A letter was sent to the perpetrator in prison asking whether he would like to contribute to the review. He did not respond.

2.3. Agencies and other contributors to the review

Individual management reviews and chronologies were requested from:

- i. Central and North West London NHS Foundation Trust (CNWL)
 - Health Visiting
 - IAPT (Improving Access to Psychological Therapies)
 - Mental Health Hospital Liaison Team
- ii. General Practitioners
- iii. MK-ACT (Women's Aid)
- iv. Milton Keynes Children's Social Care
- v. Milton Keynes University Hospital Foundation Trust
 - Emergency Department
 - Obstetrics and Gynaecology
 - Pain Clinic

- Trauma and Orthopaedics
- vi. Infant School
- vii. Secondary School
- viii. South Central Ambulance Service
- ix. Thames Valley Police

A chronology was requested from:

- x. Adult social care

Adult social care was asked to provide information as the occupational therapist had visited Angelica's home and may have been in a position to provide further detail about the family's presentation. There was however nothing relevant to this review in the records.

All the authors of the individual management reviews and the information reports were independent of the case i.e. they were not involved in the case and had no direct management responsibility for any of the professionals involved. All agencies included any relevant information about Angelica, her husband and their children.

2.4. Key lines of enquiry

The individual management reviews addressed both the 'generic issues' 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 knowledge or information did your agency have that indicated Angelica was a victim of abuse, coercive control or domestic violence and how did your agency protect her? How did your agency assess the risk that the perpetrator posed? What referrals did your agency make?
- If your agency had information that indicated that Angelica might be at risk of abuse, coercive control or domestic violence was this information shared? If so, with which agencies or professionals?
- What did professionals understand about Angelica's experience as a woman from a South Asian background? Did professionals consider the additional difficulties she might face? How were these difficulties mitigated?
- Did your agency consider whether Angelica's alleged drug/alcohol use may have acted as a barrier to her disclosing that she was a victim of domestic abuse? Did your agency consider drugs/alcohol when assessing the risk that Angelica faced?
- What knowledge or information did your agency have that indicated the perpetrator might be violent, abusive or controlling and how did your agency respond to this information?

- Was there anything about Angelica's children's presentation that indicated that they were witnessing domestic abuse or living in a household with domestic abuse? If so, how did your agency support and protect Angelica and her children?
- Did Covid19 have an impact on the support that was offered or provided to Angelica? Did professionals have face-to-face contact with her? If not, how did professionals assess the risk she faced?
- How did your agency triangulate the information that was provided by the perpetrator? For example, his description of Angelica's drug use. Was the information he gave simply taken at face value? How did your agency explore this information with Angelica? How were her views sought, especially when she appeared under the influence of medication, her mobile was not working or she was not contactable?

2.5. Review panel

The review panel met five times via MS Teams and twice in person. All the members were independent of the case i.e. they were not involved in the case and had no direct line management responsibility for any of the professionals involved in the case. The review panel comprised:

- Independent Chair and Author
- Specialist in supporting black and minoritised victims of abuse
- Senior level member of staff, Central and North West London NHS Foundation Trust (specialist in drug and alcohol misuse)
- Senior level member of staff MK-ACT (Women's Aid)
- Senior level member of staff, MK City Council Domestic Abuse Co-ordination
- Senior level member of staff, Mental Health Services, Central and North West London NHS Foundation Trust
- Senior level member of staff, Domestic Abuse Unit, Thames Valley Police
- Senior level member of staff, Milton Keynes University Hospital Foundation Trust
- Senior level member of staff, Bedford, Luton and Milton Keynes Integrated Care Board
- Senior level member of staff, Milton Keynes Council Children & Families Service
- Senior level member of staff, Specialist Children's Services Central and North West London NHS Foundation Trust
- Senior level member of staff, MK Together Partnerships & Community Safety Partnership
- Support provided by MK Together team members

2.6. Author of the overview report

The chair and author of this review has been a freelance consultant for 23 years. She specialises in violence against women and girls, safeguarding children and vulnerable adults with a

particular focus on domestic abuse. She has undertaken research on domestic abuse for Community Safety Partnerships and conducted audits and practice reviews for Local Safeguarding Children Boards. She has chaired and authored over 30 serious case reviews/domestic homicide reviews. She has a Master of Business and Administration (MBA) from Bradford University School of Management (2000) and a Master of Laws (LLM) in Child Law from Northumbria University (2011). She is independent of, and has no connection with, any agency in Milton Keynes, although she was employed as the Business Manager for Milton Keynes Safeguarding Children Board for ten months during 2010. The chair has completed two previous domestic homicide reviews for SaferMK (2015 & 2017).

2.7. Parallel reviews

The MK Together team liaised with HM Coroner who confirmed there was no inquest as the perpetrator admitted murdering the victim. The perpetrator was convicted of murder in 2021.

2.8. Equality and diversity

Angelica was British Sikh and her husband was British Hindu. All aspects of equality and diversity were considered throughout this review process particularly age, disability, race, sex and religion – where applicable they are discussed throughout the report. To ensure the review process considered issues around domestic abuse and race, the panel included representatives specialising in domestic abuse as well as a professional who specialises in supporting black and minoritised victims of abuse. Advice was also sought from Sikh Women's Aid. Joanna Sharpen Consultancy¹ provided information concerning the impact of domestic abuse on children. Their thoughts and views are reflected throughout the report.

2.9. Dissemination

In addition to the organisations contributing to this review (listed in paragraph 2.3), the following will receive copies of the learning from this report:

- Safer MK
- Thames Valley Police and Crime Commissioner
- Infant School
- Secondary School
- Department for Education
- Ofsted (Office for Standards in Education, Children's Services and Skills)

3. THE THOUGHTS OF ANGELICA'S FAMILY

The chair met with Angelica's sisters and their AAFDA (Advocacy After Fatal Domestic Abuse) support workers. They provided a wealth of information about Angelica's life with the perpetrator. Her sisters described her as a strong and funny woman. She was the youngest of five and was "*everyone's baby*". She was beautiful, petite, full of energy and life. She was kind and could light up any room.

Although Angelica told professionals that she was estranged from her family, she often met them in secret. Her sister described secretly meeting her a couple of times a week. Sometimes

¹ Joanna Sharpen Consultancy - see <https://josharpen.wordpress.com>

they even booked a hotel overnight so they could spend time together. Over time there were fewer opportunities for them to meet but Angelica was close to her family and often told them what was happening at home. They explained that Angelica became pregnant early on in her marriage. As her pregnancy began to show, the perpetrator started calling her a "*fat pig*". She was upset so she tried not to eat in front of him, because it made him so angry. On one occasion, he caught her eating. He grabbed her by the throat, pushed her head down the toilet to make her sick and kicked her in the stomach. Shortly afterwards, she found out during a hospital scan that her unborn baby (seven months) had no heartbeat.

Angelica's hospital records stated that "*it is clear that baby was significantly growth retarded, at 24 weeks was below the 3rd centile but growing parallel to it. The only abnormalities on the post mortem were of significant placental infarction*". Her sisters explained that Angelica never really recovered from losing her baby. The perpetrator even prevented her from visiting the baby's grave – so again, she had to do it in secret.

When Angelica married the perpetrator, they lived in Bedford near to Angelica's family. Around 2007, he insisted that the couple move to Milton Keynes. From this point onwards, he tried to isolate Angelica from her family and friends. He stopped all visitors. The perpetrator told Angelica what she could wear, where she could go and who she could see. Initially Angelica worked for a high street bank but after her back injury in 2011, she was unable to continue working because of the pain. Ultimately, she was asked to leave because of the amount of sick time she required. Angelica told her sisters that she was carrying the laundry down the stairs when the perpetrator kicked her hard in her back and she fell. From this point onwards she lived with severe back pain. The older child's recollection was that Angelica had twisted her ankle and fallen down the stairs when the family was on their way out to a pub lunch.

It appears that around 2011, the perpetrator was dismissed from work following an altercation with a colleague. Both Angelica and the perpetrator said it was so he could look after Angelica and their younger child who was born in 2015. He was in receipt of carer's allowance. Angelica's sisters described how Angelica did everything in the household – all the cooking, cleaning, car washing, grass mowing and looking after the children. The perpetrator expected his meals delivered to his room on a tray. If he did not like them, he threw them back at her. The older child confirmed that Angelica did most of the housework but felt that the perpetrator's behaviour was not quite that extreme.

On one occasion, the perpetrator forced Angelica's morphine and some tablets down her throat and locked her in the garden. It was night-time and raining. She phoned her sisters and she was crying, but begged them not to call the police because "*he will kill me*". On another occasion, the perpetrator phoned some of Angelica's relatives – he was laughing saying that he had "*cracked*" her jaw and he called her a "*slag*". He also telephoned his brother in Australia to tell him what he had done to Angelica. Angelica told her sisters that he thought she was having an affair because she had made some food for a neighbour's son. Again, she begged her sisters not to call the police.

According to Angelica's sisters, the perpetrator often beat Angelica – he even hit her in the back with a plank one week before she was due to have her spinal surgery. Angelica was never allowed to leave the house without his permission. Despite all this, her sisters explained that

Angelica always "covered" for him and excused his behaviour. She always said it was her own fault that he assaulted her.

Although the perpetrator was in receipt of carer's allowance, Angelica paid the bills. Her sisters gave her clothes and food. Her father gave the couple significant amounts of money. A few months before her murder, the perpetrator made Angelica sign over her half of the house to him. Just before Christmas 2020, Angelica told her sisters that he had cut up her bank cards and credit card. She was distraught because she could not buy food or presents for her children.

According to Angelica's sisters, the perpetrator always used drugs. He started with "weed" but then moved on to cocaine. Angelica was forced to drive the perpetrator's drug supplier about to pay off the perpetrator's cocaine debt. The perpetrator often made threats to kill Angelica's family and it was clear that she (and her family) took the threats seriously.

Angelica's family asked that this review set out why the perpetrator's views (having killed Angelica) were taken into account by the Family Court when considering Jojo's future.

4. BACKGROUND INFORMATION (THE FACTS)

Angelica and the perpetrator had been married for 25 years. Theirs was a 'love match' and Angelica therefore did not have an arranged marriage. The family moved from Bedford to Milton Keynes around 2007. They had two children. At the time of Angelica's murder, Jojo was 5 years old and lived at the family home. Their older child was 18 years old and was away at university.

On a day in late January 2021, the perpetrator phoned Thames Valley Police stating that he had killed his wife. Officers found Angelica in the garage wrapped in bin bags. She had been stabbed multiple times and her throat had been slit. She was 43 years old. There were no life-saving opportunities. The perpetrator was remanded in custody until his trial in October 2021. He was convicted of murder and was sentenced in November 2021 to serve a minimum term of 22 years' imprisonment.

In July 2022, the perpetrator took his own life in prison.

5. CHRONOLOGY OF SIGNIFICANT EVENTS

In 2011, Angelica sustained a back injury having fallen down the stairs (she told members of her family that the perpetrator pushed her). Following this injury, Angelica was in constant pain which was treated with analgesia including morphine and she struggled with her mental health.

In 2014, she became pregnant. Throughout her pregnancy, Angelica described the perpetrator as supportive and she told professionals that he had given up his job so he could care for her. During this time, her mood was fluctuating and she was also described as "low" on a number of occasions. Angelica said that it was her pain that affected her mood. There was information within her records to suggest that Angelica had been drinking large amounts of alcohol (on and off) since 1995 which became worse following a still birth at 32 weeks in 2001 and her back injury in 2011.

Jojo was born in early February 2015. In June 2015, Angelica self-referred to IAPT (Improving Access to Psychological Therapies). During the initial assessment she described struggling with

her back pain and with parenthood. She often felt worthless and she was not able to cope with her feelings of anxiety – she was also using alcohol.

In November 2016 IAPT (Improving Access to Psychological Therapies) raised concerns with the Health Visiting Team about Angelica's "*behaviour with her child*". Angelica said that she had periods of depression, irritability and lost her temper. Angelica was seen by the health visitor and explained that her irritability was due to her pain and not being able to spend enough time with Jojo.

Angelica was admitted to Milton Keynes University Hospital in August 2017 for spinal surgery. She discharged herself early saying she wished to go home to recover. She was reviewed in the Pain Clinic in September 2017 and she said her pain was worse. Her morphine capsules and morphine solution were increased.

On 1 June 2018, Angelica visited her GP. She said that two weeks earlier she had fallen forwards and hit the right side of her face on the kitchen sink. Her face felt numb, there was a lump, a bruise under her right eye and her teeth were not aligning. She had gone to the Emergency Department but was unable to wait to be seen so had left. She was seen by the Maxillofacial and Orthodontic Team. There was no structural damage to her face or cheek and she was discharged from the service.

On 28 October 2018, Angelica's sister made a third-party online report to Thames Valley Police raising her concerns that Angelica was a victim of domestic abuse. Her report ended:

"I basically want this info recorded for future, if she does go missing commits suicide or he kills her."

An officer visited Angelica at home. Both the perpetrator and their older child were in the house. Angelica did not disclose any offences. The DASH (domestic abuse, stalking and honour-based violence) risk assessment was graded medium and a referral was made to the MASH (multi-agency safeguarding hub). On the basis that there had been no previous concerns raised by education or health, it was decided that there would be no further action.

On 21 January 2019, Angelica self-referred to IAPT (Improving Access to Psychological Therapies). She had 18 sessions over the following months.

The nursery phoned the health visitor on 4 March 2019 because there were concerns about Angelica. She told them that she was on lots of medication and admitted that she would not get up in the morning if it were not for her young child. The staff were also concerned about her low mood and that sometimes she seemed "*spaced out*". Angelica was seen by the health visitor at home on 12 March 2019. Angelica declined a referral to the Children and Families Practice.

Angelica was admitted to Milton Keynes University Hospital in July 2019 for a hysterectomy. It was noted that her pain was difficult to control. Angelica self-discharged early. She said that she could relax at home and recover better. In October 2019, Angelica was assessed by the Pain Clinic. She continued to be reviewed regularly and saw a pain psychologist and agreed to start the 'pain management programme' in January 2020.

On 19 May 2020, Angelica had a telephone consultation with her GP. She had fainted a couple of times, once that morning whilst doing the washing. In June 2020, Angelica's IAPT (Improving

Access to Psychological Therapies) worker sent a letter to her GP explaining that she had completed a second course of cognitive behavioural therapy and was being discharged back to the care of her GP.

Angelica called the MK-ACT (Women's Aid) helpline in October 2020, because she had decided to end her marriage. She told the call taker that the perpetrator had physically assaulted her two days earlier. She wanted help with housing and was signposted to Wycombe Women's Aid as they had a place in their refuge. On 5 November 2020, Angelica told the designated safeguarding lead at her younger child's school that she had been experiencing domestic abuse for 21 years. A multi-agency safeguarding hub (MASH) referral was made and she was advised to call the police. The case was allocated to a support worker from the Children and Families Practice. Both parents were seen in November 2020 and agreed to engage. The plan was for Angelica and the perpetrator to undertake healthy relationships work² and they were provided with information about 'relationship counselling'. They agreed to engage with the Children and Families Practice to understand the impact on children of exposure to domestic abuse.

On 14 December 2020, the perpetrator called South Central Ambulance Service stating that Angelica had tried to take her own life. Thames Valley Police also attended. Angelica was seen at the Emergency Department of Milton Keynes University Hospital by the Hospital Liaison Team. Three MARFs (multi-agency referral form) were completed concerning the children – by South Central Ambulance Service, the Emergency Department and the Mental Health Hospital Liaison Team. The Children and Families Practice telephoned Angelica on 17 December 2020. Angelica said that her and the perpetrator were going to separate.

On 21 December 2020, a worker from the Children and Families Practice made a telephone call to the house (as Angelica was not contactable on her mobile). She spoke to the perpetrator who confirmed that they were separating. He explained that he had "*changed and understands how to control his behaviour and will not be like that again*". On 24 December 2020, the worker spoke to Angelica on the telephone. Angelica said she wanted to "*move on*" as soon as possible. Then on 30 December 2020 she told Children's Social Care that they were going to stay together, as they had had a good Christmas. Angelica asked for the case to be closed to Children's Social Care on 13 January 2021. Children's Social Care agreed as there was "*no information to suggest domestic abuse*". Both parents were described as engaging well with safety planning. The plan was that the perpetrator would go out for a walk if he felt frustrated and Angelica would listen to music.

The perpetrator murdered Angelica just over two weeks later in late January 2021.

6. OVERVIEW OF AGENCY INVOLVEMENT AND ANALYSIS

6.1. Thames Valley Police

Angelica was not known on the police national computer (PNC). The perpetrator had one previous record on the police national computer (PNC). This related to a caution³ issued in 2005

² For further information see <https://www.milton-keynes.gov.uk/supporting-families/healthy-relationships-project> accessed online 26 September 2022

³ Police caution - Cautions (technically, "simple cautions") are used by police to deal with low-level criminal offending, usually by first-time offenders. The caution is an '**out of court disposal**'. Use of a caution avoids the need to charge a person and initiate a prosecution, which is the route to a conviction.

in Bedfordshire following a road rage incident (the older child, aged three, was in the car). During the incident, the perpetrator got out of his car, opened the car door of the other driver and punched him several times in the face causing bruising and cuts. Bedfordshire Police also recorded an incident in August 2005 between the perpetrator and Angelica. It stated "*Husband and wife had verbal argument about making a cup of tea. No offences present*".

On 28 October 2018, Angelica's sister made an online report to Thames Valley Police. She wrote:

"I'm concerned about my sister who lives at [REDACTED]. Her name is Angelica. Her husband has been violent to her over years and she is so scared of him. He has tried to strangle her on a few occasions. He even gave her a black eye and cracked jaw in May this year but she didn't tell GP what happened. His language is disgusting towards her and he also thinks she is having affair just because she bought new knickers. He said she can't talk to her family. This man is mental and he said he will kill her if she goes. And he will trust me. She has 2 children, one 16, one 3 who have to watch what he does to her. She is hurting herself by banging her head on walls. I basically want this info recorded for future, if she does go missing commits suicide or he kills her."

