

## Domestic Homicide Adult Practice Review DAPR 2-2018 (Rose)

### 1) Learning Opportunity

**Reflect** on the case discussed & think of how this situation could have presented in your work with vulnerable individuals?

**Ask** are there any similarities in cases you have worked or situations you have encountered?

**What** would you have done in a similar situation when working with vulnerable individuals & what are the barriers to practice in your organisation?

**Identify** key support for yourself in your team.

### 7) Recommendations and Learning Points

\*Practitioners' understanding of Coercion & Control in all family dynamics requires attention when understanding family relationships.

\*Mental health practitioners to consider families through the domestic abuse lens.

\*Consider training needs in relation to VAWDASV.

\* The voice of the carer/family is as vital as the voice of the Service User when a plan is determining the risk and especially for recognition of any deterioration or change in presentation.

\* The status of the family, and Rose in particular was viewed as a protective factor for Adult A, but there is a requirement of Rose's needs to be accounted for and addressed within the risk formulation and care planning. As a Carer, Rose was entitled to support and assessment of her care and support needs.

\*Membership and attendance at MARAC with appropriate record keeping and information sharing.

\*Mental Health to review practice in relation to decision making for CTOs and discharge planning.

### 2) Context

Domestic Homicide Review commissioned by CSP (Section 9 Domestic Violence, Crime and Victims Act (2004).

This DHR was conducted using the Adult Practice Review (APR) methodology. This was a Pilot in agreement with the Home Office, Cwm Taf CSP and Welsh Government.

This DH-APR concerns a grandson (Adult A) and his step-grandmother (Rose).



### 6) Key Learning Themes

#### **Recognition of Domestic Abuse and specifically Coercion and Control in the relationship between Rose and Adult A.**

The emotional violence recorded both in hospital and the community detail frequent verbal aggression and threats of harm towards Rose by Adult A. The family did not talk about the relationship between Rose and Adult A as one of domestic abuse, but recognised the relationship as complex.

**Recognising Rose as a carer with her own needs.** Professionals recognised that Rose knew Adult A's vulnerabilities but did not take into account her needs as a carer and victim of domestic abuse.

#### **Record Keeping and Communication.**

As members of an integrated team Mental Health Practitioners have access to Health and Local Authority records, however there were many recording systems at the time and this posed problems for the review process, ensuring all recording systems were accessible to the panel.

### 3) Background

Adult A lived with Rose and his grandfather (Adult B) from when he was a few months old, this was due to domestic violence and drug issues within his parents relationship.

Adult A, assaulted Rose at home causing injuries from which she died the following day in hospital. He was arrested on the day and convicted of manslaughter by virtue of diminished responsibility. He remains detained under Section 37/41 of the Mental Health Act (1983).

### 4) Their Life Together

Rose lived with her son,(Adult C) when she started a relationship with Adult B, who she married. Adult B had 4 children from a previous relationship who lived with their mother. Adult A was the grandson of Adult B. Adult C viewed Adult B as his father and Adult A as a brother. Adult C was a teenager when Adult A (as a baby) moved into the family home.

As a teenager Adult A became isolated from education and started to use illicit substances. This led to involvement with Mental Health Services.

Rose was a strong and passionate woman who was not afraid to stand up for herself. She was the matriarch of the family with all going to her for support, guidance and help when required. The family agreed that Rose had a complete devotion to care for and support Adult A. They were aware of Adult A's drug taking that started when he was a teenager and latterly his poor mental health, but Rose was always there for him and would not have a word said against him

### 5) Domestic Abuse

There were domestic abuse incidents reported to the Police between Rose and Adult A that resulted in Police Public Protection Notices being shared with specialist Domestic Abuse services and the local Community Mental Health Team. Rose was offered services and support but declined further input.

It was clear from records that the relationship between Rose and Adult A was complex, co-dependent and at times emotionally aggressive .