An officer went to Angelica's home that day. She appeared surprised but assumed that he was there in connection with a road traffic collision she had had a few days earlier. Although it was not the reason for his visit, the officer used the collision as a reason to speak with Angelica without arousing the perpetrator's suspicion. Angelica was described as relieved when given a cover story as to why she and the perpetrator were separated for a chat. The officer described Angelica as appearing medicated – sometimes manic and at other times lethargic.

Angelica spoke about the traffic collision and her subsequent admission to Milton Keynes University Hospital. She explained that she had had back surgery 12 months ago following an injury when she fell down the stairs about six years earlier. She said she fell when she was rushing to get out of the house for a night out with the perpetrator. Angelica went on to say that her husband and children were her "*rock*" and she could not exist without them. She said that her life was keeping the house, pottering to the shops and looking after the children.

Angelica was asked about her family and initially said that she did not have family, but then that she was estranged from them. She stated that there was a family rift due to her marrying a non-Sikh. She then mentioned that her sister was a "*poison*" in her life and had little to do with her. She was told that the report to police was about her being assaulted. She denied any assaults taking place and said that she was more likely to cause a row than the perpetrator. She explained that he was into martial arts and if he were to do anything to her, he would break her in two. She said that she had stopped drinking and had been teetotal for eight months. She explained that when she drank, she caused rows and as a result had stopped drinking alcohol.

The officer tried to reassure Angelica that the aim of his visit was to protect her, and gave her the opportunity to speak to a female officer if she wished. Angelica declined stating that she got on better with men. She then commented that she had recently befriended a woman who had just come out of a women's refuge. She disclosed that she had been given a lot of information about domestic abuse by this friend. It was explained that there were specialist domestic abuse agencies available to support her if she was not confident to talk to police. She

was signposted to Karma Nirvana⁴. The officer recorded that "*he did have concerns about this family and felt he had not been given the full picture by Angelica. There were moments when she gave plausible accounts for the few challenges put to her, but also moments that raised concern*". She did not disclose any offences. The officer completed a THOR risk assessment:

T - The threat of serious harm was assessed as present but the officer believed more through coercive/mental control than violence. The DASH risk assessment recorded the perpetrator's road rage incident (2005), and added that it was unclear whether Angelica was aware of it

H - The harm would most likely be psychological/mental abuse and Angelica informed the officer that she was already under a counsellor/psychiatrist

O - The opportunity was ever present owing to the fact that she was dependant on the perpetrator due to her back injury and recent traffic collision. She informed the officer that she was housebound

R - Angelica was graded at medium⁵ risk of harm.

Jojo was not present. No concerns were raised in relation to their older child– who appeared unaffected and was happy to see the police. There was no record of whether the officer spoke to the older child. The officer requested that a SIG flag ⁶ was placed on Angelica's address. The report was sent to the MASH (multi-agency safeguarding hub), Children's Social Care and health. The report was also sent to the DAIU⁷ (Domestic Abuse Investigation Unit) who assessed the risk management provided by the attending officer as sufficient. No further attempts were made to contact Angelica or her sister.

The next contact came over two years later. On 14 December 2020, Thames Valley Police received a call from South Central Ambulance Service just before 9pm. South Central Ambulance Service had received a call from the perpetrator who said that his wife was withdrawing from cocaine and that she had been restrained by her 18-year-old child to stop her killing herself, as she had tried to grab a knife and also morphine. South Central Ambulance Service also informed Thames Valley Police that there was a five-year-old child in the property.

Police records showed that the perpetrator had told South Central Ambulance Service that Angelica had been on a four-month cocaine binge⁸ and had just returned. In order to pay for her habit, she was driving the drug dealers around and the perpetrator did not know whether she was withdrawing or still on cocaine. The morphine was prescribed to Angelica following a back operation a few months previously, but according to the information provided by the

⁴For further information see – <https://karmanirvana.org.uk/about/about-us/> accessed online 2 June 2022

⁵ Medium Risk – There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm, but is unlikely to do so unless there is a change in circumstances.

⁶ SIG Flag – a means of attaching information to an address, in order that it will flag up if a further incident is reported at the address.

⁷ DAIU (Domestic Abuse Investigation Unit) investigates all high-risk domestic abuse criminal cases, and manage the risk. At the time of this report, all medium risk cases were sent to DAIU (Domestic Abuse Investigation Unit) for them to review the risk management completed by the attending officer, and additional risk management if required.

⁸ The perpetrator's trial established (through hair samples) that it was he who had been on a cocaine binge, not Angelica

perpetrator, she should not have been driving. He also told South Central Ambulance Service (over the phone) that he was at the "*end of his tether*" and did not know what to do.

At 9.11pm, the police log was updated by the officers at the scene stating that Angelica was "*all in order*", and South Central Ambulance Service was asked to attend the address. A further update at 9.42pm stated that Angelica was on her way to hospital voluntarily with paramedics. The officer reported that the paramedics would create any referrals required.

During the investigation into Angelica's murder, it became apparent that she disclosed she had been a victim of domestic abuse for 21 years. She disclosed this to South Central Ambulance Service, the Emergency Department and the Hospital Liaison Team. Nevertheless, this was not documented in the police records. This information was shared with the Thames Valley Police Professional Standards Department. Both the officers who attended the incident in December 2020 provided statements which included the following information.

On arrival at the property, the officers said they were met at the door by the perpetrator who appeared calm but concerned for his wife. South Central Ambulance Service had not yet arrived. The officers found Angelica in the kitchen. She was described as "*confrontational and non-engaging*" and appeared annoyed that officers had been called. South Central Ambulance Service soon arrived on scene and according to the officers she engaged more positively with them. The officers therefore allowed South Central Ambulance Service to take the lead and question Angelica about her mental health and drug taking. She was vague about her mental health and stated she did not take any recreational drugs. There were knives on the kitchen worktop but Angelica made no move towards them. South Central Ambulance Service offered Angelica a mental health assessment at Milton Keynes University Hospital. She was initially reluctant to go but when the perpetrator entered the kitchen, he told her to, "*Just go, they are trying to help you*" and she became annoyed. The perpetrator was asked by officers to go and sit in the living room, which he did. On speaking with him, he informed officers that Angelica had recently made new friends who had got her into drugs. He said that before that they had a happy life. No immediate concerns were raised with respect to their relationship.

One officer described Angelica as slurring her words. She confirmed that she had consumed alcohol. She was leaning against the kitchen worktop and appeared drowsy. She informed the officer that she had prescribed medication and showed him a box full. He did not recall what the medication was, but Angelica informed him that either her child or the perpetrator, or both of them, had prevented her from taking the medication. Angelica stated that she and the perpetrator had separated previously because one of them had cheated – the officer did not recall which of them cheated – but they got back together to try to make the relationship work.

Following the incident in December 2020, the Thames Valley Police information system (Niche) contained only two entries. The first was from the MASH (multi-agency safeguarding hub) detective sergeant. The sergeant stated that there was insufficient information recorded to assess what concern had been raised, what action the MASH (multi-agency safeguarding hub) should take, or what information might need to be shared with Children's Social Care about a child. It was sent back to the officer in the case on 7 January 2021 requesting further information and/or the completion of a child protection referral. The officer in the case updated the report on 10 January 2021 stating that the incident had been dealt with by South Central Ambulance Service as they had informed Thames Valley Police that they "*would make*

their own referrals and safeguarding." Nothing further was therefore required from police or the MASH (multi-agency safeguarding hub) at this time. The officer in the case then closed the case. The officer's sergeant then approved the case closure on 1 July 2021, which was over six months after the initial incident, and five months after Angelica's murder.

Analysis of Thames Valley Police involvement

When Angelica's sister reported Angelica as a victim of domestic abuse, the officer saw her the same day. He completed a DASH (domestic abuse, stalking and honour-based violence) risk assessment and graded her medium risk. The report was sent to the MASH (multi-agency safeguarding hub) and from there it was sent to the DAU (domestic abuse investigation unit) for risk management. The names of both children were documented; however, Jojo's name was not spelt correctly – consequently incorrect details were shared.

The occurrence should have been reviewed by a supervisor within 96 hours of being recorded and should have been reviewed again by a supervisor before it was filed. Had it been reviewed, it may have highlighted that neither the attending officer nor the DAU (domestic abuse investigation unit) spoke to or saw Angelica's sister (as a potential witness). This was a missed opportunity to explore more fully the information she provided. It would have been a further opportunity to check whether Angelica's sister had any additional information and establish if any offences had been committed. It would have helped the police to understand more fully the risk that Angelica faced, as well as reassure her sister that her concerns were being investigated. Angelica's sister's full details were not established nor were they recorded on the system – so her details were unavailable and unsearchable on the police system (Niche).

A medium risk flag was placed on Angelica on the police system (Niche) so she could be immediately identified as at medium risk of domestic abuse in any future reports. A domestic abuse flag was also placed on the home address.

Nevertheless, opportunities were missed because police officers (and all professionals) working with suspected or actual victims of forced marriage and honour-based violence should have been aware of the 'one chance' rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage and honour-based violence cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.⁹ The 'one chance' rule can be extended to all forms of gender-based violence, including domestic abuse.

In December 2020 when officers went to Angelica's home, despite both children being present, neither were documented on the police system (Niche) as being involved in the incident. No safeguarding concerns were raised by the officers. This prevented any effective information-sharing with partner agencies in the MASH (multi-agency safeguarding hub). This was a missed

⁹ Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government 2022
<https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage/multi-agency-statutory-guidance-for-dealing-with-forced-marriage-and-multi-agency-practice-guidelines-handling-cases-of-forced-marriage-accessible#police-officers-guidelines> accessed online 27 September 2022

opportunity as a referral from the school had already been made the month before to the MASH (multi-agency safeguarding hub) about concerns for Angelica as a victim of domestic abuse. The family at the time was known to Children's Social Care, who were unaware of any concerns surrounding drugs or alcohol.

The perpetrator told South Central Ambulance Service that Angelica had been on a four-month cocaine binge. Although the veracity of this allegation was not established, the officers should still have completed an adult protection report. This should have been passed to the MASH (multi-agency safeguarding hub) so a referral to Adult Social Care could be considered. Again, this was a missed opportunity to consider safeguarding and support for Angelica. It would have also given Angelica the opportunity to explain what was happening in her world i.e. that the perpetrator did not allow her out of his sight and had effectively imprisoned her. According to the officers who saw Angelica in December 2020, she was confrontational and would not engage with them. Despite being described as non-engaging, she did tell them that she did not take recreational drugs, she explained that she was on prescribed medication and showed it to them and she said that she had been drinking alcohol.

During the incident in December 2020, the perpetrator provided information indicating that Angelica had been driving for drug dealers, that she was withdrawing from cocaine and had been on a four-month cocaine binge. This information should have been explored further with the perpetrator and with Angelica to establish the veracity of the allegations. If appropriate, it should then have been submitted as an 'intelligence report' and recorded on the police system (Niche).

Owing to the lack of detail provided by the officer in the case, the MASH (multi-agency safeguarding hub) requested further information. Despite this request, the officer closed the case stating that South Central Ambulance Service had made all the relevant referrals. The sergeant did not ratify the officer's decision to close the case until July 2021 which was five months after Angelica's murder. Clearly, such tasks should be done in a timely manner.

The Thames Valley Police individual management review asserted there were no formal recommendations for their service. The implication was that there was simply individual learning for individual officers. This is disappointing because the systems in place did not protect Angelica. She was not given the opportunity to describe the abuse that she was being subjected to by the perpetrator. The fact that in 2018 she had had a medium risk of harm flag placed on her name on the police system (Niche) appears to have gone unnoticed by the officers attending the incident in 2020 and unnoticed by the detective sergeant in the MASH (multi-agency safeguarding hub). Although 'inactive', this flag would have been visible in the police system history (Niche), as would the domestic abuse flag that was placed on her home address. Both flags would have ceased to be 'active' after a year but both could still be seen on the police system. Officers would normally be expected to look at the history in the police system when attending incidents.

Thames Valley Police did not identify any formal agency recommendations for its service, nevertheless there are opportunities for improvement (see recommendations).

6.2. Milton Keynes Children's Social Care

In October 2018 a referral was received from Thames Valley Police. It stated that Angelica's sister had raised concerns that Angelica's husband had been physically, emotionally and verbally violent towards her for many years. She stated that her purpose for contacting the police was to ensure that there was a record if Angelica ever went missing, took her own life or was killed. The police referral stated that Angelica had been seen by an officer and disclosed a considerable amount of information. It went into detail about her older child and husband being her "*rock*" and her sister being "*poison*". The referral included the full detail of Angelica's conversation with the officer. The referral suggested that Angelica appeared manic and thus introduced the possibility that she might be under the influence of drugs or alcohol. She was assessed as being at medium risk of harm by the officer.

The referral was screened by the MASH (multi-agency safeguarding hub). The decision was made that there would be no further action, as there had been no previous concerns raised by schools or health. Angelica had been spoken to and had made no disclosures and there was no other information to substantiate the third-party concerns. The decision was signed off by a Deputy Team Manager on 30 October 2018.

The next referral was two years later in November 2020. On this occasion a multi-agency referral form (MARF) was received from Jojo's school. It reported that Angelica had spoken to the school designated safeguarding lead and disclosed that she has been experiencing domestic abuse for 21 years. She said that her husband abused her verbally, physically and emotionally. She said that Jojo had witnessed incidents, the most recent being around April/May of 2020.

Angelica told the school designated safeguarding lead that the police had previously visited her but she had not shared any information with them because of fear and anxiety. She had previously attended the Emergency Department but had not disclosed the cause of her injuries. She had not talked to her GP about domestic abuse although she had previously contacted MK-ACT.

The referral also explained that Angelica had found a video recording of Jojo stating that Jojo did not want "*daddy to hurt mummy*" anymore. Angelica was concerned about Jojo being exposed to domestic abuse and said that her older child had witnessed domestic abuse in the past. Angelica said that the perpetrator had not hurt the children physically (nevertheless, information was provided to the panel that he had physically chastised their older child). She also told the school designated safeguarding lead that she was seeking a divorce and that the perpetrator had said that if she did, he was going to make things worse for her family. She explained that they were living in the same house and that she has no-where else to go. She did not want her husband to know that she had shared this information.

A further call was received from the school designated safeguarding lead on 6 November 2020. She said that Jojo was not in school. She said that Angelica had contacted the school explaining that Jojo had slipped and had hurt an ankle so she was keeping Jojo at home as it was causing Jojo some pain. The school was concerned about the timing of the absence (the day after the disclosure). A decision was made by Children's Social Care for the duty worker to call Angelica. Angelica did not answer her phone. Therefore, on Monday 9 November 2020, the duty social

worker called the school and a plan was devised to contact her via the school when she came to collect Jojo.

Angelica spoke to the duty social worker on the telephone and explained that her husband was trying to make amends. He said that he would do anything to keep his family together. She said that he had changed his behaviour and that he was getting help. Angelica explained that he was her carer, as she had disabilities following an operation on her spine. She stated that there were times when she was unable to walk independently or manage her intimate needs. She told the duty social worker that the perpetrator had previously shown reluctance to help her but he was now doing it willingly.

Angelica was asked about the previous police involvement in 2018. She confirmed that she had been seen by police but that she had not wanted to share her worries about the relationship for fear of splitting up the family. Angelica told the duty social worker she wanted to give him a chance to change as he had said he would do anything to keep them together. She said that she told the perpetrator about the video made by Jojo and that this had a significant impact on the perpetrator.

The duty social worker talked through the available options for support and Angelica said that she felt that the perpetrator would engage in healthy relationships work and other interventions to ensure that the family could stay together. She stated that she was happy for Jojo to be seen and offered 'protective behaviours' work. Angelica agreed to a referral to the Children and Families Practice for healthy relationship intervention.

The duty social worker did challenge Angelica in relation to her optimistic view, given that she had said that the perpetrator had been abusive throughout their 21-year relationship. It was agreed that the Children and Families Practice would support and monitor the family to ensure that Jojo felt safe at home. Angelica was advised that Covid19 meant the initial contact would be via telephone. Before the case was passed to the Children and Families Practice, the duty social worker spoke to the perpetrator. He was aware of the recording made by Jojo. The perpetrator said he was open to working with Children's Social Care and he would engage with healthy relationship work. This decision was signed off by a manager on 10 November 2020.

The case was allocated to a worker in the Children and Families Practice.¹⁰ She met with Angelica and the perpetrator on 24 November 2020. During this visit the couple told the worker that they had experienced a number of issues and that they were planning to get divorced and remarry as a way of having a new start. Angelica appeared *"comfortable talking about the abuse she had experienced in front of [the perpetrator]"*. The worker described a calm and frank conversation. Healthy relationship work was discussed and the parents both agreed that they would engage. They were advised that this would need to be done individually as the Covid19 restrictions meant that no groups were taking place. The worker discussed the couple's support network. They appeared isolated as they had little contact with their families and their older child was at university. Angelica spoke about the fact that her family members were all devout Sikh but that she was an atheist¹¹ and this had caused some tension, particularly when she had

¹⁰ Children and Families Practice workers are not social workers.

¹¹ According to Angelica's sisters, she remained a devout Sikh until her death. Clearly, she used her 'atheism' as a tactic to explain to professionals why she was isolated from her family – rather than saying she was prevented from seeing them by the perpetrator.

made the decision to marry the perpetrator. The perpetrator said that he had a brother who he spoke to on the phone. The couple talked about a friend who offered them both support and Angelica described her older child as being her "rock".

Angelica described her health problems which affected her mobility. The result of these issues was that the perpetrator was her carer and the main carer for Jojo. The perpetrator made reference to Angelica having had an affair and this was discussed openly with both parents present. The worker helped the couple develop a safety plan (around Jojo) and spent some time talking to them about the impact on children of witnessing domestic abuse. The worker also provided information to the couple about relationship counselling. Permission was given for the worker to meet Jojo at school.

On 9 December 2020, the worker met Jojo. Jojo appeared content and engaged well. Jojo was forthcoming about the things Jojo liked and was able to articulate the fact that Jojo was sad when mum and dad argued. The worker asked Jojo about the people who were important and this included Jojo's parents and older sibling. Jojo told the worker that s/he could phone the older sibling if the grownups were arguing. Following this session, the worker had no particular concerns about Jojo.

On 15 December 2020, Children's Social Care received two referrals about Angelica attempting to harm herself. One from South Central Ambulance Service and the second from a staff nurse at Milton Keynes University Hospital. The referrals stated that on 14 December 2020, South Central Ambulance Service had gone to Angelica's home because she was "*pulling*" a knife and had threatened to harm herself. The older child had restrained Angelica. The referral stated that both children were distressed.

On 17 December 2020 the worker from the Children and Families Practice spoke to Angelica over the telephone. Angelica said that she and the perpetrator had decided that they should separate. This concerned the worker as it was in direct contrast to the previous conversation when the couple had talked about getting married again and having a fresh start. Angelica explained that she and the perpetrator had argued, and he had threatened to tell her family about her past affair. It was this that led to her taking action and ending up in hospital. The worker discussed safety planning with Angelica i.e. to have her phone charged, contact MK-ACT and housing. She advised Angelica to call the police, go to the Emergency Department or go to a friend if she felt unsafe. Records stated that Angelica did not appear to be fearful of the perpetrator. He returned home during the conversation and Angelica elected to continue talking to the worker while he was in the house.

On 18 December 2020, Children's Social Care received the third referral concerning the incident which took place on 15 December from the Hospital Liaison Team.

On 21 December 2020, the worker raised her concerns with her line manager during supervision. Following this, an e-mail was sent to the MASH (multi-agency safeguarding hub). It detailed the fact that three separate referrals had been received about the same incident. It explicitly explained that the worker was worried because, when she spoke to Angelica about the knife incident, Angelica said that the perpetrator would not let her out of the house. Furthermore, Angelica had been quite dismissive of this, stating that it was her own fault because she had "*strayed*". Concerns were further raised, as it was the Christmas holidays and

Jojo would not be seen in school. The parents had decided to separate but remained under the same roof.

The response from the MASH (multi-agency safeguarding hub) was that *"this does not need a C&F assessment as yet. You have put a safety plan in place and there is no risk to [Jojo]"*. This was written by a deputy team manager in the MASH (multi-agency safeguarding hub) and a copy was included on Jojo's file.

The worker from the Children and Families Practice telephoned Angelica again on 21 December 2020. Initially it went to answerphone but finally the perpetrator answered. During her conversation with him, he explained that he and Angelica had decided that they should divorce. He said that they had discussed having joint custody of Jojo, that the perpetrator would remain in the family home and Angelica would apply for housing through the council. The following day, the worker visited Angelica's home. She delivered Christmas presents to Jojo. It was a 'doorstep' visit but she saw both children. Both appeared content. She observed a positive bond between them and the interaction caused her no particular concern.

The worker was on annual leave over Christmas and sent a text to Angelica explaining when she would be back. She arranged for a duty social worker to contact the family between Christmas and the New Year to ensure that all was well. In a text message back, Angelica thanked her for all the support and intervention, for which she was very grateful. She said that she was safe and alright but that she needed to move out and get the divorce underway after Christmas.

A duty social worker telephoned Angelica on 30 December 2020. She said that the perpetrator was present but indicated that she was happy to talk while he was there. She said that they had all had a good Christmas and had decided to remain together and make their relationship work.

When she returned from her holiday on 5 January 2021, the worker contacted the school designated safeguarding lead. The school designated safeguarding lead said that Jojo was in school. Jojo was one of only eight children in the class, so was well supported and observed. When asked by the teacher, Jojo said they had had a nice Christmas. The teacher however was a bit worried that Jojo had been told to say this.

On 8 January 2021, the worker met with Angelica for a walk (this was the first and only time she was seen alone). Angelica walked slowly with the aid of a stick but was able to speak without the perpetrator present. She talked about her poor health and the worker explored with her whether she felt trapped in the relationship as a result of her health issues. Angelica denied that this was the case and said that she and the perpetrator were speaking more and communicating better. She said that the family had had a good Christmas and it had been good to have her older child home. Angelica talked about having developed strategies around coping when tensions increased and said that the perpetrator was doing the same. She said that she was back on the waiting list for IAPT (Improving Access to Psychological Therapies) and that she had been prescribed an antidepressant to help level her mood.

The worker agreed to send Angelica further information about healthy relationships and the impact of domestic abuse on children. She telephoned the perpetrator later to gain his views. He said that he had learned to walk away from situations and that he was coping differently. The worker recalled him being pleasant and co-operative throughout the call and thanked her for her time.

The worker sent information to both parents highlighting the effects of domestic abuse on children. Angelica however telephoned her and asked why she had been sent this literature, given that they were moving on with their relationship. The worker explained that this had been agreed in their previous conversation.

On 13 January 2021 Angelica contacted the Children and Families Practice and spoke to the duty worker. She said that she wanted her case to be closed as she did not feel that there was any need to continue working with them. She said that she and the perpetrator just wanted to raise Jojo together and get on with their lives.

The worker was made aware of what Angelica had said and she then had a detailed conversation with her manager. Following discussion, it was concluded that there was no basis for escalation at that time. It was agreed that the worker would contact Angelica and send the updated safety plan. It was agreed that any further referral should progress to a Children and Family Assessment.

On 14 January 2021, the worker spoke to the couple together over the telephone. She told them about the discussion with her manager. The perpetrator asked about the Children and Family Assessment and what that would entail. The worker explored the safety plan with the couple and asked them to talk her through what had been agreed and how they would approach things in the future. The perpetrator said that he would take himself out of the situation by going for a walk and Angelica said that she would listen to her music. Jojo had his/her own phone with key numbers in it. Both Angelica and the perpetrator said that they had not communicated well in the past but they felt that they were able to enjoy some time together. The worker advised them to continue to work closely with the school.

The worker contacted the school designated safeguarding lead to explain the Children's Social Care plan. The worker also contacted IAPT (Improving Access to Psychological Therapies) who informed her, although the case was still open, Angelica had not responded to their contact with her. The worker sent a text to Angelica to advise her to make contact with IAPT (Improving Access to Psychological Therapies).

The assessment concluded *"based on acquired knowledge of the family there were no disclosures of current domestic abuse in the home and there have been no reports from third parties involving police call outs. Therefore, given [Jojo] is doing well and future safety has been agreed with the family we do not believe the case should be escalated at this time.*

[The worker] will contact mum to advise that the case will be closed

An updated safety plan will be sent

Will advise that the bottom line is that if Children's Social Care is advised that [Jojo] is being exposed to domestic abuse a C&F assessment will be recommended."

Analysis of Children's Social Care involvement

The first referral to Children's Social Care in October 2018 was a police report that was marked as *"threats to kill"* and the DASH (domestic abuse, stalking and honour-based violence) risk assessment was graded medium. It was a third-party report from Angelica's sister and the first contact received about the family. Angelica told police that she considered her sister to be

"poison" – the inference was that this was a malicious referral. The report was reviewed and signed off by a deputy team manager in the MASH (multi-agency safeguarding hub).

The rationale for signing it off was that although there was a 16-year-old and a 3-year-old in the household, there had never been any previous concerns from health or education about either child. Moreover, the police had been out to the house and spoken to Angelica. While they still had concerns, Angelica made no disclosure of domestic violence. She referenced a poor relationship with her family.

The deputy team manager did not take into consideration that the police had not spoken to Angelica's sister to explore further her allegations, nor was either school contacted. Had the older child's school been contacted, concerns around appearance, poor attendance, being a carer for Angelica and the younger sibling, and the poverty in the household may have come to light. Equally, had further enquiries had been made of health, it would have been apparent that Angelica has several health issues, had suffered a facial injury, was reliant on her husband as her carer and was prescribed a large amount of medication to manage her pain.

In November 2020, a second referral was received – Angelica had disclosed domestic abuse to the school designated safeguarding lead. Given the serious nature of the allegations, more information should have been sought in order to make an informed decision about an appropriate course of action. No professional had sight of the video made by Jojo (5 years old) nor was consideration given to whether this should have been examined further i.e. by the police. Had it been, it may have provided an opportunity to fully investigate Angelica's allegations and take action against the perpetrator. Furthermore, the school designated safeguarding lead suggested that Angelica should report the abuse to the police. There was no evidence that this was followed up by the MASH (multi-agency safeguarding hub) or Children's Social Care.

The outcome was a referral to the Children and Families Practices. It was signed off by a deputy team manager as Angelica agreed to work with them. The perpetrator was also spoken to and confirmed his willingness to engage. There was no information to suggest that anyone spoke to Angelica about the abuse that she was suffering – she was not seen in person. A domestic abuse risk assessment should have been undertaken immediately to fully understand the risk she faced. Furthermore, it was clear that the perpetrator was spoken to despite Angelica asking for him not to be informed about her disclosure. It is unclear how the increased risk Angelica faced was mitigated.

From the discussion in panel meetings and from written comments on the draft report, it became apparent that Children's Social Care provided contradictory information about sharing disclosures of domestic abuse with perpetrators. At times, they stated that they should work with both parents and *"not to do this and just do it with the mother, could have placed her at more risk if the father did not know"*. At other times they stated they would never inform an abuser that his partner had disclosed domestic abuse.

Children's Social Care should have a definite and clear policy to protect adult victims of domestic abuse when they are working with a family. They should always ensure the appropriate referrals and risk assessments for adults are completed.

If a Children and Family Assessment had been done at this stage, it would have provided greater scrutiny of the family circumstances and a better understanding of the family dynamics. Instead, the worker carried out 'healthy relationship' work with the couple alongside an assessment of their ability to prioritise their young child. Covid19 had an impact on the way the healthy relationships work was delivered. No groups were running so Angelica and the perpetrator were not able to benefit from the experiences of other group members.

The worker was qualified to deliver the Freedom Programme. According to the individual management review, the healthy relationships work that the perpetrator and Angelica received was not 'couple's counselling' but rather a programme of domestic abuse courses. Although the Children's Social Care individual management review recognised that victims of domestic abuse may not speak freely if their partner is present, there appeared to be little appreciation of the increased risk to Angelica as a direct result of this intervention. Consideration should have been given to postponing the healthy relationships work as there was no opportunity to undertake these sessions separately (or safely). Furthermore, a referral to MK-ACT would have been more appropriate.

Less than a month after the Children and Families Practice became involved, three multi-agency referral forms (MARF) were received from South Central Ambulance Service, the Emergency Department and the Hospital Liaison Team. They all concerned the same incident when Angelica was taken to the Emergency Department having attempted to harm herself. It appeared that the information was scant and it was difficult to ascertain the exact circumstances of the incident. Yet, it did not appear that the referring agencies were contacted for further information – had they been, Children's Social Care could have gained a far greater understanding of the situation and the family circumstances.

Later Angelica told the worker from the Children and Families Practice that the perpetrator had refused to let her leave the house. Angelica blamed herself for this because she had "*strayed*". Angelica also said that the perpetrator had threatened to tell her family about her affair and this directly led to the incident. Clearly, these disclosures indicated domestic abuse and a significant level of coercive control. The worker raised her concerns with her line manager and a referral was made to the MASH (multi-agency safeguarding hub). A deputy team manager in the MASH (multi-agency safeguarding hub) took the decision not to proceed with a Children and Family Assessment, citing that there was a safety plan in place and they did not consider that Jojo was at risk.

Given the available information, it was evident that Jojo had been exposed to a distressing incident between Jojo's parents which led Angelica to self-harm. Furthermore, Angelica had previously spoken about both children witnessing incidents of domestic abuse. There were concerns about Angelica's mental health, a disclosure made to the school, information about a video, there was reason to believe that Jojo had been exposed to domestic violence and on at least one occasion Angelica had been prevented from leaving the house. Moreover, she had seemed to accept that this was reasonable and appropriate. Clearly, this was a missed opportunity to undertake an assessment which would have provided an opportunity to collate more detailed information from partner agencies. It is difficult to understand how a decision was made that there was no risk to Jojo.

When interviewed for this review, the worker described the difficulty of working with Angelica and the perpetrator who were vacillating about the status of their relationship. They changed their minds about whether they intended to remain in a relationship or whether they would separate. It should have raised concerns about what was being said between the couple and whether threats, control and coercion were being used.

There were a number of issues that were not considered by Children's Social Care. There was nothing in the Children's Social Care records to suggest that Angelica used drugs or alcohol. Nor was there any discussion about the medication Angelica took for her back pain. When interviewed, the worker confirmed that this did not form any part of her involvement with the family. It was not something that came out of her work with Angelica or the perpetrator and she had no cause for concern in any part of her assessment.

There was no in-depth evaluation of Angelica's health and how this may have impacted on her parenting. Nor was there any discussion around the perpetrator's role as Angelica's or Jojo's carer. Clearly, this made her more dependent on him but the extent of this dependence was not explored and therefore it was not taken into account in decision making. His role as carer meant that the couple were at home together for long periods of time, but none of this was viewed in the context of controlling behaviour. There was also conflicting information about her health that was not explored. For example, she said that at times she was unable to move or look after her intimate needs, yet the school said it was invariably Angelica who took and collected Jojo from school.

Equally, although the family's isolation was recognised, it was not recognised as a tactic used by a perpetrator to isolate a victim. There was reference to Angelica having a poor relationship with her family, yet her sister had made a third-party report because she was concerned for Angelica. This would suggest there was more contact than Angelica had described.

There was no exploration of potential economic abuse or consideration of the household finances as neither parent was working. There was no thought of how Angelica would manage financially if the couple separated. The couple talked about the perpetrator remaining in the family home, with Angelica and Jojo moving into a rental property.

During the week before the Christmas break in 2020, the perpetrator took Jojo to and from school. Up until then Angelica had always done this. It may have been because the perpetrator did not want Angelica to leave the home or have any contact with anyone else. Angelica also changed her phone during this time and had a new number which was not given to professionals until later. According to Angelica's sisters, the perpetrator forced her to change her phone so he could delete all her contacts from her previous phone. Again, to stop her from contacting anyone.

There was no consideration that the perpetrator had made Angelica ask for the case to be closed in January 2021. Clearly many women remain in abusive relationships because they have no other choice. Although contact was made with the school and with IAPT (Improving Access to Psychological Therapies), a professionals meeting would have brought key people together to triangulate the information available. This could have established if more formal involvement would have been appropriate.

When the worker contacted the school designated safeguarding lead at the end of the involvement, she was told that Angelica had complained to the school that the worker had tried to pressure her to leave her husband. Similarly, when the agreed updated safety plan and advice documents were received by the couple, Angelica contacted the Children and Families Practice to raise concerns that these had been sent. Furthermore, when the worker contacted IAPT (Improving Access to Psychological Therapies) at the end of the Children and Families Practice involvement, she was advised that they had not heard from Angelica and would close the case if they heard nothing more. All these indicated that Angelica was disengaging from services but again no consideration was given to the perpetrator's role in her disengagement.

6.3. Infant School

Jojo attended Infant School from February 2020 until February 2021 (following Angelica's murder).

Before starting at the school, a home visit was undertaken by two reception class teachers. Both Angelica and the perpetrator were present as well as Jojo. The visit was described as a positive experience in which Jojo had a chance to meet the class teacher and for staff to share information regarding the school day. Angelica was very happy and welcoming, she asked questions and shared information about Jojo from the nursery. Jojo appeared happy, was excited about starting a new school and enjoyed engaging with one of the teachers whilst the other spoke to the parents.

When Jojo started school, Angelica made the school aware of her mobility issues and explained that she sometimes suffered from a lot of pain. Nevertheless, it was mostly Angelica who took and picked up Jojo from school. Occasionally, the perpetrator or the older child would collect Jojo.

On 5 November 2020, Angelica met with the school designated safeguarding lead and disclosed that she had been experiencing domestic abuse. She said that the perpetrator had abused her physically and emotionally for the past 21 years. He struck her, shouted at her and emotionally abused her. Jojo had witnessed her being abused and had seen her "*covered in blood*". Angelica said that the last occasion had been around April/May 2020. Angelica told the school designated safeguarding lead that she had found a video recording in which Jojo stated that "[Jojo] *doesn't want daddy to hurt mummy anymore*". Angelica was concerned about the impact that domestic abuse was having on Jojo. Angelica disclosed that over the past eight weeks she had told the perpetrator that she wanted a divorce but he said that "*she is going to make things worse for her family if she does this*". Angelica told him "*she wants to be free*". Angelica told the school designated safeguarding lead that the couple had to live together as she had nowhere else to go. The school designated safeguarding lead explained to Angelica that she was going to make a referral to the MASH (multi-agency safeguarding hub). Angelica asked her not to share the information with the perpetrator or tell him that a referral was being made. Angelica was advised to call the police.

The school designated safeguarding lead contacted the MASH (multi-agency safeguarding hub) and MARF (multi-agency referral form) was requested. This was completed the same day. The following day, Jojo did not attend school. The school designated safeguarding lead contacted the MASH (multi-agency safeguarding hub) and was advised to contact them again on 9

November 2020 if Jojo had not returned to school. On 9 November 2020, the MASH (multi-agency safeguarding hub) contacted the school because they had not been able to make contact with Angelica. The school designated safeguarding lead facilitated a telephone conversation between Angelica and the social worker at the end of the day.

The social worker contacted the school on 11 November 2020 to inform them that the case had been referred to the Children and Families Practice. A worker was allocated on 16 November 2020 who went to the school on 9 December 2020 to undertake direct work with Jojo.

On 15 December 2020, Angelica contacted the school because the family had had a "*difficult night*". Angelica said that she had been in pain and there had been raised voices in the house. She also informed the teacher that she had gone to the Emergency Department and she was concerned that it may affect Jojo. The school designated safeguarding lead contacted the Children and Families Practice worker to confirm what had been said. On 18 December 2020, the school designated safeguarding lead contacted the MASH (multi-agency safeguarding hub) because she was concerned that Angelica had only been seen once that week.

On 5 January 2021, another lockdown was announced for schools. As Jojo had been identified as a vulnerable child, the school invited Jojo to attend. The school informed the Children and Families Practice worker. Angelica spoke to the school designated safeguarding lead on 13 January 2021 to inform her that she was intending to remain with her husband. The school designated safeguarding lead explained to Angelica that it was critical that Jojo remained safe and that Angelica needed to be able to identify signs of abuse to protect herself and her child. The school designated safeguarding lead called the Children and Families Practice and was told to call the MASH (multi-agency safeguarding hub) if she had further concerns.

Analysis of Infant School involvement

Jojo presented as a well-cared for child. Jojo was smartly dressed, clean and tidy and was in school on time. When Jojo attended school, Jojo always had the things that Jojo needed. On joining the school, Jojo was quiet but soon settled in – however, a few weeks later the country went into lockdown. Upon returning to school after lockdown, Jojo seemed happy to be back and began rebuilding the relationships with other children in the class. As Jojo settled back into school, it was noticed that Jojo found it difficult to sit at a table for long periods of time and would make hand movements. Jojo also struggled with fine motor control and interaction with other children. The class teacher approached Angelica to ask if she would be happy for school to carry out an assessment called a FACT.¹² Angelica agreed, however, a few days later she retracted her consent. Jojo's behaviour was deemed by staff as age appropriate, Jojo did not display any type of aggressive behaviour and played appropriately with children. When any type of dispute with Jojo's peers arose, Jojo would seek adult support to deal with it.

Angelica presented as a modern "*westernised*" woman. She used good spoken English and demonstrated good understanding during conversations. Angelica was neat and tidy and clearly

¹² The "First Assess Communication" Tool (FACT) is a tool to assess children and young people with additional needs in Milton Keynes. For further information see <https://www.mksendlocaloffer.co.uk/education-and-send/useful-resources> - accessed online 25 May 2023

cared about her appearance. The school was unaware of any alleged drug use. Angelica did not present as someone who was under the influence of drugs or alcohol.

Covid19 did have an impact on the way in which the school operated. It limited the amount of close face-to-face contact the school had with parents including Angelica. Nevertheless, she was seen most days dropping off and picking up Jojo. The headteacher saw Angelica daily at the school gate and staff reported that she looked well and was in good spirits. On occasions, when she was suffering from pain, Angelica would get out of the car but then ask staff to escort Jojo to the classroom. Angelica was able to disclose domestic abuse in a face-to-face meeting. After which, where possible, face-to-face discussions took place. Following Angelica's disclosure, the perpetrator was seen more frequently at the school.

The school worked hard to protect Angelica and Jojo. Appropriate referrals and follow-up discussions took place. Angelica was given space and privacy to talk. It was clear that she trusted the school designated safeguarding lead and was willing to openly discuss the abuse she suffered. Therefore, the school was ideally placed to undertake a DASH (domestic abuse, stalking and honour-based violence) risk assessment. This may have helped other professionals to understand the extent of the risk that Angelica faced.

It was clear that referrals to other agencies happened swiftly. Whenever contact was made with MASH (multi-agency safeguarding hub) or the Children and Families Practice the school designated safeguarding lead logged all contact using the child protection online management system¹³ and alerted those who needed to know. At times the school designated safeguarding lead noted that messages were left because staff in other agencies were unavailable. If there was no response the school regularly "chased up" the messages until contact was made. However, contact back from other agencies was not always as frequent. The school would have found it useful to have regular contact from other agencies about the case.

6.4. Secondary School

Angelica's older child attended the school from September 2013 until August 2020.

The older child's attendance over the years was poor.

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
74.5%	91.3%	85.56%	90.56%	80.73%	88.75%	83.11%

There were issues with attendance in year 7 (2013) due to an operation. In October 2014, Angelica called the school asking for financial support to buy school shoes. There was an episode of truancy in November 2015. The school sent a letter to Angelica in March 2017 (year 11) about her child's poor attendance and the year leader spoke to Angelica. She explained that the older child helped with the younger sibling. Angelica said she did not drive so could not get her older child to school.

On 2 July 2019, Angelica contacted the school because her older child was at the doctors with her. Angelica said her own health was not "very good and she could have a heart attack at any

¹³ For further information see <https://www.cpoms.co.uk/> - accessed online 28 April 2022

time". She said she was trying to get her child back into school as much as possible, but her child helped a lot at home. The child had not been identified as a young carer at this point.

On 10 March 2020, Angelica told the school that her child had had an accident at work (fast food outlet) – slipped and fell. The child did not attend the Emergency Department but went to the GP. The GP said the child had a bruised coccyx and lower back – the child wanted to return to school but was advised to work from home. The child did not return to school as lockdown started on 18 March 2020.

Analysis of Secondary School involvement

A number of staff were interviewed for this review. They described Angelica's child as a quiet student who did not talk to members of staff about the situation at home. Staff recognised that there may not be much money in the household. The child received a bursary because Angelica was on a low income. In September 2019, the child was bought clothing vouchers with the bursary. It appeared that the child never spoke about the father to any of the teachers who were interviewed. In fact, some thought the father did not live in the family home. Most staff knew that the child had a younger sibling and had to care for their younger sibling when Angelica was having a bad day. The child was described as often looking tired and "*a bit scruffy*".

The child engaged in learning, contributed to lessons and no behavioural issues were identified. The child was described as a "*ghost child*", someone who did what they needed to do to not draw attention to themselves. The child was often late for lessons. Some staff appeared to be aware that the child was a young carer/had caring responsibilities. Nevertheless, this was not documented on their safeguarding file or school file, nor does the Department for Education request this information in the school census.¹⁴ This was a missed opportunity to understand the child's home life. As a result of this case, the school has made a number of changes. The admissions form now captures information about any pupils who are young carers and (with consent) they are referred to Milton Keynes Young Carers for support. Their teachers are informed and the information is documented on the child protection online management system (CPOMS).

There was no face-to-face contact with Angelica throughout her child's time at school. This was not considered unusual because of Angelica's mobility problems. A log is now kept of parents' attendance at parents' evening. None of the staff were aware of substance misuse or domestic abuse at the family home. Although, staff receive annual safeguarding training which includes domestic abuse, more awareness is required regarding experiences of women from a South Asian background and how students may present in school.

There were attendance issues throughout the child's time in school, but allowances were made because of the caring responsibilities. Angelica was invited to meetings about her child's poor attendance, but she said she could not come because she could not drive. Attendance procedures were followed, Angelica received attendance letters and follow up phone calls were

¹⁴ <https://www.gov.uk/guidance/complete-the-school-census/data-items-2021-to-2022> - accessed online 14 August 2022

made by the year leaders. Yet because no member of staff fully understood the child's home situation, or the caring responsibilities, no member of staff fully explored what life was like at home or who lived within the family unit. The father was invisible.

6.5. Central and North West London NHS Foundation Trust (CNWL)

Central and North West London NHS Foundation Trust (CNWL) had contact with the family members through a number of services including Health Visiting, IAPT (Improving Access to Psychological Therapies) and the Hospital Liaison Team.

6.5.1. Health Visiting

In July 2014, the community midwife sent the Health Visiting Team a confidential communique concerning Angelica. It stated *"long standing back pain has prolapsed discs and has turned to alcohol to medicate the pain for a number of years. Anxiety for years and depression worse after still birth with poor care from neighbouring hospital. Anxious regarding this pregnancy, declined IAPT (Improving Access to Psychological Therapies) referral. No medication taken and not smoking since pregnancy. Very supportive partner. Other child age 12 years. Observe mood"*.

An antenatal home visit took place on 26 September 2014. Angelica was 19 weeks pregnant. She said that she had stopped drinking and was not taking any medication. She was seeing IAPT (Improving Access to Psychological Therapies) for cognitive behavioural therapy and she felt *"refreshed"* after the sessions. She said her husband had given up work to look after her. She was placed on the Universal Plus pathway because of her past use of alcohol and medication. The plan was to visit her in January 2015.

The community midwife sent a further update on 8 January 2015. It stated that Angelica *"has not drank alcohol but is looking forward to drinking again after the pregnancy. Intending to express milk so not affected from drinking alcohol. Raised that there would be a safeguarding concern if drinking heavily after the birth. Angelica assured that the baby's father would be the main carer, explained it would still remain a safeguarding issue. Angelica then suggested she recommence pain killers after the pregnancy, advised not as the painkillers cause drowsiness and were taken in excess in the past. Likely to have addiction to alcohol and medication. Already under IAPT (Improving Access to Psychological Therapies) and attending them. Also informed of eclipse service aimed at people with history of addiction but not keen. Angelica aware that if starts drinking again instigates referral to referral hub. She did not want family name tarnished with social services, explained it would be supportive"*.

Jojo was born in early February 2015 and the new birth visit (25 February 2015) and 6-week developmental review were undertaken (13 March 2015). The health visitor did not identify any concerns. Therefore, the family was placed on to the Universal pathway. The next planned contact was for the 9-12-month developmental review.

A telephone call was made to Angelica on 10 June 2015. Angelica said she was *"enjoying"* the baby and she had no concerns. The baby was well and she would ring if she needed help.

On 22 November 2016, IAPT (Improving Access to Psychological Therapies) telephoned and asked for input from the health visitor. Angelica had told her IAPT worker that she had periods of agitation, raised her voice and lost her temper. The health visitor saw the couple at home on 1 December 2016. Angelica explained that her frustration came from her health problems and

not being able to spend as much time with Jojo as she had with her older child. She said that her husband was at home most of the time, caring for the family. The health visitor discussed accessing the Children's Centre for outside activities and applying for a nursery placement. Jojo was placed back on the Universal Plus pathway with the next contact planned for January 2017.

The next home visit actually took place on 7 March 2017. This was Jojo's two-year development check. Both Angelica and the perpetrator were present. The health visitor noted that Jojo was non-verbal and did not engage throughout the visit. Angelica appeared a "*little dismissive*" of this but she was advised to take Jojo to the speech and language therapy team.

Despite remaining on the Universal Plus pathway, there was no further contact until a domestic violence notification form was sent to the service on 6 December 2018. This concerned a third-party report of domestic abuse which had been made on 28 October 2018. The health visitor contacted Children's Social Care to establish if the family was known (which they were not) and then asked the specialist health visitor for safeguarding for further advice. She did not receive a response.

On 4 March 2019, the health visitor received a call from the manager at Jojo's nursery. The manager had concerns that Angelica was on "*multiple medications*" and had admitted that she would not get up in the morning if it was not for Jojo. The manager also said that Angelica was sometimes "*spaced out*" and her mood was occasionally low.

On 6 March 2019, the health visitor phoned Angelica but there was no reply. She left a message asking Angelica to call her and she also sent Angelica a letter. A home visit took place on 12 March 2019. The perpetrator and her older child were upstairs asleep (they were unwell). Angelica explained that she was dependent on analgesia to manage her pain. She said that the perpetrator was always at home to care for the family. She said she got support from the nursery and they would help with transport when she could not get to the nursery. Angelica did not want a referral to be made to the Children and Families Practice. Jojo spoke four or five words and there were no concerns about his/her hearing. The plan was for a support visit to take place in two months.

The health visitor undertook a pre-arranged home visit on 30 May 2019. She was met at the door by both children. Angelica was unavailable. She left a message that Angelica could contact her as needed.

Angelica called the Health Visiting Team on 25 June 2019 because she wanted a referral made to a paediatrician. Angelica was concerned about Jojo's blank expression and repetitive speech. Angelica also asked to have a different health visitor because she called several times and had no response. A home visit took place on 18 July 2019. A hearing assessment was discussed but Angelica did not feel it was necessary.

On 25 July 2019 another home visit took place. Both Angelica and the perpetrator were present. They said that Jojo's repetitive speech was much better. Jojo spoke to the health visitor in full sentences with clear pronunciation. The perpetrator told the health visitor that Jojo and Angelica were very close and that Angelica often "*gives into [Jojo] when [Jojo] repeatedly asked for things*". The plan was for no further follow up, as there were no safeguarding concerns and the parents were happy. They were informed that they would

remain on the health visitor caseload until Jojo was five years old. This was the health visitor's final interaction with the family before Angelica's murder in January 2021.

Analysis of Health Visiting Service involvement

The family was placed under 'Universal Plus' when Angelica was pregnant. They were then moved between Universal and Universal Plus depending on their needs at the time. The pathways are outlined by NHS England National Health Visiting Service Specification as:

- **Universal Offer:** Working in partnership with parents and carers to lead and deliver the full healthy child programme from ante-natal care through to school entry
- **Universal Plus Offer:** To identify vulnerable families, provide, deliver and co-ordinate evidence-based packages of additional care, including maternal mental health & wellbeing, parenting issues, families at risk of poor outcomes and children with additional health needs.

Families placed on the Universal Plus should be seen more frequently than the five¹⁵ key contact points. Contacts with these families should be monthly or every other month depending on the needs of the family and child. The family was originally placed on the Universal Plus pathway because of the concerns raised by the midwife around alcohol and medication. Consideration should have been given for targeted follow up with additional monthly visits to review and support Angelica in the early months following Jojo's birth.

Angelica was seen on 13 March 2015 for Jojo's six-week review. Despite there being no discussion around her issues with alcohol and medication, the service offered was changed to the Universal pathway. There was no further reference to alcohol or checks around alcohol consumption within Angelica's records. Following this six-week review, Angelica and Jojo were not seen again until 1 December 2016. This was some 20 months later and the home visit only took place because of the concerns raised by IAPT (Improving Access to Psychological Therapies) about "*mum's behaviour with child*".

The domestic violence notification on 28 October 2018 was not uploaded to records until 6 December 2018. It should have been uploaded sooner to enable staff to review it and act on it promptly. It was however unclear from the records when the service had actually received the notification. Although the health visitor contacted Children's Social Care to enquire if the family was known, it would have been a good opportunity to share information with other key agencies (GP Practice, Thames Valley Police and Children's Social Care) in order to re-evaluate her risk of domestic abuse. The health visitor also messaged the specialist health visitor for safeguarding for further advice but there was no response. The service has now introduced a safeguarding supervision template. They are completed at the point of any discussion or

¹⁵ The Universal pathway five mandated contacts are:

- Antenatal Assessment
- Primary New Birth Visit
- 6-8-week developmental review
- 9-12-month developmental review
- 2-2 ½ year developmental review

supervision and sit within the record. There was no evidence that the health visitor contacted Angelica which would be expected practice.

The service was unaware of domestic abuse until the domestic violence notification was received in December 2018. Nevertheless, there was nothing to indicate that Angelica was ever asked about domestic abuse prior to the notification. There were two occasions when Angelica was seen alone in a clinic (11 December 2015 & 7 March 2017). At neither appointment was domestic abuse explored. A new more robust domestic abuse policy was developed with routine enquiry integral to it. The new policy was not launched until late 2019 and COVID19 restrictions further delayed its roll out.

When Angelica was next seen by the health visitor on 12 March 2019, domestic abuse was not explored because the perpetrator was at home. There were no attempts to find alternative places to meet Angelica. This would have been expected practice – especially as the perpetrator was always present on home visits. The outcome was that there was no assessment of the risk that the perpetrator posed to Angelica. Because there was no consideration of Angelica's experience of domestic abuse, there was no thought given to whether Jojo was witnessing domestic abuse at home. There was a lack of professional curiosity concerning Jojo's "*blank expression*", repetition and the "*dead look*" in Jojo's eyes. This should have been explored using a trauma informed approach. There were no referrals made to MK-ACT or other domestic abuse services. As no risk assessment was undertaken, there was no information to consider the need to submit a safeguarding referral concerning Jojo.

During the visit on 12 March 2019, the health visitor listed all the medication that Angelica was taking. Whilst this was appropriate, good practice would have been for the health visitor to discuss the concerns with IAPT (Improving Access to Psychological Therapies) and the GP. This would have enabled a joined-up discussion to understand the impact that Angelica's medication was having on her parenting and to consider the reasons for her use of medication. There was no reference or questioning of illegal drug use at any point.

There was an occasion on 30 May 2019 when the health visitor went to see Angelica for a prearranged home visit and was met by both children on the doorstep. There was a lack of curiosity about where Angelica was and whether she was okay.

The visit carried out on 25 July 2019 was the last recorded contact with Angelica on her care record. Angelica was awaiting surgery at this time and expressed anxiety. No follow up was identified as being required from the service and it was agreed Angelica would contact the service if needed. She was placed on the Universal pathway. It was not possible to understand from the records the rationale for the decision making.

There was no information provided by the perpetrator other than Angelica gave Jojo everything Jojo wanted. He was referred to as husband or partner. There did not appear to be any questions raised as to why he was always present at visits. He was always described as the main carer for the family, yet the focus was always on Angelica, her behaviour and her parenting skills rather than his.

Throughout the period under review there were missed opportunities for further exploration and there was a lack of professional curiosity and inquisitive practice. Prior to Angelica's murder, the service undertook group safeguarding supervision. This posed difficulty in

exploring multiple cases because of time constraints. In January 2020 the service implemented a mandated one-to-one supervision. This enables staff to discuss safeguarding concerns across multiple cases and encourages them to use their professional curiosity.

6.5.2. IAPT (Improving Access to Psychological Therapies)

IAPT is a therapy-based service that provides short-term talking therapy (up to 12 sessions) to individuals experiencing mild to moderate wellbeing and mental health needs. Therapy is provided in groups, online or in person one-to-one. The team is staffed by trained cognitive behavioural therapy therapists.

Between July and October 2014, Angelica saw a female therapist for nine sessions of cognitive behavioural therapy. This was face-to-face and she attended all appointments and engaged well. Her concerns at the time were her anger and frustration about the back pain she was experiencing after a fall down stairs in 2011 and her difficulties in accessing health care for it. She was pregnant after several miscarriages and had initially stopped using alcohol but she was tempted to drink and had done so in secret. The couple were pleased that she was pregnant and were "*happy*". The treatment ended at her request as she felt the approach of cognitive behavioural therapy was not for her and she asked to be referred to MIND for counselling and anger management. There was no reference to her experiencing challenges or abuse in her relationship.

Angelica self-referred to IAPT on 14 November 2016 and after assessment she undertook 16 face-to-face therapy sessions with a white male therapist. During the initial assessment she described shouting at her one-year-old child and becoming frustrated by her children. Her therapist discussed this issue with the child safeguarding lead. Angelica agreed for her therapist to contact the Health Visiting Service. She described the perpetrator being at home all day and this was a source of support for her. She was struggling with pain from her back injury and struggling with parenthood. She described "*raging*", feeling frustrated because she could not pick up her child or deal with the mess in the house. She often felt worthless and anxious – she was also using alcohol. During the sessions her mood improved and she was abstinent from alcohol for ten weeks. Angelica described her sister and the perpetrator as being supportive. There was no reference to challenges or domestic abuse in the relationship.

Angelica self-referred again on 21 January 2019 and undertook 18 therapy sessions – the majority of these were face-to-face. The later sessions were moved to remote due to Covid19. Angelica was keen to be seen by her previous therapist and delayed her treatment until he was available. Angelica had not used alcohol for 12 months. She was seeking to deal with her anger and feelings of "*rage*" – much of this directed at healthcare. She had suffered a broken foot which added to her mobility problems (a heavy item had fallen onto it). She felt low in mood and isolated. She described her husband preventing her from seeing her sister and this was causing relationship problems. She said she was very "*blunt*" with her husband, they argued regularly and she shouted at him. She worked with her therapist to do activities outside of the house and she had made a new friend. During a session in May 2020, Angelica reported a "*hell of a week*". She and her husband were not getting on. Angelica felt he was ignoring her and she felt he was "*paranoid*". She reported feeling concerned for her own safety. Her therapist escalated this issue with his supervisor. Angelica was given the contact details for MK-ACT and encouraged to contact them. On the final session in June 2020, Angelica said she had made

positive progress within their marriage. She described that at times her husband was "*nice and pleasant*". She was discharged on 29 June 2020 to the care of her GP.

Analysis of IAPT (Improving Access to Psychological Therapies) involvement

Angelica formed a positive and open engagement with her therapists. She specially requested to be seen again by one of her therapists. Angelica did not report any incidences of physical violence from her husband during her sessions with her therapists.

In her last period of treatment Angelica described increasing concerns regarding her husband's actions. She described him as "*paranoid*" and raised concerns for her own safety. Although Angelica was provided with the details of MK-ACT, the therapist did not discuss domestic abuse with Angelica at her next appointment, nor did he contact MK-ACT with his concerns. Furthermore, there did not appear to be thought given to her cultural background. Instead, she was assessed as having capacity so she could contact the police if she needed.

The individual management review also noted that there had not been a report of a "*crime or domestic violence*". Yet it was unclear whether there was a thorough discussion about why Angelica felt unsafe at home and a broader conversation about her husband's behaviour. Even so, Angelica had already disclosed that she was isolated, prevented from seeing her sister, she was anxious, "*raging*", was struggling with issues around prescription medication and alcohol and had described various injuries. All this information, together with her wish to separate from her husband, should have indicated that the relationship was abusive and she was a victim of coercive controlling behaviour. The therapist did not feel that Angelica was fearful of her husband, however, she described their marriage deteriorating, feeling unsafe at home and that she was considering leaving him. Angelica did not raise further concerns. Angelica also experienced several domestic "*accidents*" – falling down the stairs, a facial injury and a heavy item breaking her foot. Practitioners should have been more inquisitive about these injuries and how they occurred. It would have been an ideal opportunity to undertake joint working with MK-ACT. A joint meeting could have been arranged between Angelica, her therapist and an independent domestic violence advisor (IDVA).

As there was a focus on physical violence, other aspects of domestic abuse such as coercive control and emotional abuse were missed. Therefore, no consideration was given to the impact that this abuse had on her children. This meant that no safeguarding referrals were made, even when Angelica disclosed secretly drinking whilst she was pregnant in 2014 – and no referrals were made to other agencies that could have offered support, such as health visiting, Children and Family Practices, Early Help or a Children's Centre. These were missed opportunities for agencies to share information.

6.5.3. Mental Health Hospital Liaison Team

The Hospital Liaison Team is based within Milton Keynes University Hospital. The team provides assessment and intervention for people with mental health difficulties in the Emergency Department and across all hospital wards. The team is multidisciplinary consisting of nurses, psychiatrists, psychologists, medics and drug workers.

On 15 December 2020 Angelica was referred to the Hospital Liaison Team for a mental health review at 2.40am. Her presenting concern was "*Reportedly attempted DSH* [deliberate self-

harm] /suicidal ideation". She was assessed in the Emergency Department by two mental health nurses. An assessment was undertaken with Angelica alone and her husband was spoken with separately over the telephone.

Angelica reported historical domestic abuse and violence from her husband. The triggers included "*little things*" such as the ironing not being done properly. She said he had hit her on many occasions. Angelica explained that they had separated and reunited four weeks ago. She described that they were "*happy and very loving – we cook, clean and do this together*". Her husband was very apologetic and loving, but he was possessive and did not let her out of his sight. He was with her "*24/7*".

Angelica told the Hospital Liaison Team that it had been a "*lovely day for the family*" – they had had a "*good time*". She had drunk "*2/3 singles of brandy with lots of Coca Cola*". Angelica then planned to go to the shop on her own for ten minutes. Her husband "*flipped*" took his wedding ring off and tried to call Angelica's sister to "*report her*". Angelica "*lost it*" picked up a knife and threatened to cut her wrist if he called her sister. Angelica described a "*rage burn in her*" and she wanted to cut herself, but she did not. Her older child, who was in the kitchen grabbed her, she let go of the knife and her husband called the police and an ambulance arrived.

Angelica explained that she had been alcohol dependent for ten years. She attended alcoholics anonymous from the age of 18 years old. She said that she was abstinent for two and a half years after her spinal surgery. She started drinking again in September 2020 "*on and off*". She said she drank on Fridays and Saturdays a "*couple of cans Alcopops*". She denied ever using illicit drugs.

She said that she was in contact with her sister "*who is her best friend*" and spoke to her every day on the phone. She had seen her twice that year. She said she had one friend. Angelica explained that she was unemployed and was in receipt of personal independence payment as well as employment and support allowance. Her appearance was described as kempt and there were no signs of self-neglect. She maintained good eye contact. Rapport was easily established. Her speech was described as coherent and spontaneous, although, the tone and volume appeared mildly pressured. She presented as fluctuant in mood; interactive one moment, the next tearful. She appeared mildly agitated. The records documented that she apologised to her older child and husband.

The Hospital Liaison Team (with Angelica's consent) spoke with her husband. He said that Angelica's alcohol consumption had increased in recent times and she binged on cocaine. He said her behaviour "*becomes sporadic and erratic when under the influence of alcohol as if Schizophrenic*". Following her assessment, the plan was to refer her to IAPT (Improving Access to Psychological Therapies), provide her with a self-help package, a referral to Relate ¹⁶ and give her information about coping with anxiety. She was driven home by her husband.

A referral was made to the MASH (multi-agency safeguarding hub). A further referral was made to IAPT (Improving Access to Psychological Therapies) which stated that Angelica "*reported*

¹⁶ Relate has a network of centres across the UK and a group of licensed local counsellors that provide face-to-face counselling and support. Their counselling services include relationship counselling, family counselling, mediation, children's counselling, young people's counselling and sex therapy. For further information see <https://www.relate.org.uk> - accessed online 7 July 2023.

history of low mood managed [sic] by GP with anti-depressants and she had successfully received CBT treatment from IAPT. She had on going physical conditions and reported being in constant pain most of the time. She had used alcohol and cocaine previously. Attended MKUH [Milton Keynes University Hospital] following attempted DSH [deliberate self-harm] triggered by domestic disputes. She reported triggers; previous domestic abuse. Split from husband and they reconciled. Reported husband becoming increasingly possessive, almost like OCD [obsessive compulsive disorder] behaviours. reported that husband lies about her, black mails her. Wants MHHLT to advise him to leave her to do her own things and stop being possessive over her. She identified her needs as requiring further psychological support. Declined referral to ARC¹⁷ and Live life. Stated she was in control of her alcohol intake. Became upset after assessment. She reported that her sister had called her telling her that, she was no longer her sister because [her husband] had told her about her behaviour. Tearful in manner. Reassured with good effect. Requested that MHHLT [Mental Health Hospital Liaison Team] suggest to him to attend Relate with her. Same facilitated. She denied suicidal thoughts. She did not appear to be of imminent risk to herself at time of assessment".

Following the referral, IAPT (Improving Access to Psychological Therapies) called Angelica several times and wrote to her offering support. She did not respond and her case was closed on 16 January 2021.

Analysis of the Mental Health Hospital Liaison Team involvement

When Angelica was seen by the Hospital Liaison Team on 15 December 2020, she provided a history of domestic abuse and controlling behaviour by her husband. The nature of their relationship was discussed, but not in an in-depth manner. The assessment took place at 2.40am in the morning in a busy Emergency Department. The practitioner assessing Angelica did not feel she was in immediate danger. This was based on the premise that Angelica had capacity and had not provided information that had led to further police intervention. Clearly the practitioner had mistakenly thought that Angelica had spoken with the police. A multi-agency referral form was submitted, however, the information recorded in it was completely inadequate.

- The child's name was spelt incorrectly
- The mother's ethnicity was incorrect
- It did not name her husband (despite the practitioner speaking with him over the phone and setting out the allegations he made against Angelica in the assessment).

In addition, the referral did not provide any information to describe the family situation and impact of the domestic violence on Angelica and her children. In fact, the referral failed to mention domestic abuse at all and simply described Angelica's presenting issue as emotional dysregulation.¹⁸ The only comments in the referral concerned Angelica:

¹⁷ ARC Milton Keynes is a free and confidential service that helps people break a cycle of addiction to substances such as heroin, cocaine, and new psychoactive substance as well as long term alcohol or gambling addictions. For further information see <https://www.cnwl.nhs.uk/services/mental-health-services/addictions-and-substance-misuse/arc-milton-keynes> - accessed online 30 May 2022.

¹⁸ Emotional dysregulation is a term used to describe an emotional response that is poorly regulated and does not fall within the traditionally accepted range of emotional reaction. It may also be referred to as marked fluctuation

- *"Reportedly mother took kitchen knife as if to hurt herself while the child was at home"*
- *"Emotional dysregulation of mother"*
- *"Support for mother"*
- *"Mother appears to be struggling with her emotions"*
- *"Mother needing emotional support"*
- *"Mother's emotional dysregulation makes her volatile"*
- *"Social to assess support needed"*

The referral effectively dismissed all of Angelica's allegations and minimised the abuse she was suffering. Furthermore, the wording in the referral to IAPT (Improving Access to Psychological Therapies) *"cocaine previously"* and in the practitioner's assessment (*"Potential for risk to escalate in view of her reportedly increased alcohol intake and cocaine binges"*) demonstrated that the practitioner had entirely accepted her husband's account of the events rather than Angelica's.

Angelica asked the Mental Health Hospital Liaison Team to refer her and her husband to Relate. She appeared to want someone to tell him to *"leave her to do her own things and stop being possessive over her"*. The Mental Health Hospital Liaison Team should have identified this as an inappropriate referral because of the domestic abuse in their relationship.

The Hospital Liaison Team concentrated heavily on Angelica's mental state rather than her experience of domestic abuse. There is now a domestic abuse advocate within Milton Keynes University Hospital. The Hospital Liaison Team has input from the adults safeguarding lead at team meetings. All clients assessed by the Hospital Liaison Team are discussed in a multi-disciplinary team meeting with senior managers and medics present. The adults safeguarding lead and the children safeguarding lead provided a training session to the Hospital Liaison Team in March 2021.

6.6. GP Practice

The records showed that all the family members were registered with the same GP Practice. The perpetrator did not attend the GP Practice frequently. He had diabetes and attended appointments by himself. He informed the GP Practice that he trained in martial arts. He said he did not drink alcohol on a regular basis. There was nothing to suggest that he was violent, abusive, or controlling.

The children attended appointments with a parent (records did not state which parent) for minor issues such as an ear infection or respiratory symptoms. There was an occasion when Jojo experienced night terrors and was not sleeping well following a car accident. There was nothing to suggest the children lived in a chaotic household or a household with domestic abuse.

of mood, mood swings, or labile mood – see for example <https://www.webmd.com/mental-health/what-is-emotional-dysregulation> - accessed online 16 September 2022

Angelica registered with the GP Practice in September 2007. Between 2007 and 2011 she attended appointments for routine appointments and minor illnesses.

On 4 May 2011 Angelica went to the GP Practice because she had fallen down the stairs two weeks earlier and was experiencing back pain. An MRI scan showed small disc herniation impinging on nerve root. From 2011 until the time of her murder, Angelica experienced back pain. During this time, she was under the care of a number of clinics including Orthopaedic, Pain, Gynaecology, Neurology, Urology and Physiotherapy. The specialists communicated with each other and copied the GP into communication or wrote to the GP Practice to advise of treatment plans and medication changes.

In April 2014 an Orthopaedic Clinic diagnosed a prolapsed disc. In May 2014, she had an epidural injection. In June 2014 Angelica became pregnant (unplanned). Her records stated she stopped most of her medication during pregnancy and was only taking paracetamol. It was evident from clinic letters that she remained in pain throughout her pregnancy and recommenced pain medication after Jojo's birth.

In March 2015, Angelica saw a GP because she was having abdominal pain. She told the GP that she had been given morphine in hospital which helped with abdominal and back pain and asked GP to prescribe morphine. She was referred for an urgent ultrasound of her pelvis. She was offered co-codamol for the pain but she declined. Her records stated "*patient reluctantly agreed but prefers morphine. Agrees to using tramadol at night only when needed as highly addictive.*" A scan found fibroids so she was referred to the Gynaecology Team and prescribed a further dose of tramadol. She was given a contraceptive injection which was administered every 12 weeks at the GP Practice.

In June 2016 Angelica was first prescribed morphine-based medicines for her back pain. It was around the same time that she reported she felt low and requested antidepressants. By October 2016 Angelica's pain was managed by the Pain Clinic, this included psychological support to help manage her pain. In November 2016, the GP saw Angelica for a medication review and discussion about her mental health following a request from the Pain Clinic to refer her to mental health services. Her records noted "*pain is causing her to be very low.*" She was referred to IAPT (Improving Access to Psychological Therapies) and prescribed an antidepressant.

In August 2017 Angelica underwent nerve decompression and a discectomy for her back problems. Following this she reported nerve pain in her left leg and was diagnosed with neuropathic pain. A further MRI in February 2018 showed scarring round the nerve root. An Orthopaedic Clinic letter noted "*Reports pain not getting better, continues to take oromorph and gabapentin. Pain in foot improved but new pain in calf. Aware recovery can take 18 months but is understandably frustrated*" A letter from the Pain Clinic recommended an increase in medication. Angelica came to the GP Practice to discuss the clinic letters and the GP increased her medication as advised.

In November 2018 Angelica was involved in a car accident. It made her back pain worse. She was referred for physiotherapy. In December 2018, she had a discussion with the GP about the car accident and pain control. A reduced prescription of morphine sulphate (100ml rather than 300ml) was prescribed and the GP discussed risk of addiction with Angelica. A letter from

the Pain Clinic stated that the plan was to refer her to a pain psychologist for cognitive behavioural therapy and refer her for hydrotherapy. Angelica agreed to limit her morphine solution to the lowest possible dose.

Apart from her back injury, Angelica sustained other injuries. In June 2018, Angelica saw the GP following a fall where she hit the right side of her face. Her records stated *"face feels numb on right, there's a lump, bruise under eye, teeth not aligning. Couldn't wait in A&E and left."* A clinic letter from IAPT (Improving Access to Psychological Therapies) two weeks later stated Angelica had stopped drinking alcohol and her motivation was the fall which resulted in her facial injury.

In May 2019 Angelica saw the nurse for foot pain. She said she dropped a cot on her foot three weeks ago. Angelica experienced ongoing issues with her foot which also impacted on her mobility. In November 2020 it was diagnosed as Morton's neuroma and synovitis¹⁹ following a scan. Angelica saw the GP for two burns. The first in 2016 when she reported fat had splashed in her eye. The second was in April 2018 when she had a burn to her fourth finger that became infected after she burst the blister. The records record Angelica contacting the GP Practice for fainting/blackouts in June 2019 and May 2020. Following both episodes physical tests and examinations were carried out. It was suggested that medication with sedating effect may have been the cause. Her medication was reviewed.

Angelica also attended her GP Practice for issues around her mental health. In 2009 she reported symptoms of anxiety. She had self-referred to a counsellor. She was reviewed by the GP on two occasions where she stated she thought symptoms were work related.

In August 2015 Angelica saw the GP and was diagnosed with mixed anxiety and depressive disorder. She was asked about home life and reported good support from husband and her sister. In June 2016, she was seen by a GP as she was feeling low and wanted to go back on antidepressants – she was not self-harming and did not have suicidal thoughts.

In October 2016, the GP saw Angelica for a face-to-face discussion. The GP recorded good eye contact and *"not suicidal as has family but sometimes she is just fed up with all that pain"*.

In May 2020, Angelica had a telephone consultation with the GP. She was *"having anxiety problem, lot of issues at home, fainted twice one this morning as doing the washing"*. In June 2020 a clinic letter from IAPT (Improving Access to Psychological Therapies) to the GP stated *"In the past week she has informed me she is passing out whilst cooking which is stress relating which is a concern as she continues to be involved in all aspects of running a home"*.

On 16 December 2020, the GP Practice received a copy of the IAPT (Improving Access to Psychological Therapies) referral made by the Hospital Liaison Team (see page 37 for full transcript). The referral stated that she had gone to the Emergency Department having attempted to harm herself. The referral describes her husband's possessive behaviour and domestic *"disputes"*. In a subsequent telephone conversation with Angelica on 17 December 2020, the GP discussed her fainting episodes. She explained that she had been to the Emergency Department and had seen a mental health practitioner. She said her depression was not better.

¹⁹ This is a painful condition that can cause numbness and tingling in the foot.

Analysis of GP Practice Involvement

During the review period Angelica had had approximately 35 face-to-face appointments with a GP and 17 telephone consultations. The system for unplanned appointments meant that Angelica had contact with 12 different GPs. She mainly saw three GPs who followed up on issues relating to her pain and anxiety. She also had 28 face-to-face appointments with other practitioners such as the GP Practice nurse and the GP Practice paramedic and four telephone consultations. She mostly saw a nurse for her contraceptive injection and saw the same nurse on nine occasions.

The GP Practice did not record any concerns that Angelica may be at risk from domestic abuse or that she had sustained injuries as a result. Angelica's anxiety and depression were always viewed in the context of her pain. There appeared to be no consideration that her symptoms might be as a result of the physical and psychological impact of domestic abuse. Her records showed that she was accompanied by a friend on one occasion but her husband did not accompany her to face-to-face appointments. Despite being on her own at appointments, there were missed opportunities to make routine enquiries around domestic abuse. For example, in June 2018, Angelica had a fall where she hit the right side of her face and she went to the GP appointment alone. Following this, a letter from IAPT (Improving Access to Psychological Therapies) explained that this fall was the reason Angelica had stopped drinking. Again, there was no evidence that her use of alcohol was ever discussed. In May 2019 when Angelica hurt her foot, she was seen alone by the nurse. This was another missed opportunity to ask Angelica about domestic abuse. Angelica attended the GP for two burns. Again, a routine domestic abuse enquiry was not made.

A number of the GPs at the Practice were from a South Asian background. This may have acted as a barrier to Angelica disclosing domestic abuse. Angelica may have felt hesitant to discuss her abusive husband with a male doctor or a professional from a similar ethnic background. Indeed, good practice guidance²⁰ shows that there may be times when a woman does not wish to speak to a professional who is male or a professional from her own community. Agencies should be sensitive to this and offering choice to victims is key.

During the period leading up to Angelica's murder, the nature of the correspondence and consultations should have led the GP Practice to enquire about domestic abuse. Angelica's telephone consultations with both the GP and GP Practice paramedic following her visit to the Emergency Department in December 2020 were missed opportunities. A domestic abuse notification form had been sent to the GP about this incident. Yet, a domestic abuse flag was not applied to Angelica's care record. Furthermore, the Hospital Liaison Team made a referral to Relate and the GP Practice failed to identify this as inappropriate.

The GP Practice was aware of the risks of domestic abuse and the national concerns that people may be unable to disclose abuse as face-to-face appointments were not taking place. During Covid19 the GP Practice sent out a text to all patients with the national helpline numbers for domestic abuse. Nevertheless, the GP Practice recognises that further training is required to ensure that professionals have a better understanding of the signs of domestic abuse, the

²⁰ Multi-agency practice guidelines: Handling Cases of Forced Marriage, HM Government 2014

designated pathways and need to make routine domestic abuse enquiries. Although there were templates and questionnaires about domestic abuse available, not all staff were aware of them.

As part of completing this individual management review, Angelica's medication requests and prescriptions issued were reviewed. Whilst it was not evident from the repeat prescriptions that her use of morphine solution significantly reduced, she was not taking the maximum daily dose prescribed. There was never any evidence that Angelica was under the influence of alcohol or illicit drugs. GPs were unaware that Angelica was allegedly using illicit drugs. Nevertheless, her use of medication was not viewed in the context of domestic abuse. Many victims of domestic abuse use drugs and alcohol to self-medicate. Since Angelica's murder, the GP Practice has sent two members of staff on the Clinical Commissioning Group two-day Domestic Abuse Champions training course and are working to ensure domestic abuse awareness is highlighted within the GP Practice

Covid19 had an impact on Angelica's care. From the end of March 2020 Angelica's consultations with the GP Practice were via telephone. There were six consultations that otherwise would have taken place face-to-face. The reduction in face-to-face appointments may have resulted in Angelica's presentation going unrecognised.

6.7. Milton Keynes University Hospital Foundation Trust

Angelica was known to several departments at Milton Keynes University Hospital including Trauma and Orthopaedics, Pain Clinic, Obstetrics and Gynaecology and the Emergency Department.

6.7.1. Trauma and Orthopaedic Team

From February 2014 onwards, the Orthopaedic Team saw Angelica on a regular basis in connection with her back pain. This was diagnosed as spinal cord compression due to a prolapsed disc. To ease her pain, she attended the X-Ray Department on a regular basis for spinal cord epidural injections. Her back pain was further complicated by her pregnancy in 2014.

During clinic appointments, Angelica discussed the significant impact her back pain was having on her ability to complete normal activities of daily living. This prompted a referral to the Pain Clinic in October 2016 and she then had spinal surgery in August 2017. She made a slow recovery from surgery and was ultimately referred back to the Pain Clinic in October 2018. By this time, the Orthopaedic Team felt that they could not provide any further assistance or any further options for treatment that would improve Angelica's mechanical mobility.

6.7.2. Pain Clinic

From October 2016 onwards, Angelica was a regular patient at the Pain Clinic. The team regularly reviewed her pain medication and the various therapies Angelica was trying to improve her mobility and ease her back pain. Unfortunately, during this time, there were several health issues that complicated the picture, including her pregnancy (2015) and also a hysterectomy (2019).

6.7.3. Obstetrics and Gynaecology

She became pregnant in 2014 and gave birth by c-section (2015). During her pregnancy Angelica was closely monitored as she was identified as high-risk (age, back pain and her history

of post-natal depression). For this reason, Angelica was under the joint care of a midwife and a named obstetric consultant. Her back pain was exacerbated by her pregnancy. Angelica also had a chest infection and a urinary tract infection. Consequently, she spent a couple of inpatient episodes in the maternity department.

She was admitted to Milton Keynes University Hospital and had a hysterectomy (2019)

6.7.4. Maxillofacial and Orthodontic Clinic

Angelica attended the clinic in June 2018 and explained that she had a fall six weeks earlier and hit her face on the kitchen sink. Her main complaint was documented as facial numbness and blurring of vision. There was nothing documented to indicate whether her husband accompanied Angelica to the appointment or not. Her records referred to her physical injury but there was no evidence to reflect a conversation about the context of how her injury occurred.

6.7.5. Emergency Department

Angelica was admitted to the Emergency Department on 14 December 2020 with suicidal ideation. She disclosed a 21-year history of domestic abuse and said that her husband "*does not let her leave the house alone*". The electronic notes stated "*Police aware of situation with husband*" although it was not possible to establish how this information was ascertained. The Emergency Department team completed a multi-agency safeguarding referral to the MASH (multi-agency safeguarding hub). The information provided was inadequate and did not mention domestic abuse; instead, it focussed on Angelica's presenting problem of mental ill health. The safeguarding team contacted the MASH (multi-agency safeguarding hub) on 15 December 2020 to ensure the referral had been received. They were informed that the family was open to the Children and Families Practice.

Analysis of Milton Keynes University Hospital involvement

It appeared that the focus of out-patient clinics was on Angelica's physical needs. Angelica admitted that she drank alcohol to ease pain and was beginning to suffer blackouts. This was not followed up by clinical staff at the hospital. This was a missed opportunity to raise a safeguarding referral, in order to understand the wider impact on her, her husband and the children. There was always an emphasis on the physical causes of Angelica's back pain. She described feeling socially isolated and low in mood because of her pain. She was unable to leave the house with ease and she said she only saw medical staff. There was no further exploration around Angelica's isolation. Thus, there were missed opportunities to explore her social situation and her support within the home. Although it was noted that her husband was her carer and that he looked after their young child, there was no accurate social history that was shared between professionals.

Angelica discharged herself early following both her back surgery and her hysterectomy. On both of these occasions the perpetrator accompanied Angelica and then took her home. Professionals did not consider why she might have been keen to leave hospital e.g. did she need to care for her child, was she being forced to leave early by her husband or was she craving more pain medication which she was not able to get whilst an inpatient? Angelica's family explained that she returned home to look after the perpetrator. She had to cook all his meals and look after the children.

It was not possible to clarify exactly when the perpetrator accompanied Angelica to hospital, as it was not documented in her records. Nevertheless, it was recorded that her husband attended several appointments with her and visited when she was admitted. The emphasis was on the support he could offer Angelica rather than this being viewed as controlling.

There was no record of a referral being made into the MASH (multi-agency safeguarding hub) during Angelica's pregnancy. It would have been good practice to complete a multi-agency referral form (MARF) concerning support for the family because of Angelica's mental health and her poor mobility. The perpetrator was at the time Angelica's carer and this should have been considered as a potential factor putting pressure on the marriage. The perpetrator's role as Jojo's carer was not considered. He was not offered support as a carer.

Angelica attended several pre-assessment clinics prior to admission for surgery for decompression of spinal cord and hysterectomy. These clinics do have routine questions around domestic abuse as well as drug and alcohol use. Yet there was nothing documented in her records to evidence whether she was ever asked about domestic abuse.

Maternity services also have questions around domestic abuse as part of routine enquiry. There was nothing documented to show what actions were taken to mitigate some of the concerns raised e.g. how she would cope with a new infant, her pain and use of alcohol. Angelica was asked about drug and alcohol use at the maternity booking clinic. She said that she had used alcohol to ease her pain up until her pregnancy and then stopped. This was not explored further to understand how many units of alcohol was she drinking, whether she had found it hard to stop or why she needed to mix alcohol with the pain medication. There was nothing documented to suggest that conversations explored whether this was a truly wanted pregnancy by both Angelica and her husband. Pregnancy can be a trigger point for domestic abuse. The length of time between each pregnancy (13 years) was not questioned nor whether it was a potential concern. Clearly, there were missed opportunities.

Angelica was under the Pain Clinic for management of chronic back pain. Her pain medication was reviewed on several occasions and concerns were raised around her use of analgesia medication. Her use of pain medication was exacerbated by the fact that over a four-year period, she had three major operations. All of which would have left her in pain.

Covid19 certainly played a part in delaying Angelica's access to treatment. Her hydrotherapy treatment and her pain management programme were cancelled. The latter would have included emotional support via a psychologist to help her with her pain management.

6.8. MK-ACT (Women's Aid in Milton Keynes)

MK-ACT is the specialist domestic abuse service for Milton Keynes. It was commissioned in 2008 by Milton Keynes Council and managed by Milton Keynes Women's Aid.²¹ The independent domestic violence advisor (IDVA) service is Safe Lives accredited and works to national recognised standards.²²

²¹ For further information see <https://www.MK-ACT.com/about-us/> - accessed online 28 April 2022

²² For further information see [Leading Lights Standards.pdf \(safelives.org.uk\)](#) – accessed online 28 April 2022

Angelica called the MK-ACT helpline on 13 October 2020 and spoke to an independent domestic violence advisor (IDVA)²³. The independent domestic violence advisor (IDVA) was not interviewed for this review as she has left the service. Angelica explained that she had decided to end her 21-year marriage. She said her husband had assaulted her two days earlier and she had fled her home to a friend's house taking her 5-year-old with her. She explained that she also had an 18-year-old child, away at university. She said she was safe but wanted support with housing. The independent domestic violence advisor (IDVA) searched the national database for a refuge space and found one in a Women's Aid refuge in High Wycombe. Angelica said she would contact them and she was given information concerning 'safety planning' and emergency telephone numbers.

Analysis of MK-ACT involvement

At the time of her call, MK-ACT were working under Covid restrictions. MK-ACT had to be flexible in the support that was provided to their clients. MK-ACT worked closely with Milton Keynes City Council commissioners to ensure that there was no gap in their service during the pandemic. The Government listed a number of services that were still able to meet face-to-face during periods of lockdown which included domestic abuse support services. MK-ACT was therefore able to see people face-to-face when required. The service was led by the clients' needs and therefore face-to-face meetings occurred regularly throughout lock-down.

The helpline staff were based at home. They were given a high level of support – all staff had access to daily de-brief, a weekly one-to-one session with their manager, monthly clinical supervision, monthly support and supervision and additional counselling if required. Nevertheless, because of the increased levels of referrals and the complexity of the work, the team was under greater pressure than they were pre-Covid and this may have impacted on the level of service that Angelica received.

No follow up call was made to Angelica the following day to enquire whether she had secured a refuge placement or to find out whether she needed any additional support. Staff were not able to recall why this was not done. It was clearly a missed opportunity to explore Angelica's situation further and understand the level of risk she was facing.

Angelica's family said that Angelica had a refuge place booked but was murdered by her husband the evening before she intended to leave. MK-ACT confirmed that it was not one of their refuges and it was not possible to find out which refuge it might have been.

Since Angelica's murder, MK-ACT has received money to employ a Black and minoritised senior worker. Their focus is to reduce the barriers facing Black and minoritised victims accessing their services. Although MK-ACT has had specialist workers over the past 15 years who engaged with communities and clients, a dedicated worker will ensure a more focussed cross-organisational perspective.

²³ The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children see

<https://safelives.org.uk/sites/default/files/resources/National%20definition%20of%20IDVA%20work%20FINAL.pdf>

– accessed online 28 April 2022

6.9. South Central Ambulance Service

There were three contacts made through 999 for Angelica. The first was in December 2017 when Angelica experienced increased leg pain following surgery. She was given advice but declined to be transported to hospital.

The second 999 call was made on 14 December 2020. On this occasion, the ambulance service received a phone call because Angelica had reportedly "*attempted to take her life with a knife and trying to overdose*". Thames Valley Police officers were at the scene. Angelica's initial history was taken from her husband. He said that Angelica had been suicidal for three years and was "*hysterical with her personality changing rapidly and has a ? diagnosis of split personality*". Angelica later told the paramedics that for the past four weeks she had been having difficulties with her marriage which had left her feeling suicidal. She said that her husband did not let her out of the house in case she took drugs or killed herself. She said that she had an impulsive feeling of being suicidal that day but had no plans. She told the crew that she had suffered 21 years of abuse from her husband. The crew made a safeguarding referral outlining that the children were present and that Angelica reported that she was a victim of domestic abuse. The referral also stated that Angelica had been advised by Thames Valley Police to contact them after her assessment at the Emergency Department (Thames Valley Police assert that they were not informed about the history of domestic abuse).

*"Mother has pulled a knife out and attempted to kill herself due to feeling suicidal.
Both children have witnessed this and were emotional whilst the crew on scene.
Crew not seen children as father was upstairs with them.
Police to investigate further.
Patient states she has been suffering domestic abuse for 21 years from her husband.
Police on scene has advised she contacts them after her assessment in ED today."*

The final 999 call was made **in late January 2021**. Thames Valley Police received a call from the perpetrator saying that he had killed Angelica. The crew was able to see from Angelica's body that rigor mortis and hypostasis were present and she was declared dead at the scene.

Analysis of South Central Ambulance Service involvement

During the incident in 2020 when Angelica attempted to end her life, the initial history was taken from the perpetrator regarding mental health concerns. There was nothing documented to suggest there was any challenge to this information or any supporting evidence provided. Subsequently Angelica disclosed a history of domestic abuse and coercive behaviour. There was nothing documented as to where she made the disclosure. Clearly, if the perpetrator was aware of her disclosure, this could have potentially increased her risk. Although the safeguarding referral submitted by the ambulance crew included the details of the children, it did not record his name as the alleged perpetrator of domestic abuse.

7. LESSONS LEARNT AND EMERGING THEMES

7.1. Last resort and the institutional context for South Asian women

There was nothing recorded in any of the agencies' records to suggest that professionals considered Angelica's experience as woman from a South Asian background. The only

consideration appeared to be that she had a good understanding of English and she could articulate her thoughts and views. Therefore, no thought was given to the barriers preventing Black and minoritised women from disclosing domestic abuse.

In a previous domestic homicide review,²⁴ Imkaan explained that reporting directly to the police is the last resort for many South Asian women. This is because of the multiple institutional barriers and discrimination Black and minoritised women and their families, peer-groups and community face (both historically and currently). This means that women's choices and decisions are influenced not only by individual factors but also by collective experiences of discrimination and violence. These issues can act as a strong deterrent to reporting to the police. Therefore, in many cases South Asian women only report domestic abuse to the police when they feel their life is under threat (or their child's) and when all other avenues known and available to them have been exhausted.

In Angelica's case, she never called the police and it took her over 20 years to disclose to other agencies. There are numerous barriers to reporting domestic abuse as those shown in research²⁵ by Victim Support.

BARRIERS TO REPORTING	% Respondents citing barrier
Pressure from perpetrator, fear of perpetrator, belief that they would be in more danger	52%
Fear they would not be believed or taken seriously	42%
Fear, dislike or distrust of the police/Criminal Justice System	25%
Concern about their children and/or the involvement of social services	23%
Poor previous experience of police/Criminal Justice System	22%
Abuse normalised, not understood or believed to be deserved	15%
Wanting to protect the perpetrator/wanting to stay in relationship or not wanting to punish perpetrator	14%
Cultural or community concerns	9%
Financial concerns	7%
Housing concerns	4%
Embarrassment	3%

²⁴ Wokingham DHR 'A' 2022

²⁵ Survivor's Justice: How victims and survivors of domestic abuse experience the criminal justice system. Victim Support, December 2017 accessed online @ https://www.victimsupport.org.uk/wp-content/uploads/documents/files/VS_Survivor%E2%80%99s%20justice.pdf 31 July 2022

In Angelica's case, she always told her family not to report her husband's abuse because "*he'll kill me*". She certainly told the midwife that she did not want Children's Social Care involved, as it would "*tarnish*" the family name, and there were times when she thought she deserved the abuse – "*it's my own fault for straying*". She would have feared losing her child, especially as her husband discredited her as a mother and portrayed her as an alcohol dependent drug user. It was clear that she had housing concerns because her husband had already told the Children and Families Practice worker that he would be staying in the family home and Angelica would have to apply for housing through the council.

Even when they are seen alone, many South Asian women also do not report to GPs or medical staff from the same community background. The professional who specialises in supporting black and minoritised victims of abuse described how women fear being judged negatively and being blamed for their abuse because they appear too 'westernised' or their behaviour is not culturally approved. They fear that information may be shared with the perpetrator, the family or within the community which would increase risk and 'dishonour' to them and their family. These issues may have concerned Angelica, as her husband attended the same GP surgery. She may have been concerned that her affair (real or fictional) and use of alcohol might become common knowledge. The perpetrator also claimed that she took drugs, which would have also shamed her family, even if untrue. It appeared that the perpetrator used this fear of bringing shame and dishonour onto her family to silence, discredit and control Angelica. Honour based abuse overlaps with domestic abuse, and is a culturally specific form of coercive control.²⁶

The professional who specialises in supporting black and minoritised victims of abuse also explained that his threat to tell her family about her affair (real or fictional) should have led professionals to consider issues around 'honour' and 'shame' and the impact this may have had on her ability to leave the relationship. Moreover, his threat may have directly led Angelica to harm herself. Research shows a direct link between domestic abuse and suicide.²⁷ The perpetrator may have been trying to shame her to take her own life by 'reporting' her behaviour to her sister or making things "*worse for the family*". In turn Angelica may have decided that taking her own life may help to prevent family dishonour. Such honour-based abuse is a common feature in suicide and self-harm amongst Asian women.²⁸

One of the key barriers preventing victims from reporting domestic abuse is the fear that they will not be believed or their allegations will not be taken seriously. Indeed, for Angelica it appeared that this was the case. Sikh Women's Aid assert that there has been a poor response to Black, Asian and other minoritised victims of domestic abuse. Furthermore, there have been "*significant gaps in understanding of Black, Asian and other minoritised communities and a lack of cultural competence*".²⁹ This is clearly demonstrated in this case by the lack of understanding

²⁶ Monckton Smith, J., Siddiqui, H., Haile, S. and Sandham, A. (2022b) *Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide*. Home Office research paper. Online: <https://eprints.glos.ac.uk/10579/> University of Gloucestershire.

²⁷ https://www.agendaalliance.org/documents/138/Underexamined_and_Underreported_Briefing.pdf - accessed online 30 May 2023

²⁸ Siddiqui, H. and Patel, M. (2010) *Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women*, London: Southall Black Sisters Trust.

²⁹ Sahdaish Pall and Sukhvinder Kaur: *From Her, Kings are Born; Impact and prevalence of domestic and sexual violence in the Sikh/Panjabi Community*. Sikh Women's Aid 2021

that professionals had concerning Angelica's marriage. Angelica had married a Hindu man and she was one of the first in her family to have a 'love match' rather than an arranged marriage. This placed a huge burden on her to make her marriage 'work' whatever the circumstances – which in turn made her incredibly vulnerable.

7.2. Failure to recognise or respond to domestic abuse

As professionals did not consider the context in which Angelica was disclosing domestic abuse i.e. it was a last resort, professionals failed to understand the risk Angelica faced. This was compounded by the fact that following her disclosure, no agency undertook a risk assessment. A DASH (domestic abuse, stalking and honour-based violence) risk assessment should have been undertaken at the earliest opportunity. Had it been, the escalating concerns around her use of medication and alcohol, her deteriorating mental health, history of pregnancy (still birth), her injuries and the concerns around 'honour' may all have been identified.

Furthermore, she may have felt she was being believed and taken seriously which could have given her the confidence to disclose exactly what was happening to her at home. Professionals would then have had a better understanding of the impact and severity of her husband's abusive behaviour on the children, a more detailed picture of the physical and emotional abuse that Angelica was suffering including that she was not allowed out of the house without her husband's permission. She would then have been recognised as a high-risk victim of domestic abuse who should have been referred to the MARAC (multi-agency risk assessment conference)³⁰ and MK-ACT (Women's Aid).

South Central Ambulance Service wrote in their contemporaneous notes in December 2020 "*Patient states she has been suffering domestic abuse for 21 years from her husband. Police on scene has advised she contacts them after her assessment in ED today.*"

Despite this, Thames Valley Police maintained that no disclosure of domestic abuse was made to them in December 2020. Thames Valley Police therefore was not in a position to undertake a DASH (domestic abuse, stalking and honour-based violence) risk assessment.

The panel however considered that as there had been four referrals to the MASH (multi-agency safeguarding hub) during November/December 2020, Thames Valley Police should have been aware that Angelica was a victim of domestic abuse. Thames Valley Police is a key partner agency in the MASH (multi-agency safeguarding hub). Therefore, had Thames Valley Police and Children's Social Care been working effectively and information shared appropriately, Thames Valley Police should have identified Angelica as a victim of domestic abuse and would have been in a good position to undertake a risk assessment and investigate the crimes she disclosed.

7.2.1. Believing victims

During the incident in December 2020, her husband told the South Central Ambulance Service that Angelica had been suicidal for three years and was "*hysterical with her personality changing rapidly and has a? diagnosis of split personality*". He told the police officers that

https://www.sikhwomensaid.org.uk/files/Sikh_Womens_Aid_From_Her_Kings_Are_Born.pdf– accessed online 12 August 2022

³⁰ A multi agency risk assessment conference (or MARAC) is a meeting that is held to discuss the most high-risk cases of domestic abuse and sexual violence, to share information and to safety plan to safeguard a victim

Angelica had recently made new friends who had "*got her into drugs*". He told the Hospital Liaison Team that Angelica's alcohol consumption had increased and that she "*binged on cocaine*". Some of this information, although completely uncorroborated was evident in the subsequent MASH (multi-agency safeguarding hub) referrals as well as within agencies' records.

South Central Ambulance Service

Safeguarding referral (999 Clinical Coordination Centre) - Angelica reported to have been estranged from the family home for 4 months whilst being on a "*cocaine binge*". Angelica reported to have been home for a few weeks and drinking alcohol ?having withdrawal symptoms. Reported by [the perpetrator] that Angelica has grabbed a knife and morphine in an attempt to kill herself which was witnessed by [both children]. The older child reported to have to restrain Angelica whilst [the perpetrator] made the 999 call. [The perpetrator] reported that he was "*at the end of his tether and did not know what else to do*".

Thus, all the information that her husband provided simply discredited Angelica's account of events and led professionals to minimise the abuse she was suffering. Angelica must have concluded that professionals did not believe her, as instead her husband's account of events appeared to have been taken at face value before Angelica had the opportunity to speak for herself. A woman reporting domestic violence must always be respected, believed, understood, supported and treated with fairness and decency.

Some of the systems in place failed to identify Angelica as a victim of on-going domestic abuse. The multi-agency referral forms (MARF) did not describe what was happening in Angelica's world because they focused on worries about the child. Although the referral form asked the referring professionals to set out their concerns, there was not the opportunity to consider the family more widely. Thus, professionals provided limited information about the immediate issue in front of them e.g. "*mother's emotional dysregulation makes her volatile*" and "*mother's mental health state*". Although some professionals had a broader understanding of the abuse Angelica faced and the impact it was having on her life e.g. "*does not let her leave the house alone*", "*21 year history of domestic abuse*", this was not included on the forms and the causes of Angelica's distress were not apparent within the referrals.

7.2.2. Coercive control

Because Angelica was not heard, all the other forms of abusive behaviour that Angelica and her children were being subjected to went unseen. For instance, although Angelica had not made any previous call-outs to police, research shows that on average, female victims are subjected to 35 incidents of domestic abuse before they involve the police.³¹ Angelica may not have reported to the police, but she had disclosed to other professionals and her disclosures demonstrated the perpetrator's controlling behaviour. Research³² shows that coercive control is much more effective than physical violence as a predictor of a domestic homicide. The same research also concluded that "*coercive control is the 'golden thread' running through risk identification and assessment for domestic violence and that risk assessment tools structured*

³¹ See for example <https://www.refuge.org.uk> – accessed online on 4 July 2022

³² See for example, Andy Myhill and Katrin Hohl "The Golden Thread": Coercive Control and Risk Assessment for Domestic Violence, *Journal of Interpersonal Violence* 34(4) November 2016 – accessed online 4 July 2022 https://www.researchgate.net/publication/309656752_The_Golden_Thread_Coercive_Control_and_Risk_Assessment_for_Domestic_Violence

around coercive control can help police officers [and other professionals] move beyond an 'incident-by-incident' response and toward identifying the dangerous patterns of behaviour that precede domestic homicide". Therefore, coercive control should be considered a significant risk factor.

Indeed, Angelica's sister made an online report to Thames Valley Police which stated that Angelica had been a victim of non-fatal strangulation on several occasions. Strangulation is very commonly reported by victims/survivors of domestic abuse and is "*used to instil fear, power and control*".³³ Research shows that women who suffer non-fatal strangulation are seven times more likely to be killed at a later date.³⁴ A 2020 survey of non-fatal strangulation concluded that victims believed that they were going to die and perpetrators were "*deliberately and knowingly threatening the life of the victim*".³⁵

Many domestic homicides take place in the context of "*male dominance and control which is manifested in possessiveness, extreme jealousy, attempts to isolate the women, threats of suicide, and threats to kill that are often triggered by loss of control due to impending separation or real or imagined infidelity*".³⁶

Women's Aid ³⁷ also provides some common examples of coercive behaviour which include:

- Isolating you from friends and family
- Depriving you of basic needs such as food
- Monitoring your time
- Monitoring you via online communication tools or spyware
- Taking control over aspects of your everyday life, such as where you can go, who you can see, what you can wear and when you can sleep
- Depriving you access to support services, such as medical services
- Repeatedly putting you down, such as saying you are worthless
- Humiliating, degrading or dehumanising you
- Controlling your finances
- Making threats or intimidating you.

It was evident from Angelica's disclosures and from speaking with her family that the perpetrator subjected her to a range of the coercive controlling behaviour listed above. She had

³³ <https://www.centreforwomensjustice.org.uk/news/2021/3/1/pr-non-fatal-strangulation-to-become-stand-alone-offence> - accessed online 25 May 2023

³⁴ Glass et al (2008) 'Non-fatal strangulation is an important risk factor for homicide of women' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573025/> - accessed online 25 May 2023

³⁵ <https://sutda.org/wp-content/uploads/2023/03/Non-fatal-strangulation-Survey-June-2020-.pdf> - accessed online 25 May 2023

³⁶ See for example, Johnson H et al, Intimate femicide: The role of coercive control, Feminist Criminology (2017) http://discovery.ucl.ac.uk/1547775/1/Wortley_Final%20revisions%20manuscript%20IPH%20and%20coercive%20control.pdf – accessed online 30 June 2022

³⁷ <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/> - accessed online 30 June 2022

been isolated from her family and they described having to meet her in secret. She was only allowed to leave the house with the perpetrator's permission. According to her family she had to be home to make his meals. He made threats to harm Angelica as well as her family. She described him as "*possessive*" and "*paranoid*" – he falsely accused her of having affairs (because she bought new knickers or made food for a neighbour's son). He was invariably present when professionals visited Angelica at home. It also appeared he regularly escorted her to appointments. All this indicated a considerable level of coercive control and thus an increasing risk of harm. Yet his controlling behaviour was not identified as a risk factor by professionals in Children's Social Care, mental health services or the MASH (multi-agency safeguarding hub).

7.2.3. Economic abuse

Another aspect of the perpetrator's abuse that was not identified or considered was economic abuse. There was no exploration of the family's financial situation – nor did it raise any surprise or questions when the couple said they were separating and the perpetrator would continue to live in the family home whilst Angelica would seek council housing elsewhere. Her family said that shortly before her murder, the perpetrator made Angelica sign over her half of their house. He received 'carers allowance' as he posed as Angelica's carer. He would have received £67.25 per week. This income relied on Angelica requiring continuing care from him. It was unclear how a family of four managed their car, household bills and mortgage on basic benefits.

7.2.4. The danger of separation

Angelica told professionals that she wanted to separate from her husband. Separation is a particularly vulnerable time for women in abusive relationships.³⁸ An Australian study³⁹ showed that almost half of the homicides in the research occurred within the first three months of the relationship ending. Similar figures appear in research in England and Wales. The Femicide Census 2020⁴⁰ showed that women are at significant risk of deadly violence when they separate from an abusive partner – "*Of the cases where women had separated, or made attempts to separate, the vast majority (338, 89%) were killed within the first year and 142 (38%) were killed within the first month of separation, or when the victim first took steps to separate even if she had not actually left the perpetrator*". Indeed, work by Jane Monckton-Smith also identifies separation as a trigger event for domestic homicide.⁴¹

Even with all these obvious indicators, the domestic abuse context was completely missed by professionals in Angelica's case. Domestic abuse is rarely a one-off incident. It is a pattern of abuse that has a cumulative harmful impact over an extended period of time. Women are subject to 'poly-victimisation' including physical abuse, rape, financial abuse, coercive control, emotional abuse and other forms including so called honour-based violence, forced marriage and female genital mutilation. There was significant coercive control and Angelica exhibited symptoms of physical and emotional trauma when she approached agencies for help.

³⁸ See for example <https://refuge.org.uk/what-is-domestic-abuse/my-rights/>; <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/women-leave/> and www.femicidecensus.org.uk The Femicide Census; 2018 Findings – accessed online 1 July 2022

³⁹ Australian Domestic and Family Violence: Death Review Network, 2018 – accessed online 10 June 2020

⁴⁰ Femicide Census see <https://www.femicidecensus.org/>

⁴¹ Monckton-Smith, Jane (2019) *Homicide Timeline - The 8 Stages*. <http://eprints.glos.ac.uk/7797/> - accessed online 1 July 2022

The outcome of professionals' failure to recognise Angelica as a victim of domestic abuse was that she received a completely inappropriate and unsafe response from the MASH (multi-agency safeguarding hub), Children's Social Care and Thames Valley Police. Despite having a wealth of information in four referrals that built a picture of a woman at high risk of harm, the case did not go to a Children and Families Assessment. No DASH (domestic abuse, stalking and honour-based violence) risk assessment was undertaken. There was no referral to a specialist domestic abuse service. Furthermore, Thames Valley Police (which is a partner in the multi-agency safeguarding hub) did not identify any crimes and therefore failed to fully investigate any of the allegations made against the perpetrator. This is demonstrated by:

- There was no follow up after the 2018 disclosure by Angelica's sister
- Officers did not check the police system (Niche) in December 2020 which indicated Angelica was a victim of domestic abuse
- The detective sergeant in the MASH (multi-agency safeguarding hub) did not adequately follow up the poor referral in December 2020 or liaise with Children's Social Care to find out further information
- The MASH (multi-agency safeguarding hub) systems did not alert police to the disclosed offences around domestic abuse.

7.3. Failure to question, triangulate and corroborate information

Agencies had a wealth of information about Angelica and her children that could have contributed to a thorough understanding of the family's situation but this was never sought or shared. Throughout the period under review, there was very little attempt to question, triangulate or corroborate information.

For example:

- Angelica told Children's Social Care that she had a video of Jojo stating Jojo wanted daddy to stop hurting mummy. No professional asked to see it and it was not given to the police
- Referrals were sent to the MASH (multi-agency safeguarding hub) with scant information but no one sought further clarification from the referring agencies
- No multi-agency discussion took place so none of the information known by IAPT (Improving Access to Psychological Therapies), the GP Practice, health visitor, schools or other professionals was shared
- When Angelica's sister made a report to the police, no one went to visit Angelica's sister to seek further details of her concerns
- When Thames Valley Police attended the incident in December 2020, the officers missed information about domestic abuse as they did not review the history in the police system
- Angelica called MK-ACT (Women's Aid) to ask for help to find accommodation, yet no one called her back to check whether she had succeeded

- Angelica told her IAPT (Improving Access to Psychological Therapies) worker that she felt unsafe at home, but this was not discussed again
- A domestic abuse notification was sent to the health visitor but no attempts were made to explore this with Angelica.

As professionals did not question, triangulate, corroborate or share information, Angelica and her children remained vulnerable and her husband's behaviour remained invisible.

7.4. The invisible man

Even the language within agency records showed a bias towards the perpetrator. The police officers who met him in December 2020 described him as "*calm but concerned for his wife*" whereas Angelica was described as "*confrontational and non-engaging*". The social worker who telephoned the perpetrator after the incident recalled him being "*pleasant and co-operative*".

When interviewed for this review, the worker from the Children and Families Practice described the perpetrator as "*calm and rational*" and "*willing*" to engage. He portrayed himself as the carer in the household which again painted him as a kind, thoughtful man, who had given up his job to care for his family. Thus, no professional made the link between disability and domestic abuse i.e. disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape.⁴²

Perpetrators of domestic abuse are frequently manipulative and controlling. He used these skills to direct professionals' attention away from himself and towards Angelica's (alleged) behaviour e.g. she had been driving around drug dealers, she had been on a cocaine binge (his trial established that it was he who had been on a cocaine binge), she had an affair, she gave into their younger child and gave the child what they wanted, she had been suicidal for three years and was "*hysterical with her personality changing rapidly and has a ? diagnosis of split personality*". By doing this, the perpetrator discredited Angelica as a wife and a mother before she had the opportunity to give her version of events. He portrayed her as a bad mother and bad wife who had mental health problems and issues with drugs and alcohol.

Despite often being present when professionals visited, he still managed to remain almost hidden in the household. For example, the health visitor always focussed on Angelica, even though the perpetrator was present and was always described as the main carer for Jojo.

7.5. Failure to recognise the impact of the perpetrator's behaviour on his children

Children never just 'witness' domestic abuse⁴³ and the law now recognises they can be direct victims in their own right.⁴⁴ Thus victims of domestic abuse now include children who see or hear or experience the effects of the domestic abuse. Experiencing domestic abuse is child abuse, and it can have a significant impact on a child's development, health and wellbeing.

⁴² See for example

<https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf> – accessed online 10 August 2022

⁴³ <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/> accessed online 4 July 2022

⁴⁴ See s.3 Domestic Abuse Act 2021 - <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted> accessed online 4 July 2022

Throughout the period under review, the eldest child was under 18 years of age and was also clearly a victim.

Children are often 'used' by the abuser.⁴⁵ The abuser may (amongst other things):

- Claim that the children's behaviour is the reason for the violence
- Encourage the children to abuse their mother
- Threaten violence against the children and/or their pets
- Engage the children in negative discussion about their mother.

Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Every child responds differently to trauma and some may be resilient and not exhibit any negative effects.⁴⁶ Therefore, children's responses to the trauma of witnessing domestic abuse may vary according to a multitude of factors including (but not limited to) age, race, sex and stage of development. According to the Royal College of Psychiatrists (2015),⁴⁷ children witness about three-quarters of the abusive incidents and about half of those children have themselves been badly hit or beaten. A perpetrator's abusive behaviour may impact children in different ways. Younger children may:

- Become anxious
- Wet the bed
- Have difficulty sleeping
- Have tantrums and behave younger than their years
- Find it difficult to separate from their abused parent when starting nursery or school.

Children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.

Research⁴⁸ showed a quarter (25%) of children who experienced domestic abuse exhibited abusive behaviour (equal numbers of boys and girls). Most were abusive towards their mother (62%) or sibling (52%). Rarely were they abusive towards their father or mother's male partner – despite these individuals perpetrating the abuse in most cases. The children tended to be physically abusive (82%). Those children showing abusive behaviour were more likely to have been victims of more severe direct harm, including neglect, physical abuse and emotional abuse.

Professionals often make the victim responsible for the risk she and her children face from the perpetrator. The responsibility is placed on her shoulders to 'act protectively', with the perpetrator frequently invisible in the process and therefore taking no responsibility for his abusive behaviour. In this case, it was evident that both children witnessed their mother being

⁴⁵ Joanna Sharpen Consultancy – presentation for the DHR Chairs Network – 1 July 2022

⁴⁶ <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/> accessed online 4 July 2022

⁴⁷ <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/domestic-violence-and-abuse-effects-on-children> accessed online 4 July 2022

⁴⁸ In plain sight: The evidence from children exposed to domestic abuse. CAADA Research Report (2014) [https://safelives.org.uk/sites/default/files/resources/In plain sight the evidence from children exposed to domestic abuse.pdf](https://safelives.org.uk/sites/default/files/resources/In%20plain%20sight%20the%20evidence%20from%20children%20exposed%20to%20domestic%20abuse.pdf) accessed online 4 July 2022

abused but the severity of the abuse and the impact on the children was missed by professionals. It is often the impact of the abuse on the children that prompts a mother to seek help, despite the barriers to disclosing and the fear of her children being taken away. In this case, it was only Angelica who appeared to recognise the detrimental impact of her husband's behaviour on their children.

7.6. The Healthy Relationships Project

During the review process, it became apparent that Milton Keynes Children's Social Care runs a Healthy Relationships Project.

The Milton Keynes Healthy Relationships Project

The project aims to support families who are both victims and survivors of domestic abuse by offering support to both adults and children. The families referred to the Healthy Relationships Project are families being supported by Children's Social Care, Family Support Teams and Children and Family Practices. The project accepts referrals from universal services within children and family centres. The Healthy Relationships Project provides a range of courses on domestic abuse including (but not limited to) the Freedom Programme for women and the Freedom Programme for men.

Some of the poor practice identified in Children's Social Care's work with Angelica and the perpetrator may also occur in their Healthy Relationships Project. Therefore, the Healthy Relationships Project being run within Children's Social Care raises some concerns. For example, we know victims are often made responsible for the risk she and her children face from the perpetrator. This means she may feel pressure not to disclose the severity of the abuse to the healthy relationships worker in case this information is shared with Children's Social Care, as she may fear her children could be removed. This makes the victim far more vulnerable than if she had been referred to an independent domestic violence advisor (IDVA) within a specialist domestic abuse organisation.

The focus of Children's Social Care (rightly) is on the welfare of the child and (as in this case) the welfare of the victim may be missed or go unnoticed. Although the workers are trained in delivering the Freedom Programme, they are not specialists in domestic abuse. Perhaps it was for this reason that domestic abuse went unrecognised in this case.

To assess a victim's risk, a specialist independent domestic violence advisor (IDVA) would understand the need for a targeted domestic abuse risk assessment, rather than relying on a MASH (multi-agency safeguarding hub) assessment focussed on the welfare of the child. A specialist domestic abuse worker would understand the inherent danger of informing a perpetrator that his wife has reported his abusive behaviour. This raises a dilemma within Children's Social Care as their focus is around working with the entire family and thus involving the abuser in their work.

A specialist independent domestic violence advisor (IDVA) would appreciate that a professional should never discuss a woman's experience of domestic abuse in front of her abuser. It gives her abuser the opportunity to put further pressure on the victim to minimise her abuse (as seen in this case). There are dangers associated with working with perpetrators and victims of

domestic abuse that require a clear understanding of risk management. Thus, the work requires a team dedicated to the victim, to focus on her safety, her safety planning and her housing needs. Such work requires close liaison with the police so her allegations can be investigated and all those involved need a thorough understanding of the legal remedies available to her e.g. restraining orders, domestic violence protection orders, stalking protection orders, non-molestation orders and occupation orders. This work also requires close links with MARAC (multi-agency risk assessment conference), probation and MAPPA (multi-agency public protection arrangements). This is not the work of Children's Social Care.

Furthermore, a referral to (or consultation with) a specialist 'by and for' Black and minority ethnic women's organisation would have helped to highlight specific issues in the case. Working jointly with the victim and perpetrator carries higher risks for victims from Black and minoritised communities, as it reinforces traditional practices of mediation, reconciliation and religious arbitration by community elders or community and faith leaders in domestic abuse and honour-based abuse cases. These practices place the victim under social pressure to stay with the perpetrator without challenging the abusive behaviour or the cultural and religious expectations which require women to conform and self-blame, rather than leave the relationship. Agencies may also make assumptions of Asian and other ethnic minority cultures where women are seen as submissive and obedient, and that the community resolves its problems through the mediation of elders or leaders with the aim of keeping the family together, rather than separation or intervention from outside. These assumptions increase risk to victims through the lack of intervention by agencies through notions of 'cultural or religious sensitivity', including by inappropriate referrals to services such as Relate, "*relationship counselling*" and other programmes or practices which attempts to work with the victim and perpetrator together. These approaches do not recognise the power dynamics in abusive relationships or cultural and religious pressures on minoritised women, and are regarded as dangerous in forced marriage, honour-based abuse and safeguarding guidance.⁴⁹

Ultimately, the healthy relationships work in this case failed to address domestic abuse and honour-based abuse. The outcome of the work with the couple was that their approach would be that the perpetrator would "*take himself out of the situation by going for a walk and Angelica would listen to her music*". Thus, the domestic abuse was reduced to problems of 'anger management' with both parties equally at fault.

"Angelica and the worker were able to have a conversation (over the phone) about the importance of protecting [Jojo] from having arguments in front of [Jojo] and the worker reiterated the potential harm to [Jojo] of being exposed to arguments".

Ultimately, the assessment concluded "*based on acquired knowledge of the family there were no disclosures of current domestic abuse in the home and there have been no reports from third parties involving police call outs. Therefore, given [Jojo] is doing well and future safety has been agreed with the family we do not believe the case should be escalated at this time.*

Clearly, the 999 call in December 2020 was not viewed in the context of domestic abuse or honour-based abuse. This was in spite of Angelica explaining to the Children and Family worker

⁴⁹ Siddiqui, H. (2013) "True honour": domestic violence, forced marriage and honour crimes in the UK', in Rehman, Y., Kelly, L. and Siddiqui, H. (eds) *Moving in the Shadows*, London: Ashgate/Routledge.

that she was to blame for "*straying*", he was threatening to tell her family and not letting her out of the house. The worker did raise these concerns with a manager in the MASH (multi-agency safeguarding hub) but it was reviewed in the context of the child's welfare rather than Angelica's – "*You have put a safety plan in place and there is no risk to [Jojo]*". Hence there is an inherent conflict of interests when Children's Social Care undertake domestic abuse work.

7.7. Referrals to specialist organisations

Angelica felt comfortable and safe enough to disclose information about her life with staff at the Infant School. What she disclosed was a long history of domestic abuse. Women are more likely to disclose domestic abuse in spaces that they can access safely and independently which are community-based and importantly without the perpetrator's knowledge (Angelica asked professionals not to tell the perpetrator about her disclosure). These are also important spaces for discreetly linking women into Black and minority ethnic 'violence against women and girls' specialist support. Yet as no agency recognised or responded to Angelica as a victim of domestic abuse, they failed to access the correct pathways to support her.

The specialist led "*by and for*" ending 'violence against women and girls' pathway is critical for providing life-saving support to women, especially those from Black and minoritised communities. Angelica needed support to address domestic abuse. Specialist Black and minority ethnic organisations often pick up on issues when indicators of abuse are frequently missed by mainstream agencies.⁵⁰ In addition to safe refuge accommodation, these organisations provide advocacy, legal advice, counselling and therapeutic support and they operate in local areas. Had Angelica been referred to such a specialist organisation, it would have led to a more in-depth understanding and vital holistic picture of her safety needs. Black and minoritised survivors are more likely to engage with statutory services if they have accessed support for domestic and sexual violence from a Black and minority ethnic-led "*by and for*" 'violence against women and girls' organisation.⁵¹

7.8. Good Practice in domestic abuse and honour based abuse cases

The domestic homicide review panel asked professional who specialises in supporting black and minoritised victims of abuse to set out their thoughts on good practice around domestic abuse and honour based abuse cases:

- Response officers should assess the immediate situation at an incident or report of possible domestic abuse; they should assess the risk to victim and others such as children (also conduct background checks beforehand if possible)
- Do a full risk assessment for domestic abuse and look for signs of honour based abuse in all cases
- Be aware that the victim may minimise or not be able to speak if perpetrator or others are at home – professional judgement is essential

⁵⁰ Imkaan (2015) State of the Sector: Contextualising the Current Experiences of BME Ending Violence Against Women and Girls Organisations <https://www.imkaan.org.uk/resources> - accessed online 9 July 2022

⁵¹ Imkaan and University of Warwick (2020) Reclaiming Voice: Minoritised Women and Sexual Violence - Key Findings. London https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/f98049_a0f11db6395a48fbbac0e40da899dcb8.pdf - accessed online 9 July 2022

- All cases must be investigated for a crime and safety planning must be undertaken
- All medium and high risk domestic abuse cases should be escalated and referred to the multi-agency risk assessment conference (MARAC) and/or to the multi-agency safeguarding hub (MASH - children and/or adult)
- All honour based abuse cases should be graded high risk and should be escalated to multi-agency risk assessment conference (MARAC) and/or multi-agency safeguarding hub (MASH - children/or adult)
- All domestic abuse and honour based abuse cases should be reviewed by a specialist police officer
- Specialist officers may upgrade the standard and medium risk cases after reviewing them. This may require more background checks and risk assessments and may mean obtaining expert specialist advice
- All victims should be actively referred by the response or specialist officer, not simply signposted (although this information should be made available to a victim as a matter of routine) to an independent domestic violence advisor (IDVA) or domestic violence services, or specialist IDVA/service for Black and minoritised victims (if available).

The good practice set out in this section must be supported by mandatory training. The College of Policing guidance may be useful: <https://www.college.police.uk/app/major-investigation-and-public-protection/domestic-abuse/understanding-risk-and-vulnerability-context-domestic-abuse>.

7.9. Parental responsibility and the Family Court

Angelica's family asked the domestic homicide review panel to clarify why the perpetrator was able to contribute to the Family Court concerning the placement of Jojo.

The perpetrator, as the child's father and holder of parental responsibility, was an automatic respondent to the local authority's application for public law orders and entitled to non-means, non-merits tested legal aid to ensure his views and position were before the Court. The only other parties were the local authority and the child (who was represented via the children's guardian). The maternal family's views were heard only in the context of the assessments they completed.

The imbalance this causes is obvious. The perpetrator, who controlled Angelica and ultimately took her life from her, was able to ensure his views were heard and taken into account in decisions concerning their child, but Angelica's were not. None of the professionals, nor the Court, were required to take into account what Angelica's views about her child's best interests might have been. She had no representative and no voice. Of course, she was deceased, but those who knew her well – her family and friends – would likely have been able to offer some insight, and would certainly have provided a counterbalance to the father's views and his account of the past, which would have been incapable of being challenged by anything other than a professional assessment, and none of those professionals would have a proper idea of what Angelica might have thought was best for her child, to weigh into their analysis.

In cases where a perpetrator murders a victim, the victim's family should be supported in the Family Court with equal access to legal aid to enable them to present the voice and wishes of the victim (deceased) to the Court.⁵²

8. CONCLUSION

It must have taken great courage for Angelica to disclose the abuse she was suffering to agencies. She clearly articulated to the school, the emergency department, mental health professionals, Children's Social Care and paramedics that she had been a victim of domestic abuse for many years. Yet her abuse was not recognised, understood or investigated.

Had it been, it is likely that she would have been afforded a very different response from agencies. It may have led to a risk assessment and a referral to the MARAC (multi-agency risk assessment conference); she may have then felt confident to work with Children's Social Care and disclose further incidences of her husband's abusive behaviour; good multi-agency working may have led to positive action being taken by the police to help and protect her; it may have enabled the police to work with her to build a case against her the perpetrator; it may have given her the strength to seek further advice about her legal and housing options; and she may have felt confident to seek support from a specialist domestic abuse service. Had agencies worked effectively, similar to the "One Chance Rule"⁵³, her disclosure to professionals may have been the window of opportunity which could have led to an entirely different outcome for Angelica and her children.

9. RECOMMENDATIONS

In addition to the 34 single agency recommendations in this review, there are a number of issues that require addressing to improve practice.

1. Thames Valley Police and Children's Social Care should review how to improve communication within the MASH (multi-agency safeguarding hub) so that offences around domestic abuse are identified and investigated
2. Thames Valley Police should conduct an independent review of domestic abuse cases involving Black and minoritised women across Thames Valley.⁵⁴ The review should appraise these cases against the policies and procedures of Thames Valley Police (including the good practice set out in s.7.8) and use the opportunity to assess whether the culture, ethnicity and beliefs of victims were taken into account – including (but not limited to) for example:

⁵² Since the completion of this review, the Victims and Prisoners Act 2024 has been amended so that a parent who kills a partner or ex-partner with whom they share a child will automatically have their parental responsibility suspended upon sentencing. There is an exemption in cases where domestic abuse victims kill their abusers.

⁵³ All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the "one chance" rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted. Multi-agency practice guidelines: Handling cases of Forced Marriage, HM Government 2022

⁵⁴ The author of this review has undertaken a number of domestic homicide reviews across the Thames Valley Police area involving Black and minoritised women. It is clear from these reviews that police officers struggle to consider the additional difficulties facing victims from Black and minoritised communities

- Were the additional barriers facing Black and minoritised women identified? How were these mitigated?
 - Did the officers look for signs of honour based abuse in risk assessments and was it identified? Was the risk graded correctly? If so, was the case reviewed by a specialist officer and did this add value to the investigation/understanding of the case?
 - Was the victim referred to a specialist women's domestic abuse organisation?
3. An independent domestic violence advisor (IDVA) should be appointed to work in the MASH (multi-agency safeguarding hub)
 4. A review of the Healthy Relationships Project should be undertaken urgently by an independent specialist domestic abuse/VAWG⁵⁵ organisation such as SafeLives or Women's Aid. All healthy relationships work with couples should be stopped until after the review has been completed
 5. The MASH (multi-agency safeguarding hub) agencies together with their broader partner agencies (such as housing, schools and MK-ACT) should review the design and information required in the multi-agency referral form (MARF). This should ensure that professionals in other agencies understand the level of detail required concerning the child and the wider family context i.e. issues affecting the adults in the household such as domestic abuse, stalking, alcohol, drugs and mental ill health. It should also set out the referral pathways for adults in the family
 6. All key professionals in Milton Keynes working with victims of domestic abuse must be trained and be capable of completing a domestic abuse risk assessment face-to-face in a professionally curious and safe manner
 7. Safer MK should review the available commissioned and non-commissioned specialist 'violence against women and girls' support pathways for Black and minoritised women and girls. This should ensure that agencies always seek expert advice, support and information⁵⁶
 8. Safer MK (Milton Keynes Community Safety Partnership) together with local agencies should consider how to provide multi-agency training using this case study to help professionals handle cases of domestic abuse.⁵⁷ A woman reporting domestic violence must always be respected, believed, understood, supported and treated with fairness and decency. Sessions should focus on demystifying intersectional stereotypes, myths and assumptions that lead to victim-blaming and bias which cause harm to women

This training should be capable of highlighting issues such as:

⁵⁵ VAWG – violence against women and girls

⁵⁶ See Violence Against Women and Girls Services, Supporting Local Commissioning, Home Office Dec 2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf - accessed online 20 September 2022

⁵⁷ See Article 15 (1&2) Council of Europe Convention on preventing and combating violence against women and domestic violence, Istanbul, 11.V.2011 - <https://rm.coe.int/168008482e> - accessed online 20 September 2022

- Diverse communities and unconscious bias
- Honour based abuse and violence
- The dangers of working with the victim and perpetrator together
- Domestic abuse as a pattern of behaviour
- Coercive control and economic abuse
- The danger of exiting an abusive relationship
- Managing risk when working with perpetrators.

NATIONAL RECOMMENDATIONS

9. In cases where a perpetrator murders a victim, the victim's family should be supported in the Family Court with equal access to legal aid to enable them to present the voice and wishes of the victim (deceased) to the Court
10. The Department for Education should ensure that Children's Social Care Departments do not undertake domestic abuse or healthy relationships programmes with families as an alternative to commissioning specialist independent domestic abuse services.